ROWAN HEALTH SYSTEMS SCIENCE (HSS) 1 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. **Which of the following is NOT listed as a common model used in healthcare prediction?**

   A. K-means clustering

   B. Neural networks

   C. Decision trees

   D. Random forests

2. **Value-based care relates to the value equation by:**

   A. Ignoring costs

   B. Rewarding improving outcomes relative to cost

   C. Reducing patient access to care

   D. Maximizing the number of tests

3. **Which statement correctly describes the effect of a high positive likelihood ratio (LR+) on post-test probability when the test is positive?**

   A. No effect

   B. Increases probability toward disease

   C. Decreases probability

   D. Depends on pretest probability

4. **What is the flow from diagnosis to payment?**

   A. Diagnosis (ICD-10) -> Service (RBU) -> Payment model -> insurance reimbursement

   B. Service (RBU) -> Diagnosis (ICD-10) -> Payment model -> insurance reimbursement

   C. Payment model -> Diagnosis -> Service -> Insurance reimbursement

   D. Insurance reimbursement -> Payment model -> Service (RBU) -> Diagnosis

5. **Under fee-for-service payment, which aspect is NOT directly incentivized?**

   A. Patient outcomes

   B. Volume of services

   C. Reimbursement based on services performed

   D. Billing for tests and procedures

6. Which of the following conditions is NOT listed as something VR can help with?

A. PTSD

B. Phobias

C. Social anxiety

D. Parkinson's disease

7. What financial assistance may be available on exchanges?

A. Subsidies not based on income

B. Premium rebates only for large employers

C. Tax credits for corporations

D. Subsidies based on income

8. Who qualifies for Medicaid?

A. High-income individuals

B. People with disabilities only

C. Low-income individuals (≤ 138% of FPL)

D. Seniors

9. Patient demand for unnecessary imaging is an issue addressed by which concept?

A. Traditional Fee-for-Service

B. Time-Driven Activity-Based Costing

C. Choosing Wisely/High-value care

D. Lean Management

10. What is the main purpose of Medicaid?

A. Maximize hospital revenues

B. Increase access to care and promote health equity

C. Fund private health plans

D. Limit patient access

Answers

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

Explanations

1. Which of the following is NOT listed as a common model used in healthcare prediction?

A. K-means clustering

B. Neural networks

C. Decision trees

D. Random forests

A key concept here is how predictive healthcare models are built. Predictive models in healthcare rely on supervised learning, where the algorithm learns to map patient features to an outcome that has been labeled in the data (like readmission, mortality, or disease progression). Neural networks, decision trees, and random forests are all common supervised models used for predicting such outcomes because they can capture complex relationships between inputs and the target variable. K-means clustering is different. It's an unsupervised method that groups patients into clusters based on similarity, without using any labeled outcome to guide the grouping. It's great for discovering patient phenotypes or segmenting a population for targeted interventions, but by itself it doesn't produce a direct prediction for a specific outcome on a new patient. So it isn't listed as a common predictive model in healthcare—neural networks, decision trees, and random forests are.

2. Value-based care relates to the value equation by:

A. Ignoring costs

B. Rewarding improving outcomes relative to cost

C. Reducing patient access to care

D. Maximizing the number of tests

Focus on how value-based care is measured: value comes from outcomes achieved for a given amount of cost. The idea is to reward providers who improve health outcomes while keeping costs in check, or even achieve more with the same or lower spending. That means recognizing and incentivizing efficiency and quality together, not just more care or more tests. Thus the best fit is rewarding improving outcomes relative to cost. It captures the essence of paying for value—better results for a reasonable or lower cost. The other ideas don't fit because value-based care hinges on considering costs alongside outcomes. Ignoring costs would derail value-based incentives, reducing patient access would undermine outcomes and equity, and maximizing tests tends to drive up costs without guaranteeing better outcomes, reducing value.

3. Which statement correctly describes the effect of a high positive likelihood ratio (LR+) on post-test probability when the test is positive?

A. No effect

B. Increases probability toward disease

C. Decreases probability

D. Depends on pretest probability

A positive result is interpreted through likelihood ratios to update your estimate of disease. A high positive likelihood ratio means the test is very good at distinguishing those with disease from those without, so a positive result substantially increases the odds that the patient has the disease. In practice, you convert the pretest probability to pretest odds, multiply by the LR+, and convert back to a probability: post-test odds = pretest odds × LR+, post-test probability = post-test odds / (1 + post-test odds). Since LR+ > 1 raises post-test odds, the post-test probability moves upward toward disease when the test is positive. The bigger the LR+, the larger the increase. For example, starting with a pretest probability of 30% and an LR+ of 10, the post-test probability rises to about 81%. The exact amount depends on the starting pretest probability, but the direction is always toward higher probability with a strong LR+ after a positive test.

