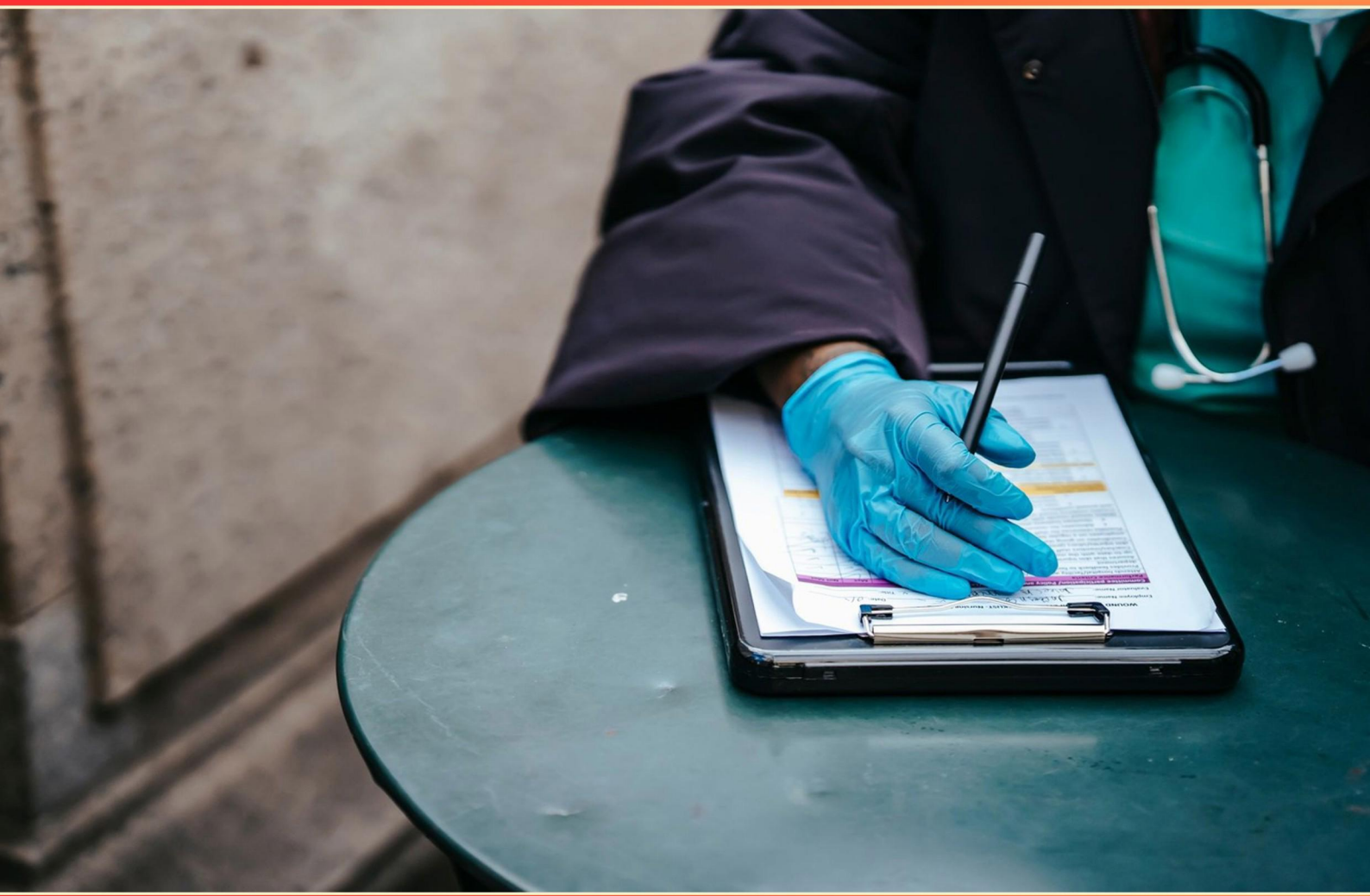
EPIC RHB390 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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

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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.

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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!

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Questions

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1. Which Epic customization allows inserting a standardized data block into multiple templates quickly?

A. Macro Module

B. Template Block

C. Data Segment

D. Template Library

2. True or False: Selection extensions are used in conjunction with components (and component groups) to determine what a contract line searches for on a claim.

