

# FBLA Healthcare Administration Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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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.

# 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!**

## **Questions**

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- 1. What is not considered a basis for classifying a hospital?**
  - A. Location**
  - B. Size**
  - C. Ownership**
  - D. Type of care provided**
- 2. What does the integration clause in a contract typically signify?**
  - A. A summary of the entire agreement**
  - B. A requirement for dispute resolution**
  - C. A list of included services**
  - D. A change in contract terms**
- 3. What does Medicare Part A primarily cover?**
  - A. Outpatient care**
  - B. Home health and hospice services**
  - C. Prescription drugs**
  - D. Preventative services**
- 4. Which act allows health care providers to engage in collective bargaining?**
  - A. National Labor Relations Act**
  - B. Affordable Care Act**
  - C. Health Insurance Portability and Accountability Act**
  - D. Patient Protection Act**
- 5. What describes the stages of infection according to the infection timeline?**
  - A. Incubation, symptom-free phase, peak, recovery**
  - B. Incubation, itching/chills phase, peak stage, recovery**
  - C. Incubation, symptomatic phase, acute phase, recovery**
  - D. Onset, peak, resolution, immunity**

**6. Which of the following is not part of standard medical documentation?**

- A. Patient's Medical History**
- B. Doctor's Personal Opinion**
- C. Diagnosis and Treatment Plan**
- D. Follow-up Instructions**

**7. What is the most common complaint from patients in healthcare settings?**

- A. Quality of care**
- B. Communication barriers**
- C. Wait time**
- D. Cost of treatment**

**8. What management style allows professionals to work independently with minimal supervision?**

- A. Autocratic**
- B. Transactional**
- C. Laissez faire**
- D. Transformational**

**9. Which term refers to the fraction of a population that is affected by a certain health condition at a specific time?**

- A. Incidence**
- B. Prevalence**
- C. Morbidity**
- D. Mortality**

**10. In long-term care, the resident's care plan is based on what type of information?**

- A. Financial data of the facility**
- B. Data collected in assessments**
- C. Previous medical history alone**
- D. Feedback from family members**

## **Answers**

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

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## **Explanations**

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## 1. What is not considered a basis for classifying a hospital?

- A. Location**
- B. Size**
- C. Ownership**
- D. Type of care provided**

Classifying hospitals typically involves various criteria that help define their structure and function. The basis for classification includes aspects like location, ownership, and the type of care provided, which are all essential in identifying the hospital's role within the healthcare system. Choosing "size" as not being a basis for classifying a hospital is valid because size is often more of a descriptor rather than a definitive categorization. While hospitals can be large or small, this characteristic does not inherently affect the type of services they provide or their operational framework in the same way that the other options do. Location helps determine the hospital's geographical reach and patient demographics. Ownership distinguishes between public and private hospitals, which affects funding and service availability. The type of care provided categorizes hospitals based on the services they specialize in, such as acute care, rehabilitation, or long-term care. These elements are critical for understanding the hospital's purpose and operational context, while size does not offer the same foundational significance in classification.

## 2. What does the integration clause in a contract typically signify?

- A. A summary of the entire agreement**
- B. A requirement for dispute resolution**
- C. A list of included services**
- D. A change in contract terms**

The integration clause in a contract signifies that the written contract represents the complete and final agreement between the parties involved. It asserts that no prior agreements, discussions, or understandings—whether written or oral—can alter the terms of the current contract. This means that the document is the sole source of understanding between the parties, ensuring that all aspects of their agreement are captured in that one text. By declaring that the written document is the complete agreement, the integration clause helps to prevent misunderstandings and ensures that all parties have a clear reference point for their obligations and rights under the contract. In contrast to the other options, which relate to aspects like dispute resolution, services, or changes in terms, the integration clause focuses specifically on the completeness and exclusivity of the written agreement. Thus, it is critical for upholding legal certainty in contractual relationships.

