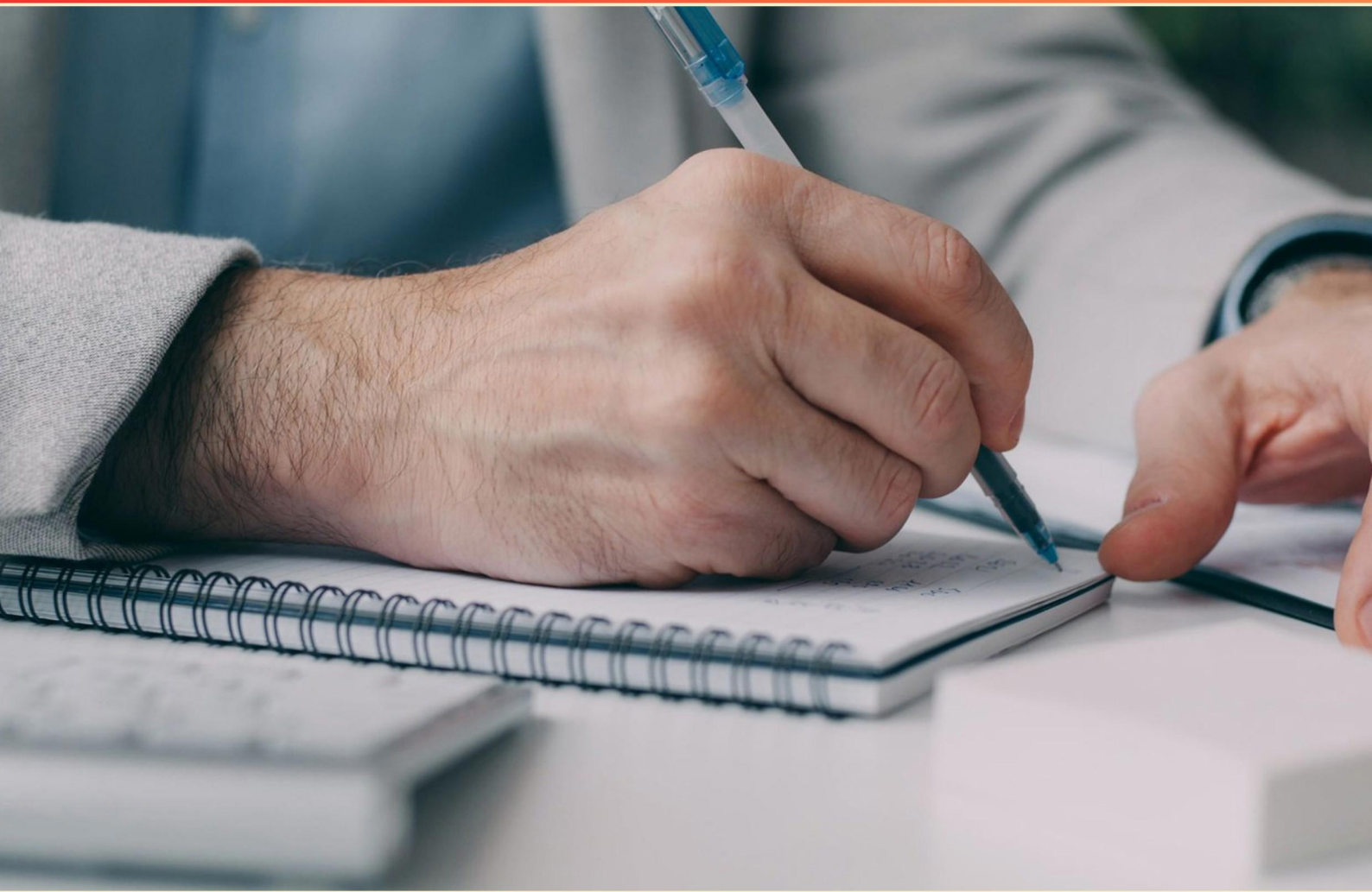


LECOM HEALTHCARE MANAGEMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://lecomhealthcaremgmt.examzify.com>



