

# Highmark Exam 1 Practice (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. Don't worry about getting everything right, 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, and take breaks to retain information better.**

## **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.**

## **7. Use Other Tools**

**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!**

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## Questions

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- 1. Which of the following best describes a Top Vendor?**
  - A. The first recommended vendor for a business case solution**
  - B. The vendor with the lowest price offered**
  - C. A vendor with extensive product options**
  - D. The most expensive vendor in a comparison**
  
- 2. What support does Highmark offer for chronic disease management?**
  - A. Highmark refers members to other organizations**
  - B. Programs providing education and resources**
  - C. No support is available for chronic diseases**
  - D. Only emergency services are provided**
  
- 3. Why is it important for Highmark members to track their health metrics?**
  - A. It helps them qualify for discounts**
  - B. It is necessary to file insurance claims**
  - C. It assists in monitoring progress and making informed health decisions**
  - D. It is required by the insurance policy**
  
- 4. Who are considered 'Secondary Vendors' in the context of vendor selection?**
  - A. Top-tier preferred vendors**
  - B. Backup vendors for potential issues**
  - C. New vendors under consideration**
  - D. Vendors with whom partnerships are established**
  
- 5. What does the investment amount reflect when funding a concept development?**
  - A. Total revenues gained from market sales**
  - B. Total amount of funding requested from the company**
  - C. Total operational costs incurred**
  - D. Total market potential analysis**

- 6. Which best illustrates the concept of 'healthcare utilization'?**
- A. A specific treatment applied to all patients**
  - B. The overall usage of healthcare resources by a population**
  - C. The average number of hospital visits per patient**
  - D. The amount of time a patient spends in healthcare facilities**
- 7. What does telehealth primarily involve?**
- A. The management of prescription medications**
  - B. The delivery of healthcare services through digital means**
  - C. Providing in-person therapy sessions**
  - D. Ensuring physical health check-ups**
- 8. What is a 'health insurance exchange'?**
- A. A service that is exclusive to government employees**
  - B. A transparent platform for comparing health insurance options**
  - C. A program only available to low-income families**
  - D. A private marketplace for exclusive insurance plans**
- 9. What is the significance of Highmark's care management programs?**
- A. They only focus on preventive care**
  - B. They support members with chronic conditions**
  - C. They provide financial advice**
  - D. They assist with legal documentation**
- 10. What steps can a member take if they disagree with a coverage decision?**
- A. Contact their doctor for advice**
  - B. Change their insurance provider immediately**
  - C. Utilize Highmark's internal appeals process**
  - D. Ignore the decision and seek care anyway**

## **Answers**

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

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## **Explanations**

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**1. Which of the following best describes a Top Vendor?**

- A. The first recommended vendor for a business case solution**
- B. The vendor with the lowest price offered**
- C. A vendor with extensive product options**
- D. The most expensive vendor in a comparison**

A Top Vendor is typically understood as the first recommended vendor for a specific business case solution. This designation often comes from a thorough evaluation process where various vendors are assessed on criteria such as reliability, quality, service, and compatibility with a company's needs. The first recommended vendor is chosen not only for their ability to meet the immediate requirements of the business case but also for their proven track record in delivering successful outcomes, which builds confidence in their offerings. The other definitions generally reflect different aspects of vendor selection. While having the lowest price can be appealing, it does not necessarily indicate that the vendor is a top choice in terms of quality or reliability. Similarly, a vendor with extensive product options might offer a broad array of choices, but without the right fit for the specific needs of a project, they wouldn't be considered a Top Vendor for that case. Lastly, an expensive vendor does not inherently provide the best solution; pricing alone is not a sufficient measure of a vendor's value proposition or fit for a business's needs.

**2. What support does Highmark offer for chronic disease management?**

- A. Highmark refers members to other organizations**
- B. Programs providing education and resources**
- C. No support is available for chronic diseases**
- D. Only emergency services are provided**

Highmark offers comprehensive programs that provide education and resources specifically designed to assist individuals in managing chronic diseases. These programs focus on increasing awareness and understanding of chronic conditions, promoting healthy lifestyle choices, and guiding patients through their treatment options. Educational resources may include workshops, materials that outline disease management strategies, and access to healthcare professionals who can offer personalized advice. Through these initiatives, Highmark not only helps members gain the knowledge necessary to navigate their health challenges, but also fosters a supportive environment that encourages proactive management of their conditions. This empowerment is critical in helping individuals lead healthier lives and prevent complications associated with chronic diseases.

