

# PCMH Certified Content Expert (CCE) Practice Exam (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 does multisite group pricing apply to?**
  - A. Annual recognition for established practices**
  - B. Practices applying for the first time having multiple sites**
  - C. Practices with single sites looking to expand**
  - D. Practices that don't use electronic health records**
- 2. What does 'Care Management and Support' primarily aim to achieve?**
  - A. Minimizing patient care costs**
  - B. Identifying individual and population-level patient needs**
  - C. Maximizing the number of patient visits**
  - D. Facilitating only specialist referrals**
- 3. A practice must report which of the following changes?**
  - A. Changes in marketing strategies**
  - B. Material changes in structure or operation**
  - C. Minor staffing changes**
  - D. Adjustments to referral patterns**
- 4. The role of behavioral health expertise in primary care is primarily to achieve what aim?**
  - A. Divide responsibilities between physical and mental health**
  - B. Enhance care and improve patient satisfaction**
  - C. Focus exclusively on medication management**
  - D. Isolate behavioral health services from physical health care**
- 5. How does the practice identify patient needs?**
  - A. By evaluating performance metrics alone**
  - B. Through patient surveys only**
  - C. At both individual and population levels**
  - D. By comparing with other practices**
- 6. What is a Reconsideration request in NCQA?**
  - A. A request to increase funding for practices**
  - B. A formal request to review a denial decision**
  - C. A simple inquiry about the status of an application**
  - D. A request for an extension on submission deadlines**

- 7. What is a key expectation of 'Behavioral Health Integration' in a primary care setting?**
- A. Excluding behavioral health professionals from care teams**
  - B. Integrating behavioral health expertise into the care team**
  - C. Limiting services to physical health only**
  - D. Maintaining separate facilities for behavioral health**
- 8. Which years of PCMH recognition are referenced in relation to practices earning credit?**
- A. 2009 and 2010**
  - B. 2011 and 2014**
  - C. 2015 and 2016**
  - D. 2017 and 2018**
- 9. What is a significant challenge for specialists when patients seek care directly without a primary care provider?**
- A. Increased costs**
  - B. Coordination of care becomes difficult**
  - C. Higher patient turnover**
  - D. Lack of specialized training**
- 10. What renewal process is accelerated for PCMH 2011 and PCMH 2014?**
- A. Re-assessment of all standards**
  - B. Accelerated renewal**
  - C. Term expiration without renewal**
  - D. Immediate disqualification**



## **Answers**

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

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## **Explanations**

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## 1. What does multisite group pricing apply to?

- A. Annual recognition for established practices
- B. Practices applying for the first time having multiple sites**
- C. Practices with single sites looking to expand
- D. Practices that don't use electronic health records

The concept of multisite group pricing pertains specifically to practices that are applying for recognition for the first time and operate multiple sites. This pricing structure is designed to accommodate the unique challenges and considerations that come with managing more than one location, making it more feasible for such practices to gain recognition as Patient-Centered Medical Homes (PCMH). When a practice has multiple sites, it can be more complex to implement the standards and requirements necessary for PCMH recognition. The multisite group pricing structure acknowledges this complexity by providing a pricing model that can help alleviate the financial burden associated with the recognition process for these practices. It supports their efforts to achieve the necessary standards across different locations, allowing them to work toward comprehensive care that is consistent throughout their network of sites. Practices applying for recognition for the first time with only a single site do not benefit from this specific pricing model, as it is tailored for those with multiple operational locations. Similarly, practices focused on expanding from a single site or those that do not utilize electronic health records do not align with the intent of the multisite group pricing. Therefore, option B accurately captures the primary focus of this pricing model.

## 2. What does 'Care Management and Support' primarily aim to achieve?

- A. Minimizing patient care costs
- B. Identifying individual and population-level patient needs**
- C. Maximizing the number of patient visits
- D. Facilitating only specialist referrals

'Care Management and Support' primarily focuses on identifying individual and population-level patient needs. This approach is centered around understanding the diverse requirements of patients to deliver targeted and effective care. By recognizing these needs, healthcare providers can develop personalized care plans that cater to both individual patients and broader community health concerns. This proactive method not only addresses immediate health issues but also emphasizes preventive care, education, and support resources that encourage better health outcomes. The identification of needs is essential for tailoring interventions, ensuring that patients receive appropriate services and resources that fit their specific situations. Thus, the emphasis on addressing both individual and population-level needs reflects a comprehensive approach to care management, driving towards improved health outcomes and enhanced patient satisfaction. In contrast, focusing on minimizing patient care costs relates more to financial aspects rather than the holistic view of care management. Maximizing the number of patient visits may lead to inefficiencies unless it directly corresponds with improving patient health and experience. Facilitating specialist referrals, while important, is just one component of a broader care management strategy and does not encompass the overall goal of understanding and addressing patient needs.

