RPB FUNDAMENTALS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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. Is it true that a patient can have more than one guarantor account?

A. True

B. False

C. Only if they are linked to the same visit

D. Only if the patient has more than one insurance

2. Where are the charges located that are ready and waiting to process for claims?

A. Processing pool

B. Claims queue

C. Pending batch

D. Charge line

3. What is the purpose of establishing baseline data when defining metrics for quality improvement?

A. To establish the starting point for measuring progress.

B. To replace ongoing measurement.

C. To fulfill regulatory filing only.

D. To set unrealistic targets.

4. What does data minimization mean in privacy protection, and how should it be applied?

A. Collect data for potential future use.

B. Collect only data strictly necessary for the stated purpose; limit access, and retain only as long as needed.

C. Share data with third parties without consent.

D. Retain data indefinitely.

5. Which activity do you perform when you can't work the claim right now so it shouldn't be on your Active tab?

A. Reassign

B. Archive

C. Hold

D. Defer

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6. Which cybersecurity practice is specifically focused on preventing phishing attacks?

A. Awareness of phishing.

B. Strong unique passwords.

C. Regular updates.

D. Device encryption.

7. The Charge Router Reconciliation report can be used to ensure charges are flowing through the system.

A. True

B. The report is used for human resources records.

C. It cannot be used for this purpose.

D. It is used to track patient appointments.

8. Which option describes all possible triggers for a Retro Review evaluation?

A. Adding a new coverage to a patient's filing order

B. Removing a coverage from a patient's filing order

C. Changing the filing order on the patient

D. All of the above

9. Which keystroke allows you to switch between the insurance and the selfpayment posting forms?

A. F5

B. Ctrl+S

C. F11

D. Alt+P

10. If a charge session is from a clinical source, do changes in the charge session update the clinical chart?

A. Yes

B. No

C. Only sometimes

D. Not sure

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Answers

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

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Explanations

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1. Is it true that a patient can have more than one guarantor account?

A. True

B. False

C. Only if they are linked to the same visit

D. Only if the patient has more than one insurance

The thing being tested is whether a patient can have more than one guarantor account. A guarantor is the person who is financially responsible for paying the bill. In healthcare billing systems, it's possible to have multiple guarantor records tied to different accounts or encounters. This setup accommodates scenarios where more than one party bears responsibility for payments—for example, a patient who is a dependent on a family account for some visits but has a separate account with a different guarantor for other services, or when the patient and another guardian share responsibility across different bills. So, the statement is true: a patient can have more than one guarantor account.

2. Where are the charges located that are ready and waiting to process for claims?

A. Processing pool

B. Claims queue

C. Pending batch

D. Charge line

When charges are ready to be submitted for claims, they are placed in a claims queue. This queue serves as the staging area for all charges awaiting submission, batching, and tracking as they move through the claims process. It ensures an orderly flow and makes it easy to see which charges are ready, which are in progress, and which have issues. The other terms don't describe a dedicated storage for ready-to-submit claims: a processing pool is a general workspace for items to be worked on, a pending batch refers to a batch that hasn't been created yet, and a charge line is a line item on a claim rather than the holding area for all ready-to-submit charges.

3. What is the purpose of establishing baseline data when defining metrics for quality improvement?

A. To establish the starting point for measuring progress.

B. To replace ongoing measurement.

C. To fulfill regulatory filing only.

D. To set unrealistic targets.

Baseline data is the starting point for improvement. It captures how the process performs before any changes, giving you a concrete reference to compare against future results. By collecting the same metrics in a defined time frame with consistent measurement, you can quantify how much your interventions actually move performance and set realistic targets grounded in real starting performance. Baseline also helps you distinguish normal, everyday variation from true change caused by your efforts, so you can judge whether improvements are real and sustainable. Ongoing measurement after establishing the baseline is essential to track progress over time; baseline data by itself isn't about compliance or creating unattainable goals.

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4. What does data minimization mean in privacy protection, and how should it be applied?

