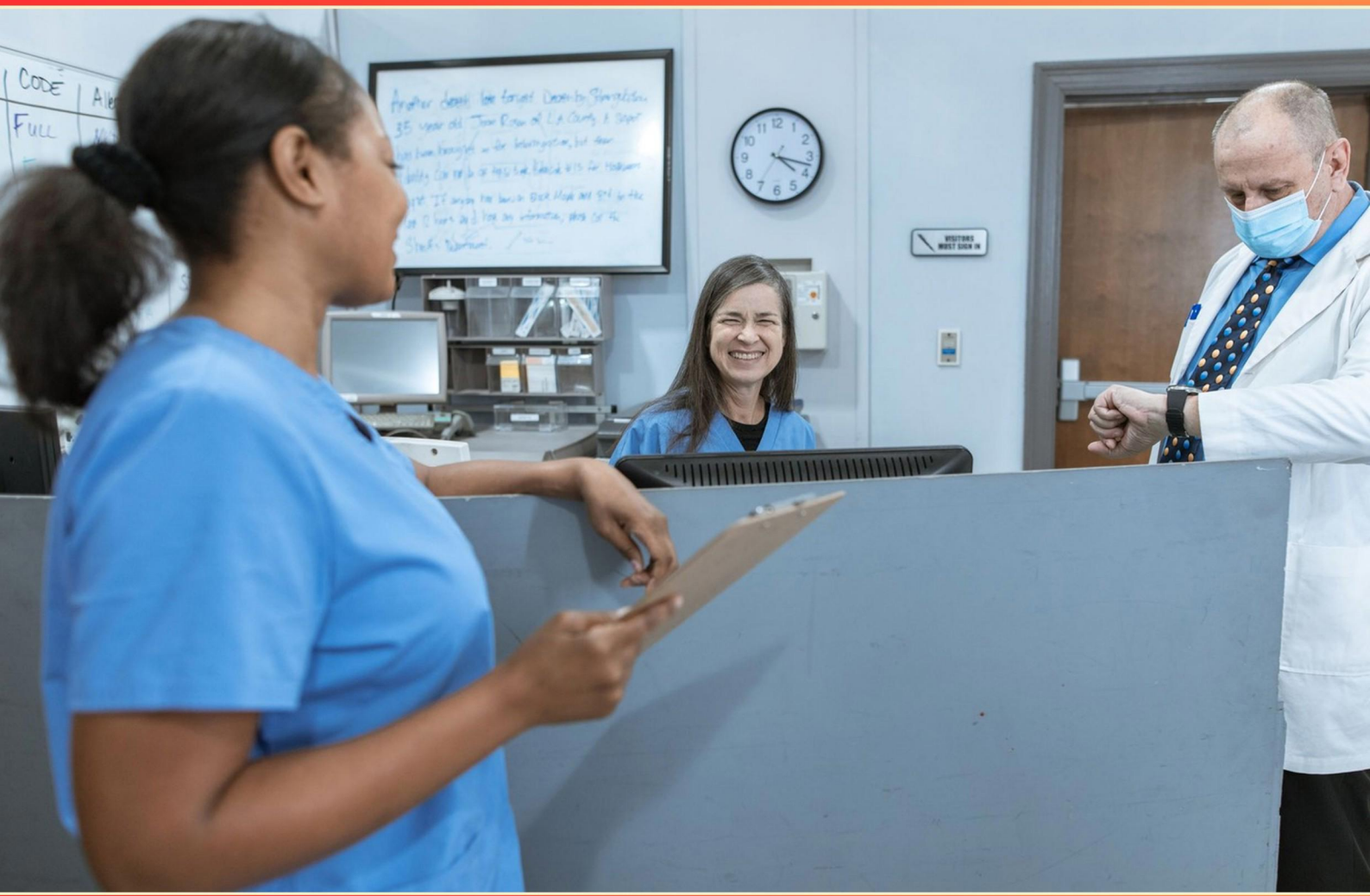
HEALTH CARE ADMINISTRATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://healthcareadmin.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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. A patient visit to a provider in capitated health plans is called what?

A. Encounter

B. Enrollment

C. End-of-life Care

D. Entitlements

2. A therapeutic drug, originally protected by a patent, the chemical composition of which meets the standards for that drug set by the Food and Drug Administration, usually manufactured by a different company than the branded drug?

