

FBLA HEALTHCARE ADMINISTRATION PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

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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 must be credentialed for reimbursement in healthcare?**
 - A. Hospital facilities
 - B. Physician services
 - C. Medical equipment
 - D. Nursing staff
- 2. What type of budget allows adjustments based on changes in activity levels?**
 - A. Flexible budget
 - B. Static budget
 - C. Incremental budget
 - D. Zero-based budget
- 3. Which component of Medicare is primarily for preventive health services?**
 - A. Medicare Part A
 - B. Medicare Part B
 - C. Medicare Part C
 - D. Medicare Part D
- 4. What concept does not pertain to the shift from inpatient care to outpatient care?**
 - A. Improved patient convenience
 - B. Cost efficiency
 - C. Economic importance
 - D. Quality of life improvement
- 5. Which ICD-9 codes range is associated with diseases or disorders?**
 - A. 740-999
 - B. 0-739
 - C. 800-899
 - D. 900-999

- 6. Which aspect is NOT typically covered in the executive summary of a business plan?**
- A. Ownership and management structure
 - B. Detailed patient revenue forecasts
 - C. Market analysis
 - D. Operational plan overview
- 7. Which of the following is NOT a philosophy of risk management?**
- A. Avoidance
 - B. Transfer
 - C. Condonation
 - D. Acceptance
- 8. What does the Affordable Health Choices Act emphasize?**
- A. Reducing healthcare costs only
 - B. Prevention and wellness
 - C. Limiting insurance coverage
 - D. Increasing hospital regulations
- 9. What is the main responsibility of a Chief Executive Officer (CEO) within a healthcare organization?**
- A. Financial reporting
 - B. Planning and leadership
 - C. Direct patient care
 - D. Medical staff recruitment
- 10. What does the term "microbial growth" refer to in healthcare?**
- A. The proliferation of harmful microorganisms
 - B. The natural growth of skin cells
 - C. The increase of beneficial bacteria
 - D. The decrease of infection rates

Answers

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

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Explanations

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1. What must be credentialed for reimbursement in healthcare?

- A. Hospital facilities
- B. Physician services**
- C. Medical equipment
- D. Nursing staff

The requirement for credentialing in healthcare reimbursement primarily revolves around physician services. Credentialing is a critical process that verifies qualifications, training, and experience of healthcare providers, ensuring they meet the necessary standards to deliver safe and effective care. Insurance companies and other payers mandate that physicians be properly credentialed before they can bill for their services and receive reimbursement. When physicians are credentialed, it assures patients and insurers that the provider is qualified to deliver care in their specialty area, which is crucial for maintaining quality standards in healthcare. This process often includes verifying medical licenses, board certifications, and work history, ensuring that only competent practitioners are allowed to provide care that will be reimbursed. While other components, such as hospital facilities, medical equipment, and nursing staff, are important in the overall care delivery and reimbursement landscape, the specific act of credentialing primarily emphasizes the qualifications of physicians, who are typically the direct billers for services provided.

2. What type of budget allows adjustments based on changes in activity levels?

- A. Flexible budget**
- B. Static budget
- C. Incremental budget
- D. Zero-based budget

A flexible budget is designed to accommodate changes in activity levels, allowing for adjustments in revenues and expenses as actual performance varies from what was originally projected. This adaptability makes it particularly useful in healthcare administration, where patient volumes and service demands can fluctuate significantly. For instance, if a hospital experiences an unexpected increase in patient admissions, a flexible budget enables the administration to reflect this change by adjusting the budgeted expenses related to staffing, supplies, and facility usage. Conversely, if patient volumes decrease, the budget can be adjusted downward to avoid overspending. In contrast, a static budget remains fixed regardless of changes in activity levels, making it less informative when actual performance deviates from the predictions. Incremental budgets build upon previous budgets but do not necessarily account for changes in activity levels. Zero-based budgets require justification for all expenses anew for each period but do not inherently allow for flexible adjustments throughout the budget period. Thus, the flexible budget's key strength lies in its dynamic nature, which aligns closely with the unpredictable nature of healthcare operations.

