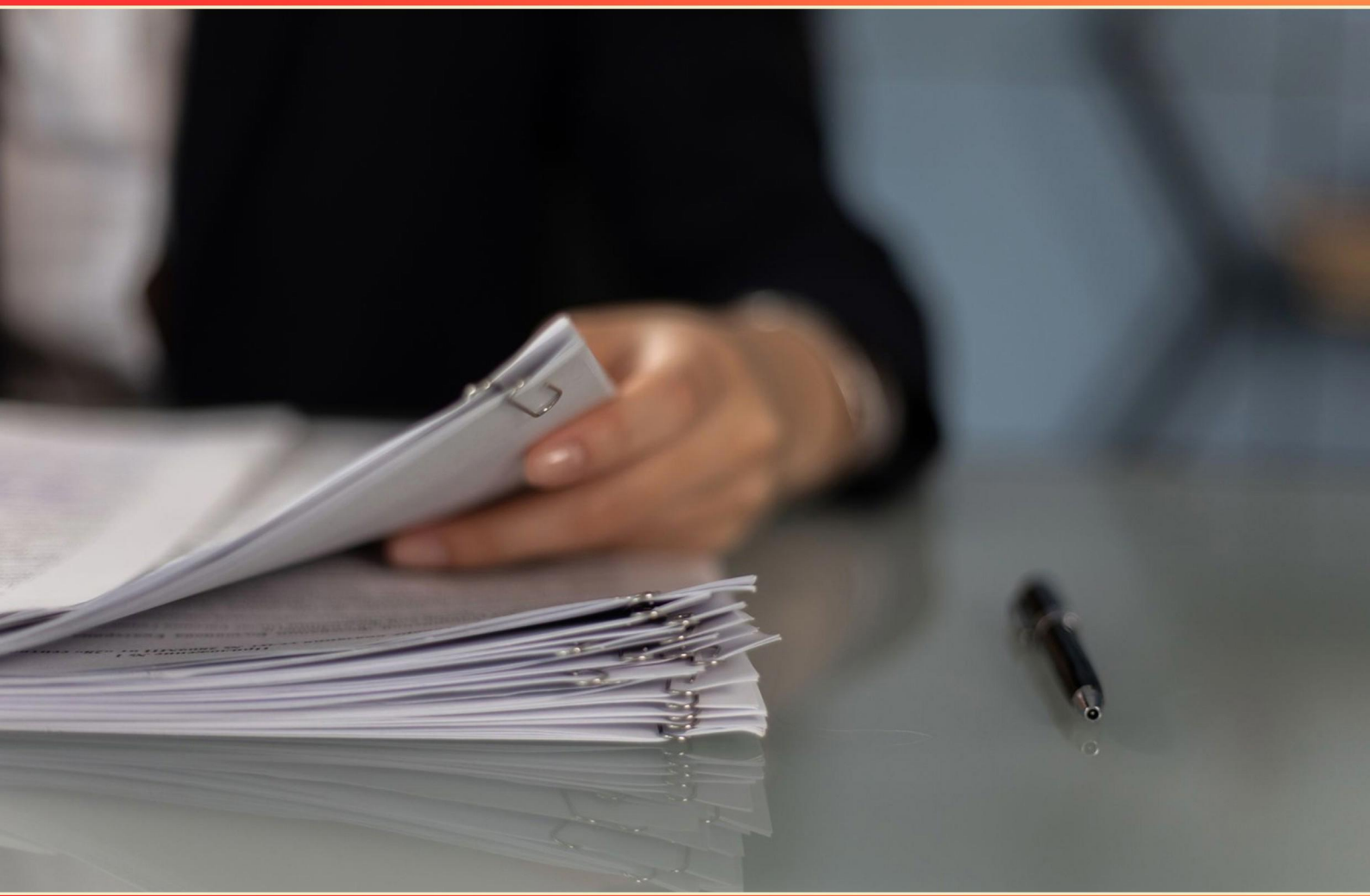
RHB330 RESOLUTE HOSPITAL BILLING CLAIM & REMITTANCE PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://rhb330billingclaimremittance.examzify.com

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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 _____ determines how high/low or how far left/right the ink prints on the page for a claim.

A. Print Alignment

B. Ink Matrix

C. Scan Configuration

D. PCL string

2. What is a Routing Rule?

A. Determines the claim type

B. Helps break up the Workload among multiple workqueues

C. Sets the follow-up time

D. Determines eligibility for override

3. A Rule defines which records appear in a workqueue; one rule can be linked to many workqueues; if a change is made to the rule, that change impacts all workqueues to which it is linked. Which option best captures this?