### 3. What does Medicare Part A primarily cover?

- A. Outpatient care
- B. Home health and hospice services**
- C. Prescription drugs
- D. Preventative services

Medicare Part A primarily covers services related to hospital stays, skilled nursing facility care, hospice, and, to some extent, home health services. This coverage is essential for individuals needing care that involves their hospital or skilled nursing facility, specifically during inpatient stays, which aligns with the primary purpose of Part A focusing on inpatient care. Home health services can include intermittent skilled nursing care, physical therapy, and other types of rehabilitative care delivered in the patient's home, but this typically applies when a patient has just been released from a hospital or is receiving hospice care for terminal illness. While home health and hospice services are a significant aspect of Medicare Part A coverage, the option surrounding outpatient care, prescription drugs, and preventative services falls under other parts of Medicare. For instance, prescription drugs are primarily covered under Medicare Part D, while outpatient care and preventative services are generally covered by Medicare Part B. Therefore, correctly identifying B clarifies the scope of services Medicare Part A is designed to provide.

### 4. Which act allows health care providers to engage in collective bargaining?

- A. National Labor Relations Act**
- B. Affordable Care Act
- C. Health Insurance Portability and Accountability Act
- D. Patient Protection Act

The National Labor Relations Act (NLRA) is the legislation that enables health care providers to engage in collective bargaining. This act was established to protect the rights of workers and encourage collective bargaining between employers and employees. It provides the legal foundation for employees to join together to negotiate terms and conditions of employment, including wages, benefits, and working conditions, which is crucial in sectors such as healthcare where labor disputes must be managed effectively. In terms of the other options, the Affordable Care Act primarily focuses on increasing healthcare access and affordability rather than labor relations. The Health Insurance Portability and Accountability Act is primarily concerned with protecting patient information and health data privacy, while the Patient Protection Act, which is often associated with the Affordable Care Act, also does not pertain to collective bargaining rights. Thus, the NLRA stands out as the correct answer due to its specific focus on protecting workers' rights to organize and negotiate collectively.

**5. What describes the stages of infection according to the infection timeline?**

- A. Incubation, symptom-free phase, peak, recovery**
- B. Incubation, itching/chills phase, peak stage, recovery**
- C. Incubation, symptomatic phase, acute phase, recovery**
- D. Onset, peak, resolution, immunity**

The stages of infection according to the infection timeline typically begin with the incubation period, where the pathogen enters the host and begins to multiply, but no symptoms are yet present. This is followed by the symptomatic phase, during which the host begins to experience symptoms as the infection becomes more active. The most accurate and widely accepted framework for describing the stages of an infection includes the initial period of incubation, leading into a symptomatic phase where symptoms start to manifest, then to an acute phase where symptoms can peak, and finally transitioning into recovery. The terminology may vary slightly in different contexts, but the core concept remains the same. In terms of the options provided, choosing the \*itching/chills phase\* doesn't align well with established medical terminology, as this describes specific symptoms rather than phases of infection.

Infections can present with various symptoms that don't always include itching or chills, making such a phase description less comprehensive. The option mentioning \*onset, peak, resolution,\* does refer to stages of disease but neglects the critical distinction of the incubation phase before symptoms arise, which is foundational in understanding disease progression. Thus, the option that accurately reflects the established stages—incubation, symptomatic phase, acute phase, and recovery—provides a comprehensive understanding of

**6. Which of the following is not part of standard medical documentation?**

- A. Patient's Medical History**
- B. Doctor's Personal Opinion**
- C. Diagnosis and Treatment Plan**
- D. Follow-up Instructions**

The correct choice revolves around the nature of standard medical documentation, which emphasizes accuracy, objectivity, and relevance to patient care. Standard medical records typically include a patient's medical history, which provides essential background information for ongoing care; a diagnosis and treatment plan that outlines the medical issues at hand and the envisioned approach for treatment; and follow-up instructions to ensure continuity of care and monitor the patient's progress. In contrast, a doctor's personal opinion does not fit into standard medical documentation because it can be subjective and may lead to bias. Medical documentation is intended to be a factual account of the patient's condition and the evidence-based actions taken by healthcare providers. Personal opinions could vary widely among clinicians and do not contribute to the objective and consistent form of record-keeping required in medical settings. Thus, the omission of personal opinion from standard documentation maintains its integrity and focus on patient-centered care.

