

Healthcare Administration Specialist (HAS) Health Services Management Fundamentals (106F) Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 is the main purpose of a patient safety reporting system?**
 - A. To enhance hospital marketing strategies**
 - B. To identify and analyze safety incidents to improve care and prevent future errors**
 - C. To gather patient feedback on service quality**
 - D. To assess financial performance of the healthcare organization**

- 2. How is "managed care" defined?**
 - A. A healthcare delivery system that focuses on patient satisfaction**
 - B. A healthcare delivery system that aims to manage cost, utilization, and quality**
 - C. A healthcare delivery system that guarantees patient access**
 - D. A healthcare delivery system that promotes alternative medicine**

- 3. Which of the following is a key component of an integrated continuum of care?**
 - A. Specialized one-time treatment centers**
 - B. Continuous patient engagement across different levels of care**
 - C. Private insurance policies only**
 - D. Emergency room visits without follow-up**

- 4. What is informed consent?**
 - A. A patient's agreement to undergo a medical procedure after being informed of the risks, benefits, and alternatives**
 - B. The documentation of a patient's medical history**
 - C. A formal approval process for hospital budgets**
 - D. The approval required for research studies involving human subjects**

- 5. What is the primary function of a chief financial officer (CFO) in a healthcare organization?**
- A. To manage human resources and staffing**
 - B. To oversee the financial operations, budgeting, and financial planning**
 - C. To develop patient care protocols and standards**
 - D. To coordinate marketing and public relations efforts**
- 6. What is one of the main roles of human resources in healthcare administration?**
- A. To oversee patient care directly**
 - B. To manage recruitment, training, and employee relations**
 - C. To develop healthcare technology**
 - D. To facilitate patient medical records**
- 7. What is a request to evaluate, treat, and assume care for a patient for a condition called?**
- A. Assessment**
 - B. Referral**
 - C. Consultation**
 - D. Diagnosis**
- 8. What is one of the key outcomes of effective healthcare management?**
- A. Increased healthcare costs**
 - B. Improved patient satisfaction and health outcomes**
 - C. Higher employee turnover rates**
 - D. Expanded service offerings without regard to cost**
- 9. What might a healthcare administrator be responsible for ensuring compliance with?**
- A. Market trends in pharmaceuticals**
 - B. Healthcare regulations and policies**
 - C. Patient waiting times**
 - D. Hospital facility cleanliness**

10. What is the role of a health information manager?

- A. To enforce compliance with healthcare laws**
- B. To oversee the management of patient health information and medical records**
- C. To implement healthcare technology solutions**
- D. To handle billing and coding practices**

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Answers

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

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Explanations

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1. What is the main purpose of a patient safety reporting system?

- A. To enhance hospital marketing strategies**
- B. To identify and analyze safety incidents to improve care and prevent future errors**
- C. To gather patient feedback on service quality**
- D. To assess financial performance of the healthcare organization**

The main purpose of a patient safety reporting system is to identify and analyze safety incidents to improve care and prevent future errors. Such systems enable healthcare organizations to systematically report, analyze, and learn from incidents that arise during patient care. By documenting these occurrences, organizations can identify trends and root causes of safety issues, allowing them to implement strategies and interventions aimed at mitigating risks and enhancing the overall safety of patient care. This approach is essential for fostering a culture of safety within healthcare settings, as it encourages open communication concerning errors or near misses, thus leading to continuous quality improvement. Ultimately, the insights gained from a robust patient safety reporting system can contribute significantly to enhancing patient outcomes and ensuring high-quality care across healthcare facilities.

2. How is "managed care" defined?

- A. A healthcare delivery system that focuses on patient satisfaction**
- B. A healthcare delivery system that aims to manage cost, utilization, and quality**
- C. A healthcare delivery system that guarantees patient access**
- D. A healthcare delivery system that promotes alternative medicine**

Managed care is defined as a healthcare delivery system that aims to manage cost, utilization, and quality. This definition captures the essence of managed care, which seeks to provide efficient healthcare services while controlling expenses. Managed care organizations implement various strategies, such as network providers, care coordination, and preventive care measures, to ensure that healthcare is delivered in a way that enhances quality for patients without incurring unnecessary costs. The focus on managing much of the healthcare process allows for a more streamlined approach to patient care, balancing quality with financial sustainability. While patient satisfaction is important, it is not the core defining feature of managed care; rather, effective management of costs, utilization (the frequency and appropriateness of healthcare services), and quality are central to its purpose. Guaranteed access to care and promotion of alternative medicine might be components of certain healthcare systems, but they do not specifically define what managed care entails. The primary goal of managed care encompasses these broader themes of financial and quality management within a structured healthcare framework.

