

HEALTHCARE ADMINISTRATION SPECIALIST (HAS) HEALTH SERVICES MANAGEMENT FUNDAMENTALS (106F) PRACTICE TEST (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE

<https://has106f.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

SAMPLE

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

SAMPLE

- 1. What is the primary purpose of a strategic plan in a healthcare organization?**
 - A. To manage daily operations of the organization
 - B. To outline long-term goals, strategies, and objectives for the organization's growth and improvement
 - C. To minimize costs and maximize profits
 - D. To improve patient satisfaction on a yearly basis
- 2. Which of the following indicates a significant health disparity?**
 - A. Equal access to healthcare across demographics
 - B. Variations in health outcomes based on socioeconomic factors
 - C. Enhanced access to preventive care services
 - D. Improved health outcomes across all geographic locations
- 3. Who is responsible for tracking all referrals?**
 - A. The Medical Treatment Facility
 - B. The Referral Management Center
 - C. The Family Member Resource Coordination Center
 - D. The Gaining Installation Medical Office
- 4. Which factor is primarily considered in evidence-based practice?**
 - A. Patient preferences and lower treatment costs
 - B. The best available scientific evidence along with patient preferences
 - C. Physician recommendations regardless of evidence
 - D. Hospital policies and regulations
- 5. Which report is printed from MHS GENESIS to see all the providers who have a full patient workload?**
 - A. Daily Activity Report
 - B. Provider Roster
 - C. Workload Status Report
 - D. Employee Performance Report

- 6. 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
- 7. What is the primary goal of healthcare administration?**
- A. To ensure efficient delivery of healthcare services while maintaining quality of care
 - B. To develop new medical technologies for patient treatment
 - C. To regulate pharmaceutical pricing across the industry
 - D. To provide financial support for healthcare research
- 8. When is patient-centered care most effective?**
- A. When it is based solely on standardized treatment protocols
 - B. When it incorporates individual patient preferences, needs, and values
 - C. When it prioritizes operational efficiency over patient satisfaction
 - D. When delivered strictly by specialized health professionals
- 9. What does the ATC category 'Specialty' indicate?**
- A. Must be seen within 14 days or per provider designation
 - B. Must be seen within 28 days or per provider designation
 - C. Must be seen within 30 days
 - D. Must be seen within 21 days or per provider designation
- 10. Define "continuum of care."**
- A. A system that provides end-of-life care only
 - B. An integrated system of healthcare services that span all levels of care, from prevention to end-of-life
 - C. A network of healthcare providers offering specialized services
 - D. A process for managing healthcare costs only

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. What is the primary purpose of a strategic plan in a healthcare organization?

- A. To manage daily operations of the organization
- B. To outline long-term goals, strategies, and objectives for the organization's growth and improvement**
- C. To minimize costs and maximize profits
- D. To improve patient satisfaction on a yearly basis

The primary purpose of a strategic plan in a healthcare organization is to outline long-term goals, strategies, and objectives for the organization's growth and improvement. This planning process involves assessing the current state of the organization, identifying opportunities and challenges in the healthcare environment, and formulating actionable strategies that align with the organization's mission and vision. A well-defined strategic plan serves as a roadmap for the healthcare organization, guiding decision-making and resource allocation over time. It ensures that everyone in the organization understands the long-term direction and the priorities that will enhance the organization's capacity to deliver quality care, adapt to changes, and foster innovation. While managing daily operations and improving patient satisfaction are essential components of healthcare management, they are typically addressed within the scope of operational plans or quality improvement initiatives rather than through the strategic plan itself. Cost minimization and profit maximization are crucial for organizational sustainability, but the primary focus of a strategic plan is broader, encompassing overall growth, development, and adaptability in the complex healthcare landscape.