## 7. What is the most common complaint from patients in healthcare settings?

- A. Quality of care**
- B. Communication barriers**
- C. Wait time**
- D. Cost of treatment**

The most common complaint from patients in healthcare settings is typically related to wait time. Patients often express frustration when they have to wait longer than expected for appointments, procedures, or to see healthcare providers. This can create a negative experience and affect their perception of the quality of care received. Long wait times can lead to feelings of anxiety, impatience, and dissatisfaction, which may overshadow other aspects of their experience. In an era where convenience and efficiency are highly valued, patients are particularly sensitive to delays in their care. Reducing wait times can significantly enhance patient satisfaction and overall healthcare experience, which is why this issue frequently comes up in patient feedback and surveys. While complaints about the quality of care, communication barriers, and cost of treatment are important, wait times consistently emerge as a leading concern among patients seeking timely medical attention.

## 8. What management style allows professionals to work independently with minimal supervision?

- A. Autocratic**
- B. Transactional**
- C. Laissez faire**
- D. Transformational**

The management style that allows professionals to work independently with minimal supervision is known as laissez-faire. This approach is characterized by a high degree of autonomy and freedom for employees, enabling them to take initiative and make decisions on their own without the need for direct oversight. Laissez-faire managers trust their team members to carry out their roles and responsibilities, allowing skilled professionals to flourish in a supportive environment. This style is often effective in settings where team members are experienced and capable of self-direction, as it encourages creativity and innovation. The lack of close supervision can lead to higher job satisfaction and motivation, as employees feel empowered to take ownership of their work. In contrast, other management styles involve varying degrees of supervision and control, which can limit the independence of team members. For example, an autocratic management style is characterized by centralized decision-making and strict oversight, while transactional management focuses on structure, rewards, and penalties to guide performance. Transformational management emphasizes motivating and inspiring employees to achieve exceptional outcomes but still often includes some level of guidance and supervision. Overall, laissez-faire management uniquely supports the independent functioning of professionals, fostering an environment where individuals can thrive without constant direction.

**9. Which term refers to the fraction of a population that is affected by a certain health condition at a specific time?**

- A. Incidence**
- B. Prevalence**
- C. Morbidity**
- D. Mortality**

The term that refers to the fraction of a population that is affected by a certain health condition at a specific time is prevalence. Prevalence is a measure used in epidemiology to determine how widespread a particular health issue is within a population. It provides insight into the burden of a health condition by indicating the total number of existing cases, both new and pre-existing, at a given moment. In contrast, incidence measures the number of new cases that develop in a population during a specific time period, focusing on the onset of a condition rather than the total cases present. Morbidity generally refers to the state of being unwell or having a specific disease but does not directly quantify the proportion of affected individuals. Mortality pertains to the rate of death within a population and is unrelated to the prevalence of health conditions. Therefore, prevalence specifically captures the extent of health issues at a particular time, making it the most accurate answer.

**10. In long-term care, the resident's care plan is based on what type of information?**

- A. Financial data of the facility**
- B. Data collected in assessments**
- C. Previous medical history alone**
- D. Feedback from family members**

The care plan for a resident in long-term care is primarily based on data collected during comprehensive assessments. These assessments evaluate various aspects of the resident's health status, including physical, psychological, and social needs. This approach ensures that the care plan is tailored to the individual, taking into account their specific conditions, preferences, and goals for care. By utilizing detailed assessment data, healthcare professionals can identify the resident's strengths and limitations, which inform decisions on interventions, support services, and rehabilitation needs. This personalized care strategy is vital in long-term care settings, where residents often have complex and varied health issues that require a collaborative and customized approach to manage effectively. While financial data, previous medical history, and feedback from family members can all contribute to understanding a resident's situation, they do not serve as the primary foundation for creating the care plan. Financial data does not directly inform clinical care needs, previous medical history alone may overlook current conditions, and family feedback, while valuable, is considered alongside structured assessments rather than as the sole basis for care planning.

# 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](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://fblahealthcareadmin.examzify.com>**

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

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