A. Brand-name Drug

B. Formulary

C. FDA-Approved Drug

D. Generic Drug

3. Which term refers to professional health service workers licensed to practice independently?

A. Health Care Providers

B. Health Care Administrators

C. Health Information Technicians

D. Nurses and Allied Health Professionals

4. Which term refers to a nationwide government-operated health care payment system?

A. Nurse Practitioner

B. National Health Service

C. Network

D. National Health Insurance

5. The plan design that allows use of participating or nonparticipating providers with cost-sharing differences is called a?

A. Health Maintenance Organization

B. Point-of-service plan

C. Preferred Provider Organization

D. Exclusive Provider Organization

SAMPLE

6. Which term refers to costs that do not change with fluctuations in enrollment or utilization of services?

A. Variable Cost

B. Fixed Cost

C. Fee Schedule

D. Food Assistance Programs

7. What is the term for a managed care plan that contracts with physicians to see members of another MCO?

A. Closed Panel

B. Open Panel

C. Hybrid Panel

D. Shared Panel

8. Which term describes an individual who coordinates and oversees other health care workers to find effective care methods and arrange services for specific patients?

A. Beneficiary

B. Case Manager

C. Carrier

D. Benefits

9. Which term describes guidelines adopted by organizations and governments that promote constrained decision making and limit subsequent choices?

A. Guideline

B. Regulation

C. Policy

D. Standard

10. That portion of medical practice estimated to be much less than 50% and based on established scientific findings is known as what?

A. Evidence-based medicine (EBM)

B. End-of-life Care

C. Encounter

D. Enrollment

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. A patient visit to a provider in capitated health plans is called what?

A. Encounter

B. Enrollment

C. End-of-life Care

D. Entitlements

In capitated health plans, the interaction between a patient and a provider is called an encounter. This term is used to document the actual patient visit or contact—whether in person or via telehealth—and to capture the services rendered for administrative and payment purposes within a capitation arrangement, where payment is fixed per enrolled patient rather than per service. Encounter data are essential for tracking utilization, quality measures, and care coordination under capitation. Enrollment describes joining a plan, end-of-life care refers to palliative or terminal care, and entitlements relate to the benefits a patient has. None of those describe the patient-provider interaction that is formally recorded as part of the plan's administrative data.

2. A therapeutic drug, originally protected by a patent, the chemical composition of which meets the standards for that drug set by the Food and Drug Administration, usually manufactured by a different company than the branded drug?

A. Brand-name Drug

B. Formulary

C. FDA-Approved Drug

D. Generic Drug

When a drug's patent protection ends, other manufacturers can produce a product with the same active ingredient, strength, dosage form, and route of administration that is proven to be bioequivalent to the brand-name drug. These copies must meet the FDA's standards for quality, safety, and efficacy and are approved through an abbreviated process. Because they are not the original branded product, they are typically made by different companies and sold as generic drugs. The original patented product is the brand-name drug, not the copy. A formulary is simply a list of approved drugs used by a health plan, not a description of the drug itself. An FDA-approved drug could be either brand-name or generic, but the clue about being produced by a different company after patent expiry identifies it as a generic.

3. Which term refers to professional health service workers licensed to practice independently?

A. Health Care Providers

B. Health Care Administrators

C. Health Information Technicians

D. Nurses and Allied Health Professionals

The concept tested is identifying who are the licensed professionals able to deliver direct patient care independently. Health care providers are the group of professionals authorized to diagnose, treat, and manage care and to bill for those services within their licensed scope. This includes physicians, dentists, nurse practitioners, physician assistants, and other clinicians who actively deliver medical services to patients. Health care administrators focus on running organizations and systems, not directly providing clinical care. Health information technicians handle patient data and records rather than providing care. Nurses and allied health professionals are essential clinicians, but independence of practice varies by role and jurisdiction; some may require supervision or operate within specific scopes. The term health care providers best captures those who are licensed to practice independently and deliver direct clinical services.

SAMPLE

4. Which term refers to a nationwide government-operated health care payment system?

A. Nurse Practitioner

B. National Health Service

C. Network

D. National Health Insurance

A nationwide government-operated health care payment system is best described as National Health Insurance. This concept refers to a single, government-administered program that finances health care costs for all residents, funded through taxes or mandatory contributions. With the government as the primary payer, providers submit bills to this unified system, which helps control costs, reduce administrative complexity, and promote universal coverage across the country. Think of the National Health Insurance idea as the financing side of universal coverage—where the government ensures payment for services—whereas the National Health Service is more about delivering and organizing care (in countries where it serves as the public health care system). The other options don't fit because a nurse practitioner is a clinician, not a payment system, and a network is a group of providers, not a payer.