2. Which of the following indicates a significant health disparity?

- A. Equal access to healthcare across demographics
- B. Variations in health outcomes based on socioeconomic factors**
- C. Enhanced access to preventive care services
- D. Improved health outcomes across all geographic locations

The identification of significant health disparities is linked closely to variations in health outcomes across different demographics, particularly those influenced by socioeconomic factors. Health disparities refer to the differences in health status or in the distribution of health determinants between different population groups. When there are variations in health outcomes based on socioeconomic factors—such as income, education, and employment—it highlights systemic inequalities that affect access to healthcare, quality of care, and overall health results. This situation often manifests in poorer health outcomes for specific groups, particularly those who are economically disadvantaged, which could include higher rates of chronic diseases, lower life expectancy, or inadequate access to healthcare services. Understanding these disparities is crucial for effectively addressing health inequities and ensuring that all population groups can achieve optimal health. In contrast, the other options indicate scenarios of equity or improvement rather than disparities. Access to healthcare across demographics or enhanced preventive care suggests that services are being provided fairly. Likewise, improved health outcomes across all geographic locations point to a reduction or elimination of disparities rather than their existence. Thus, the focus on socioeconomic factors as determinants of health outcomes underscores the essence of identifying significant health disparities.

3. Who is responsible for tracking all referrals?

- A. The Medical Treatment Facility
- B. The Referral Management Center**
- C. The Family Member Resource Coordination Center
- D. The Gaining Installation Medical Office

The Referral Management Center is primarily responsible for tracking all referrals within the healthcare system. This center acts as a centralized hub where referrals from various healthcare providers are managed, monitored, and coordinated to ensure that patients receive timely and appropriate care. The Referral Management Center utilizes specialized systems and protocols to handle the flow of patient information and referral data, maintaining oversight of the entire referral process. This role is crucial because it directly impacts patient outcomes and care efficiency. By having a dedicated center focused on referrals, healthcare organizations can streamline communication between providers, improve patient access to specialists, and reduce the likelihood of referrals being lost or overlooked. In contrast, while other entities such as the Medical Treatment Facility, the Family Member Resource Coordination Center, and the Gaining Installation Medical Office may play roles in patient care and support, they typically do not have the focused responsibility for managing and tracking referrals that is designated to the Referral Management Center.

4. Which factor is primarily considered in evidence-based practice?

- A. Patient preferences and lower treatment costs
- B. The best available scientific evidence along with patient preferences**
- C. Physician recommendations regardless of evidence
- D. Hospital policies and regulations

Evidence-based practice is fundamentally centered on integrating the best available scientific evidence with clinical expertise and patient preferences. This approach ensures that healthcare decisions are informed by current, high-quality research, while also considering the individual needs and values of patients. By prioritizing the best available scientific evidence, healthcare professionals can draw upon a solid foundation of proven interventions and treatment options that have been rigorously tested and validated. This scientific backing is crucial for delivering effective healthcare and improving patient outcomes. In addition to scientific evidence, considering patient preferences allows for a more personalized approach to care. Patients have unique circumstances, values, and preferences that can influence their decisions about treatment. A collaborative process, where healthcare providers and patients discuss evidence-based options while respecting the patient's values and choices, is essential for achieving the best possible outcomes in health services management. Thus, the correct answer effectively encapsulates the core elements of evidence-based practice, highlighting the importance of combining robust scientific data with a patient-centered approach.

5. Which report is printed from MHS GENESIS to see all the providers who have a full patient workload?

- A. Daily Activity Report
- B. Provider Roster**
- C. Workload Status Report
- D. Employee Performance Report

The Provider Roster is the appropriate report used in MHS GENESIS to view all providers who have a full patient workload. This report provides a comprehensive list of healthcare providers along with their current patient caseloads, allowing administrators to assess whether providers are meeting their service demands effectively. Having a designated roster helps in planning and resource allocation, ensuring that patient care is managed efficiently. This aligns with healthcare management practices, where understanding provider capacity is essential for maintaining service levels and patient satisfaction. While the Daily Activity Report and the Workload Status Report would provide details on activities and workload expectations, they may not offer a complete snapshot of providers with full patient loads specifically. The Employee Performance Report generally focuses on metrics related to individual provider performance rather than their current patient workload.

6. 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.