3. Which component of Medicare is primarily for preventive health services?

- A. Medicare Part A
- B. Medicare Part B**
- C. Medicare Part C
- D. Medicare Part D

Medicare Part B is primarily focused on providing coverage for preventive health services. This includes essential services such as annual wellness visits, screenings for diseases like cancer and diabetes, vaccinations, and certain lab tests. The aim of Part B is to help beneficiaries maintain their health and detect potential health issues early on, thereby reducing overall healthcare costs and improving health outcomes. In contrast, Medicare Part A mainly covers inpatient hospital stays, skilled nursing facility care, hospice, and some home health services, while Medicare Part C, also known as Medicare Advantage, provides an alternative to original Medicare and may bundle the benefits of Parts A and B with additional services. Medicare Part D specifically addresses prescription drug coverage, which does not primarily focus on preventive health services. Thus, Medicare Part B is uniquely positioned as the component dedicated to preventive care.

4. What concept does not pertain to the shift from inpatient care to outpatient care?

- A. Improved patient convenience
- B. Cost efficiency
- C. Economic importance**
- D. Quality of life improvement

The concept of economic importance does not pertain to the shift from inpatient care to outpatient care in the same way as the other options. The focus of the transition to outpatient care primarily involves direct patient-centered benefits such as improved convenience, enhanced cost efficiency, and better quality of life measures for patients. Improved patient convenience refers to the ease with which patients can access healthcare services, leading to increased satisfaction and adherence to treatment plans. Cost efficiency highlights the potential for reduced healthcare costs both for providers and patients, as outpatient care typically incurs less expense than inpatient care due to shorter stays and fewer resources used. The improvement in quality of life is also a significant aspect, as outpatient settings allow patients to remain in their own environments, promoting better recovery and normal life activities. While economic factors certainly play a role in the broader healthcare landscape, the term "economic importance" doesn't directly relate to the immediate patient benefits that drive the shift from inpatient to outpatient care. It is more of a broader financial consideration rather than a concept that captures the essence of patient care dynamics.

5. Which ICD-9 codes range is associated with diseases or disorders?

- A. 740-999
- B. 0-739**
- C. 800-899
- D. 900-999

The range of ICD-9 codes that pertains to diseases and disorders is accurately identified in the choice indicating codes 0-739. This set of codes corresponds to a wide array of medical conditions, including infectious diseases, neoplasms, and various organ system ailments. Specifically, the codes encompass various categories of illnesses, starting with codes that represent certain infectious and parasitic diseases and continue through to diseases of the nervous system and sense organs. The comprehensive nature of this range makes it a crucial segment within the ICD-9 coding system, as it covers a broad spectrum of health-related issues that healthcare providers must document for diagnosis, treatment, and billing purposes. Understanding this range and its significance is essential for professionals involved in healthcare administration, as accurate coding is imperative for reimbursements and patient care management.

6. Which aspect is NOT typically covered in the executive summary of a business plan?

- A. Ownership and management structure
- B. Detailed patient revenue forecasts**
- C. Market analysis
- D. Operational plan overview

The executive summary of a business plan serves as a concise overview that presents key elements and highlights of the plan to engage potential stakeholders, investors, or partners. It is designed to provide a snapshot of the main aspects of the business without delving into extensive details. Detailed patient revenue forecasts are usually part of the financial section of a business plan, which discusses projections and specific numbers regarding expected income. Although revenue forecasts are important for understanding the business's financial viability, they require in-depth analysis and numerical data that go beyond a high-level overview. The executive summary, on the other hand, aims to summarize information rather than present extensive financial specifics. In contrast, the ownership and management structure, market analysis, and operational plan overview are all vital components that offer insights into the business's organization, market positioning, and operational strategies. These elements can be succinctly summarized, making them appropriate for inclusion in the executive summary to provide context for potential readers.

