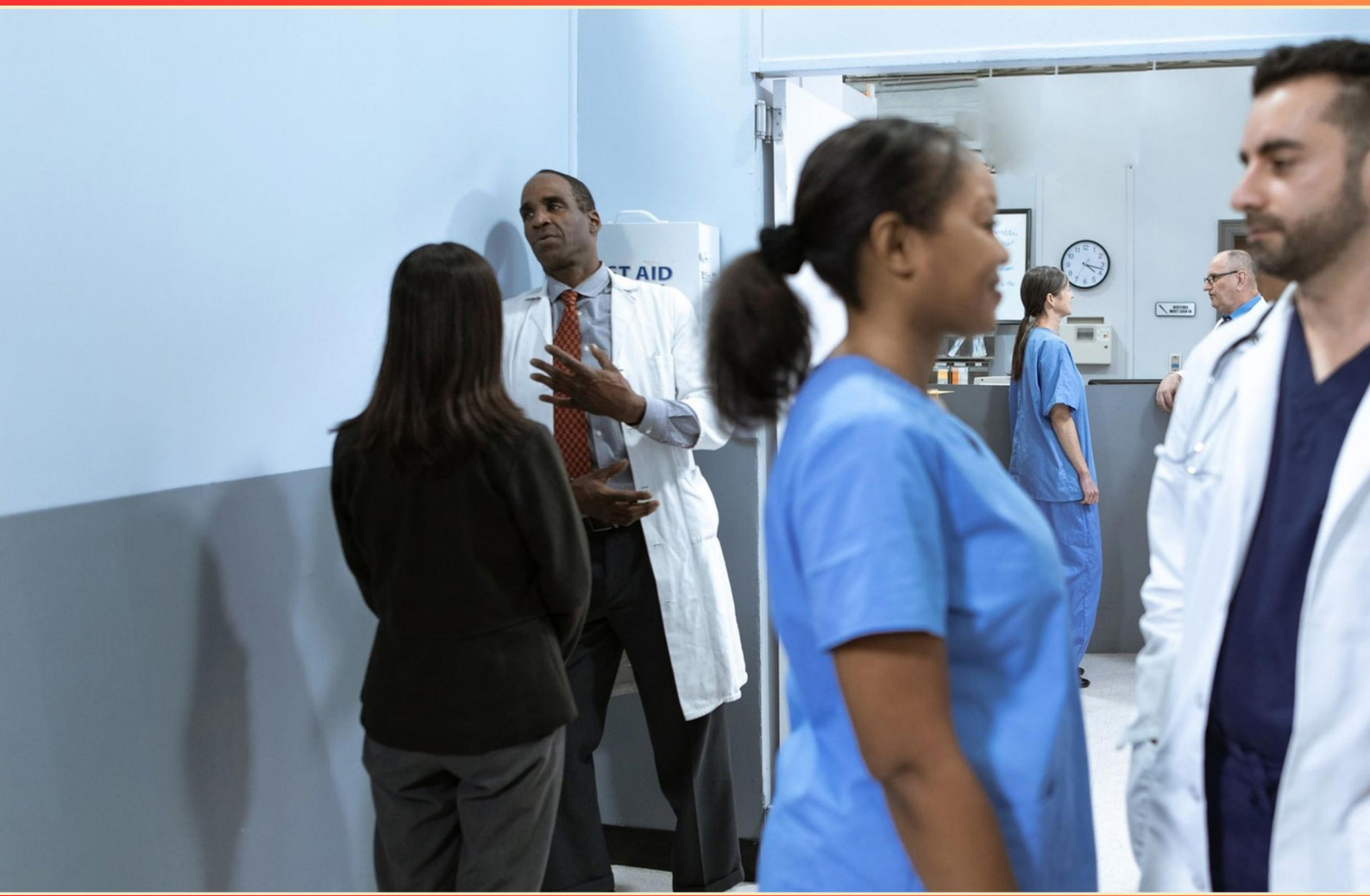
HEALTH CARE SYSTEMS PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

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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. The Centers for Disease Control and Prevention is described as a division of the USDHHS concerned with causes, spread, and control of diseases in populations.

A. An international health organization

B. A division focusing on health policy research

C. A division of USDHHS concerned with causes, spread, and control of diseases in populations

D. A direct health care provider at the local level

2. How is health equity best defined, and what approach supports it?

A. All patients receive identical care regardless of background.

B. Health equity means equal funding for all hospitals.

C. Health equity means fair opportunity to attain health; data-driven segmentation and targeted interventions.

D. Health equity is only about access to insurance.

3. Explain the Prospective Payment System (PPS) and Diagnosis-Related Group (DRG) pricing and its effect on hospital incentives.

