

# Healthcare Effectiveness Data and Information Set (HEDIS) Practice Test (Sample)

## Study Guide



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## **Questions**

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- 1. Do the guidelines for the CDC blood pressure control indicator mirror those of the CBP?**
  - A. Yes, they follow the same guidelines**
  - B. No, they are distinct measures**
  - C. Only the BP thresholds differ**
  - D. Yes, but vary based on patient age**
- 2. What is the correct action if there is incomplete documentation for post-discharge medication review?**
  - A. Consider it as complete if the patient is stable**
  - B. Request additional documentation or a follow-up review**
  - C. Proceed without it as it does not matter**
  - D. Document it for future reference**
- 3. When the "Attach" button is selected in Centricity, what access does the viewer gain?**
  - A. Access to patient history**
  - B. Access to selected attachments for the selected date of service**
  - C. Access to emergency contact information**
  - D. Access to medication logs**
- 4. If a urinalysis shows positive protein for nephropathy, what should the reviewer do?**
  - A. Document the finding and notify the physician**
  - B. Enter the date and result into quality reporter for compliance**
  - C. Schedule a follow-up appointment for the patient**
  - D. Discuss with the patient about dietary changes**
- 5. In HEDIS, how is a "primary care physician" categorized?**
  - A. Any healthcare worker**
  - B. Only specialists in internal medicine**
  - C. General and family practice physicians, geriatricians, pediatricians, OB/GYNs**
  - D. Only nurse practitioners**

- 6. What does Inter-rater reliability (IRR) refer to in HEDIS terms?**
- A. A requirement to validate the consistency of medical record reviews**
  - B. A measure of the variation in health plans**
  - C. A standard test enforced by NCQA**
  - D. A protocol for data collection**
- 7. What is one crucial detail that can invalidate a screening measure?**
- A. Lack of member consent**
  - B. Outdated billing information**
  - C. Inadequate documentation in the medical history**
  - D. Incomplete insurance forms**
- 8. Which factor is essential for accurate A1C measurement in measures?**
- A. Patient's weight history**
  - B. The timeline of previous glucose tests**
  - C. Timely reporting of lab results**
  - D. Patient lifestyle changes**
- 9. What is a major goal of the HEDIS measures?**
- A. To increase the cost of healthcare**
  - B. To reduce unnecessary treatments**
  - C. To improve patient care and reduce health disparities**
  - D. To limit patient access to specialists**
- 10. In HEDIS, "trace results" are compliant when assessing which indicator?**
- A. Blood pressure indicator**
  - B. CDC nephropathy indicator**
  - C. Cholesterol measurement**
  - D. Preventive care visits**

## **Answers**

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

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## **Explanations**

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**1. Do the guidelines for the CDC blood pressure control indicator mirror those of the CBP?**

**A. Yes, they follow the same guidelines**

**B. No, they are distinct measures**

**C. Only the BP thresholds differ**

**D. Yes, but vary based on patient age**

The guidelines for the CDC blood pressure control indicator indeed align closely with those of the CBP (Controlling High Blood Pressure) measure, which is a key component in HEDIS. Both sets of guidelines aim to promote optimal blood pressure management in the population, ensuring that patients are diagnosed with hypertension receive appropriate treatment and monitoring to maintain blood pressure within the recommended thresholds. The emphasis on consistent guidelines across both measures reflects the importance of standardized care practices in achieving effective blood pressure control nationally. This commonality enhances the reliability of data collected under both measures, as they are designed to evaluate similar outcomes and adherence to best practices in hypertension management. By ensuring that these guidelines mirror each other, healthcare providers can more easily comply with performance measures, leading to improved patient care and health outcomes. In contrast, the other options suggest variations between the guidelines, which does not accurately reflect the situation as both measures work towards the same goals and standards in blood pressure control.

**2. What is the correct action if there is incomplete documentation for post-discharge medication review?**

**A. Consider it as complete if the patient is stable**

**B. Request additional documentation or a follow-up review**

**C. Proceed without it as it does not matter**

**D. Document it for future reference**

Requesting additional documentation or a follow-up review is essential when there is incomplete documentation for post-discharge medication reviews. Comprehensive documentation is critical for ensuring patient safety and the effectiveness of care transitions. Incomplete information can lead to potential medication errors, misunderstandings about the treatment plan, and could compromise the quality of the patient's ongoing care. By seeking additional documentation or conducting a follow-up review, healthcare providers can verify that the patient understands their medication regimen, clarify any uncertainties, and ensure that any changes in medications during the hospital stay are properly communicated and understood by the patient. This practice aligns with the overall goals of HEDIS, which emphasize the importance of high-quality healthcare delivery through effective communication and thorough documentation. This approach helps to prevent adverse events and enhances the continuity of care.