A. Sometimes

B. True

C. False

D. Not related

3. Which Epic function organizes discharge instructions and follow-up tasks for the patient?

A. Macro / SmartTemplates Fast Insert

B. Lab/Test Mapping (Order Mapping)

C. Discharge Planning / Care Plan

D. Care Gap Outreach / Population Health Outreach

4. Allowed Amount: Which statement best defines the Allowed Amount?

A. The difference between the allowed and billed amounts.

B. The total amount allowed as sent by the payer.

C. The amount billed to the patient.

D. The total amount allowed as calculated by your contract.

5. Which buckets are created automatically when HAR is created?

A. Pre-billed and Self-pay

B. Insurance buckets

C. All possible buckets

D. No buckets

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6. True or False: Each contract record (NCC) can only reference one locale record (LCL) for Medicare IPPS calculations.

A. True

B. Only one locale record can be specified directly in the contract

C. No locale record can be specified

D. Locale records are deprecated

7. Which Epic tool supports inserting commonly used documentation elements across notes with a single action?

A. Lab/Test Mapping (Order Mapping)

B. Two-Factor Authentication

C. Patient Education Tracking

D. Macro / SmartTemplates Fast Insert

8. When configuring contractual write-offs, which two items must be considered?

A. When to post the write-off; What write-off to post.

B. The posting date; The AR impact.

C. The service date; The claim status.

D. The amount to post; The payer.

9. What is the effect of selecting 'Report Mode' in reevaluation actions?

A. It makes no changes.

B. It saves the contract without changes.

C. It applies changes immediately.

D. It deletes old records.

10. In Setup Per Diem Pricing, which field is set to the per diem pricing method?

A. Payment Mechanism

B. Type

C. Component

D. Rate

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Answers

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

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Explanations

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1. Which Epic customization allows inserting a standardized data block into multiple templates quickly?

A. Macro Module

B. Template Block

C. Data Segment

D. Template Library

The main idea being tested is reusing a standardized chunk of data across templates. A Template Block is designed for this purpose: you create a predefined, consistent block of fields and content once, and then insert that block into multiple templates as needed. This keeps data uniform and speeds up authoring because you're not recreating the same information each time—just placing the prebuilt block where it's required. For example, a standard consent notice or a common patient contact section can be built as a Template Block and reused across forms. Other options don't fit this specific use as neatly. A Macro Module focuses on automating actions rather than inserting a data block into templates. A Data Segment is more about organizing data within a structure than enabling quick, cross-template insertion. A Template Library is a collection of whole templates, not a mechanism for dropping a standardized block into many templates.

2. True or False: Selection extensions are used in conjunction with components (and component groups) to determine what a contract line searches for on a claim.

A. Sometimes

B. True

C. False

D. Not related

Selection extensions refine how a contract line searches for claim items by adding or constraining criteria alongside the fields defined by components and component groups. The components specify what data to examine on a claim (such as service type, CPT/HCPCS code, modifiers, or place of service), and the selection extensions provide extra rules—like allowed values, ranges, or text matches—that broaden or narrow the search. Because the contract line's ability to find the right claim lines depends on these combined criteria, selection extensions are used together with components to determine what a contract line searches for on a claim.

3. Which Epic function organizes discharge instructions and follow-up tasks for the patient?

A. Macro / SmartTemplates Fast Insert

B. Lab/Test Mapping (Order Mapping)

C. Discharge Planning / Care Plan

D. Care Gap Outreach / Population Health Outreach

Discharge Planning / Care Plan is the Epic function that coordinates everything needed for a safe transition from hospital to home. It brings together discharge instructions, medication reconciliation, follow-up appointments, referrals, and any post-discharge tasks into one plan that the patient and the care team can act on. This alignment ensures the patient knows what to do after leaving care and that follow-up steps are clearly assigned and tracked. The other options serve template insertion, order mapping, or population health outreach, none of which focus on organizing discharge instructions and post-discharge tasks.

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4. Allowed Amount: Which statement best defines the Allowed Amount?

A. The difference between the allowed and billed amounts.

B. The total amount allowed as sent by the payer.

C. The amount billed to the patient.

D. The total amount allowed as calculated by your contract.

Allowed amount is the maximum the payer will reimburse for a service, and it's the amount the payer communicates as eligible for payment for that claim. It comes from the contract between the payer and the provider, and it's the figure used to determine what the provider gets paid and what the patient owes after any deductible or coinsurance. That's why the statement describing it as the total amount allowed as sent by the payer is the best fit. It isn't the difference between the allowed and billed amounts (that's the contractual adjustment), nor the amount billed to the patient (the billed charge is what's charged before insurance applies its rules), and while the contract helps establish the allowed amount, the payer's communicated figure is the authoritative one for the claim.