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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. Which of the following are the two main types of U.S. Health Care Facilities?**
 - A. Inpatient and outpatient
 - B. Public and private
 - C. Short term and long term
 - D. Emergency and elective
- 2. Which of the following is NOT considered a determinant of health?**
 - A. Health care
 - B. Economic stability
 - C. Genetic inheritance
 - D. Physical environment
- 3. What was the number of uninsured individuals under the age of 65 before the ACA?**
 - A. 27.2 million
 - B. 48.3 million
 - C. 16 million
 - D. 60.5 million
- 4. How is Medicare Part D funded?**
 - A. Exclusively through federal taxes
 - B. Through beneficiary premiums only
 - C. Through a combination of premiums and federal subsidies
 - D. Primarily from state tax contributions
- 5. Which of the following describes the primary source of financial support for nursing homes in 2022?**
 - A. Private health insurance
 - B. Public funds
 - C. Philanthropic donations
 - D. Investment income

- 6. What is the definition of secondary prevention?**
- A. Focus on overall wellness
 - B. Early detection of disease so treatment is more effective
 - C. Providing chronic disease management
 - D. Reducing health care costs
- 7. What type of health care provider typically serves as a "gatekeeper" for patients?**
- A. Specialists
 - B. Primary Care Physicians
 - C. Pharmacists
 - D. Emergency medical technicians
- 8. Why is data analytics important in healthcare management?**
- A. It is used for financial reporting and budgeting
 - B. It helps organizations make informed decisions based on trends and patterns in patient data
 - C. It assists in legal compliance and risk management
 - D. It focuses solely on administrative tasks
- 9. What is the primary role of the Department of Agriculture?**
- A. Administers safety regulations for pharmaceuticals
 - B. Manages nutrition policy and food inspections
 - C. Oversees environmental protection standards
 - D. Regulates occupational safety laws
- 10. What metrics may be used to evaluate health care system performance?**
- A. Employee turnover rates
 - B. Patient feedback scores
 - C. Age-adjusted death rates and infant mortality rates
 - D. Insurance claim approval times

Answers

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1. A
2. B
3. B
4. C
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 are the two main types of U.S. Health Care Facilities?

- A. Inpatient and outpatient**
- B. Public and private
- C. Short term and long term
- D. Emergency and elective

In the context of U.S. Health Care Facilities, the two main types are categorized as inpatient and outpatient. Inpatient facilities, such as hospitals, provide care for patients who require overnight stays or longer for treatment of severe health issues. This type of care typically includes surgery, monitoring, and recovery, which necessitates that the patient be admitted to the facility and stay under medical supervision. Outpatient facilities, on the other hand, refer to health care environments where patients receive treatment without being admitted for an overnight stay. This includes services such as routine check-ups, surgeries that do not require hospitalization, diagnostic tests, and rehabilitation. The distinction between these two types of care is fundamental in understanding how health care systems are organized and how they cater to different patient needs, enabling patients to receive timely care while maximizing resources efficiently. This focus ultimately plays a significant role in the management and operation of health care facilities across the nation.

2. Which of the following is NOT considered a determinant of health?

- A. Health care
- B. Economic stability**
- C. Genetic inheritance
- D. Physical environment

Economic stability is indeed a critical determinant of health. It impacts access to resources like nutritious food, stable housing, and quality healthcare. Economic factors influence behavior and overall well-being, hence playing a significant role in health outcomes. In the context of the other options, health care refers to the services provided to individuals to maintain or improve their health. Genetic inheritance pertains to the biological factors that can predispose individuals to certain health conditions. The physical environment encompasses the surroundings in which people live, including pollution, housing quality, and access to recreational spaces, all of which can affect health directly. These components—health care, genetic inheritance, and physical environment—are well-documented determinants of health. Economic stability, however, serves as a broader social determinant that fundamentally underpins other factors; hence it is an essential part of understanding overall health rather than being excluded. Therefore, recognizing economic stability as a determinant of health aligns with contemporary understandings in public health and health management.