A. PPS pays a fixed amount per case based on DRG; DRG pricing incentivizes shorter stays and efficiency.

B. PPS pays per service; DRG pricing is per diem.

C. DRG pricing is tax-based.

D. PPS encourages longer stays.

4. CRNP stands for which credential?

A. Certified Registered Nurse Practitioner

B. Licensed Practical Nurse

C. Doctor of Philosophy

D. Registered Nurse

5. Which type of hospital would typically handle specialized patient populations such as burn victims or pediatric patients?

A. Specialty Hospitals

B. Government Hospitals

C. HMOs

D. Independent Living Facilities

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6. Preferred Provider Organization is a type of what?

A. Health Insurance Plans

B. Preferred Provider Organization

C. Co-payment

D. Deductible

7. Health Departments operate under the direction of which federal department?

A. NIH

B. USDHHS

C. CDC

D. Health Departments

8. Health Departments provide health care services as directed by the USDHHS; they also provide specific services needed by the state or local community.

A. Health Departments

B. CDC

C. FDA

D. NIH

9. Which element of a health system strategic plan provides the formal structure for decision rights and oversight?

A. Mission and vision

B. Governance

C. Initiatives

D. Performance metrics

10. Health Insurance Plans are designed to pay for costs of health care; without it, a financial disaster will likely take place.

A. Financial disaster related to health care costs

B. Non-medical issues only

C. Guaranteed free care

D. Mandatory hospitalization

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Answers

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

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Explanations

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1. The Centers for Disease Control and Prevention is described as a division of the USDHHS concerned with causes, spread, and control of diseases in populations.

A. An international health organization

B. A division focusing on health policy research

C. A division of USDHHS concerned with causes, spread, and control of diseases in populations

D. A direct health care provider at the local level

The key idea is recognizing the Centers for Disease Control and Prevention as a U.S. federal public health agency focused on disease causes, transmission, and prevention at the population level. The CDC operates under the Department of Health and Human Services and centers its work on epidemiology, surveillance, outbreak investigation, and guidance to prevent disease spread—not on delivering direct patient care or conducting policy research. It's not an international organization like WHO, nor a local provider, nor primarily a health policy research division. That alignment with public health surveillance and prevention within USDHHS is why describing the CDC as a division of USDHHS concerned with causes, spread, and control of diseases in populations is the best fit.

2. How is health equity best defined, and what approach supports it?

A. All patients receive identical care regardless of background.

B. Health equity means equal funding for all hospitals.

C. Health equity means fair opportunity to attain health; data-driven segmentation and targeted interventions.

D. Health equity is only about access to insurance.

Health equity means giving everyone a fair opportunity to attain their best health, which requires recognizing that people face different needs and barriers. The best option puts this into practice by using data to identify where disparities exist (data-driven segmentation) and then directing specific, targeted actions to those groups (targeted interventions). This approach moves beyond treating everyone the same and instead focuses resources and efforts where they will most effectively reduce inequities. For example, if data show higher uncontrolled diabetes in a particular community, targeted interventions might include culturally appropriate education, outreach by community health workers, and mobile screening and care access—tailoring efforts to the group's unique barriers. In contrast, simply delivering identical care to all, funding hospitals equally without considering patient needs, or focusing only on insurance coverage does not address the real differences in opportunities and outcomes that constitute health equity.

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3. Explain the Prospective Payment System (PPS) and Diagnosis-Related Group (DRG) pricing and its effect on hospital incentives.

A. PPS pays a fixed amount per case based on DRG; DRG pricing incentivizes shorter stays and efficiency.

B. PPS pays per service; DRG pricing is per diem.

C. DRG pricing is tax-based.

D. PPS encourages longer stays.

The key idea is that hospitals receive a fixed payment for an inpatient episode based on the Diagnosis-Related Group (DRG) classification, which groups together patients with similar diagnoses and expected resource use. This fixed per-case rate, determined by the DRG and adjusted for case mix, means revenue is tied to the episode type rather than the actual services or length of stay provided. Because the payment is fixed, hospitals stand to gain if they deliver care at total costs below the DRG amount and to lose if costs exceed it. This creates a strong incentive to be efficient: shorten unnecessary stays, limit nonessential tests, standardize pathways, and discharge patients to appropriate post-acute settings as soon as clinically feasible. In short, PPS with DRG pricing designs hospital incentives to increase efficiency and reduce unnecessary variation in care. PPS is not paying per service or per day, and DRGs are not tax-based; and the system generally discourages longer stays by tying reimbursement to a fixed case rate rather than the duration of hospitalization.

4. CRNP stands for which credential?

A. Certified Registered Nurse Practitioner

B. Licensed Practical Nurse

C. Doctor of Philosophy

D. Registered Nurse

CRNP stands for Certified Registered Nurse Practitioner. This designation identifies an advanced practice registered nurse who has earned certification in the nurse practitioner role, usually after completing graduate-level education and passing a national certification exam. It signals that the individual has the training and credentials to provide higher-level clinical care, often including assessment, diagnosis, and prescriptive authority where allowed by state law. This differentiates it from other nursing titles: Licensed Practical Nurse denotes a more entry-level, less autonomous role; Registered Nurse is the general licensure for nurses without advanced practice certification; and Doctor of Philosophy is an academic research degree not specific to clinical nursing practice.