5. Which buckets are created automatically when HAR is created?

A. Pre-billed and Self-pay

B. Insurance buckets

C. All possible buckets

D. No buckets

The concept being tested is which default receivable categories are initialized when a HAR is created. When a HAR is created, the system automatically sets up the two most immediate buckets: one for charges that have not yet been submitted to a payer (pre-billed) and one for amounts the patient owes after any insurance processing (self-pay). These two buckets capture the initial, actionable portions of the account as soon as the HAR is generated, enabling timely follow-up and cash flow management. Insurance buckets aren't created at this stage because claims to payer systems typically happen later in the workflow; those items require claim submission and adjudication before they belong in an insurance-specific bucket. And the option of "all possible buckets" implies automatic creation of every bucket that could exist, which doesn't occur at HAR creation. Likewise, there are indeed buckets created automatically, so "no buckets" isn't correct.

6. True or False: Each contract record (NCC) can only reference one locale record (LCL) for Medicare IPPS calculations.

A. True

B. Only one locale record can be specified directly in the contract

C. No locale record can be specified

D. Locale records are deprecated

In Medicare IPPS calculations, a contract record (NCC) is paired with a locale record (LCL) to define the geographic-adjustment context for payments. The setup is designed so that only one locale can be bound directly to an NCC. This single direct link provides a clear, unambiguous calculation basis, since wage indices and other locale-specific factors must be applied consistently to that contract's calculations. If multiple locales were allowed to be attached directly, it would create ambiguity about which locale's adjustments to use for a given calculation. If you need to cover different locales, you would handle that through separate contracts or through other configuration paths rather than attaching multiple locale records to the same NCC. Locale records themselves are active and used for determining IPPS adjustments, not deprecated.

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7. Which Epic tool supports inserting commonly used documentation elements across notes with a single action?

A. Lab/Test Mapping (Order Mapping)

B. Two-Factor Authentication

C. Patient Education Tracking

D. Macro / SmartTemplates Fast Insert

The idea being tested is how to speed up documentation by using reusable blocks. Macro / SmartTemplates Fast Insert in Epic lets you create templates or macros that contain commonly used pieces of documentation, and then drop them into any note with a single action. This makes it easy to insert standard sections—like discharge plans, medication lists, problem lists, or patient education statements—consistently across notes without retyping each time. The other tools shown don't provide this quick-insert capability: one is about linking orders to labs, another about security, and another about tracking whether patient education was delivered. So the best fit for inserting commonly used documentation elements across notes in one go is Macro / SmartTemplates Fast Insert.

8. When configuring contractual write-offs, which two items must be considered?

A. When to post the write-off; What write-off to post.

B. The posting date; The AR impact.

C. The service date; The claim status.

D. The amount to post; The payer.

When configuring contractual write-offs, you must decide two things: when to post the write-off and what write-off to post. The timing determines which financial period the adjustment belongs to and how it affects revenue recognition and aging reports. If you post too early or too late, you can misstate net revenue and distort the accounts receivable aging. Choosing the exact write-off to post is about selecting the correct adjustment type or code that represents the contractual discount or denial. This ensures the adjustment is classified correctly (for example, as a contractual allowance rather than bad debt) and that payer-specific reconciliations and financial reporting reflect the contract terms accurately. The other items, like the AR impact or service date, describe outcomes or influence related processes but aren't the core configuration decisions. The amount and payer matter operationally, but the crucial configuration decisions are the timing of the post and the precise write-off category used.

9. What is the effect of selecting 'Report Mode' in reevaluation actions?

A. It makes no changes.

B. It saves the contract without changes.

C. It applies changes immediately.

D. It deletes old records.

Report Mode acts as a dry-run for reevaluation actions. It generates a detailed report of what would happen if you proceeded, but it does not alter the contract, save changes, or delete records. You can review the proposed outcomes in the report and then choose to execute the actual changes if desired. Because nothing is modified in this mode, it leaves everything exactly as it was. The other options describe actions that would change data, which isn't what a report mode does.

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10. In Setup Per Diem Pricing, which field is set to the per diem pricing method?

A. Payment Mechanism

B. Type

C. Component

D. Rate

When configuring per diem pricing, the crucial choice is how the daily payment is calculated—that method is defined by the Payment Mechanism field. This field determines the approach Epic uses to apply the per diem (the daily rate), rather than simply storing the amount or the components of what's included. The Rate field holds the actual daily amount, while Type and Component describe what kind of per diem and what parts are covered, but they don't specify the pricing method itself. So the field that sets the per diem pricing method is Payment Mechanism.

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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://epicrhb390.examzify.com

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

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