**3. Why is it important for Highmark members to track their health metrics?**

- A. It helps them qualify for discounts**
- B. It is necessary to file insurance claims**
- C. It assists in monitoring progress and making informed health decisions**
- D. It is required by the insurance policy**

Tracking health metrics is crucial for Highmark members because it assists them in monitoring their progress and making informed health decisions. By keeping a record of key health indicators, members can understand their health trends over time. This proactive approach enables them to identify areas requiring improvement, recognize the effectiveness of lifestyle changes or treatments, and communicate more effectively with their healthcare providers. In essence, being aware of one's health metrics empowers members to make evidence-based decisions about their health, leading to better outcomes and increased engagement in their personal health management. This understanding is essential for individuals looking to improve their overall well-being and to actively participate in their healthcare journey.

**4. Who are considered 'Secondary Vendors' in the context of vendor selection?**

- A. Top-tier preferred vendors**
- B. Backup vendors for potential issues**
- C. New vendors under consideration**
- D. Vendors with whom partnerships are established**

In the context of vendor selection, 'Secondary Vendors' refers to those who serve as backup options in case there are issues with the primary vendors. This means that secondary vendors are not the main choice for supply or services but are identified and assessed for their potential role in case the preferred vendors encounter problems, such as delayed deliveries, quality issues, or unavailability. Having secondary vendors in place ensures that there is a contingency plan allowing an organization to maintain continuity and mitigate risks associated with vendor dependency. The other types of vendors listed do not fit the definition of secondary vendors as closely. Top-tier preferred vendors are the primary choices for business, while new vendors under consideration are simply potential options being evaluated, not established alternatives. Vendors with whom partnerships are established typically indicate a strong, ongoing relationship that is more than just a contingency option.

**5. What does the investment amount reflect when funding a concept development?**

**A. Total revenues gained from market sales**

**B. Total amount of funding requested from the company**

**C. Total operational costs incurred**

**D. Total market potential analysis**

The investment amount in the context of funding a concept development primarily reflects the total amount of funding requested from the company. This figure denotes the financial resources necessary to transition an idea from the conceptual stage to practical implementation. It encompasses the estimated costs associated with research and development, prototyping, testing, and other initial activities required to bring a concept to fruition. Accurately assessing this funding request is vital for resource allocation and ensuring that the project's financial requirements are met throughout its development lifecycle. Other options, such as total revenues from market sales, operational costs incurred, or total market potential analysis, do not directly represent the investment amount. Revenues are contingent upon successful market entry and do not factor into initial funding requests, while operational costs refer to ongoing expenses rather than the upfront capital needed for concept development. Lastly, market potential analysis might inform investment decisions but does not define the amount requested for funding. Thus, option B illustrates the key financial aspect of securing and allocating resources for developing new concepts.

**6. Which best illustrates the concept of 'healthcare utilization'?**

**A. A specific treatment applied to all patients**

**B. The overall usage of healthcare resources by a population**

**C. The average number of hospital visits per patient**

**D. The amount of time a patient spends in healthcare facilities**

The concept of 'healthcare utilization' is best illustrated by the overall usage of healthcare resources by a population. This encompasses a broad perspective on how healthcare services are accessed and consumed, reflecting both the quantity and quality of services utilized by different groups within the population. By focusing on the overall usage, this option captures the complexities of healthcare systems and the various factors that influence how resources are allocated, accessed, and utilized. In contrast, while the average number of hospital visits per patient and the amount of time a patient spends in healthcare facilities provide specific metrics related to utilization, they are more limited in scope. They focus on individual behaviors rather than the collective behaviors of a population as a whole. Additionally, a specific treatment applied to all patients does not illustrate utilization since it pertains more to clinical practices rather than the broader concept of resource usage in healthcare.