**3. A practice must report which of the following changes?**

- A. Changes in marketing strategies**
- B. Material changes in structure or operation**
- C. Minor staffing changes**
- D. Adjustments to referral patterns**

A practice must report material changes in structure or operation because these changes can have significant implications for its function, patient care, and compliance with standards. Material changes may include shifts in ownership, changes to the organizational structure, or alterations to service delivery that can impact the way the practice operates. Reporting these changes ensures that stakeholders, regulatory bodies, and accrediting organizations are informed, which is essential for maintaining accountability, transparency, and adherence to quality standards. Changes in marketing strategies, minor staffing changes, and adjustments to referral patterns, while relevant to practice operations, do not typically rise to the level of materiality that necessitates reporting. These types of changes are often considered routine or operational adjustments that do not fundamentally alter the practice's structure or its core function.

**4. The role of behavioral health expertise in primary care is primarily to achieve what aim?**

- A. Divide responsibilities between physical and mental health**
- B. Enhance care and improve patient satisfaction**
- C. Focus exclusively on medication management**
- D. Isolate behavioral health services from physical health care**

The primary aim of integrating behavioral health expertise in primary care is to enhance care and improve patient satisfaction. This approach recognizes that mental and physical health are interconnected and that addressing behavioral health needs within a primary care setting can lead to more comprehensive patient care. By having behavioral health professionals working alongside primary care providers, patients can receive timely interventions for mental health issues, leading to better health outcomes, reduced stigma associated with seeking mental health care, and higher overall satisfaction with their health care experience. This integration also facilitates communication among providers, supports a holistic approach to patient health, and can decrease overall health care costs by preventing the escalation of untreated behavioral health issues into more severe physical health problems.

## 5. How does the practice identify patient needs?

- A. By evaluating performance metrics alone
- B. Through patient surveys only
- C. At both individual and population levels**
- D. By comparing with other practices

Identifying patient needs effectively requires a comprehensive approach that considers both the individual patient context and the broader population health perspective. This holistic view allows practices to tailor their services and interventions to meet diverse patient requirements. By assessing individual patient needs, healthcare providers can address specific health issues, preferences, and goals, ensuring personalized care plans that resonate with each patient's unique circumstances. Concurrently, analyzing population-level data enables practices to identify common health trends, resource needs, and potential barriers within the community, facilitating proactive health management and targeted outreach efforts. In contrast, relying solely on performance metrics, patient surveys, or comparisons with other practices may provide limited insights. Focusing exclusively on performance metrics might overlook nuanced patient experiences. Emphasizing patient surveys alone can lead to a one-dimensional understanding, and comparing with other practices can fail to capture the specific context and demographics of the patient population served by a particular practice. Thus, the multi-level approach of assessing both individual and population needs ensures a more comprehensive understanding necessary for effective patient-centered care.

## 6. What is a Reconsideration request in NCQA?

- A. A request to increase funding for practices
- B. A formal request to review a denial decision**
- C. A simple inquiry about the status of an application
- D. A request for an extension on submission deadlines

A Reconsideration request in the context of NCQA refers specifically to a formal request to review a denial decision. This process is essential for ensuring transparency and accountability in the evaluation of practices seeking certification or recognition. When a practice receives a denial for their application or a specific aspect of their performance evaluation, they have the right to formally challenge that decision by submitting a Reconsideration request. This request initiates a review process wherein the original decision is assessed and evaluated against established criteria and guidelines. It provides an opportunity for practices to present additional information or clarification that may not have been considered during the initial evaluation. The ability to submit a Reconsideration request is a crucial component of the NCQA's commitment to fair and thorough evaluations, allowing practices a pathway to contest decisions that could significantly impact their operations and ability to deliver quality care. The other options relate to different types of inquiries or requests that are not specifically aimed at challenging a denial decision, making them irrelevant in the context of what a Reconsideration request encapsulates.

