

Member ID: _____

Time: _____

Rank: _____



Health Administration Procedures (610)

REGIONAL 2025

Multiple Choice:

40 @ 2 points each _____ (80 points)

Application Knowledge:

10 @ 3 points each _____ (30 points)

TOTAL POINTS _____ (110 points)

Test Time: 60 minutes

GENERAL GUIDELINES:

Failure to adhere to any of the following rules will result in disqualification:

1. The contestant must hand in this test booklet and all printouts if any. Failure to do so will result in disqualification.
2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests (handwritten, photocopied, or keyed) are allowed in the testing area.
3. Electronic devices will be monitored according to ACT standards.

Directions: Identify the letter of the choice that best completes the statement or answers the question.

1. What is the purpose of maintaining inventory of equipment and supplies in a medical office?
 - A. To ensure adequate stock for patient needs
 - B. To reduce costs
 - C. To maintain a clean office environment
 - D. All of the above
2. What filing system follows ARMA rules for organizing patient records?
 - A. Alphabetical
 - B. Subject
 - C. Numerical
 - D. Chronological
3. What is the primary responsibility of handling confidential information securely?
 - A. To protect patient privacy
 - B. To ensure smooth office operations
 - C. To prevent data loss
 - D. To comply with regulations
4. What is the purpose of medical coding and billing functions in a medical office?
 - A. To communicate with patients
 - B. To assist doctors in diagnosis
 - C. To ensure accurate reimbursement
 - D. To organize medical records
5. What is the significance of maintaining patient account records and preparing billing statements?
 - A. To track patient visits
 - B. To improve patient satisfaction
 - C. To ensure proper billing and payment
 - D. To generate revenue for the office
6. Which of the following represents the correct order for filing names alphabetically using ARMA rules?
 - A. Brown, Robert; Johnson, John; Smith, Alice
 - B. Brown, Robert; Smith, Alice; Johnson, John
 - C. Smith, Alice; Johnson, John; Brown, Robert
 - D. Johnson, John; Brown, Robert; Smith, Alice

7. When arranging documents chronologically, which date sequence follows December 15, 2023?
 - A. December 10, 2023
 - B. December 20, 2023
 - C. December 5, 2023
 - D. December 25, 2023
8. What does ARMA stand for in the context of maintaining filing systems?
 - A. Association of Records Management Authorities
 - B. American Registry of Medical Assistants
 - C. Association of Records Managers and Administrators
 - D. American Records Management Association
9. Which type of code is used to describe the reason for a patient's encounter with a healthcare provider?
 - A. ICD-10-CM code
 - B. CPT code
 - C. HCPCS Level II code
 - D. ICD-10-PCS code
10. What does the abbreviation "EHR" stand for in the context of healthcare?
 - A. Electronic Health Record
 - B. Efficient Healthcare Reporting
 - C. Essential Health Resources
 - D. Electronic Hospital Registry
11. When submitting a claim for reimbursement, which party typically receives the payment directly from the insurance company?
 - A. Patient
 - B. Healthcare provider
 - C. Government agency
 - D. Third-party billing service
12. Which organization oversees the administration of the Medicare program in the United States?
 - A. Centers for Disease Control and Prevention (CDC)
 - B. American Medical Association (AMA)
 - C. Centers for Medicare & Medicaid Services (CMS)
 - D. Health Resources and Services Administration (HRSA)

13. In medical billing, what does the term “EOB” stand for?
- A. Explanation of Benefits
 - B. Electronic Order of Billing
 - C. Essential Outpatient Billing
 - D. External Ordering of Business
14. Which of the following is NOT a common method of payment for healthcare services?
- A. Fee-for-service
 - B. Capitation
 - C. Deductible
 - D. Coinsurance
15. What is the purpose of medical coding in healthcare?
- A. To diagnose medical conditions
 - B. To translate medical services and procedures into universal codes for billing and reimbursement
 - C. To schedule appointments for patients
 - D. To communicate with insurance companies about patient treatment plans
16. Which of the following is an example of a commonly used modifier in medical coding?
- A. -25
 - B. -E/M
 - C. -V57.1
 - D. -T1013
17. What does the abbreviation “ICD” stand for in medical coding?
- A. Inpatient Coding Division
 - B. Insurance Claims Database
 - C. Internal Coding Database
 - D. International Classification of Disease
18. What is the purpose of a CMS-1500 form in medical billing?
- A. To document patient demographics and insurance information
 - B. To request authorization for medical procedures from insurance companies
 - C. To report adverse events and medical errors
 - D. To submit claims for medical services
19. Which of the following best defines “hypertension”?
- A. A technique for listening to internal sounds of the body
 - B. A diagnostic imaging technique that uses X-rays to produce cross-sectional images of the body
 - C. A condition characterized by abnormally high blood pressure
 - D. A condition characterized by low blood pressure

