American College of Medical Practice Executives
Scenario-based exam SAMPLES

“The following examples are questions that have not been approved by the ACMPE Examinations Committee, but have been assembled to assist with preparing for the scenario-based exam in its layout and question types. The questions are best to be used as reference to familiarize the reader with the type of questions that may be asked in the ACMPE Board Certification Examinations.

The exam is a two-hour test with 90 items of multi-select, multiple choice, pertaining to 18-25 practice administration scenarios This exam assesses in-depth knowledge of medical practice management principles and issues, problem-solving and decision-making skills.

Set #1
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

The administrator of a medical group practice is struggling to establish best practices as she is facing: lower than expected patient satisfaction, poor physician and staff morale, and a growing financial deficit due to inefficient practice processes. After a meeting with the physician executive, the administrator is given a year to improve clinical operations. With the assistance of a medical practice consultant, a thorough review of clinical workflows, billing and coding, and a patient satisfaction survey was performed. As a result, the administrator implemented improvement activities that included better staff training, discussions of process flow, prospective chart audits, and more focused patient and employee surveys. The result of these efforts one year later was more compliant billing, greater staff/physician and patient satisfaction, and a 10% increase in the practice's revenue.

1. What mechanisms did the medical practice executive use to ensure that billing and coding were improved? Choose TWO

A. Use of a consultant
B. Use of MGMA resources on billing and coding
C. Appeal of all payment denials
D. Prospective chart audits
E. Retrospective revenue analysis

2. Which practice measures improved during the year? Choose TWO.

A. Administrator job security
B. Fewer insurance write-offs
C. Shorter wait times
D. Increased patient satisfaction
E. Demonstrated increase in revenue

3. What helped this administrator succeed in this practice? Choose TWO.

A. Sufficient time to make required changes
B. MGMA annual conference training
C. Highly motivated staff members
D. Physician willingness to reduce salaries
E. An outside consultant

4. Which desired outcomes did the administrator obtain that showed practice success? Choose TWO.

A. Higher physician morale
B. Increased work throughput per employee
C. Increased practice revenue
D. Improved standing in the healthcare market
E. Reduced front-end staff errors

Set #2

USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1 & 2.

The medical practice administrator has recently been asked by the physician leader to hire two personal acquaintances. If the administrator agrees to do this, it would mean 25% of the staff would be personal acquaintances or friends of this physician.

The quandary for the administrator is that current staff might see that these employees are treated differently by the physician leader, since they are acquaintances or friends. The result could be overall poor staff morale and high turnover.

The administrator has been unable thus far to get the physician leader to compromise on this issue, so she consults a human resources and legal expert for guidance, studies current regulations and gathers data from employee complaints and staff review feedback forms.

1. Which management techniques will be MOST helpful to the administrator in improving relationships with all employees?

Choose TWO.

A. Increase paid time off allowances.
B. Create an open-door policy.
C. Disallow the hiring of friends and family.
D. Provide bonuses for long-term employees.
E. Implement employee engagement activities.

2. In light of the physician leader's unwillingness to hear out the administrator's concerns, what specific actions would BEST support the administrator?

Choose TWO

A. Set up a meeting with the physician and a human resources specialist.
B. Set up a meeting with the physician and an OSHA representative.
C. Inform the physician leader that she will resign if he forces this decision.
D. Increase the wages of the staff members who are not friends or acquaintances of the physician.
E. Write a memo that specifically lists the concerns staff members have made about employees who are friends or acquaintances of the physician

Set #3

USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

There have been multiple patient complaints regarding wait times in a practice located in a resort town. This location has a full primary care practice but offers a walk-in service to meet the needs of the community. It is peak season for vacationers. The administrator must analyze the workflow to determine the root cause for the delays and take the appropriate steps for corrective action. The administrator decides to use Lean principles.

1. What are the first steps the Administrator should take to identify the cause of the complaints?
Choose TWO

A. Examine duplication of efforts.
B. Measure patient cycle times.
C. Evaluate supply and demand.
D. Review visit type variation.
E. No-show rate.

2. What steps can the Administrator immediately take to possibly reduce complaints

Choose TWO

A. Utilize patient feedback – get visit started sooner, even if with a medical assistant.
B. Eliminate non-value-added processes.
C. Measure the distance from the parking lot to the front desk.
D. Ensure that patients are assigned rooms within five minutes of check-in.
E. Ensure value offered equals longer wait times.

3. Given the location, what proven strategy should the Administrator have already taken into consideration?

Choose ONE.