## 7. What does telehealth primarily involve?

- A. The management of prescription medications
- B. The delivery of healthcare services through digital means**
- C. Providing in-person therapy sessions
- D. Ensuring physical health check-ups

Telehealth primarily involves the delivery of healthcare services through digital means. This encompasses a range of practices, such as virtual consultations, remote patient monitoring, and online health education, allowing patients to access medical advice and support without needing to visit a healthcare facility in person. The primary goal is to improve access to care, enhance communication between patients and providers, and facilitate a more efficient healthcare system, especially in remote or underserved areas. While management of prescription medications is related to healthcare, it is merely a subset of what telehealth encompasses. In-person therapy sessions and physical health check-ups are also traditional healthcare practices that do not fall under the umbrella of telehealth, which emphasizes remote interactions facilitated by technology. Therefore, the essence of telehealth lies in leveraging digital platforms to enhance healthcare delivery and patient engagement.

## 8. What is a 'health insurance exchange'?

- A. A service that is exclusive to government employees
- B. A transparent platform for comparing health insurance options**
- C. A program only available to low-income families
- D. A private marketplace for exclusive insurance plans

A health insurance exchange is designed as a transparent platform that allows individuals and families to compare various health insurance options. This service aims to simplify the selection process by providing standardized information about different plans, including coverage details, costs, and benefits. It enables consumers to make informed decisions based on their health care needs and financial situations while promoting competitive pricing among insurance providers. The purpose of health insurance exchanges is to increase accessibility and understanding of health insurance products, which fosters more informed choices for consumers. These exchanges often include plans that meet specific coverage standards, thereby creating a more structured and cohesive marketplace. The other options do not accurately describe the nature of health insurance exchanges. For example, only government employees do not have access to such exchanges, and they encompass a broad audience beyond just low-income families, including all individuals seeking health coverage. Furthermore, a private marketplace for exclusive plans does not align with the accessibility and competition that health insurance exchanges provide, which are largely meant to be inclusive and supportive of diverse populations looking for health coverage.

**9. What is the significance of Highmark's care management programs?**

- A. They only focus on preventive care
- B. They support members with chronic conditions**
- C. They provide financial advice
- D. They assist with legal documentation

Highmark's care management programs are particularly significant because they are designed to support members with chronic conditions. These programs typically involve personalized care plans that help individuals manage their health more effectively. By focusing on members with chronic illnesses, Highmark aims to improve health outcomes through coordinated care, education, and support services tailored to the unique needs of these patients. Chronic conditions often require ongoing management, and without appropriate support, individuals can struggle to maintain their health, leading to complications or hospitalizations. Highmark's care management initiatives empower these members by providing resources, accessible care options, and interventions aimed at enhancing their quality of life and overall health. Through these programs, Highmark can help ensure that patients adhere to treatment regimens, understand their health conditions, and engage more actively in their care. This level of support not only improves individual health outcomes but can also lead to reduced healthcare costs in the long run, benefiting both the members and the healthcare system as a whole.

**10. What steps can a member take if they disagree with a coverage decision?**

- A. Contact their doctor for advice
- B. Change their insurance provider immediately
- C. Utilize Highmark's internal appeals process**
- D. Ignore the decision and seek care anyway

Utilizing Highmark's internal appeals process is the appropriate step for a member who disagrees with a coverage decision. This process allows the member to formally contest the decision made by the insurance provider regarding their coverage. It typically involves reviewing the case details, understanding the basis for the denial, and providing any additional information or evidence that may support the member's request for coverage. Engaging in this process can lead to a reconsideration of the decision, as insurers often have specific protocols in place to assess such claims. Members have the right to seek clarification and to advocate for their needs, making the appeals process a fundamental part of patient rights within the healthcare system. Taking other actions, such as contacting a doctor for advice, may be helpful in obtaining medical insights but does not directly address the coverage dispute. Changing insurance providers immediately does not solve the existing issue with the current claim and can lead to unnecessary complications. Ignoring the decision and seeking care anyway could result in out-of-pocket expenses or further complications, as the member would still be held accountable for the bills incurred during care that their insurance does not cover. Thus, engaging with the appeals process is the most strategic and effective course of action.

# 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](mailto:hello@examzify.com).**

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

**<https://highmarkexam1.examzify.com>**

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