20. Which of the following best defines “hematology”?
- A. The medical specialty focused on the diagnosis and treatment of blood
 - B. The branch of medicine concerned with the study and treatment of hormonal disorders
 - C. The process of taking blood from a vein for diagnostic testing or blood donation
 - D. The study of the immune system and its disorders
21. Which of the following best defines “MRI”?
- A. A procedure that involves the removal of fluid from a body cavity using a needle and syringe
 - B. A medical imaging technique that using magnetic fields and radio waves to create detailed images of the organs and tissues within the body
 - C. A diagnostic imaging technique that uses X-rays to produce cross-sectional images of the body
 - D. A procedure that involves the use of radioactive substances to diagnose or treat disease
22. Which of the following best defines “gastroenterology”?
- A. The medical specialty focused on the diagnosis and treatment of diseases of the lungs
 - B. The branch of medicine concerned with the study and treatment of diseases of the digestive system
 - C. The medical specialty focused on the diagnosis and treatment of diseases of the nervous system
 - D. The study of the kidneys and urinary tract
23. Which of the following best defines “phlebotomy”?
- A. The process of taking blood from a vein for diagnostic testing or blood donation
 - B. The medical specialty focused on the diagnosis and treatment of diseases of the digestive system
 - C. A surgical procedure to remove a part of the body, usually a tumor or abnormal tissue
 - D. The study of the effects of drugs on the body
24. Which of the following best defines “endoscopy”?
- A. The process of obtaining a sample of tissue for microscopic examination
 - B. The process of obtaining images of the internal organs using sound waves
 - C. A procedure that involves the insertion of a flexible tube with a camera into the body to visualize internal organs
 - D. A diagnostic imaging technique that uses X-rays to produce images of blood vessels

25. According to HIPAA regulations, which of the following is considered protected health information (PHI)?
- A. Patient's date of birth
 - B. Patient's occupation
 - C. Patient's hair color
 - D. Patient's favorite color
26. What is the primary purpose of the HIPAA Privacy Rule?
- A. To regulate the use and disclosure of protected health information (PHI)
 - B. To protect the confidentiality, integrity, and availability of electronic protected health information (ePHI)
 - C. To provide guidelines for administrative, physical, and technical safeguards
 - D. To establish a national standard that protects individuals' electronic personal health information
27. What are the primary functions of healthcare administration within the broader healthcare system?
- A. Providing direct patient care and treatment
 - B. Managing healthcare facilities and resources, ensuring efficient operations and quality patient care
 - C. Conducting medical research and clinical trials
 - D. Administering pharmaceutical services and drug dispensing
28. How does understanding healthcare systems and delivery contribute to effective healthcare administration?
- A. By focusing solely on organizational goals without considering patient needs
 - B. By recognizing the complexities of healthcare delivery models and tailoring strategies to improve patient outcomes
 - C. By ignoring healthcare disparities and access issues within the community
 - D. By prioritizing financial gains over patient care quality improvement initiatives
29. What information is typically required when submitting a medical claim to an insurance company?
- A. Only the patient's name and address
 - B. The patient's medical history
 - C. The patient's insurance policy information, diagnosis codes, and details of services provided
 - D. The patient's preferred payment method

30. What role does a healthcare administrator play in working with insurance companies to process patient accounts?
- A. They handle patient complaints unrelated to insurance matters
 - B. They collaborate with insurance companies to verify patient coverage, submit claims, and resolve billing issues
 - C. They primarily focus on scheduling appointments and managing patient records
 - D. They oversee maintenance tasks unrelated to insurance processing
31. A patient calls the medical office complaining about an error on their billing statement. How would you address this situation?
- A. Offer to schedule an appointment to discuss the billing error in person
 - B. Listening to the patient's concerns and provide assistance with the billing statement
 - C. Advise the patient to ignore the error as it's likely a minor mistake
 - D. Transfer the call to the billing department without addressing the issue
32. You are responsible for organizing patient records for a new filing system. How would you ensure the records are organized effectively?
- A. Alphabetize the records based on patient names
 - B. Sort the records by appointment dates
 - C. Implement a system that follows industry-standard filing rules
 - D. Place the records randomly within the filing cabinet
33. A physician has dictated a medical report that needs to be transcribed and formatted correctly. How would you ensure accuracy?
- A. Review the report for any grammatical errors
 - B. Double-check the transcription against the physician's dictation
 - C. Convert the report into a digital format for easier access
 - D. Refer to the office policy manual for transcription guidelines
34. A patient called to schedule an appointment but needs assistance understanding the process. How would you handle this situation?
- A. Direct the patient to the office website to schedule the appointment
 - B. Offer to assist the patient in finding an alternative healthcare provider
 - C. Walk the patient through the scheduling process over the phone
 - D. Transfer the call to the front desk without providing assistance
35. You discover a discrepancy in the inventory count of medical supplies. How would you address the issue?
- A. Ignore the discrepancy as it's likely a minor error
 - B. Document the discrepancy and investigate the cause
 - C. Request additional supplies to compensate for the discrepancy
 - D. Dispose of the affected supplies and order replacements immediately