**7. What is a key expectation of 'Behavioral Health Integration' in a primary care setting?**

- A. Excluding behavioral health professionals from care teams**
- B. Integrating behavioral health expertise into the care team**
- C. Limiting services to physical health only**
- D. Maintaining separate facilities for behavioral health**

In a primary care setting, a key expectation of 'Behavioral Health Integration' is to integrate behavioral health expertise into the care team. This approach emphasizes the importance of treating mental health and substance use issues alongside physical health conditions within the same primary care environment. By including behavioral health professionals in the care team, it fosters a collaborative approach that holistically addresses the needs of patients, recognizing that mental and physical health are interconnected. This integration allows for improved care coordination, as patients can receive comprehensive evaluations and interventions that consider both their mental and physical health. Furthermore, it creates an environment where patients feel more comfortable discussing their behavioral health concerns, ultimately leading to better health outcomes, reduced stigma, and higher satisfaction with care. The other options do not align with the principles of integrative care and therefore do not represent the expectations for effective behavioral health integration in a primary care setting.

**8. Which years of PCMH recognition are referenced in relation to practices earning credit?**

- A. 2009 and 2010**
- B. 2011 and 2014**
- C. 2015 and 2016**
- D. 2017 and 2018**

The reference to the years 2011 and 2014 in relation to practices earning credit for PCMH recognition is significant because these are pivotal years in the development and evolution of the Patient-Centered Medical Home (PCMH) model. In 2011, the National Committee for Quality Assurance (NCQA) introduced its PCMH 2011 standards, which provided a framework for practices aiming to deliver high-quality, patient-centered care. This framework laid the groundwork for accreditation and recognition, enabling practices to understand and implement the competencies essential for delivering comprehensive, coordinated care. The 2014 standards built upon the initial framework by refining the criteria and placing greater emphasis on quality improvement, patient engagement, and the integration of behavioral health into primary care settings. The recognition process configured during these years helped practices to not only earn credit for meeting specific benchmarks but also to positively impact patient outcomes through enhanced care coordination and management. Overall, emphasizing how the years 2011 and 2014 are foundational for understanding the progression and requirements of PCMH recognition aids in appreciating the significance of these benchmark years within the broader context of health care transformation.

**9. What is a significant challenge for specialists when patients seek care directly without a primary care provider?**

- A. Increased costs**
- B. Coordination of care becomes difficult**
- C. Higher patient turnover**
- D. Lack of specialized training**

When patients seek care directly from specialists without a primary care provider, coordination of care becomes difficult due to the lack of a centralized point of management for the patient's overall health. Primary care providers typically oversee and coordinate a patient's care across different specialties, ensuring that all aspects of a patient's health are considered and that treatments do not conflict with one another. Without this coordination, there may be gaps in communication, which can lead to fragmented care, duplication of tests, or missed diagnoses. In the absence of a primary care provider, specialists may not have a complete picture of the patient's medical history, ongoing treatments, or other relevant factors, complicating the treatment process and potentially impacting patient outcomes. The need for teamwork and integrated care is crucial in managing a patient's health effectively, highlighting why this particular challenge is significant.

**10. What renewal process is accelerated for PCMH 2011 and PCMH 2014?**

- A. Re-assessment of all standards**
- B. Accelerated renewal**
- C. Term expiration without renewal**
- D. Immediate disqualification**

The renewal process for PCMH 2011 and PCMH 2014 is indeed accelerated renewal. This approach facilitates a quicker and more efficient pathway for practices to maintain their recognition status as patient-centered medical homes, reflecting a commitment to the ongoing improvement of care and patient outcomes. Accelerated renewal allows practices to provide evidence of meeting the standards in a streamlined manner, rather than undergoing a full re-assessment of all standards. This benefit encourages practices to regularly engage with the PCMH model and reinforces their focus on keeping patient care at the forefront by minimizing the administrative burden associated with the renewal process. It promotes continuous quality improvement while acknowledging the work already done by the practices since their initial recognition.



## 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://pcmhcce.examzify.com>**

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