

LECOM Healthcare Management 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

- 1. What is an example of a supportive service included in long-term care?**
 - A. Emergency room treatment**
 - B. Rehabilitation services**
 - C. Preventive care**
 - D. Surgical procedures**
- 2. Which factor contributes to the significance of transparency in healthcare?**
 - A. Increased complexity of healthcare laws**
 - B. Higher costs associated with healthcare delivery**
 - C. Improved patient-provider relationships**
 - D. Decreased number of healthcare organizations**
- 3. What does the acronym ESI stand for in healthcare?**
 - A. Emergency Severity Index**
 - B. Emergency Service Indicator**
 - C. Emergency Support Initiative**
 - D. Emergency Systems Integration**
- 4. What impact did the ACA have on the number of uninsured individuals after its implementation?**
 - A. It increased the number of uninsured individuals**
 - B. It had no effect on the number of uninsured individuals**
 - C. It reduced the number of uninsured individuals**
 - D. It only affected insurance premiums**
- 5. What role does patient feedback play in healthcare management?**
 - A. It helps in increasing hospital revenues**
 - B. It provides insights into patient experiences**
 - C. It assists in hiring new staff members**
 - D. It determines insurance coverage options**

- 6. What levels can health care system performance be measured at?**
- A. Only at the micro level**
 - B. Only at the macro level**
 - C. At both the micro and macro levels**
 - D. At the community level only**
- 7. What is the focus of the Department of Labor?**
- A. Food safety and drug efficacy**
 - B. Healthcare infrastructure**
 - C. Occupational safety and health administration**
 - D. Environmental health policies**
- 8. What is the primary goal of chronic disease management?**
- A. A coordinated approach to managing chronic diseases**
 - B. Improving hospital revenues**
 - C. Minimizing patient visits for chronic conditions**
 - D. Focusing solely on emergency care**
- 9. What services are covered under Part B of Medicare?**
- A. Emergency care and long-term services**
 - B. Prescription drugs and laboratory tests**
 - C. Physicians and hospital outpatient services**
 - D. All hospital inpatient care**
- 10. Which function is NOT typically the responsibility of hospital administration?**
- A. Managing community relations**
 - B. Providing patient care**
 - C. Managing personnel**
 - D. Handling finance**

Answers

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

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Explanations

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1. What is an example of a supportive service included in long-term care?

- A. Emergency room treatment**
- B. Rehabilitation services**
- C. Preventive care**
- D. Surgical procedures**

Rehabilitation services are considered a vital supportive service within the context of long-term care due to their focus on helping individuals regain or improve their abilities and overall quality of life after an illness, injury, or the onset of a chronic condition. These services can include physical therapy, occupational therapy, and speech therapy, tailored to meet the individual needs of patients who require ongoing assistance and support to manage their daily activities. In long-term care settings, rehabilitation services aim to support individuals in achieving maximum independence and functionality. They play a key role in enhancing the quality of life for residents, making them critical to the overall care plan in these environments. In contrast, options like emergency room treatment, preventive care, and surgical procedures are not aimed at the ongoing supportive needs of long-term care patients. Instead, they focus on immediate medical needs or intervention, which does not align with the supportive, continuous care model characteristic of long-term care environments.

2. Which factor contributes to the significance of transparency in healthcare?

- A. Increased complexity of healthcare laws**
- B. Higher costs associated with healthcare delivery**
- C. Improved patient-provider relationships**
- D. Decreased number of healthcare organizations**

Transparency in healthcare is crucial for fostering improved patient-provider relationships. When patients have access to clear, understandable information about their healthcare options, treatment plans, and costs, they feel more empowered and engaged in their care. This open communication builds trust between patients and healthcare providers, as patients are more likely to feel that their concerns are heard and valued. In a transparent healthcare environment, providers can offer more tailored care, as patients are better equipped to make informed decisions based on their preferences and values. This not only enhances the overall experience for patients but also can lead to better health outcomes, as patient adherence to treatment plans often improves when individuals understand their condition and the rationale behind recommended interventions. The other factors, while significant in their own right, do not directly highlight the importance of transparency in enhancing patient-provider relationships. Complexity of healthcare laws and higher costs can create barriers rather than facilitate clear communication and understanding. A decreased number of healthcare organizations does not inherently drive transparency between patients and providers. Hence, the direct link between transparency and improved patient interactions emphasizes its significance in healthcare.

