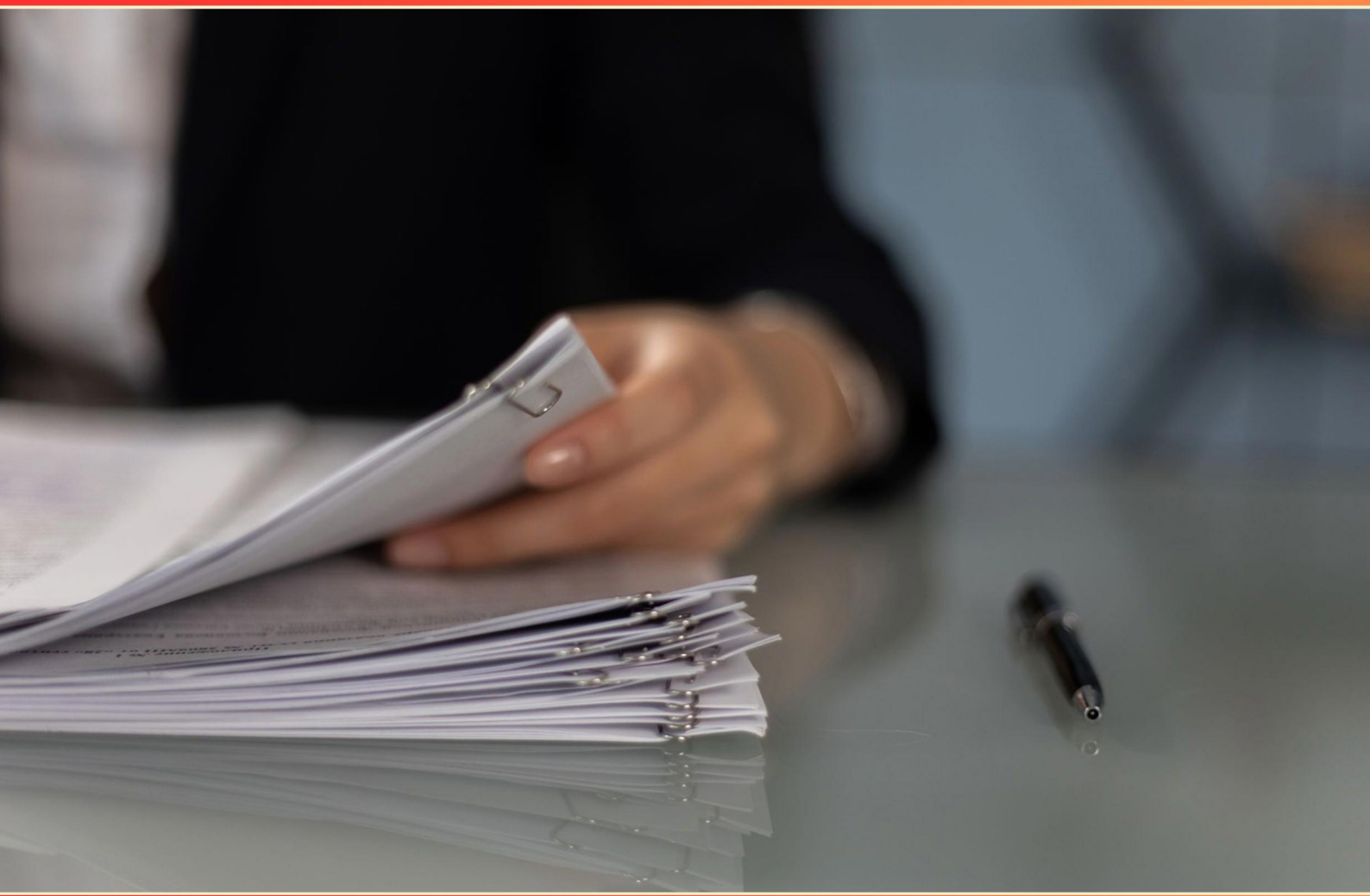
RHB330 RESOLUTE HOSPITAL BILLING CLAIM & REMITTANCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. When building a rule, which field is optional and displays on the Rule Definition form?