A. Overbooking
B. Accepting online appointment reservations
C. Accounting for seasonality
D. Grouping new patient appointments

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Set #4

USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

The administrator of a primary care group is looking to expand the practice by adding OB/GYN, pediatrics, and cardiology. The board has asked the administrator to explore the possibility of acquiring a local multispecialty practice that is having financial difficulties. As the acquisition will likely change the structure of both practices, the news is causing some anxiety for staff members at both locations, and wondering how their positions might be impacted.

1. What legal structure could be used for this new entity if the acquisition takes place?

Choose ONE.

A. Joint venture
B. Sole proprietorship
C. Professional limited Liability Company/ partnership
D. Integrated clinical network

2. Which IMMEDIATE factors should be considered by the primary care group prior to making a decision regarding the acquisition of the multi-specialty practice?
Choose THREE.

A. Liabilities/debt
B. Existing technology
C. Management structure/control
D. Price/market value assessment
E. Patient demographics
F. Staff consideration

3. In order to ensure a smooth transition with the acquisition, which three groups should meet first?
Choose THREE.

A. Patient Panel
B. Physicians/ Board of Directors
C. Vendors
D. Key Leadership
E. Employees
F. Contract Employees

4. During the acquisition, what MUST be completed in order for the new specialists to avoid delays with claims payments?
Choose ONE.

A. Clinical Laboratory Improvement Amendment (CLIA) license
B. Tail coverage
C. Payer and clearinghouse enrollment
D. Provider employment contract

Set #5
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

A new administrator for a multispecialty surgery center has determined that the current practice management system is outdated. The current system lacks security controls and has an inefficient scheduling and registration workflow. There are concerns that the practice is at risk for a HIPAA violation.
The administrator is asked to initiate a search for a new hardware system that will improve workflow, include a fully integrated electronic health record, and provide security of patient information utilizing an on-site server.

1. To which category in the budget should the administrator assign the hardware purchase?
Choose ONE.

A. Liability
B. Investment
C. Fixed asset
D. General operating expense

2. Which factors should the administrator prioritize when evaluating systems?
Choose TWO.

A. Hardware considerations
B. Transcription workflow
C. Disease management modules
D. E-prescribing capabilities
E. IT system requirements

3. Which steps should the administrator take FIRST?
Choose THREE.

A. Select a vendor.
B. Create a budget
C. Analyze current Informational Technology (IT) infrastructure.
D. Assign a project manager
E. Establish a list of system requirements.
F. Establish a Timeline

4. Which security measures will the administrator need to consider?
Choose TWO.

A. Secure email
B. Audit trails
C. Vendor analysis
D. System integrity
E. Data redundancy

Set #6
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

The administrator of a large multispecialty practice is experiencing degradation in a number of key financial performance indicators. Days in accounts receivable, aging, claim denials, and lag time are all moving in the wrong direction. The administrator has been asked by the board to consider outsourcing the practice's billing and accounts receivable management. The administrator requests a full review to determine the root cause(s) prior to proceeding with requests for proposal (RFPs) from external vendors.

1. Which action should the administrator take FIRST in this situation?
Choose ONE.

A. Award an RFP.
B. Establish a budget.
C. Perform a current state analysis.
D. Select a vendor.

2. Which documents will BEST assist the administrator in determining the contributing factors?
Choose TWO

A. Payer contracts
B. Provider productivity reports
C. Payer performance reports
D. Coordination of benefits reports
E. Denial management reports

3. Which factor MUST be considered when the group is deciding to proceed with the RFP?
Choose ONE.

A. Better Business Bureau (BBB) rating
B. Performance measures
C. Physician preferences
D. Product offerings

Set #7
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-2.

The finance manager has just informed the administrator that he will be leaving at the end of the month and the administrator will need to find a replacement. The new finance manager will be required to build the budgets for the coming year. There are a number of different types of budgets, and the administrator is unclear about which methodologies have been used in the past. In addition, the practice has projected medical equipment needs that will have to be addressed in the near future.

1. Who should the administrator consult with in process?
Choose THREE.

A. Payers
B. Current finance manager
C. Managerial staff
D. Physician leadership
E. Budgets
F. Strategic plan

2. Which are key components of the administrator's budgetary concerns?
Choose TWO.

A. Assets
B. Liabilities
C. Expenses
D. Fixed assets
E. Revenue

Set #8
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

A new administrator recently joined a small multispecialty group is experiencing significant problems with reimbursement for services rendered to patients. The group previously outsourced billing functions, and the physicians were never kept abreast of the details of the revenue cycle process. The group felt it would be more cost-effective to have its own staff perform all billing functions and brought the process in-house six months ago. Cash flow has suffered dramatically, so the group hired the new administrator to correct the financial situation. The physicians have asked to be kept informed of the revenue cycle process through the reporting of key financial performance indicators.

