

HEALTH CARE MANAGEMENT (HCMG) PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://healthcaremgmt.examzify.com>



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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What does interprofessional collaboration in healthcare mean?**
 - A. A partnership among healthcare professionals from various fields to improve patient care
 - B. A method for enforcing guidelines in single-discipline healthcare
 - C. A strategy to isolate specialists from general practitioners
 - D. A framework for enhancing competition among healthcare providers
- 2. Which parts of Medicare cover hospital stays and prescription drugs?**
 - A. A. Medicare part B and part D
 - B. B. Medicare part A and part D
 - C. C. Medicare part A and part C
 - D. D. Medicare part B and part C
- 3. Under a prospective payment system, how are reimbursement amounts determined?**
 - A. A. Based on the provider's past income.
 - B. B. Based on the patient's previous treatments.
 - C. C. In advance, based on setting, service, and severity.
 - D. D. By comparing fees of different facilities.
- 4. In Donabedian's Model of Quality of Care, which component comes first in the arrangement?**
 - A. Outcome
 - B. Process
 - C. Structure
 - D. Patient Satisfaction
- 5. Which of the following best describes the objective of Bundled Payments?**
 - A. To maximize the number of patients seen
 - B. To reduce costs per capita in patient care
 - C. To provide a single, fixed payment for an entire treatment
 - D. To emphasize administrative efficiency

- 6. Which ethical principle emphasizes individual choice in healthcare decision-making?**
- A. Justice
 - B. Beneficence
 - C. Autonomy
 - D. Non-maleficence
- 7. What does HMO stand for in healthcare management?**
- A. Health Management Organization
 - B. Health Maintenance Organization
 - C. Healthcare Medical Organization
 - D. Health Monitoring Organization
- 8. Which of the following is NOT an input to individual health?**
- A. Health care services
 - B. Heredity
 - C. Technology
 - D. Lifestyle
- 9. Which of the following statements regarding primary care is true?**
- A. Outpatient services are considered the foundation of primary care.
 - B. Primary care is concerned only with individual patients' health.
 - C. Primary care is considered essential health care, concerned with individual patients and total populations.
 - D. Primary care providers manage only simple cases with no chronic conditions.
- 10. What does ACA stand for in the context of healthcare?**
- A. Advanced Care Association
 - B. Affordable Care Act
 - C. American Care Act
 - D. Accessible Care Association

Answers

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1. A
2. B
3. C
4. C
5. C
6. C
7. B
8. C
9. C
10. B

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Explanations

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1. What does interprofessional collaboration in healthcare mean?

- A. A partnership among healthcare professionals from various fields to improve patient care**
- B. A method for enforcing guidelines in single-discipline healthcare
- C. A strategy to isolate specialists from general practitioners
- D. A framework for enhancing competition among healthcare providers

Interprofessional collaboration in healthcare refers to a partnership among healthcare professionals from various fields to improve patient care. This approach is essential for providing comprehensive care, as it leverages the distinct skills and expertise of multiple disciplines—such as doctors, nurses, pharmacists, social workers, and therapists—to address all aspects of a patient's health and well-being. By collaborating, these professionals can share insights and coordinate their efforts, ensuring that patient treatment plans are cohesive, evidence-based, and tailored to individual needs. This collaboration minimizes the risks of fragmented care, enhances communication, and leads to better health outcomes for patients. The other options suggest approaches that are contrary to the foundational principles of interprofessional collaboration. For example, enforcing single-discipline guidelines or isolating specialists would not only reduce teamwork but could also compromise the holistic care that interdisciplinary collaboration aims to achieve. Enhancing competition among providers detracts from the goal of creating a unified healthcare experience and does not promote the shared responsibility that is crucial for patient-centered care.

2. Which parts of Medicare cover hospital stays and prescription drugs?

- A. A. Medicare part B and part D
- B. B. Medicare part A and part D**
- C. C. Medicare part A and part C
- D. D. Medicare part B and part C

Medicare Part A is specifically designed to cover inpatient hospital stays, which includes any necessary accommodations and related services during a patient's admission. This part of Medicare plays a crucial role in providing financial coverage for those expensive hospital bills, ensuring that beneficiaries have access to essential healthcare services when admitted. On the other hand, Medicare Part D addresses the need for prescription drug coverage. This program helps beneficiaries afford the medications they require by providing subsidies and organizing access to an extensive list of drugs. Part D is integral to managing health conditions that necessitate ongoing medication, making it an essential component for individuals needing consistent prescriptions. Together, these two parts of Medicare form a comprehensive approach to covering both hospital-related healthcare needs and the outpatient prescription medications that beneficiaries may require. Understanding these components is vital for navigating the Medicare system and ensuring adequate coverage for health care necessities.

