

WHEBP EVIDENCE AS IT RELATES TO COST PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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

<https://whebpvidenceasitrelatestocost.examzify.com>



Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	15

SAMPLE

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

SAMPLE

1. Which type measures outcomes in natural units such as treatment responders or disability days avoided?

- A. Cost-benefit analysis
- B. Cost-utility analysis
- C. Cost-effectiveness analysis
- D. Cost-consequence analysis

2. Which type uses QALYs to express outcomes?

- A. Cost-minimization analysis
- B. Cost-consequence analysis
- C. Cost-benefit analysis
- D. Cost-utility analysis

3. Which distribution best describes typical cost data?

- A. Left-skewed
- B. Bimodal
- C. Right-skewed
- D. Normal

4. Direct costs include which items?

- A. Treatment, medications, and equipment
- B. Productivity loss
- C. Transportation
- D. Patient time costs

5. Why are bootstrap methods used in economic evaluations?

- A. They always produce normal distributions
- B. Because cost and QoL data are often skewed and violate parametric assumptions
- C. They reduce sample size
- D. They are faster

- 6. How are direct, indirect, and intangible costs differentiated in economic evaluations?**
- A. Direct costs are medical and non-medical expenses; indirect costs relate to productivity losses; intangible costs relate to pain, suffering, or utility losses.
 - B. Direct costs include only intangible harms.
 - C. Indirect costs relate to intangible losses.
 - D. Direct non-medical costs are the only category.
- 7. What is the difference between direct medical costs and direct non-medical costs?**
- A. Direct medical costs are costs of medical care; direct non-medical costs are non-medical resources used by patients (e.g., transportation, caregiving).
 - B. Direct medical costs include transportation.
 - C. Direct non-medical costs are the costs of hospital infrastructure.
 - D. Direct medical costs are costs of non-medical resources used by patients (e.g., transportation, caregiving).
- 8. Which statement best differentiates scenario analysis from probabilistic sensitivity analysis?**
- A. Scenario analysis examines predefined alternative circumstances; PSA quantifies parameter uncertainty across distributions.
 - B. PSA examines predefined scenarios; scenario analysis quantifies distributions.
 - C. PSA ignores uncertainty.
 - D. Both analyze identical uncertainties.
- 9. Which principle aims to optimize resource allocation to achieve the best possible health outcome?**
- A. Budget constraint principle
 - B. Equity principle
 - C. Risk adjustment principle
 - D. Utility maximization principle
- 10. Which of the following best describes intangible costs?**
- A. Pain and suffering or QoL impacts not easily monetized.
 - B. Hospital costs.
 - C. Pharmacy costs.
 - D. Transportation costs.

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which type measures outcomes in natural units such as treatment responders or disability days avoided?

- A. Cost-benefit analysis
- B. Cost-utility analysis
- C. Cost-effectiveness analysis**
- D. Cost-consequence analysis

Outcomes in natural units are the hallmark of cost-effectiveness analysis. It reports the cost per unit of effect, such as cost per treatment responder or cost per disability day avoided. This contrasts with cost-benefit analysis, which converts effects into monetary terms to yield a net benefit, and cost-utility analysis, which uses utility-adjusted measures like QALYs. Cost-consequence analysis presents costs and multiple outcomes separately without combining them into a single ratio. So when the focus is on measuring outcomes in natural units like responders or days avoided, cost-effectiveness analysis is the best fit.

2. Which type uses QALYs to express outcomes?

- A. Cost-minimization analysis
- B. Cost-consequence analysis
- C. Cost-benefit analysis
- D. Cost-utility analysis**

Using QALYs to express outcomes is what cost-utility analysis does. QALYs combine how long people live with the quality of that life into a single measure, so you can compare different health interventions even if they affect different aspects of health. In cost-utility analysis, you look at costs relative to QALYs gained, yielding metrics like cost per QALY gained that help assess value for money when both longevity and quality matter. Other analyses don't use QALYs: cost-minimization assumes outcomes are the same and only compares costs; cost-consequence lists multiple outcomes without aggregating them into one summary; cost-benefit translates benefits into monetary terms rather than into quality-adjusted life years.

3. Which distribution best describes typical cost data?

- A. Left-skewed
- B. Bimodal
- C. Right-skewed**
- D. Normal

Costs tend to cluster at lower values with a long tail to higher costs. In real-world cost data, most items are relatively inexpensive, but a few items incur very high costs, pulling the tail to the right. Since costs can't be negative, that creates a right-skewed distribution, where the mean is pulled upward by the few large costs and the median sits closer to the bulk of the data. This shape matters for analysis: the median often provides a more representative sense of typical cost, and analysts frequently use transformations or models suited for skewed data (for example, log-transformations or gamma-type models). Left-skewed would imply a tail on the cheaper side, which isn't typical for costs. A bimodal pattern would suggest two distinct cost groups rather than one gradual spread. A normal distribution would be symmetric, which doesn't match the common skew toward higher-cost outliers.

4. Direct costs include which items?

- A. Treatment, medications, and equipment
- B. Productivity loss
- C. Transportation
- D. Patient time costs

Direct costs are the actual medical resources used to deliver care. This means the elements of care itself—the treatment provided, the medications used, and the equipment employed during that care. These are the expenses tied directly to administering the medical intervention. Productivity loss represents the economic impact of illness on work and is an indirect cost. Transportation and patient time costs reflect non-medical aspects of care—costs associated with getting to and being in care or the time spent, rather than the medical resources used. So, the combination of treatment, medications, and equipment fits direct medical costs, while the others fall into indirect or non-medical cost categories.