4. What is the flow from diagnosis to payment?

A. Diagnosis (ICD-10) -> Service (RBU) -> Payment model -> insurance reimbursement

B. Service (RBU) -> Diagnosis (ICD-10) -> Payment model -> insurance reimbursement

C. Payment model -> Diagnosis -> Service -> Insurance reimbursement

D. Insurance reimbursement -> Payment model -> Service (RBU) -> Diagnosis

In health care billing, the process starts by clearly identifying the patient's condition with a diagnosis coded in ICD-10. That diagnosis sets the reason for care and justifies which services are appropriate to bill for. Once the diagnosis is established, the next step is to document the actual service provided, coded as a Reimbursable Base Unit (RBU), which quantifies the care delivered. The service data, together with the chosen payment model (the method used to pay for that service, such as per-unit or bundled/episode-based payment), determines the amount that can be reimbursed. Finally, the insurer reviews the diagnosis, the services billed, and the payment model to adjudicate the claim and issue reimbursement. Starting with the service before the diagnosis would lack justification, and beginning with the payment model or with insurance reimbursement ignores how reimbursement is driven by the diagnosed condition and the services rendered.

5. Under fee-for-service payment, which aspect is NOT directly incentivized?

A. Patient outcomes

B. Volume of services

C. Reimbursement based on services performed

D. Billing for tests and procedures

Fee-for-service payment rewards the delivery and billing of individual services. Reimbursement comes for each service performed, so providers have an incentive to increase the number of services, tests, and procedures they perform and bill for. While patient outcomes may improve in some cases, they are not directly tied to payment in this model, so outcomes aren't incentivized. This is why the aspect not directly incentivized is patient outcomes.

6. Which of the following conditions is NOT listed as something VR can help with?

A. PTSD

B. Phobias

C. Social anxiety

D. Parkinson's disease

Virtual reality therapy uses immersive, controllable environments to help people face fears and learn coping skills in a safe setting. This approach is especially effective for conditions driven by avoidance and fear, like PTSD, phobias, and social anxiety, because therapists can tailor the scenarios, gradually increase exposure, and monitor reactions in real time without real-world risk. Parkinson's disease, on the other hand, is primarily a movement disorder. When VR is used for Parkinson's, it's generally for physical rehabilitation—practicing gait, balance, and coordination—not for addressing fear-based or anxiety-related symptoms. In the context of this question, Parkinson's disease isn't listed as a VR-focused mental health application, making it the one that doesn't fit with the others.

7. What financial assistance may be available on exchanges?

A. Subsidies not based on income

B. Premium rebates only for large employers

C. Tax credits for corporations

D. Subsidies based on income

Financial help on exchanges is tied to how much you earn. The main form is a premium tax credit that lowers your monthly premium, and it's available to people whose household income falls within a certain range relative to the federal poverty level. The amount you receive scales with income—the lower your income (within the eligible band), the larger the credit; as income increases, the credit decreases and eventually phases out. There are also cost-sharing reductions for some low-income enrollees who choose a silver plan, further reducing out-of-pocket costs. Subscriptions or subsidies not based on income, or subsidies aimed at corporations or large employers, don't reflect how exchange-associated financial help is designed.

8. Who qualifies for Medicaid?

A. High-income individuals

B. People with disabilities only

C. Low-income individuals (≤ 138% of FPL)

D. Seniors

The key idea here is that Medicaid eligibility is largely determined by income relative to the federal poverty level, especially after the ACA expansion. Medicaid is a needs-based program, so people with limited income have the strongest qualification path. In states that expanded Medicaid, adults without dependent children can qualify if their income is up to 138% of the federal poverty level, broadening access beyond just seniors or people with disabilities. That makes low-income individuals at or below 138% FPL the group most clearly eligible under the expansion rules. High-income individuals generally do not qualify. While seniors or people with disabilities can qualify, it's not automatic just because of age or disability; eligibility depends on meeting income (and sometimes asset) tests and other criteria.

9. Patient demand for unnecessary imaging is an issue addressed by which concept?

A. Traditional Fee-for-Service

B. Time-Driven Activity-Based Costing

C. Choosing Wisely/High-value care

D. Lean Management

Lean management focuses on delivering value to the patient by eliminating waste and streamlining how care is delivered. When patients request imaging that isn't clinically necessary, the issue is often tied to process waste—duplication, delays, unnecessary steps, or misaligned incentives that lead to overuse. By mapping the imaging process from order to result (the value stream), teams can pinpoint where steps don't add value and redesign workflows accordingly. Implementing standard work, evidence-based imaging pathways, and decision rules at the point of care helps ensure imaging is used only when it truly adds value. This systemic approach reduces unnecessary imaging while maintaining high-quality care. Choosing Wisely targets guidelines and conversations to curb overuse, but Lean provides the broad, sustain able method for removing the waste that drives that overuse in daily practice.

10. What is the main purpose of Medicaid?

A. Maximize hospital revenues

B. Increase access to care and promote health equity

C. Fund private health plans

D. Limit patient access

Medicaid is designed to remove financial barriers to health care for people with low income and other eligible groups, so they can access needed services and services are affordable. By providing health coverage and paying for a wide range of medically necessary care, it expands access to primary and preventive care, reduces out-of-pocket costs, and supports care coordination. This focus on enabling access and addressing disparities among vulnerable populations is what promotes health equity. Remember, Medicaid is a joint federal-state program administered by states; it aims to cover eligible individuals (such as low-income children, pregnant people, disabled, and elderly) and help ensure they can obtain essential services like doctor visits, hospital care, and long-term supports. While some arrangements involve private managed care plans, the overarching goal is improving access and outcomes, not maximizing hospital revenue or limiting access.

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://rowanhss1.examzify.com

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