5. The plan design that allows use of participating or nonparticipating providers with cost-sharing differences is called a?

A. Health Maintenance Organization

B. Point-of-service plan

C. Preferred Provider Organization

D. Exclusive Provider Organization

Point-of-service plans let you choose between in-network and out-of-network providers, with cost-sharing that changes based on whether you stay in-network. You'll pay less if you use participating providers and more if you use nonparticipating ones. This hybrid structure often involves having a primary care physician and obtaining referrals for some services to get the lower costs, blending features of HMO and PPO.

6. Which term refers to costs that do not change with fluctuations in enrollment or utilization of services?

A. Variable Cost

B. Fixed Cost

C. Fee Schedule

D. Food Assistance Programs

Costs that don't change with how many patients are served are fixed costs. These stay the same in the short term regardless of enrollment or utilization, such as facility rent, salaried staff, and depreciation on equipment. This is why fixed costs behave independently of volume—they're committed expenditures that don't rise or fall with patient activity. By contrast, variable costs increase or decrease as volume changes, like supplies or hourly wages tied to usage. A fee schedule or food assistance programs aren't about cost behavior, so they don't fit this concept.

SAMPLE

7. What is the term for a managed care plan that contracts with physicians to see members of another MCO?

A. Closed Panel

B. Open Panel

C. Hybrid Panel

D. Shared Panel

In managed care, the type of physician panel determines who the doctors are authorized to treat. A closed panel means the plan contracts with physicians who agree to treat only the plan's members, restricting access to patients enrolled in that specific MCO. This setup aligns with the idea of limiting care to members of another MCO by keeping the physician network exclusive to that plan's enrollees, rather than welcoming patients from outside plans. The result is tight control over access, referrals, and cost, since the plan can steer members to its contracted physicians and limit or discourage out-of-network care. Open panel, by contrast, allows physicians to treat both plan members and non-members, broadening access but reducing plan-specific control. Hybrid panel combines elements of both open and closed approaches. Shared panel refers to two or more plans using the same pool of physicians, meaning physicians treat members of multiple plans.

8. Which term describes an individual who coordinates and oversees other health care workers to find effective care methods and arrange services for specific patients?

A. Beneficiary

B. Case Manager

C. Carrier

D. Benefits

In healthcare administration, the role that coordinates and oversees other health care workers to find effective care methods and arrange services for specific patients is the case manager. A case manager assesses patient needs, develops a care plan, coordinates with physicians, nurses, social workers, and therapists, and monitors progress to ensure the plan works and resources are used appropriately. They oversee transitions between settings (like hospital to home) and strive for care that is both effective and coordinated with the patient's goals. Beneficiary refers to the person who receives benefits from a health plan, not the coordinating role. Carrier is the insurer or health plan that pays claims, and benefits are the covered services or protections provided by the plan.

SAMPLE

9. Which term describes guidelines adopted by organizations and governments that promote constrained decision making and limit subsequent choices?

A. Guideline

B. Regulation

C. Policy

D. Standard

A policy is a formal set of principles and commitments that an organization or government adopts to guide ongoing decisions and actions. It creates a framework that constrains what can be done and narrows the range of acceptable options, ensuring consistency and accountability across decisions. This differs from guidelines, which are recommendations that may be followed or adapted; from regulations, which are legal requirements with potential penalties for noncompliance; and from standards, which specify measurable criteria or technical specifications to meet. In health care administration, policies might define who can approve high-cost treatments, how patient data should be handled, or the steps for patient admission. By outlining approved processes and required actions, a policy limits subsequent choices to those aligned with it, producing more predictable and controlled outcomes.

10. That portion of medical practice estimated to be much less than 50% and based on established scientific findings is known as what?

A. Evidence-based medicine (EBM)

B. End-of-life Care

C. Encounter

D. Enrollment

Basing medical decisions on the best available scientific evidence is what evidence-based medicine is about. This approach uses rigorous research results—often from systematic reviews, meta-analyses, and high-quality clinical trials—to guide diagnosis, treatment, and prevention. The idea that only a portion of practice rests on established findings highlights the goal of increasing that proportion by combining solid evidence with clinical expertise and patient values. The other terms refer to different concepts: end-of-life care focuses on palliative support for terminal patients, an encounter is a single patient visit, and enrollment means joining a program. In health care administration, promoting evidence-based medicine helps standardize care, inform guidelines, and drive quality improvement.

SAMPLE

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://healthcareadmin.examzify.com

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

SAMPLE