5. Why are bootstrap methods used in economic evaluations?

- A. They always produce normal distributions
- B. Because cost and QoL data are often skewed and violate parametric assumptions
- C. They reduce sample size
- D. They are faster

Bootstrapping is a resampling approach used to quantify uncertainty in economic evaluations without assuming a specific parametric distribution for costs and effects. In economic evaluations, cost data are often right-skewed because a few individuals incur very high costs, and QoL measures can be non-normally distributed. This makes traditional parametric methods unreliable or unstable. By repeatedly drawing samples with replacement from the observed data and recalculating the incremental cost and effect in each resample, you build an empirical distribution that reflects the actual variability and the relationship between costs and outcomes. This lets you derive confidence intervals for costs and QALYs and create cost-effectiveness acceptability curves that show the probability an intervention is cost-effective at different willingness-to-pay thresholds. The advantage is robustness to skewness and small sample issues, rather than assuming normality.

6. How are direct, indirect, and intangible costs differentiated in economic evaluations?

- A. Direct costs are medical and non-medical expenses; indirect costs relate to productivity losses; intangible costs relate to pain, suffering, or utility losses.**
- B. Direct costs include only intangible harms.
- C. Indirect costs relate to intangible losses.
- D. Direct non-medical costs are the only category.

In economic evaluations, costs are divided into direct, indirect, and intangible to capture different ways an intervention affects resources and well being. Direct costs include the actual expenses tied to care and its pursuit: medical costs like hospital stays, medications, and clinician visits, plus non medical direct costs such as transportation, lodging, and paid or unpaid caregiver time. Indirect costs represent losses in productivity: missed work days, reduced work capacity, and reduced future earnings due to illness or premature death. Intangible costs cover the aspects that aren't easily priced in money—pain, suffering, and changes in quality of life or overall utility. This framing matches the described definitions: direct costs encompass both medical and non medical expenses, indirect costs track productivity losses, and intangible costs address suffering and utility reductions. The other statements mischaracterize these categories—for example, direct costs are not limited to intangible harms, indirect costs aren't the same as intangible losses, and direct non medical costs aren't the only category.

7. What is the difference between direct medical costs and direct non-medical costs?

- A. Direct medical costs are costs of medical care; direct non-medical costs are non-medical resources used by patients (e.g., transportation, caregiving).**
- B. Direct medical costs include transportation.
- C. Direct non-medical costs are the costs of hospital infrastructure.
- D. Direct medical costs are costs of non-medical resources used by patients (e.g., transportation, caregiving).

Direct costs in health economics separate what patients pay for medical care from what they pay for things outside the medical services themselves. Direct medical costs are the expenses tied to receiving medical care—hospital stays, doctor visits, procedures, tests, and medications. Direct non-medical costs are the non-medical resources patients incur because of illness or treatment—things like transportation to appointments, lodging if travel is needed, meals during treatment, and time caregivers spend helping. So the best description is that direct medical costs are costs of medical care, while direct non-medical costs are non-medical resources used by patients, such as transportation and caregiving. Transportation isn't a medical service, hospital infrastructure costs are system-wide costs, and the non-medical/non-caregiver resources aren't medical costs.

8. Which statement best differentiates scenario analysis from probabilistic sensitivity analysis?

- A. Scenario analysis examines predefined alternative circumstances; PSA quantifies parameter uncertainty across distributions.**
- B. PSA examines predefined scenarios; scenario analysis quantifies distributions.
- C. PSA ignores uncertainty.
- D. Both analyze identical uncertainties.

Distinguishing how these two approaches handle uncertainty is the key idea. In scenario analysis, you pick a few predefined future circumstances and compare outcomes under each, treating those scenarios as fixed, distinct worlds. There isn't a formal probability attached to each scenario; the focus is on understanding how results change when the environment or assumptions shift. In probabilistic sensitivity analysis, uncertainty is embedded in the inputs themselves by describing them with probability distributions. You repeatedly sample from those distributions (often many thousands of times) to see how the results vary, producing a distribution of outcomes that reflects parameter uncertainty. So the best statement captures the difference: scenario analysis uses predefined alternative circumstances, while PSA quantifies parameter uncertainty across distributions. The other options misstate how each method handles uncertainty—PSA does not rely on predefined scenarios, scenario analysis does not quantify distributions, and PSA does not ignore uncertainty.

9. Which principle aims to optimize resource allocation to achieve the best possible health outcome?

- A. Budget constraint principle
- B. Equity principle
- C. Risk adjustment principle
- D. Utility maximization principle**

Maximizing the overall health benefit given limited resources drives decisions about how to allocate funds. This is the idea of utility maximization: choose the mix of health interventions that increases total welfare, often framed as health gains per unit of cost (for example, QALYs gained per dollar). By focusing on the best return in health from each dollar, this principle directly targets achieving the greatest possible health outcome within the budget. Other principles aim at staying within budgets, ensuring fairness, or adjusting comparisons for different risk profiles, but they don't inherently optimize total health gain the way utility maximization does.

10. Which of the following best describes intangible costs?

- A. Pain and suffering or QoL impacts not easily monetized.
- B. Hospital costs.**
- C. Pharmacy costs.
- D. Transportation costs.

Intangible costs refer to pain, suffering, or quality-of-life impacts that are not easily monetized. These reflect the burden a person feels that doesn't show up as a direct dollar amount in bills or receipts, yet still affects overall welfare. In economic evaluations, direct medical costs like hospital stays, medications, and non-medical costs like transportation are tangible and can be measured in dollars. The option describing pain and suffering or quality-of-life changes captures the essence of intangible costs, which are about the subjective burden rather than a billable expense.

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://whebpevidenceasitrelatestocost.examzify.com>

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

SAMPLE