7. Which of the following is NOT a philosophy of risk management?

- A. Avoidance
- B. Transfer
- C. Condonation**
- D. Acceptance

Condonation is not recognized as a philosophy of risk management because it refers to the idea of overlooking or forgiving a fault or offense, rather than actively addressing risk. In the context of risk management, effective approaches are focused on identifying, analyzing, and mitigating risks to ensure the safety and stability of an organization. On the other hand, avoidance, transfer, and acceptance are established philosophies within risk management: - Avoidance involves eliminating the risk altogether, such as by discontinuing a risky activity or project. - Transfer refers to shifting the risk to another party, often through mechanisms like insurance or outsourcing. - Acceptance acknowledges that some risks are acceptable within the organization's risk tolerance, allowing them to be managed or faced without additional intervention. Recognizing and applying these philosophies helps organizations understand their risk profile and develop strategies that promote resilience and safety in their operations.

8. What does the Affordable Health Choices Act emphasize?

- A. Reducing healthcare costs only
- B. Prevention and wellness**
- C. Limiting insurance coverage
- D. Increasing hospital regulations

The Affordable Health Choices Act emphasizes prevention and wellness as a fundamental aspect of healthcare reform. This focus aims to promote healthier lifestyles and proactive measures to improve public health outcomes, ultimately reducing the long-term expenses associated with treating chronic diseases and conditions. By prioritizing prevention strategies—such as vaccinations, screenings, and education on healthy living—the Act seeks to enhance the overall quality of care while also looking to lower the costs of healthcare expenditures in the future. This approach reflects a shift towards a more holistic view of health care, where maintaining health through proactive measures is valued as much as treating illness. In contrast to other options, reducing healthcare costs only is a narrower focus that doesn't capture the Act's broader goals. Limiting insurance coverage and increasing hospital regulations do not align with the intent of the Affordable Health Choices Act, which aims to provide comprehensive care and improve access rather than restricting it.

9. What is the main responsibility of a Chief Executive Officer (CEO) within a healthcare organization?

- A. Financial reporting
- B. Planning and leadership**
- C. Direct patient care
- D. Medical staff recruitment

The main responsibility of a Chief Executive Officer (CEO) within a healthcare organization revolves around planning and leadership. The CEO is tasked with establishing the organization's vision, mission, and strategy, ensuring that the overall objectives align with the market environment and the needs of the community served. This role involves making high-level decisions that affect the organization as a whole, coordinating the efforts of various departments, and leading the organization toward achieving its goals. In addition to strategic planning, the CEO also plays a crucial role in leadership by motivating and guiding the staff, fostering a positive organizational culture, and communicating effectively with stakeholders, including the board of directors, medical staff, and community members. This leadership is essential for navigating the complexities of the healthcare environment, including regulatory changes, financial challenges, and technological advancements. While financial reporting, direct patient care, and medical staff recruitment are important functions within a healthcare organization, they typically fall under the responsibilities of other roles or departments. The CEO's primary focus is on guiding the organization's direction and ensuring it operates effectively and efficiently.

10. What does the term "microbial growth" refer to in healthcare?

- A. The proliferation of harmful microorganisms**
- B. The natural growth of skin cells
- C. The increase of beneficial bacteria
- D. The decrease of infection rates

The term "microbial growth" in healthcare specifically refers to the proliferation of microorganisms, which can include bacteria, viruses, fungi, and protozoa. This concept is particularly significant in understanding how infections occur, as harmful microorganisms can multiply and spread within a host or environment, potentially leading to illness or disease. In the context of healthcare, recognizing microbial growth is essential for infection control, sanitation practices, and the development of treatments. The presence of harmful microorganisms necessitates interventions to prevent their spread, especially in clinical settings where vulnerable populations are at risk. The other choices do not accurately capture the specific meaning of microbial growth in a healthcare context. The natural growth of skin cells is related to cellular biology rather than microbial proliferation. The increase of beneficial bacteria pertains to microbial balance and probiotic function, which, while important, is not the focus of the term "microbial growth" as used in healthcare. Lastly, the decrease of infection rates does not relate directly to the definition of microbial growth, but rather describes an outcome or measure of effectiveness in controlling infections.

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://fblahealthcareadmin.examzify.com>

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

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