A. Collect data for potential future use.

B. Collect only data strictly necessary for the stated purpose; limit access, and retain only as long as needed.

C. Share data with third parties without consent.

D. Retain data indefinitely.

Data minimization means collecting only what is strictly needed to fulfill a stated purpose, restricting who can access that data, and keeping it only for as long as it's necessary. In practice, you define the purpose first, gather only the data that directly supports that purpose, enforce access controls so only authorized people can see it, and set a retention period so data is deleted or anonymized when it's no longer needed. This approach reduces risk, improves privacy protections, and supports compliance with privacy laws. The best answer captures all three aspects: only what's strictly necessary for the stated purpose, limited access, and retention only as long as needed. The other options run counter to this idea: collecting for potential future use expands what's gathered; sharing without consent bypasses user control; and keeping data indefinitely eliminates the necessary retention limits.

5. Which activity do you perform when you can't work the claim right now so it shouldn't be on your Active tab?

A. Reassign

B. Archive

C. Hold

D. Defer

Deferring is the right choice when you can't work on a claim right now but still want to keep it for later. It postpones the item and removes it from the Active tab until a future time, so your current workload remains focused while you still have a plan to revisit it. This isn't about handing off to someone else (that would be reassigning) or hiding it away permanently (that would be archiving). It's also different from a temporary hold, which keeps the item in a paused state; deferring clearly marks it for future action and helps you schedule when you'll come back to it.

6. Which cybersecurity practice is specifically focused on preventing phishing attacks?

A. Awareness of phishing.

B. Strong unique passwords.

C. Regular updates.

D. Device encryption.

Preventing phishing attacks hinges on awareness and training to recognize deceptive messages. By teaching people to inspect senders, hover over links, notice unusual or urgent requests, and verify credentials through separate channels, you reduce the chance of falling for a phishing attempt and revealing information. Strong unique passwords help only after a phishing attempt succeeds by limiting credential reuse, while regular updates and device encryption bolster overall security in other ways. They don't directly stop the phishing attack itself. The clearest defense against phishing is awareness—the ability to spot and avoid these tricks before any data is disclosed.

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7. The Charge Router Reconciliation report can be used to ensure charges are flowing through the system.

A. True

B. The report is used for human resources records.

C. It cannot be used for this purpose.

D. It is used to track patient appointments.

Verifying that charges move correctly through the system is what a Charge Router Reconciliation report is for. This report tracks charges from creation through routing to posting, so you can confirm each charge follows the intended path and appears on the correct patient account or billing record. It helps spot missing charges, misrouted items, or posting gaps, supporting accuracy in the revenue cycle. Therefore, the statement is true. It's not used for human resources records, and it doesn't track patient appointments—those areas involve different data and workflows.

8. Which option describes all possible triggers for a Retro Review evaluation?

A. Adding a new coverage to a patient's filing order

B. Removing a coverage from a patient's filing order

C. Changing the filing order on the patient

D. All of the above

A Retro Review evaluation is triggered whenever changes to a patient's filing arrangement could affect past coverage determinations. Adding a new coverage can introduce retroactive implications that require reevaluation of earlier dates. Removing a coverage can reveal past decisions that need adjustment. Changing the filing order alters which coverage was prioritized in the past, potentially changing outcomes for prior periods. Because any of these actions can impact historical records, all of the above are triggers for a Retro Review.

9. Which keystroke allows you to switch between the insurance and the selfpayment posting forms?

A. F5

B. Ctrl+S

C. F11

D. Alt+P

Switching quickly between related forms is often handled with a dedicated keyboard shortcut so you can stay on the keyboard and move between views without extra clicks. In this system, F11 is mapped to cycle or toggle between the insurance form and the selfpayment posting form. Pressing it instantly switches you to the other form, which speeds up data entry and review. This is different from saving (Ctrl+S), refreshing (F5), or opening a menu (Alt+P), which are unrelated actions. If F11 doesn't respond, check whether function keys are set to hardware controls on your keyboard (you might need Fn+F11) or whether the shortcut is configurable in the application.

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10. If a charge session is from a clinical source, do changes in the charge session update the clinical chart?

A. Yes

B. No

C. Only sometimes

D. Not sure

The key idea is that billing data and clinical documentation live in separate parts of the medical record. A charge session is a billing event that records what was billed for services, while the clinical chart contains patient health information like diagnoses, treatments, progress notes, and clinical observations. Because these are distinct domains, updates to a charge session do not automatically alter the clinical chart. If the clinical record needs to reflect a change, it requires a deliberate clinical entry or note or an explicit workflow to link or reconcile billing with clinical information. In practice, a charging change might appear in financial records or a reconciliation report, but it does not automatically update the clinical chart.

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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://rpbfundamentals.examzify.com

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

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