3. What does the acronym ESI stand for in healthcare?

- A. Emergency Severity Index**
- B. Emergency Service Indicator**
- C. Emergency Support Initiative**
- D. Emergency Systems Integration**

The acronym ESI stands for Emergency Severity Index, which is a five-level triage system used in emergency departments to prioritize patient assessment and care based on the severity of their condition. This system helps healthcare professionals quickly identify patients who require immediate attention versus those who can wait, ultimately improving patient outcomes and optimizing resource allocation in emergency settings. The Emergency Severity Index is critical because it standardizes the triage process, allowing for consistent decision-making that can reduce wait times and ensure that those in the most critical conditions receive urgent care. Each level of the ESI corresponds to specific criteria, with Level 1 indicating the most severe cases that require immediate intervention and Level 5 representing cases that may have minor issues, indicating a less urgent need for medical attention. In contrast, the other options do not represent widely recognized acronyms in the context of emergency care management. Thus, the Emergency Severity Index's role as a standardized tool for triage underscores its importance as the correct choice.

4. What impact did the ACA have on the number of uninsured individuals after its implementation?

- A. It increased the number of uninsured individuals**
- B. It had no effect on the number of uninsured individuals**
- C. It reduced the number of uninsured individuals**
- D. It only affected insurance premiums**

The Affordable Care Act (ACA), implemented in 2010, significantly transformed the landscape of health insurance in the United States. One of its primary objectives was to decrease the number of uninsured individuals. This was achieved through several mechanisms, including the expansion of Medicaid in participating states, the creation of health insurance exchanges, and the introduction of subsidies to make insurance more affordable for low- and middle-income individuals. Data following the implementation of the ACA indicate a marked reduction in the number of uninsured Americans. For example, between 2010 and 2016, millions more individuals gained health coverage due to the ACA provisions. States that opted to expand Medicaid saw the most significant declines in uninsured rates, demonstrating the effectiveness of the ACA in extending coverage to those who previously could not afford it. In summary, the ACA effectively reduced the number of uninsured individuals through strategic reforms designed to improve access to health insurance, thereby achieving one of its key goals.

5. What role does patient feedback play in healthcare management?

- A. It helps in increasing hospital revenues**
- B. It provides insights into patient experiences**
- C. It assists in hiring new staff members**
- D. It determines insurance coverage options**

Patient feedback is crucial in healthcare management as it provides valuable insights into patient experiences. Understanding how patients perceive the care they receive allows healthcare managers to identify strengths and weaknesses in their services. This feedback can highlight areas where improvements are necessary, helping to enhance patient satisfaction, safety, and overall quality of care. When healthcare organizations analyze patient feedback, they can make informed decisions about service delivery, staff performance, and operational processes. Positive feedback can reinforce successful practices, while negative feedback can prompt necessary changes. Ultimately, effective use of patient feedback fosters a patient-centered care approach, which is essential for improving health outcomes and building trust between patients and healthcare providers.

6. What levels can health care system performance be measured at?

- A. Only at the micro level**
- B. Only at the macro level**
- C. At both the micro and macro levels**
- D. At the community level only**

Measuring health care system performance can be effectively conducted at both the micro and macro levels, which is why this option is the correct choice. At the micro level, performance can be assessed by evaluating specific clinical practices, individual health care providers, or smaller health care facilities. This level of measurement focuses on aspects such as patient outcomes, quality of care provided, efficiency of services, and provider-patient interactions. These evaluations help identify areas for improvement within specific health care settings. On the other hand, the macro level involves a broader perspective, considering the performance of entire health care systems or populations. Metrics at this level might include overall population health outcomes, healthcare accessibility, equity in health services, and performance of the health system as a whole. This level of assessment helps policymakers understand how well the system is serving the public and where changes might be necessary for improving health care delivery on a large scale. In summary, both levels provide valuable insights, enabling comprehensive assessments of health care system performance, guiding efforts for improvement and reform.