A. It defines which records appear in a workqueue

B. One rule can be linked to many workqueues

C. If a change is made to the rule, that change impacts all linked workqueues

D. All of the above

4. Who creates New Claim Edit Rules?

A. Epic

B. The Analyst

C. YOU, the Analyst

D. The QA Team

5. To set the Attachment Control Number (ACN), use a copy of extension 70551 and configure the parameter in it. Which extension is used for this parameter?

A. Attachment ID Number (AIN)

B. Attachment Control Number (ACN)

C. Claim Edit ID

D. Workqueue Control Number

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6. What is the primary purpose of a dashboard in a reporting environment?

A. To show many key metrics in a single location

B. To store patient records

C. To execute payment processing

D. To manage user access

7. The purpose of the remittance option selection table

A. Used to validate payer IDs during remittance processing.

B. Stores remittance templates for batch runs.

C. Used in the remittance process to determine which remittance option to use for a given payer and/or situation.

D. Tracks payment settlements across accounts.

8. When selecting what will be on the attachment, you can use a

A. template only

B. report only

C. release template / report

D. data map

9. Which statement about financial classes is true?

A. They are used only for reporting

B. They support pricing, reporting, and some claims functionality

C. They must include all seven standard classes

D. They are not related to payer records

10. What is the recommended number of RMOs per payer per billing system?

A. 2

B. 0

C. Unlimited

D. 1

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Answers

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

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Explanations

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1. The _____ determines how high/low or how far left/right the ink prints on the page for a claim.

A. Print Alignment

B. Ink Matrix

C. Scan Configuration

D. PCL string

Positioning on the page is controlled by the printer language used in the print job. A PCL string contains the commands that set where the ink starts and how it moves across the page—horizontal and vertical offsets, margins, line spacing, and tab stops—so the data for a claim lands precisely in the intended form fields. In hospital billing prints, embedding the PCL string with those coordinates ensures consistent placement across different forms and printers. Other terms describe general ideas about appearance or scanning, not the mechanism that dictates exact ink placement. Print Alignment might refer to overall layout settings, but it doesn't specify the live commands that move the print head. Ink Matrix isn't about positioning, and Scan Configuration relates to scanning processes, not how printout position is controlled.

2. What is a Routing Rule?

A. Determines the claim type

B. Helps break up the Workload among multiple workqueues

C. Sets the follow-up time

D. Determines eligibility for override

Routing rules are the mechanism that directs work items to the right place in the workflow. They use criteria such as claim type, payer, department, or service line to decide which workqueue or team handles the item, helping to balance the workload across multiple queues and ensure experts see the tasks they're best suited to handle. This makes processing more efficient and prevents bottlenecks. The other functions described—determining the claim type, setting follow-up times, or deciding eligibility for an override—deal with classification, timing, or authorization, not with distributing work across queues.

3. A Rule defines which records appear in a workqueue; one rule can be linked to many workqueues; if a change is made to the rule, that change impacts all workqueues to which it is linked. Which option best captures this?

A. It defines which records appear in a workqueue

B. One rule can be linked to many workqueues

C. If a change is made to the rule, that change impacts all linked workqueues

D. All of the above

Rules act as the filter that determines which records belong in a workqueue. Because a single rule can be linked to many workqueues, the same filtering criteria can drive multiple queues without duplicating the rule itself. When you change the rule, that change applies to every linked workqueue, ensuring consistency across the workflow and reducing the risk of mismatched criteria. These three observations fit together; they describe the full behavior of the rule–workqueue relationship, so the best choice is the one that asserts all of them together.

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4. Who creates New Claim Edit Rules?

A. Epic

B. The Analyst

C. YOU, the Analyst

D. The QA Team

Creating new claim edit rules is done by you, the Analyst, because you're the one who translates payer requirements, coding guidelines, and billing policies into the system's edit logic. You define the conditions that trigger an edit, specify the necessary actions (deny, flag for review, request documentation, etc.), and set any exceptions. You also manage testing and refinement to ensure the rules behave correctly in real submissions and align with payer contracts. Epic provides the hosting platform for the workflow, but the actual construction of new claim edit rules happens through the Analyst's configuration work. The QA Team tests and validates the rules after you've created them, but the creation itself is the Analyst's responsibility.

5. To set the Attachment Control Number (ACN), use a copy of extension 70551 and configure the parameter in it. Which extension is used for this parameter?