1. Which formula should the administrator use when reporting to the physician leaders?
Choose ONE.
   A. Gross charges less collections
   B. Gross collections less refunds
   C. Collections less patient payment
   D. Patient responsibility less gross payment plus contractuals

2. Which of the following should be regularly reported to the physicians to meet their request?
Choose ONE.
   A. Days in accounts receivable, payer mix, and gross collection ratio
   B. Days in accounts receivable, accounts receivable aging, and net collection ratio
   C. Payer mix, collections per day, and gross collection ratio
   D. Payer mix, charges per provider, and net collection ratio

3. Which processes did the practice bring in-house?
Choose THREE.
   A. Charge capture
   B. Claims submission
   C. Collection of co-pays
   D. Development of financial statements
   E. Denial management
   F. Payer contracting

4. What documents should the administrator begin to review first?
Choose TWO.
   A. Chart of accounts
   B. Explanation of benefits forms
   C. Managed care contracts
   D. Financial waivers
   E. Claims transmission reports

Set #9
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

In communication with a new administrator, the providers have expressed concerns about the deterioration of staff morale and increased staff turnover. The providers share that the staff have not had performance evaluations in over a year, and the providers believe that this might be one of the causes of the declining morale and increased turnover. The staff have complained about being overworked and underpaid. The providers also are concerned that staff behavior is starting to have a negative impact on patients. The new administrator has been asked to deal with these issues.

1. Which would be the MOST effective approach for the administrator to take in this situation?
Choose ONE.
   A. Increase employee engagement.
   B. Implement strict disciplinary policies.
   C. Increase wages across the board.
   D. Implement mandatory drug screening.

2. Which actions should the administrator take to address the staff members' concerns?
Choose TWO.
   A. Terminate disruptive staff and hire new workers.
   B. Analyze current staffing plan against national benchmarks.
   C. Delegate evaluations to the most senior manager to devise a solution.
   D. Identify evaluation tool
   E. Survey the physician leadership for a resolution.

3. Which compensation concern should this administrator FIRST address?
Choose ONE.
   A. Benefits review
   B. Bonus system review
   C. Physician compensation review
   D. Performance Evaluations

4. How should the administrator proceed when addressing the staff issues?

Choose TWO.
   A. Evaluate each position.
   B. Implement retention bonuses.
   C. Prepare disciplinary actions.
   D. Terminate all staff and hire new workers.
   E. Meet with each staff member.

Set #10

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USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-4.

A large multispecialty medical group acquires a small internal medicine practice. The small internal medicine practice includes six providers in addition to the staff who support them. The staff of the internal medicine practice include mostly Baby Boomers and must now be integrated into the larger organization, which primarily includes Generation X and Millennial employees.

The administrator is tasked with integrating the teams successfully. Employees of both groups are resistant to the merger and have publicly expressed their complaints. Generation X and Millennial employees use social media to express their concerns, and the Baby Boomers leverage the local newspaper. The administrator catalogs the published commentary and shares it with physician leaders of both groups. After meeting with the physician leaders, the administrator consults with a human resources and legal expert. Armed with this information, the administrator devises a plan of action.

1. What key behavior should the administrator model to better understand the employees' concerns?

Choose ONE:

A. Active listening
B. Establish ground rules
C. Redirect behaviors
D. Lead Discussion

2. Which is a PRIMARY reported motivator for the employees involved?

Choose ONE.

A. Accolades
B. Benefits
C. Compensation
D. Trust

3. Which documentation should the administrator provide to the employees to improve the situation?

Choose ONE.

A. Employee handbook
B. Disciplinary notices handout
C. Performance expectations handout
D. Policies and procedures handout

4. Which common actions should the administrator immediately take when working with each employee demographic group?

Choose TWO.

A. Create individual job descriptions.
B. Define policies and procedures.
C. Ask about their needs and preferences.
D. Implement job sharing.
E. Build on their strengths.

Set #11
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

As the administrator of a multi-specialty group, the physician partners with your assistance have recently recruited a general surgeon to replace a retiring partner leaving in six months. The new surgeon is not licensed in your state and you have been tasked with the credentialing of your new provider and completing the process of off boarding the retiring partner.