3. Under a prospective payment system, how are reimbursement amounts determined?

- A. A. Based on the provider's past income.
- B. B. Based on the patient's previous treatments.
- C. C. In advance, based on setting, service, and severity.**
- D. D. By comparing fees of different facilities.

Under a prospective payment system (PPS), reimbursement amounts are established in advance, taking into consideration the setting in which care is provided, the type of service rendered, and the severity of the patient's condition. This system is designed to provide predictability for both health care providers and payers by setting fixed rates for services rather than reimbursing based on actual costs incurred during a patient's treatment. The approach of determining payment amounts in advance helps to control costs and promote efficiency in healthcare delivery. It shifts financial risk to providers, as they are tasked with managing within the established reimbursement rates to deliver care for various patients with different severity levels. This method contrasts with retrospective payment systems, where reimbursement is based on the actual services rendered and costs incurred after care has been provided. By focusing on key variables such as service categorization and patient severity, the prospective payment system incentivizes providers to optimize resource allocation and improve care quality, aligning with broader objectives of cost containment and efficiency in healthcare management.

4. In Donabedian's Model of Quality of Care, which component comes first in the arrangement?

- A. Outcome
- B. Process
- C. Structure**
- D. Patient Satisfaction

In Donabedian's Model of Quality of Care, the first component is Structure. This component refers to the attributes of the settings where care occurs, including the physical and organizational characteristics of healthcare facilities, such as the availability of resources, staff qualifications, and the physical environment. Understanding structure is crucial because it lays the foundation for quality care delivery. An adequate structure is necessary for implementing effective processes, which in turn influence outcomes. For example, a well-equipped hospital with qualified staff has a better chance of providing successful treatments to patients, leading to positive health outcomes. The subsequent components in the model, Process and Outcome, build upon the foundation established by Structure. Process involves the methods and procedures used in delivering care, while Outcome refers to the effects of the healthcare services on the health status of patients. Patient Satisfaction, though important, is often viewed as a dimension of Outcomes rather than a standalone component in this model. By starting with Structure, Donabedian emphasizes the importance of a solid framework for delivering high-quality healthcare, making it essential to understand this arrangement when assessing the quality of care.

5. Which of the following best describes the objective of Bundled Payments?

- A. To maximize the number of patients seen
- B. To reduce costs per capita in patient care
- C. To provide a single, fixed payment for an entire treatment**
- D. To emphasize administrative efficiency

The objective of Bundled Payments is to provide a single, fixed payment for an entire treatment. This payment model encompasses all services related to a specific condition or treatment over a defined period, promoting coordinated care among various providers involved in the patient's treatment. By consolidating payments into one fixed amount, this approach encourages providers to work collaboratively, streamline processes, and ultimately focus on delivering high-quality, efficient care. The bundled payment system also shifts the focus from volume to value, incentivizing healthcare providers to manage costs effectively while maintaining or improving the quality of care. This model contrasts with traditional fee-for-service reimbursement, where providers are paid for each individual service, which can lead to unnecessary tests or procedures. In summary, the essence of bundled payments lies in providing a unified financial structure that rewards comprehensive patient care, from start to finish, rather than fragmented billing for disparate services.

6. Which ethical principle emphasizes individual choice in healthcare decision-making?

- A. Justice
- B. Beneficence
- C. Autonomy**
- D. Non-maleficence

The ethical principle that emphasizes individual choice in healthcare decision-making is autonomy. Autonomy refers to the right of patients to make informed decisions about their own medical care and treatment options. This principle is grounded in the belief that individuals should have control over their bodies and health choices, allowing them to act according to their values and preferences. In a healthcare context, respecting a patient's autonomy involves providing them with sufficient information about their condition, treatment options, potential risks, and benefits, enabling them to make choices that reflect their interests and desires. This principle is crucial for fostering patient engagement, enhancing satisfaction, and ensuring that interventions align with a patient's personal values. Justice, beneficence, and non-maleficence, while also important ethical principles in healthcare, do not center specifically on the concept of individual choice. Justice focuses on fairness and equity in the distribution of healthcare resources, beneficence emphasizes acting in the best interest of the patient to promote well-being, and non-maleficence revolves around the obligation to avoid harm to patients. Although all these principles are fundamental in guiding ethical healthcare practice, autonomy distinctly highlights the importance of personal decision-making.