3. Which of the following is a key component of an integrated continuum of care?

- A. Specialized one-time treatment centers**
- B. Continuous patient engagement across different levels of care**
- C. Private insurance policies only**
- D. Emergency room visits without follow-up**

The key component of an integrated continuum of care involves continuous patient engagement across different levels of care. This concept emphasizes the importance of a seamless transition and coordination among various healthcare services and providers, ensuring that patients receive appropriate care tailored to their needs throughout their healthcare journey. This integration fosters better communication and collaboration among healthcare providers, improving patient outcomes and enhancing the overall healthcare experience. By maintaining continuous engagement, providers can monitor patients more effectively, facilitate timely interventions, and support ongoing management of chronic conditions, which ultimately contributes to higher quality care. In contrast, specialized one-time treatment centers do not promote the continuity required for effective healthcare delivery and may lack the follow-up needed for comprehensive patient care. Limiting coverage to private insurance policies does not ensure a broad spectrum of care options available to all patients, which is crucial for an integrated approach. Lastly, emergency room visits without follow-up fail to establish the necessary ongoing relationship with a healthcare provider, leaving gaps in care that are addressed through the integrated continuum of care model.

4. What is informed consent?

- A. A patient's agreement to undergo a medical procedure after being informed of the risks, benefits, and alternatives**
- B. The documentation of a patient's medical history**
- C. A formal approval process for hospital budgets**
- D. The approval required for research studies involving human subjects**

Informed consent is the process by which a patient provides agreement to undergo a medical procedure after understanding the associated risks, benefits, and alternatives. This concept is fundamental to patient autonomy and ethical medical practice. Obtaining informed consent ensures that the patient is actively involved in their healthcare decisions and understands what they are consenting to. This process typically involves a healthcare provider explaining the procedure, answering any questions the patient may have, and allowing them time to consider their decision. It is a safeguard for the patient's rights and well-being, confirming that they are making a knowledgeable choice about their treatment options. While documentation of a patient's medical history and approval processes for hospital budgets and research studies are important elements in healthcare administration, they do not encompass the essence of informed consent. Informed consent specifically pertains to the communication and agreement between a healthcare provider and a patient regarding treatment decisions.

5. What is the primary function of a chief financial officer (CFO) in a healthcare organization?

- A. To manage human resources and staffing**
- B. To oversee the financial operations, budgeting, and financial planning**
- C. To develop patient care protocols and standards**
- D. To coordinate marketing and public relations efforts**

The primary function of a chief financial officer (CFO) in a healthcare organization is to oversee the financial operations, budgeting, and financial planning. The CFO plays a crucial role in ensuring the organization remains financially viable by managing the allocation of resources, analyzing financial data, and making informed decisions that impact the overall financial health of the organization. This includes developing financial strategies, managing cash flow, and ensuring compliance with financial regulations. In a healthcare setting, where financial resources can be limited and the environment is constantly changing due to regulations and market conditions, the role of the CFO becomes even more critical. They collaborate with other executives to align financial objectives with the organization's mission, ensuring that adequate funding is available for patient care and organizational development. Other functions mentioned in the options are important within healthcare organizations but do not align with the central responsibilities of a CFO. For instance, managing human resources focuses on workforce staffing and development, while developing patient care protocols pertains to clinical outcomes and quality of care. Coordinating marketing and public relations efforts is crucial for organizational visibility and community outreach but is distinctly separate from the financial oversight responsibilities that are the hallmark of a CFO's role. Thus, option B accurately reflects the primary function of a CFO in a healthcare organization.

6. What is one of the main roles of human resources in healthcare administration?

- A. To oversee patient care directly**
- B. To manage recruitment, training, and employee relations**
- C. To develop healthcare technology**
- D. To facilitate patient medical records**

One of the main roles of human resources in healthcare administration is to manage recruitment, training, and employee relations. In this context, human resources (HR) is vital for ensuring that healthcare organizations attract and retain qualified staff who are essential for providing quality patient care. HR is responsible for developing recruitment strategies that attract the best candidates, overseeing the training of new employees to align with healthcare standards and practices, and ensuring ongoing employee development to maintain high performance. Furthermore, HR handles employee relations, which includes addressing concerns, managing conflicts, and fostering a positive work environment. This role is crucial for maintaining the workforce's morale and engagement, which directly impacts patient care and organizational effectiveness. In contrast, overseeing patient care directly is typically the responsibility of healthcare providers such as doctors and nurses rather than HR. Developing healthcare technology usually falls under the purview of IT professionals or specialized teams within a healthcare organization, while facilitating patient medical records is a function associated with health information management and administrative staff, rather than HR.