1. What legal requirements must be met for the new provider?
Choose TWO
   A. Obtain Employer Identification Number
   B. Obtain a copy of providers CV.
   C. Obtain the providers State Medical License
   D. Obtain professional references
   E. Obtain the Drug Enforcement Administration (DEA) License

2. For the departing partner, what type of insurance is necessary?
Choose ONE
   A. Claims-made liability coverage
   B. General liability coverage
   C. Tail Coverage
   D. Property and Casualty

3. What is the estimated time for the entire credentialing process for the new provider?
Choose ONE
   A. 1-2 months
   B. 3-6 months
   C. 6-9 months
   D. can start immediately

Set #12
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

The administrator was just notified of an upcoming Joint Commission visit and has been tasked with making sure the practice is prepared for their visit. There are a number of areas that will be evaluated during this process which require documented policies and procedures to be in place. However, the administrator also understands that failure to meet the expected standards will have serious consequences.

1. Which is the ultimate risk associated with this upcoming event?

Choose ONE:

A. Corrective actions
B. Revocation of certification
C. Subsequent evaluations
D. Monetary penalties

2. What is being evaluated during the visit?

Choose TWO.

A. Marketing Plan
B. Governing Bylaws
C. Safety and health Procedures
D. Financial Statements
E. Charges and Collections

3. What is the purpose of the visit described?

Choose TWO.

A. Assess adherence to standards
B. Determine proper contracting
C. Evaluate level of quality
D. Assess adequate compensation
E. Evaluate marketing plan

Set #13
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

Medical group practices are not immune to the concept of “Workplace Bullying”. An administrator of a medical group practice has received anonymous letters describing and demanding action be taken against a "workplace bully". In light of the Healthy Workplace Bill, the administrator carefully considers their course of action to address this situation.

1. What management tools are important to develop a plan for this situation?
Choose THREE.

A. Define policy
B. Require training
C. Conduct performance evaluations
D. Do nothing, it will eventually resolve itself
E. Publish complaint process
F. Invite all employees to meeting and share letters

2. When addressing a situation as described in this scenario, the administrator must ensure the following:
Choose TWO.

A. coordinate employee collaboration event
B. provide effective communication training
C. establish workplace social committee
D. speak with the individual named privately
E. Have the alleged bully meet with physicians

3. Which required plan aids the administrator in the scenario described above?
Choose ONE:

A. Compensation Plan
B. Building Plan
C. Communication Plan
D. Compliance Plan

**Commented [NK3]:** Would the compliance plan really be the correct answer?

Set #14
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

The board of directors of a large primary care practice recently informed the new practice manager of their concerns about the practice's worsening financial state. The office operates on a calendar year and overhead has increased by 20% and collections are down 15% over last year's financials. The administrator has been tasked with conducting a full financial analysis to determine what operational improvements are necessary to improve the practice's financial performance.

1. Which procedures or comparisons are necessary to obtain the data needed for this analysis?
Choose THREE.
   - A. Evaluate revenue cycle procedures
   - B. Benchmark data
   - C. Review retained earnings
   - D. Review financial statements
   - E. Forecasting capital needs
   - F. Review of budget versus actual

2. Which cycle is this administrator being asked to review?
Choose ONE:
   - A. Financial Charge Cycle
   - B. Employment Cycle
   - C. Budget Cycle
   - D. Revenue Cycle

3. The administrator's analysis should focus on which factors?
Choose TWO.
   - A. Employee Benefits
   - B. Payer Contracts
   - C. Physician Ownership
   - D. Charge Capture
   - E. Market Analysis

Set #15
USE THE FOLLOWING INFORMATION TO ANSWER QUESTIONS 1-3.

With the current focus on population health and the shift to value based payment plans, it has become imperative that an organization implement a program that includes quality measures. The administrator has been tasked with identifying and establishing the benchmarks necessary to be in alignment with quality initiatives.

1. Which steps are necessary to establish benchmarks to align with the quality initiatives?

Choose THREE.

A. Identify and establish best practices
B. Review and analyze historical data
C. Create policies and procedures
D. Identify appropriate quality measures
E. Provide training
F. Audit and evaluate financial statements

2. What is a key component of the payment model described?

Choose ONE:

A. Provides incentives for increased supply cost containment
B. Provides incentives for positive employee satisfaction
C. Provides incentives for positive patient outcomes
D. Provides incentives for proper financial accounting

3. What information will be necessary to measure success in the above scenario?

Choose ONE:

A. Center for Medicare/Medicaid Services (CMS) Reports
B. Employee Surveys
C. Compensation Plans
D. Data Analytics