7. What is the primary goal of healthcare administration?

- A. To ensure efficient delivery of healthcare services while maintaining quality of care**
- B. To develop new medical technologies for patient treatment
- C. To regulate pharmaceutical pricing across the industry
- D. To provide financial support for healthcare research

The primary goal of healthcare administration revolves around ensuring the efficient delivery of healthcare services while maintaining quality of care. This is fundamental because healthcare administrators are tasked with the stewardship of healthcare organizations, facilitating the best possible patient outcomes while optimizing resources. Their role involves coordinating various aspects of healthcare services, including staffing, budgeting, and compliance with regulations, all aimed at providing effective medical care to patients. In this context, efficiency refers to the ability to provide care that maximizes resource utilization—meaning that facilities operate smoothly with minimal waste and delays. Maintaining quality of care is equally imperative; patients should receive safe, effective, and timely treatment that meets established healthcare standards. While developing new medical technologies, regulating pharmaceutical pricing, and providing financial support for healthcare research are important aspects of the healthcare ecosystem, they are more specialized functions rather than primary goals of healthcare administration as a whole. Healthcare administrators play a crucial role in these areas but their overarching responsibility remains focused on managing healthcare services efficiently and ensuring quality for patient care.

8. When is patient-centered care most effective?

- A. When it is based solely on standardized treatment protocols
- B. When it incorporates individual patient preferences, needs, and values**
- C. When it prioritizes operational efficiency over patient satisfaction
- D. When delivered strictly by specialized health professionals

Patient-centered care is most effective when it incorporates individual patient preferences, needs, and values. This approach recognizes that each patient is unique, with distinct experiences and requirements that can influence their health outcomes. By involving patients in their care decision-making, healthcare providers can tailor treatments and interventions to better align with what matters most to the individual, resulting in improved satisfaction, adherence to treatment plans, and overall health outcomes. Engaging patients in this way fosters a collaborative relationship between healthcare providers and patients, ensuring that care is not only effective clinically but also respects the emotional and personal contexts of the patients' lives. This holistic approach to healthcare encourages trust and communication, leading to more fruitful interactions and better adherence to care recommendations. In contrast, solely relying on standardized treatment protocols disregards the specific needs of the patients and can lead to suboptimal care. Prioritizing operational efficiency over patient satisfaction can negatively impact the quality of care and patients' experiences, while delivering care strictly through specialized health professionals might ignore the importance of a well-rounded, individualized approach to treatment.

9. What does the ATC category 'Specialty' indicate?

- A. Must be seen within 14 days or per provider designation
- B. Must be seen within 28 days or per provider designation**
- C. Must be seen within 30 days
- D. Must be seen within 21 days or per provider designation

The ATC category 'Specialty' signifies the expectation for a patient to be seen by a specialist within a specified timeframe, which in this case is 28 days or as designated by the provider. This timeframe reflects the understanding that specialty care often involves conditions that require specialized skills, knowledge, or equipment, and prompt access to this level of care is essential for maintaining patient health. Specialty care typically addresses more complex health issues that general practitioners may not manage as effectively, thus the urgency associated with timely appointments is critical for effective treatment and patient outcomes. Adhering to the 28-day requirement ensures that patients receive necessary consultations and interventions without undue delay, which is vital in practices where condition management may significantly impact overall health. Therefore, the designation highlights the critical importance of the appropriate timing of healthcare services in specialty fields.

10. Define "continuum of care."

- A. A system that provides end-of-life care only
- B. An integrated system of healthcare services that span all levels of care, from prevention to end-of-life**
- C. A network of healthcare providers offering specialized services
- D. A process for managing healthcare costs only

The definition of "continuum of care" accurately includes an integrated system of healthcare services that spans all levels of care, from prevention to end-of-life. This concept emphasizes the importance of continuity in the healthcare process, ensuring that patients receive appropriate care at every stage of their health journey. It encompasses a wide range of services, including preventive care, primary care, specialty care, rehabilitation, and palliative care, aligning them into a cohesive system that addresses the diverse needs of individuals over time. This integrated approach is essential for providing comprehensive care, improving patient outcomes, and enhancing the overall efficiency of healthcare delivery. By connecting various healthcare services and facilitating communication among providers, the continuum of care helps to ensure that each patient's transition through different healthcare stages is smooth and well-coordinated. Options that focus on a limited scope, such as end-of-life care only or cost management without regard to the patient journey, do not capture the full essence of the continuum of care. Additionally, while networks of healthcare providers offering specialized services are important, they do not encompass the broader idea of integrating all types of care from prevention to end-of-life. The correct answer recognizes the comprehensive nature of healthcare services needed to support patients effectively throughout their lives.

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!

SAMPLE