36. A colleague sends you a confidential patient file via email. How would you handle this situation to ensure patient privacy?
- A. Forward the email to another colleague for their input
 - B. Respond to the email acknowledging receipt of the file
 - C. Print out the file and leave it on your desk for later review
 - D. Notify your colleague of the confidential nature of the information and discuss secure transfer methods
37. A patient called with questions about their insurance coverage. How would you assist the patient in understanding their insurance benefits?
- A. Provide the patient with general information about insurance coverage
 - B. Review the patient's insurance details and explain their coverage
 - C. Transfer the call to the insurance department without addressing the patient's questions
 - D. Advise the patient to contact their insurance provider directly for assistance
38. You are responsible for preparing billing statements for patients. How do you ensure they are accurate?
- A. Send out the billing statements without review to expedite the process
 - B. Cross-reference the billing statements with patient account records
 - C. Utilize billing software to automatically generate the statements
 - D. Instruct patients to review their statements for accuracy before payment
39. What does the acronym HIPAA stand for?
- A. Health Information Privacy Access Authority
 - B. Health Insurance Privacy and Accountability Act
 - C. Health Insurance Portability and Accountability Act
 - D. Health Information Patient Access Authority
40. What abbreviation is commonly used to indicate a patient's medical history?
- A. BMP
 - B. ROS
 - C. EMR
 - D. HPI

Instructions: Review the following Case Studies and answer each of the questions listed below. Assume you are entering this information into your medical office computer system to assist with the billing process. All answers must be legible.

Case Study 1

Patient Information			
First Name	Last Name	Middle Initial	Date of Birth
Abigayle	Ferris	M	9/13/1965
Street Address		Phone - Home	Phone - Cell
2457 Robinhood Lane		342-405-1774	
City	State	Zip	Gender
Chicago	IL	60640	Female
Primary Insurance Information			
Primary Insurance Name		Primary Insurance Policy Holder	
Blue Cross Blue Shield		Abigayle Ferris	
Policy Number	Group Number	Patient Relation to Policy Holder	
XFO56842387	325698	Self	
Primary Insurance Street Address		Member ID Number	Policy Holder DOB
PO Box 805107		B45763	9/13/1965
Primary Insurance City	Primary Insurance State	Zip	Phone
Chicago	IL	60680	847-220-9280
Secondary Insurance Information			
Secondary Insurance Name		Secondary Insurance Policy Holder	
Blue Cross Blue Shield		Glen Ferris	
Policy Number	Group Number	Patient Relation to Policy Holder	
XFO65873298	352674	Spouse	
Secondary Insurance Street Address		Member ID Number	Policy Holder DOB
PO Box 805107		B63974	8/1/1958
Secondary Insurance City	Secondary Insurance State	Zip	Phone
Chicago	IL	60680	847-220-9280
Misc. Insurance Information			
Patient referred by	Sharon Barringer	NPI	6587215684
Primary Physician	Margaret Woods	NPI	6872149501
Auto Accident	XX	Date of Injury	12/12/2023
Work Related Injury		Date of Injury	
Other Injury		Date of Injury	

Case Study 2

Patient Information			
First Name	Last Name	Middle Initial	Date of Birth
Thomas	Woods	S	11/27/1988
Street Address		Phone - Home	Phone - Cell
4552 County Road 1000N		342-635-2634	470-245-1917
City	State	Zip	Gender
Casper	WY	82601	Male
Primary Insurance Information			
Primary Insurance Name		Primary Insurance Policy Holder	
United HealthCare		Susan M Woods	
Policy Number	Group Number	Patient Relation to Policy Holder	
A125841	U3358941	Spouse	
Primary Insurance Street Address		Member ID Number	Policy Holder DOB
PO Box 30555		A32310	1/9/1991
Primary Insurance City	Primary Insurance State	Zip	Phone
Salt Lake City	UT	84130	474-554-4747
Secondary Insurance Information			
Secondary Insurance Name		Secondary Insurance Policy Holder	
Policy Number	Group Number	Patient Relation to Policy Holder	
Secondary Insurance Street Address		Member ID Number	Policy Holder DOB
Secondary Insurance City	Secondary Insurance State	Zip	Phone
Misc. Insurance Information			
Patient referred by			
Primary Physician	Jacob Jennings	NPI	8457625807
Auto Accident		Date of Injury	
Work Related Injury		Date of Injury	
Other Injury		Date of Injury	

Provide the information to answer each of the questions listed below, based on the case studies provided on the previous pages. All answers must be legible.

1. For Case Study 1, who is the policy holder for the primary insurance?
2. For Case Study 1, who is the policy holder for the secondary insurance?
3. For Case Study 1, provide the Member ID# for the primary insurance.
4. For Case Study 1, what is the Group Number for the primary insurance?
5. For Case Study 1, provide the referring physician name.
6. For Case Study 2, what is the patient relationship to the insured?
7. For Case Study 2, what is the birthdate of the subscriber?
8. For Case Study 2, what is the Group Number for the primary insurance?
9. For Case Study 2, what is the name of the insurance plan?
10. For Case Study 2, what is the patient's address (street, city, state, zip) and phone number?