

RPB Fundamentals 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

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- 1. Do changes made in charge sessions affect charge review workqueues in real time?**
 - A. True**
 - B. False**
 - C. Not applicable**
 - D. Sometimes**

- 2. True or False: One charge ticket is the equivalent of one charge entry session.**
 - A. True**
 - B. False**
 - C. Not sure**
 - D. Sometimes**

- 3. NSF reversal is matched to the original NSF payment so both cancel each other out.**
 - A. False**
 - B. Not sure**
 - C. It depends on the transaction**
 - D. True**

- 4. Where can you identify the currently responsible payer from the Storyboard?**
 - A. In the Payer Details tab**
 - B. Visit Coverages Section of Storyboard**
 - C. In the Claims Log**
 - D. In the Dashboard**

- 5. What factors will your organization use when calculating the 'Score' column?**
 - A. Payment history, Provider type, Insurance class**
 - B. Amount outstanding, Age, Number of denials received, Payer, Denial type, Other**
 - C. Client satisfaction, Average turnaround time**
 - D. Schedule, Region, Patient age**

- 6. When should a user resubmit a charge session?**
- A. When the user thinks all the issues are corrected**
 - B. After a system upgrade**
 - C. During nightly processing**
 - D. Never**
- 7. What type of record represents the entire Intergalactic Healthcare Systems organization?**
- A. Facility**
 - B. Department**
 - C. Revenue Location**
 - D. Contact**
- 8. To resolve an NSF payment, first locate the visit that contains the payment in Tx Inquiry. Then click the ___ button and select the ___ option.**
- A. Functions, Debit Adjustment**
 - B. Tools, Reconciliation**
 - C. Settings, Debit Offsetting**
 - D. Actions, NSF Credit**
- 9. What is the first step to resolving an NSF payment?**
- A. Locate the visit containing the payment in Tx Inquiry**
 - B. Cancel the payment in the system**
 - C. Create a new NSF record**
 - D. Contact the customer**
- 10. What record contains all information about all benefit plans in your system?**
- A. Record**
 - B. Master File**
 - C. Item**
 - D. File**

Answers

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

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Explanations

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1. Do changes made in charge sessions affect charge review workqueues in real time?

- A. True**
- B. False**
- C. Not applicable**
- D. Sometimes**

When you change something in a charge session, the system updates the related charge review workqueue immediately, so the queue shows the current charges, their statuses, and totals without waiting for a separate batch process. This real-time propagation keeps reviewers working with the most up-to-date information—adding a new charge in the session makes it appear in the queue for review, adjusting an amount updates the total and routing as needed, and removing a charge takes it out of the queue. In practice, this immediate update is the goal to maintain data integrity and prevent stale work items, though small delays can occur from caching or asynchronous processing in some setups.

2. True or False: One charge ticket is the equivalent of one charge entry session.

- A. True**
- B. False**
- C. Not sure**
- D. Sometimes**

One charge ticket is created to capture all billable items for a single patient encounter, and the entry of those charges into the billing system happens during one charge entry session. The idea is one ticket maps to one session: you open a ticket for an encounter, review the services, apply codes, and finalize charges within that same session. So the statement is true. In practice, a ticket may list multiple line items for different services billed in that encounter, but you wouldn't typically split that into separate entry sessions. If there were separate sessions, that would imply separate tickets, which isn't how this system is designed.

3. NSF reversal is matched to the original NSF payment so both cancel each other out.

- A. False**
- B. Not sure**
- C. It depends on the transaction**
- D. True**

NSF reversal cancels the effect of the original NSF payment by directly referencing and offsetting that same item. When the initial payment was recorded, it changed the cash account and the vendor liability. The reversal is posted against the original NSF entry, reversing the exact amounts: the cash increases back and the vendor payable is restored to its prior state. For example, if the original entry decreased cash and decreased the payable by the same amount, the reversal would increase cash and increase the payable by the same amount, resulting in the balances returning to what they were before the NSF event. In practice, this mirroring ensures the two entries offset, so the net effect is zero, aside from any separate fees that might be assessed.

4. Where can you identify the currently responsible payer from the Storyboard?

- A. In the Payer Details tab**
- B. Visit Coverages Section of Storyboard**
- C. In the Claims Log**
- D. In the Dashboard**

The concept here is where the system stores and displays which payer is responsible for processing the claim at the present moment. The Coverages Section of Storyboard is designed to show all payer coverages tied to the patient and clearly indicate which one is active and in effect. This active coverage determines the currently responsible payer, based on the date range and the coverage priority. The Payer Details tab focuses on a single payer's information rather than who is currently responsible for the claim. The Claims Log records events for claims, not payer responsibility. The Dashboard gives a high-level view and typically doesn't show the specific active payer. So you identify the currently responsible payer by visiting the Coverages Section of Storyboard.