7. What is a request to evaluate, treat, and assume care for a patient for a condition called?

- A. Assessment**
- B. Referral**
- C. Consultation**
- D. Diagnosis**

A request to evaluate, treat, and assume care for a patient for a condition is referred to as a referral. In the context of healthcare, a referral occurs when one healthcare provider directs a patient to another provider for further evaluation, treatment, or specialized care. This process often involves transferring the responsibility for specific aspects of the patient's care, which can be crucial in ensuring that the patient receives the appropriate level of expertise, particularly for complex conditions that may be outside the primary provider's scope of practice. In contrast, an assessment typically refers to the initial evaluation of a patient's condition, including determining their needs and health status. A consultation involves a specialist providing insights or recommendations while the original provider retains primary responsibility. A diagnosis is the process of identifying a disease or condition based on the evaluation of symptoms and clinical findings rather than the action of passing along a patient for care. This understanding helps clarify the distinct roles that these terms play in healthcare delivery and patient management.

8. What is one of the key outcomes of effective healthcare management?

- A. Increased healthcare costs**
- B. Improved patient satisfaction and health outcomes**
- C. Higher employee turnover rates**
- D. Expanded service offerings without regard to cost**

One of the key outcomes of effective healthcare management is improved patient satisfaction and health outcomes. Effective healthcare management focuses on optimizing processes, enhancing communication, and ensuring the quality of care provided to patients. This leads to a patient-centered approach where individuals receive care that meets their needs and preferences. Improving patient satisfaction is crucial as it directly impacts patients' experiences and their willingness to engage with healthcare services in the future. It can also correlate with better adherence to treatment regimens and follow-up care, ultimately resulting in improved health outcomes. In a well-managed healthcare environment, resources are allocated efficiently, staff are engaged and supported, and care delivery is streamlined, all of which contribute to higher levels of patient satisfaction and better health results. The other options reflect negative outcomes that are typically associated with poor management practices rather than effective healthcare management. Thus, the focus on enhanced quality of care and patient satisfaction is a hallmark of successful healthcare management.

9. What might a healthcare administrator be responsible for ensuring compliance with?

- A. Market trends in pharmaceuticals
- B. Healthcare regulations and policies**
- C. Patient waiting times
- D. Hospital facility cleanliness

A healthcare administrator plays a crucial role in ensuring that healthcare organizations adhere to a complex array of regulations and policies that govern the industry. This responsibility includes compliance with federal, state, and local laws, as well as guidelines issued by regulatory bodies such as the Centers for Medicare & Medicaid Services (CMS) and the Joint Commission. Understanding and implementing these regulations is key to maintaining operational integrity, patient safety, and the financial viability of the organization. Compliance initiatives may cover areas such as patient privacy (HIPAA), quality of care standards, billing and coding accuracy, and labor laws. By ensuring compliance with these regulations, healthcare administrators safeguard the organization against legal issues, financial penalties, and reputation damage. While market trends in pharmaceuticals, patient waiting times, and hospital facility cleanliness are important aspects of healthcare management, they primarily relate to operational efficiency, quality of service, and customer satisfaction rather than the regulatory framework that administrators are tasked with overseeing. These other factors are significant for overall organizational performance but do not represent the primary focus of compliance responsibilities.

10. What is the role of a health information manager?

- A. To enforce compliance with healthcare laws
- B. To oversee the management of patient health information and medical records**
- C. To implement healthcare technology solutions
- D. To handle billing and coding practices

The role of a health information manager primarily involves overseeing the management of patient health information and medical records. This encompasses a range of responsibilities, including ensuring the accuracy, accessibility, and security of health information in compliance with relevant regulations. Health information managers play a crucial part in maintaining the integrity of medical records, which are essential for patient care, research, and decision-making within healthcare organizations. In addition to managing patient records, health information managers are also involved in the implementation of data collection systems and methodologies, as well as the use of health information technology to improve patient care and operational efficiency. Their expertise allows them to ensure that healthcare providers have the necessary information for delivering quality care while adhering to legal and ethical standards. This role is vital in maintaining the flow of information throughout the healthcare continuum and supporting the overall goals of healthcare delivery.

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://has106f.examzify.com>

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

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