7. What is the focus of the Department of Labor?

- A. Food safety and drug efficacy
- B. Healthcare infrastructure
- C. Occupational safety and health administration**
- D. Environmental health policies

The Department of Labor primarily focuses on promoting and ensuring occupational safety, health, and welfare for workers. This includes setting and enforcing standards that protect employees from workplace hazards, helping to foster safe working environments, and overseeing critical programs that address job training and employment issues. Specifically, the Occupational Safety and Health Administration (OSHA), which operates under the umbrella of the Department of Labor, plays a significant role in this mission by creating and enforcing regulations intended to prevent work-related injuries and illnesses. In the context of the provided answer choices, the emphasis on occupational safety and health aligns directly with the Department of Labor's core responsibilities, making it the correct choice. Other options like food safety and drug efficacy, healthcare infrastructure, and environmental health policies, while important, fall under different agencies or departments focused on their respective areas. For instance, food safety is typically managed by the Food and Drug Administration (FDA), healthcare infrastructure might be overseen by the Department of Health and Human Services, and environmental health policies are generally the purview of the Environmental Protection Agency (EPA). These distinctions reinforce how the focus of the Department of Labor is specifically tailored to labor-related safety and health issues.

8. What is the primary goal of chronic disease management?

- A. A coordinated approach to managing chronic diseases**
- B. Improving hospital revenues
- C. Minimizing patient visits for chronic conditions
- D. Focusing solely on emergency care

The primary goal of chronic disease management is indeed a coordinated approach to managing chronic diseases. This method emphasizes comprehensive and continuous care tailored to the individual needs of patients with chronic conditions, which often require long-term management strategies. Chronic disease management involves various health professionals working together to create a treatment plan that addresses the patient's medical, psychological, and social needs. This coordination helps ensure that care is not fragmented, thus improving patient outcomes, reducing complications, and enhancing the overall quality of life. By focusing on coordinated care, healthcare providers can monitor patients more effectively, promote self-management skills, and provide education, which empowers patients to take an active role in their health. This holistic approach leads to better adherence to treatment plans and can ultimately reduce hospitalizations and healthcare costs. The other options focus on aspects that are secondary or not central to the effective management of chronic diseases. For instance, improving hospital revenues or minimizing patient visits neglects the importance of the ongoing patient-provider relationship necessary for managing chronic conditions effectively. Focusing solely on emergency care ignores the proactive and preventive measures essential in chronic disease management, which seeks to prevent emergencies in the first place.

9. What services are covered under Part B of Medicare?

- A. Emergency care and long-term services
- B. Prescription drugs and laboratory tests
- C. Physicians and hospital outpatient services**
- D. All hospital inpatient care

Part B of Medicare is designed to provide coverage for a variety of essential outpatient services that support beneficiaries in managing their healthcare. This includes visits to physicians, outpatient hospital services, preventive services, and diagnostic tests. The inclusion of physicians ensures that beneficiaries have access to necessary primary and specialty care, allowing them to receive timely diagnosis and treatment for various medical conditions. Hospital outpatient services are also covered under Part B, which means that any services performed in an outpatient setting, such as diagnostic imaging or same-day surgical procedures, are eligible for coverage. Preventive services, which aim to catch health issues early and reduce the risk of future healthcare complications, are also an important aspect of Part B. The other options encompass elements that either fall outside the scope of Part B or do not align with its coverage specifics. Emergency care and long-term services, for example, are typically more aligned with other Medicare parts or programs. Prescription drugs are primarily covered under Part D of Medicare rather than Part B. Inpatient care at hospitals is generally covered under Part A of Medicare, not Part B. Thus, the correct understanding of Part B's services highlights the emphasis on outpatient care, which is crucial for effective healthcare management for Medicare beneficiaries.

10. Which function is NOT typically the responsibility of hospital administration?

- A. Managing community relations
- B. Providing patient care**
- C. Managing personnel
- D. Handling finance

Hospital administration primarily encompasses the overarching management and operational tasks necessary to ensure the effective running of a healthcare facility. This includes managing community relations, which involves building partnerships with the community and ensuring that the hospital meets the needs of the population it serves. Additionally, managing personnel is a critical function that entails overseeing staff recruitment, retention, and development, ensuring that healthcare professionals are equipped to deliver quality care. Handling finance involves budgeting, financial planning, and ensuring the economic viability of the hospital. Providing patient care, however, is not a direct responsibility of hospital administration. Instead, this function is typically handled by clinical staff, such as doctors, nurses, and other healthcare professionals who engage directly with patients. While administration supports the infrastructure and resources necessary for patient care to occur, the actual delivery of care is the responsibility of clinical teams. This distinction highlights the role of hospital administration as one of support and facilitation rather than direct patient interaction.

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://lecomhealthcaremgmt.examzify.com>

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