5. What factors will your organization use when calculating the 'Score' column?

- A. Payment history, Provider type, Insurance class**
- B. Amount outstanding, Age, Number of denials received, Payer, Denial type, Other**
- C. Client satisfaction, Average turnaround time**
- D. Schedule, Region, Patient age**

This question tests how a Score column is built to reflect payment risk and prioritization. The best choice uses factors that directly relate to collecting on a claim: how much is still unpaid (amount outstanding) and how long it has been due (age). It also includes how often claims are denied (number of denials) and details about the payer and denial (payer, denial type), plus other relevant factors. Together, these indicators give a practical, quantitative sense of urgency and likelihood of payment, guiding which items to prioritize and how to allocate effort. The other groupings mix attributes that don't directly indicate payment risk—for example, service experience measures or demographics like schedule or region—which don't predict collection outcomes as reliably.

6. When should a user resubmit a charge session?

- A. When the user thinks all the issues are corrected**
- B. After a system upgrade**
- C. During nightly processing**
- D. Never**

Resubmitting a charge session is a deliberate retry after you've verified that all the issues causing the failure have been addressed. The aim is to complete the transaction correctly and maintain data integrity, avoiding duplicate charges or unresolved state. Waiting until you're confident the fixes are in place gives the retry the best chance to succeed. Triggering retries due to a system upgrade or during nightly processing can introduce timing and automation issues that lead to duplicates or conflicts. Resubmitting only when you believe the problems are fixed also avoids leaving the session unresolvable.

7. What type of record represents the entire Intergalactic Healthcare Systems organization?

- A. Facility**
- B. Department**
- C. Revenue Location**
- D. Contact**

The idea being tested is how a health system is modeled in data records. In many healthcare data structures, the Facility record acts as the top-level representation of an organization. It holds the organization's core identifiers and serves as the anchor for linking all parts of the system—locations, departments, services, and governance—so everything can be managed under one unified record. A Department is a subunit within that top level, a Revenue Location is a financial or billing site tied to specific locations, and a Contact is an individual or organization used for communication rather than representing the whole system. So the Facility best represents the entire Intergalactic Healthcare Systems organization, providing a single, overarching record that encompasses all its components.

8. To resolve an NSF payment, first locate the visit that contains the payment in Tx Inquiry. Then click the ___ button and select the ___ option.

- A. Functions, Debit Adjustment**
- B. Tools, Reconciliation**
- C. Settings, Debit Offsetting**
- D. Actions, NSF Credit**

Handling an NSF payment requires applying a debit adjustment to the visit in Tx Inquiry. After locating the visit, you use the Functions menu and choose Debit Adjustment to reverse or offset the non-sufficient funds payment and reflect the correct amount due. This action directly updates the financials for that specific visit, ensuring the payer's balance is accurate and you can reprocess or re-bill as needed. Other options don't fit this workflow. Tools and Settings are for broader utilities or configuration, not for posting a transactional adjustment on a single visit. Reconciliation is about matching records across systems, not applying an adjustment to a specific payment. Debit Offsetting isn't the term used in this process, and NSF Credit would imply a credit action rather than the required debit adjustment to reflect the NSF event.

9. What is the first step to resolving an NSF payment?

- A. Locate the visit containing the payment in Tx Inquiry**
- B. Cancel the payment in the system**
- C. Create a new NSF record**
- D. Contact the customer**

The first step in resolving an NSF payment is to locate the visit containing the payment in Tx Inquiry. Finding the exact visit tied to the payment lets you see the precise patient, date, and invoice involved, so you review the correct records and understand exactly what happened. This verification is essential before making any changes, because it ensures that any subsequent action—such as canceling the payment, creating an NSF record, or contacting the patient—is applied to the correct transaction. Without identifying the correct visit and payment, you risk applying fixes to the wrong item and creating more confusion. Once you've located the payment, you can determine the appropriate next step with confidence.

10. What record contains all information about all benefit plans in your system?

- A. Record**
- B. Master File**
- C. Item**
- D. File**

The main idea here is master data management: a master file serves as the central, authoritative store for core reference data used across the system. For benefit plans, this means the master file holds all information about every plan—plan IDs, names, features, eligibility rules, rates, and how the plan interacts with enrollment, payroll, and other processes. Because it's the single source of truth, every module or process pulls plan details from this one place, keeping data consistent and up to date. A single record would only describe one plan, not all plans in the system. A file is simply a collection of records, which could lead to fragmentation or duplication of plan data if there isn't a single authoritative source. An item is a single data field, not the whole collection. So the term that best captures having all information about all benefit plans in one place is the master file.

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://rpbfundamentals.examzify.com>

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

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