A. Operator field

B. Description field

C. Active field

D. Value field

2. Some Payer and Plan settings can only be configured where?

A. In Admin Console

B. In Text

C. In the Settings Menu

D. In the Reports Module

3. Batch jobs automate _____ and _____ . Processing is automated inside the _____.

A. Processing & Routing / MDS

B. Loading & Accepting / RMO

C. Validating & Posting / ORM

D. Capturing & Agreeing / ROM

4. A rule is made up of one or more criteria. Each criterion is composed of three parts:

A. a field, a rule, and a time.

B. data, test, and result.

C. item, condition, and threshold.

D. a property, an operator, and a value.

5. The Remittance Option Selection table uses extensions to determine which _____ to use.

A. RMO

B. Payment

C. Option

D. Remittance

6. A self-pay RMO allows you to automate posting self-pay payments via a flat file from which source?

A. Bank

B. Payer site

C. Processor

D. Clearinghouse

7. Which clearing account is used for payments received from a payer that are not related to specific services?

A. Payer

B. Financial Class

C. Default

D. PLB

8. Resubmitting a claim

A. prints immediately.

B. sends the claim back to the claims queue to be produced overnight by a batch job.

C. overrides the TOB completely.

D. cancels the claim.

9. The _____ determines how high/low or how far left/right the ink prints on the paper for a claim.

A. Printer

B. Ink Type

C. PCL String

D. Font Size

10. Tables can reference an _____ from ID Maintenance to convert the bank's payer ID to the payer record in Epic.

A. ID Type

B. Payer Type

C. Record Type

D. Payer Class

Answers

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

Explanations

1. When building a rule, which field is optional and displays on the Rule Definition form?

A. Operator field

B. Description field

C. Active field

D. Value field

The Description field is used to document what the rule does in plain language, and it's optional because it doesn't affect how the rule runs. It's there to help users understand the rule's purpose when reviewing definitions. The fields that actually drive the rule's behavior—such as the operator (how the condition is evaluated), the value (the target or threshold), and the active status (whether the rule is applied)—are typically required or essential for execution, so they aren't the optional, display-only field. In a Rule Definition form, you'll see the description shown for readability, while the logic relies on the other fields.

2. Some Payer and Plan settings can only be configured where?

A. In Admin Console

B. In Text

C. In the Settings Menu

D. In the Reports Module

Some Payer and Plan details are kept as narrative notes tied directly to the payer/plan record. These settings often involve payer-specific language, instructions, or terms that must travel with the payer profile and be visible whenever that payer is used. Editing them in a text area within the payer/plan record ensures the exact wording is preserved and applied consistently during claim processing for that payer. Global configuration locations like the Admin Console or Settings Menu control system-wide defaults, not individual payer language, and the Reports Module is for viewing data, not configuring payer terms. So the appropriate place to adjust these payer-specific details is the text area on the payer/plan record.

3. Batch jobs automate _____ and _____ . Processing is automated inside the _____.

A. Processing & Routing / MDS

B. Loading & Accepting / RMO

C. Validating & Posting / ORM

D. Capturing & Agreeing / ROM

Batch jobs handle the initial data intake, loading the files and accepting them so the batch is ready for processing. After that, processing is automated inside the RMO, meaning the Remittance Management Online component performs the processing steps automatically. The other pairings don't align with how this workflow is organized, so they don't fit the sequence.

4. A rule is made up of one or more criteria. Each criterion is composed of three parts:

A. a field, a rule, and a time.

B. data, test, and result.

C. item, condition, and threshold.

D. a property, an operator, and a value.

In a rule's criteria, you define a single condition using three parts: a property, an operator, and a value. The property is the attribute you're evaluating (for example, total charge, patient type, or claim date). The operator is how you compare that attribute to something else (such as equals, greater than, less than, or contains). The value is the target you compare the property against (like 1000, "Medicare," or a specific date). Together, they express a precise test, such as total charge greater than 1000 or patient type equals out-of-network. That triplet structure—property, operator, value—is what makes the criterion a clear, evaluatable condition within a rule. The other options mix elements that aren't the standard three-part composition of a single criterion.