**3. When the "Attach" button is selected in Centricity, what access does the viewer gain?**

- A. Access to patient history**
- B. Access to selected attachments for the selected date of service**
- C. Access to emergency contact information**
- D. Access to medication logs**

Selecting the "Attach" button in Centricity provides the viewer with access to selected attachments relevant to the specific date of service. This is particularly important for healthcare providers who need to quickly review and utilize pertinent documents or information associated with a patient's visit on that day, such as lab results, imaging reports, or referral documents. Having direct access to these attachments streamlines clinical decision-making and ensures that the provider has all necessary information at hand to render care. This function enhances communication and efficiency within healthcare settings by consolidating critical documents in one easily accessible area tailored to a specific date, thus aiding in better patient outcomes and continuity of care.

**4. If a urinalysis shows positive protein for nephropathy, what should the reviewer do?**

- A. Document the finding and notify the physician**
- B. Enter the date and result into quality reporter for compliance**
- C. Schedule a follow-up appointment for the patient**
- D. Discuss with the patient about dietary changes**

In the context of HEDIS measures and quality reporting, documenting findings from a urinalysis, especially one showing positive protein for nephropathy, is crucial for maintaining patient care standards and ensuring compliance with quality measures. However, the most appropriate step involves ensuring that this data is accurately captured in a quality reporting system. Entering the date and result into a quality reporter for compliance allows healthcare organizations to track performance indicators related to nephropathy and kidney health. This documentation plays a vital role in evaluating the quality of care provided and ensuring adherence to clinical guidelines. Accurate reporting is essential for assessing healthcare outcomes over time and for facilitating improvements in patient management. While notifying the physician and scheduling a follow-up appointment are important aspects of patient care that may follow the initial reporting, the primary requirement in the context of HEDIS is to ensure compliance through proper documentation in the quality reporting system. This action directly impacts population health metrics and the facility's overall quality scores.

**5. In HEDIS, how is a "primary care physician" categorized?**

- A. Any healthcare worker
- B. Only specialists in internal medicine
- C. General and family practice physicians, geriatricians, pediatricians, OB/GYNs**
- D. Only nurse practitioners

The categorization of a "primary care physician" in HEDIS is correctly identified as including general and family practice physicians, geriatricians, pediatricians, and OB/GYNs. This classification reflects the essential roles these types of healthcare providers play in delivering comprehensive, ongoing care to patients. Primary care physicians are often the first point of contact in the healthcare system and are responsible for a wide range of health issues, emphasizing preventive care, health maintenance, and the management of chronic conditions. The inclusion of various specialties, such as family practice and internal medicine, acknowledges their contributions to primary care. Specifically, pediatricians focus on children's health, geriatricians specialize in care for older adults, and OB/GYNs address women's reproductive health, all of which are critical components of primary care delivery. This broad classification helps ensure that a diverse range of patient needs is addressed within the primary care framework, enabling better overall health outcomes and continuity of care. On the other hand, the other options either describe an overly broad category (any healthcare worker) or are too restrictive and exclude crucial types of primary care physicians, such as pediatricians and OB/GYNs. This distinction is important in understanding the variety within primary care practice and its significance in

**6. What does Inter-rater reliability (IRR) refer to in HEDIS terms?**

- A. A requirement to validate the consistency of medical record reviews
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- D. A protocol for data collection

Inter-rater reliability (IRR) in HEDIS terms is crucial as it ensures that different reviewers evaluating the same clinical data reach consistent conclusions. This consistency enhances the credibility of the data being reported, leading to more reliable health plan comparisons and assessments. By noting that IRR is about validating the consistency of reviewers' assessments, it aligns with maintaining high-standard evaluations of the data gathered from medical record reviews. This requirement is vital for ensuring that variations in interpretations do not skew the data, which could lead to misleading conclusions about healthcare effectiveness. Understanding IRR is fundamental for organizations aiming to improve healthcare quality measures and for those who participate in HEDIS reporting, as it helps uphold the integrity of the data collected and reported.