3. What was the number of uninsured individuals under the age of 65 before the ACA?

- A. 27.2 million
- B. 48.3 million**
- C. 16 million
- D. 60.5 million

The correct figure for the number of uninsured individuals under the age of 65 before the Affordable Care Act (ACA) was approximately 48.3 million. This statistic reflects the significant gap in health insurance coverage that existed prior to the reforms introduced by the ACA. The legislation aimed to reduce this number by implementing measures such as the expansion of Medicaid, the establishment of health insurance exchanges, and the mandate requiring individuals to obtain health insurance. Understanding the context in which this number is significant is essential; it highlights the challenge of accessing affordable healthcare prior to the ACA. The impact of this coverage gap is evident in the health outcomes and financial burdens faced by uninsured individuals. The ACA sought to address these issues by increasing access to insurance and improving healthcare affordability, thereby reducing the number of uninsured individuals.

4. How is Medicare Part D funded?

- A. Exclusively through federal taxes
- B. Through beneficiary premiums only
- C. Through a combination of premiums and federal subsidies**
- D. Primarily from state tax contributions

Medicare Part D is funded through a combination of beneficiary premiums and federal subsidies. This dual funding mechanism allows the program to remain sustainable while providing prescription drug coverage to eligible individuals, primarily seniors and disabled persons. Beneficiary premiums constitute a part of the funding as enrollees pay monthly premiums for their chosen Part D plans. This cost-sharing contributes to the overall funding pool of the program. In addition, the federal government provides subsidies to help lower-income beneficiaries afford the premiums and out-of-pocket costs associated with their drug coverage. These subsidies ensure that Medicare Part D remains accessible to those who might otherwise struggle to afford necessary medications. The combination of these two funding sources allows for a balanced approach to managing costs and ensuring that beneficiaries receive adequate coverage for prescription drugs. This model helps to spread the financial responsibility across both the government and the individual, making it a collaborative effort to support the health needs of enrollees.

5. Which of the following describes the primary source of financial support for nursing homes in 2022?

- A. Private health insurance
- B. Public funds**
- C. Philanthropic donations
- D. Investment income

The primary source of financial support for nursing homes in 2022 is public funds. This encompasses government programs like Medicare and Medicaid, which play a significant role in financing the long-term care of patients within these facilities. Medicare primarily covers short-term rehabilitation for seniors, while Medicaid provides essential support for individuals with low income who require long-term nursing home care. Given the high costs associated with nursing home care, reliance on these public funds is critical, as many residents depend on them for affordable access to necessary services. Private health insurance, philanthropic donations, and investment income can contribute to the financial landscape of nursing homes but do so to a lesser extent. Private insurance often does not cover extended stays, leading many individuals to seek aid from public programs. Philanthropic donations can provide supplementary financial support but are not a primary funding source. Similarly, investment income can be beneficial but typically does not constitute a significant portion of the funding that nursing homes rely on for day-to-day operations and care delivery. Therefore, public funds remain the backbone of financial support for nursing homes, ensuring that they can meet the needs of their residents.

6. What is the definition of secondary prevention?

- A. Focus on overall wellness
- B. Early detection of disease so treatment is more effective**
- C. Providing chronic disease management
- D. Reducing health care costs

Secondary prevention refers to the strategies and measures that aim to detect diseases at an early stage, allowing for timely and more effective treatment. This is crucial because many diseases can be more easily managed or cured when they are identified early, before they progress to more severe stages. For example, screening tests for conditions like hypertension, diabetes, or certain cancers allow for early intervention, which can significantly improve health outcomes for patients. While other options like focusing on overall wellness, providing chronic disease management, and reducing healthcare costs are important aspects of healthcare management, they do not specifically capture the essence of secondary prevention, which is primarily concerned with the early detection and prompt treatment of existing disease to reduce its impact. Therefore, the correct understanding centers on the proactive identification of disease, enhancing the effectiveness of the subsequent treatment.