5. The Remittance Option Selection table uses extensions to determine which _____ to use.

A. RMO

B. Payment

C. Option

D. Remittance

This item tests how the Remittance Option Selection table uses extra data fields to pick the exact remittance data format to apply. The term being determined is the Remittance Message Option, abbreviated as RMO. The RMO defines the specific structure and content of the remittance information sent to the payer (for example, detailed line items versus a summarized total). Extensions feed into the selector so the system chooses the appropriate RMO for that situation. The other terms are too generic to describe the specific coded remittance format the table selects, whereas RMO directly names the option the table is selecting.

6. A self-pay RMO allows you to automate posting self-pay payments via a flat file from which source?

A. Bank

B. Payer site

C. Processor

D. Clearinghouse

Automated posting of self-pay payments uses a bank-generated cash receipts file. Banks process payments (often via a lockbox) and produce a flat file that lists each payment with the essential details—amount, check/trace number, and the patient account to post to. The self-pay Remittance Management Office can ingest this bank file and automatically apply the payments to the correct patient accounts without manual entry. Payer site files are typically tied to insurance payments or patient portal payments but aren't the standard bank cash posting feed. Processors handle card payments and clearinghouses deal with claims and insurance remittances, which don't provide the same consolidated self-pay posting feed the RMO uses.

7. Which clearing account is used for payments received from a payer that are not related to specific services?

A. Payer

B. Financial Class

C. Default

D. PLB

Handling payments from a payer that aren't tied to a specific service requires a clearing account to hold those funds until they can be allocated. In this system, the clearing account used for that purpose is the PLB, standing for Payer Ledger Balance (or Payer Liability Balance). It serves as a temporary holding place so unallocated payments don't get posted to a particular service line or claim by mistake. When the remittance advice arrives or the appropriate service/service line is identified, the payment can be applied to the correct claim or patient balance. Other options describe entities or classifications rather than a dedicated holding account for unallocated payer payments, so they don't fit the function as well as PLB.

8. Resubmitting a claim

A. prints immediately.

B. sends the claim back to the claims queue to be produced overnight by a batch job.

C. overrides the TOB completely.

D. cancels the claim.

Resubmitting a claim means returning it into the processing workflow so the system can pick it up again and reprocess it as part of the normal cycle. In this setup, resubmitted claims are placed back into the claims queue for the batch processing run that happens overnight. That aligns with batch-processing practices, where work is collected and processed in a nightly cycle rather than being produced immediately. Printing immediately would bypass the overnight batch, which isn't typical for resubmission. Overriding the type of bill (TOB) would change the claim's fundamental billing category, not simply put it back into the queue for reprocessing. Cancelling the claim would remove it from the system, not resubmit it for reprocessing.

9. The _____ determines how high/low or how far left/right the ink prints on the paper for a claim.

A. Printer

B. Ink Type

C. PCL String

D. Font Size

The placement of ink on the page is controlled by the printer's command instructions, specifically the PCL string. In PCL-based printing, a sequence of commands within the PCL string moves the print head to exact coordinates and selects font settings, which together determine where each character or line appears on the paper—how high or low and how far left or right. This is essential for aligning claim data on predefined forms. The other options don't govern positioning in the same way: the printer is the hardware that carries out printing, not the instructions for placement; ink type affects color or type of ink rather than position; font size changes the size of the characters, not their location on the page.

10. Tables can reference an _____ from ID Maintenance to convert the bank's payer ID to the payer record in Epic.

A. ID Type

B. Payer Type

C. Record Type

D. Payer Class

The key concept is how Epic maps external identifiers to internal payer records using a type descriptor. In ID Maintenance, each external identifier is organized by an ID Type, which explains what kind of identifier it is (for example, a bank payer ID). When converting the bank's payer ID to the internal payer record, the system uses that ID Type to know which crosswalk to apply and then matches the external value to the corresponding internal payer entry. That's why ID Type is the essential reference here—it identifies the specific external-identifer scheme being used. Payer Type, Record Type, and Payer Class describe categories or classifications of payers or records, not the specific external identifier mapping.

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://rhb330billingclaimremittance.examzify.com

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