**7. What is one crucial detail that can invalidate a screening measure?**

- A. Lack of member consent**
- B. Outdated billing information**
- C. Inadequate documentation in the medical history**
- D. Incomplete insurance forms**

Inadequate documentation in the medical history is a crucial detail that can invalidate a screening measure. Proper documentation is vital for ensuring that the necessary information is available to assess patients accurately and determine whether they meet the criteria for screening. When documentation is lacking, it becomes difficult to confirm the patient's health status, prior screenings, and any relevant medical history that could influence the screening outcome. This can lead to either false positives or negatives in the results, ultimately affecting the validity of the screening measures and the quality of care provided. Comprehensive medical records ensure that screenings are based on accurate and complete information, which is a foundational element for any effective healthcare assessment. Without this documentation, it's challenging to utilize screening measures effectively, as they rely heavily on a thorough understanding of the patient's background and health history.

**8. Which factor is essential for accurate A1C measurement in measures?**

- A. Patient's weight history**
- B. The timeline of previous glucose tests**
- C. Timely reporting of lab results**
- D. Patient lifestyle changes**

Timely reporting of lab results is crucial for accurate A1C measurement because the validity of the A1C test can be compromised if the results are not communicated promptly to healthcare providers and patients. A1C levels reflect average blood glucose levels over the previous two to three months, so delays in reporting can lead to outdated information influencing clinical decisions. When lab results are reported in a timely manner, healthcare providers are better equipped to make informed decisions regarding a patient's diabetes management, ensuring that they are based on current data. This prompt communication helps in assessing the effectiveness of treatment strategies and making necessary adjustments for optimal patient care. In contrast, factors such as a patient's weight history, the timeline of previous glucose tests, and lifestyle changes, while they may provide additional context for understanding a patient's overall health and diabetes management, do not directly impact the accuracy of the A1C measurement itself compared to the importance of timely lab result reporting. Therefore, the accuracy of A1C testing is not just about how the test is conducted, but also about how quickly and effectively these results are relayed for clinical action.

## 9. What is a major goal of the HEDIS measures?

- A. To increase the cost of healthcare
- B. To reduce unnecessary treatments
- C. To improve patient care and reduce health disparities**
- D. To limit patient access to specialists

A major goal of the HEDIS measures is to improve patient care and reduce health disparities. HEDIS, developed by the National Committee for Quality Assurance (NCQA), is designed to provide standardized measures that assess the quality of health care services. By monitoring various aspects of care, such as preventive services, treatment effectiveness, and patient satisfaction, HEDIS aims to identify gaps in care, thereby enabling healthcare providers and organizations to enhance service delivery and patient outcomes. Moreover, HEDIS also emphasizes equity in healthcare by addressing health disparities, which can arise from differences in socioeconomic status, location, and access to resources. By focusing on improving the overall quality of care and ensuring that all populations receive equitable treatment, HEDIS seeks to foster a healthcare environment where improved patient outcomes are a priority. This makes it a crucial tool for quality improvement initiatives in healthcare systems. Focusing only on tasks like reducing unnecessary treatments or limiting patient access to specialists doesn't encompass the broader objective of enhancing overall patient care and health equity, which is central to the mission of HEDIS.

## 10. In HEDIS, "trace results" are compliant when assessing which indicator?

- A. Blood pressure indicator
- B. CDC nephropathy indicator**
- C. Cholesterol measurement
- D. Preventive care visits

The correct answer relates to the CDC nephropathy indicator, which is a crucial measure within HEDIS that aims to assess the management and monitoring of patients with diabetes for nephropathy, a serious complication that can arise from the disease. "Trace results" refer to the presence of small amounts of protein detected in the urine, which can begin appearing even at early stages of nephropathy. In this context, the nephropathy indicator evaluates whether patients with diabetes have undergone the appropriate tests to monitor kidney health, which includes checking for microalbuminuria or protein in the urine. Meeting the compliance criteria for this indicator demonstrates that the healthcare providers are adhering to guidelines for preventing kidney disease in diabetic patients. In contrast, the other options focus on different health metrics unrelated to the monitoring of nephropathy: - The blood pressure indicator scrutinizes hypertension management. - Cholesterol measurement pertains to lipid levels in the context of cardiovascular health. - Preventive care visits evaluate the overall healthcare access and utilization for preventive services. Each of these indicators has unique compliance standards that do not include the concept of "trace results," unlike the nephropathy indicator. This is why the focus on trace results is specifically relevant to the assessment of the CDC nephropathy indicator