A. Attachment ID Number (AIN)

B. Attachment Control Number (ACN)

C. Claim Edit ID

D. Workqueue Control Number

ACN is configured in its own dedicated extension. The parameter that governs how the Attachment Control Number is assigned lives within the Attachment Control Number extension, so you use a copy of extension 70551 to set that parameter there. Extensions for other identifiers (like Attachment ID Number, Claim Edit ID, or Workqueue Control Number) handle different aspects and do not control ACN, which is why this extension is the correct place to configure the ACN setting.

6. What is the primary purpose of a dashboard in a reporting environment?

A. To show many key metrics in a single location

B. To store patient records

C. To execute payment processing

D. To manage user access

Dashboards are designed to give at-a-glance visibility of multiple key metrics in a single view. In a reporting environment, the primary purpose is to present many key metrics in one location so users can quickly assess overall performance, spot trends, and identify areas that need attention. This enables faster decision-making and ongoing monitoring. For example, in hospital billing and remittance, a dashboard might show current accounts receivable totals, aging buckets, denial rates, payer mix, and payment progress all on one screen, helping staff gauge financial health and prioritize actions. Storing patient records belongs to an electronic health record system, not to the dashboard itself. Executing payment processing is the realm of billing or payment processing systems, and managing user access is handled by security and identity management controls. These are important functions, but they are not the main purpose of a dashboard in a reporting environment.

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7. The purpose of the remittance option selection table

A. Used to validate payer IDs during remittance processing.

B. Stores remittance templates for batch runs.

C. Used in the remittance process to determine which remittance option to use for a given payer and/or situation.

D. Tracks payment settlements across accounts.

The remittance option selection table guides which remittance option to use based on the payer and the specific situation. It acts as a decision matrix during remittance processing, mapping payer identifiers, payer type, or situational criteria (such as the payer's requirements or contract terms) to the appropriate remittance option. This ensures the correct format, channel, or method is used for that payer, reducing errors, aligning with payer expectations, and speeding posting and reconciliation. This isn't about validating payer IDs, storing remittance templates for batch runs, or tracking settlements. Those tasks belong to payer validation, template management, or settlement tracking, respectively. The table's role is specifically to determine the correct remittance option to apply in a given scenario.

8. When selecting what will be on the attachment, you can use a

A. template only

B. report only

C. release template / report

D. data map

The data that goes onto an attachment is chosen by using either a release template or a report. A release template provides a standardized, privacy-conscious set of fields and formatting for disclosures, ensuring consistency across similar attachments. A report, on the other hand, generates the attachment from billing data in a customizable document, giving you flexibility to include specific details needed for the payer. Because both methods can define exactly what appears on the attachment, the best approach is to use either a release template or a report. A plain template by itself doesn't specify the exact content in the same way, and a data map is a behind-the-scenes mapping step rather than the content source for the attachment.

9. Which statement about financial classes is true?

A. They are used only for reporting

B. They support pricing, reporting, and some claims functionality

C. They must include all seven standard classes

D. They are not related to payer records

Financial classes are used to control how a patient encounter is priced, tracked for reporting, and processed for claims. They determine which price lists or contract rates apply to an encounter, which data segments are used for reporting and analytics, and how the claim workflow should handle payer-specific requirements. Pricing is influenced because the financial class links an encounter to the appropriate rate or contract, ensuring the correct charges are applied based on payer type or patient category. For reporting, financial classes allow you to slice and analyze financial results by payer group, class, or pricing tier, giving visibility into performance across different segments. For claims functionality, the financial class helps route the claim through the appropriate payer logic and ensures the submission aligns with payer expectations and eligibility rules. The statement that they are used only for reporting is too narrow, because pricing and some claims processing rely on financial class as well. It is not a universal requirement to include a fixed number of standard classes, since implementations vary by system and organization. They are also related to payer records, not independent of them, since the class typically reflects how the patient or encounter should be billed to a payer. So, financial classes truly support pricing, reporting, and some claims functionality, making this statement the best fit.

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10. What is the recommended number of RMOs per payer per billing system?

A. 2

B. 0

C. Unlimited

D. 1

One Remittance Management Object (RMO) per payer per billing system is the recommended setup. This creates a single authoritative configuration for how that payer's remittance advice is interpreted and applied, ensuring consistency across all remittance processing. It avoids conflicting rules that could occur with multiple RMOs, reduces the risk of duplicate or missed processing, and makes reconciliation and auditing straightforward. If there were no RMOs, remittance data for that payer wouldn't be processed; having many RMOs would introduce unnecessary complexity and potential conflicts. Therefore, the best practice is to have exactly one RMO per payer per billing system.

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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://rhb330billingclaimremittance.examzify.com

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

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