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5. Which type of hospital would typically handle specialized patient populations such as burn victims or pediatric patients?

A. Specialty Hospitals

B. Government Hospitals

C. HMOs

D. Independent Living Facilities

Specialized care for specific patient groups is most effectively delivered in facilities designed around those needs. Specialty hospitals focus on a defined patient population or condition, with staff trained in that area and the equipment, protocols, and rehabilitation services tailored to those patients. For burn victims, burn centers bring together wound care specialists, surgeons, pain management, infection control, and rehab in a coordinated program. For pediatric patients, pediatric hospitals provide child-focused environments, dosing considerations, and specialists who understand growth and development and family-centered care. That concentrated expertise and dedicated resources make specialty hospitals the type best suited to handle these populations. Other options don't fit as well because government hospitals are public facilities serving broad health needs, HMOs are managed care organizations that arrange access to providers rather than a hospital type, and independent living facilities are housing options that do not deliver hospital-level medical care.

6. Preferred Provider Organization is a type of what?

A. Health Insurance Plans

B. Preferred Provider Organization

C. Co-payment

D. Deductible

A Preferred Provider Organization is a type of health insurance plan. It describes how you access care and share costs, using a network of contracted providers to offer discounted rates. You can still see providers outside the network, but usually at higher out-of-pocket costs, which highlights that the focus is on plan structure and network arrangements. Co-payments and deductibles are cost-sharing features within plans, not the plan type itself, so they don't define what the PPO is.

7. Health Departments operate under the direction of which federal department?

A. NIH

B. USDHHS

C. CDC

D. Health Departments

Public health functions at the federal level are organized under a cabinet department that oversees the major national health agencies. That department is the Department of Health and Human Services. It provides overarching leadership, policy direction, and federal funding for public health programs that state and local health departments implement. Agencies like the Centers for Disease Control and Prevention and the National Institutes of Health operate under HHS, carrying out specialized activities, but they are not the department itself. Health departments, meanwhile, are typically state or local government entities, not a federal department. So the directing federal department for health departments is the Department of Health and Human Services.

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8. Health Departments provide health care services as directed by the USDHHS; they also provide specific services needed by the state or local community.

A. Health Departments

B. CDC

C. FDA

D. NIH

Public health delivery relies on state and local health departments to bring services directly to communities while following federal guidance. The Health Departments are the level of the system that actually implements programs, immunizations, screenings, environmental health inspections, and other services needed by a state or local population. They operate within the framework and funding provided by the USDHHS but are the ones delivering care and coordinating local responses. The other agencies function more as national-level authorities. The CDC focuses on disease control, prevention, and guidance rather than hands-on service delivery at the community level. The FDA regulates products and safety standards, not direct patient care. The NIH conducts research and sponsors scientific advances, not routine community health services.

9. Which element of a health system strategic plan provides the formal structure for decision rights and oversight?

A. Mission and vision

B. Governance

C. Initiatives

D. Performance metrics

Governance defines who has authority, how decisions are made, and who is accountable across the health system, providing the formal structure for decision rights and oversight. It sets up the board, committees, and delegation of authority, along with policies, risk management, and oversight mechanisms to ensure actions align with strategy, legal requirements, and ethical standards. In a strategic plan, governance sits above day-to-day initiatives and measurements by establishing the framework within which all decisions occur and by ensuring there is clear accountability for outcomes. For example, the governance component determines who approves capital investments, how resources are allocated, and how performance and safety are monitored, ensuring consistent direction and control across the organization. Mission and vision describe purpose and aspirational goals; initiatives are specific projects or programs; performance metrics are the measures used to track progress. Because governance is about the authority structure and oversight that make everything else work in a coordinated, accountable way, it best fits the description of providing the formal structure for decision rights and oversight.

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10. Health Insurance Plans are designed to pay for costs of health care; without it, a financial disaster will likely take place.

A. Financial disaster related to health care costs

B. Non-medical issues only

C. Guaranteed free care

D. Mandatory hospitalization

Health insurance is about protecting you from the financial risk of medical costs. Its main purpose is to pay or share the costs of care so that a medical bill doesn't overwhelm your finances. Without insurance, the price of doctor visits, tests, hospital stays, and treatments can be so high that it leads to serious financial hardship or even catastrophe. The other options don't fit: health insurance isn't about non-medical issues, it doesn't guarantee free care because there are premiums and cost-sharing, and it doesn't require hospitalization.

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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://healthcaresystems.examzify.com

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

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