7. What does HMO stand for in healthcare management?

- A. Health Management Organization
- B. Health Maintenance Organization**
- C. Healthcare Medical Organization
- D. Health Monitoring Organization

Health Maintenance Organization is the correct term represented by the acronym HMO in healthcare management. An HMO is a type of health insurance plan that requires members to obtain their medical care from a network of providers. This model emphasizes preventative care and health maintenance, which helps to keep healthcare costs manageable by encouraging regular check-ups and screenings, thereby potentially reducing the need for more expensive emergency care. The structure of HMOs typically includes a primary care physician who acts as a gatekeeper, directing patients to specialists and other healthcare services as necessary, which emphasizes coordinated and comprehensive care. This approach can lead to better patient outcomes and more efficient use of healthcare resources. In contrast to the correct option, terms like Health Management Organization, Healthcare Medical Organization, and Health Monitoring Organization do not accurately capture the HMO model's requirement for coordinated, preventive care through a network, which is a hallmark of HMOs.

8. Which of the following is NOT an input to individual health?

- A. Health care services
- B. Heredity
- C. Technology**
- D. Lifestyle

The assertion that technology is NOT an input to individual health is based on understanding the distinction between factors that directly influence health outcomes and those that serve as tools or facilitators of health care delivery. Health care services, heredity, and lifestyle are fundamental inputs that have a direct impact on an individual's health. Health care services provide direct medical care, preventive measures, and management of illnesses. Heredity plays a crucial role in determining genetic predispositions to certain health conditions. Lifestyle choices—including diet, exercise, and behaviors—are significant determinants of health, impacting both physical and mental well-being. While technology can enable access to health care services, enhance treatment approaches, or facilitate health education, it does not inherently affect someone's health status in the way that the other inputs do. Instead, technology serves as a medium through which these health factors are realized. Thus, while technology is important for health management and improvement, it is not considered a direct input to individual health in the same way the other options are.

9. Which of the following statements regarding primary care is true?

- A. Outpatient services are considered the foundation of primary care.
- B. Primary care is concerned only with individual patients' health.
- C. Primary care is considered essential health care, concerned with individual patients and total populations.**
- D. Primary care providers manage only simple cases with no chronic conditions.

Primary care is indeed considered essential health care, focusing not only on individual patients but also encompassing the health of entire populations. This approach highlights the integral role primary care plays in promoting public health, preventing disease, and managing chronic conditions across diverse patient populations. It's designed to provide accessible, comprehensive, and coordinated healthcare services, which align with the principles of preventive care and health promotion. The assertion that primary care is concerned exclusively with individual patients' health does not capture the breadth of its scope, which includes community and population health aspects. While outpatient services form a significant component of primary care, they are just one part of a broader system that involves various levels of preventive care and population health management. Furthermore, the notion that primary care providers only manage simple cases neglects the complexities of chronic disease management and the capability of these providers to handle multifaceted health issues. This holistic understanding of primary care is critical for addressing both individual patient needs and the broader health challenges faced by communities.

10. What does ACA stand for in the context of healthcare?

- A. Advanced Care Association
- B. Affordable Care Act**
- C. American Care Act
- D. Accessible Care Association

The correct answer is the Affordable Care Act. This landmark legislation was enacted in 2010 with the primary goal of increasing the affordability and accessibility of health insurance for Americans. The ACA introduced significant reforms, including the expansion of Medicaid, the establishment of health insurance exchanges, and the implementation of regulations on insurance companies to protect consumers, such as prohibiting denial of coverage due to pre-existing conditions. This act has had a profound impact on the healthcare landscape in the United States, aiming to reduce the number of uninsured individuals, provide essential health benefits, and improve overall health outcomes. It represents a key effort to transform the American healthcare system by making coverage more accessible and preventing discrimination in health insurance practices.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://healthcaremgmt.examzify.com>

We wish you the very best on your exam journey. You've got this!

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