7. What type of health care provider typically serves as a "gatekeeper" for patients?

- A. Specialists
- B. Primary Care Physicians**
- C. Pharmacists
- D. Emergency medical technicians

The concept of a "gatekeeper" in healthcare primarily refers to a provider who manages patient access to higher levels of care and makes initial assessments regarding treatment and referrals. Primary Care Physicians play this key role, as they are the first point of contact in a patient's healthcare journey. They are responsible for comprehensive patient care, which includes diagnosing common medical conditions, providing preventive care, and referring patients to specialists when necessary. This system is designed to streamline patient care and control healthcare costs by ensuring that patients receive appropriate treatments and interventions before being directed to more specialized services. The effective function of primary care physicians as gatekeepers significantly contributes to coordinated healthcare delivery, enhancing patient outcomes and satisfaction.

8. Why is data analytics important in healthcare management?

- A. It is used for financial reporting and budgeting
- B. It helps organizations make informed decisions based on trends and patterns in patient data**
- C. It assists in legal compliance and risk management
- D. It focuses solely on administrative tasks

Data analytics plays a crucial role in healthcare management by enabling organizations to make informed decisions based on trends and patterns identified in patient data. This process involves collecting and analyzing large volumes of data, which can include patient demographics, treatment outcomes, and healthcare costs. By leveraging this information, healthcare leaders can gain insights into patient needs, improve care delivery, streamline operations, and enhance overall service quality. For instance, through data analytics, a healthcare organization can identify which treatments are most effective for specific patient populations, predict patient admission rates, and optimize resource allocation. This data-driven approach not only improves patient outcomes but also enhances operational efficiency, making it a vital aspect of effective healthcare management.

9. What is the primary role of the Department of Agriculture?

- A. Administers safety regulations for pharmaceuticals
- B. Manages nutrition policy and food inspections**
- C. Oversees environmental protection standards
- D. Regulates occupational safety laws

The primary role of the Department of Agriculture is to manage nutrition policy and food inspections. This encompasses developing and implementing guidelines aimed at ensuring a safe and healthy food supply for the public. The Department plays a critical role in overseeing various aspects of food production, including the safety and quality of agricultural products. It works to ensure that food products meet safety standards through inspections, which helps safeguard public health against foodborne illness and contamination. This role also includes formulating dietary guidelines and nutrition assistance programs that aim to improve the overall health of the population and to educate consumers about nutritional choices. The Department's efforts in managing nutrition policy and food inspections ultimately support the welfare of citizens by promoting a safe and nutritious food environment.

10. What metrics may be used to evaluate health care system performance?

- A. Employee turnover rates
- B. Patient feedback scores
- C. Age-adjusted death rates and infant mortality rates
- D. Insurance claim approval times

Evaluating healthcare system performance requires metrics that reflect the quality of care, patient outcomes, and system efficiency. Age-adjusted death rates and infant mortality rates are critical indicators that provide insight into the overall health of a population and the effectiveness of the healthcare system. Age-adjusted death rates allow for comparisons across different population age structures, helping to identify trends or disparities in health outcomes. Infant mortality rates, on the other hand, serve as a crucial measure of community health and can indicate the adequacy of healthcare services during pregnancy, birth, and early childhood care. Both metrics are widely recognized by health policymakers and researchers as essential for evaluating the performance of healthcare systems because they directly relate to health outcomes and the effectiveness of medical interventions. The other metrics, while important in their respective areas, do not focus as directly on the core health outcomes associated with healthcare system performance. Employee turnover rates might indicate workforce stability, and patient feedback scores provide insight into patient satisfaction, but they do not measure health outcomes directly. Insurance claim approval times relate to operational efficiency but do not provide information about the quality of care or health status of the population being served. Thus, age-adjusted death rates and infant mortality rates stand out as the most relevant metrics for evaluating healthcare system performance.

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!

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