

National Association Medical Staff Services (NAMSS) Certification 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 CPT primarily used for?**
 - A. A system to report medical procedures and services to health insurance programs**
 - B. A database of patient demographic information**
 - C. A tool for hospital budgeting**
 - D. A method for prescribing medications**

- 2. Which type of organization was immune from liability for negligent credentialing in Harrell v Total Health Care?**
 - A. For-profit health system**
 - B. Non-profit health organization**
 - C. Government entity**
 - D. Private clinic with no credentialing duties**

- 3. What does Deeming Authority granted by CMS indicate?**
 - A. The accrediting organization meets the conditions of participation**
 - B. The accrediting organization is exempt from federal surveys**
 - C. The accrediting organization must report to NPDB monthly**
 - D. The accrediting organization issues licenses to practitioners**

- 4. The NPDB began collecting reports in which year?**
 - A. 1988**
 - B. 1990**
 - C. 1992**
 - D. 1994**

- 5. According to the source, in what year did the U.S. Constitution go into effect?**
 - A. 1776**
 - B. 1789**
 - C. 1800**
 - D. 1791**

- 6. In what year was the Resource Based Relative Value Scale introduced?**
- A. 1985**
 - B. 1992**
 - C. 1999**
 - D. 2004**
- 7. Which statement is supported by the material?**
- A. HCQIA was enacted in 1992**
 - B. NPDB opened in 1990**
 - C. NPDB never collected reports**
 - D. HCQIA opened the NPDB**
- 8. NPDB stands for?**
- A. National Practitioner Data Bank**
 - B. National Patient Data Bank**
 - C. National Provider Data Bank**
 - D. National Practitioner Data Bureau**
- 9. Hospitals are required to respond to patient grievances within how many days?**
- A. 7 days**
 - B. 3 days**
 - C. 14 days**
 - D. 30 days**
- 10. How many amendments does the United States Constitution have?**
- A. 15**
 - B. 27**
 - C. 13**
 - D. 21**

Answers

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

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Explanations

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1. What is CPT primarily used for?

- A. A system to report medical procedures and services to health insurance programs**
- B. A database of patient demographic information**
- C. A tool for hospital budgeting**
- D. A method for prescribing medications**

CPT is used to report medical procedures and services to health insurance programs. It provides standardized five-digit codes for the procedures and services clinicians perform, which payers use to determine reimbursement. These codes, maintained by the American Medical Association, describe things like surgeries, imaging, and office visits and are used alongside diagnosis codes to justify payment. It's not a database of patient demographics, not a budgeting tool, and not a method for prescribing medications.

2. Which type of organization was immune from liability for negligent credentialing in *Harrell v Total Health Care*?

- A. For-profit health system**
- B. Non-profit health organization**
- C. Government entity**
- D. Private clinic with no credentialing duties**

The idea being tested is how liability protections for negligent credentialing depend on the type of organization. In *Harrell v Total Health Care*, the court held that a nonprofit health organization was immune from liability for negligent credentialing. The nonprofit status carried a form of charitable-immunity that shields the organization from such claims, reflecting a public-policy view that nonprofit hospitals should be able to credential staff without the chilling effect of lawsuits over credentialing decisions. This protection is not typically extended to government entities or private for-profit clinics, which do not carry the same immunities.

3. What does Deeming Authority granted by CMS indicate?

- A. The accrediting organization meets the conditions of participation**
- B. The accrediting organization is exempt from federal surveys**
- C. The accrediting organization must report to NPDB monthly**
- D. The accrediting organization issues licenses to practitioners**

Deeming authority means CMS has recognized a specific accrediting organization as meeting or exceeding the federal Conditions of Participation for Medicare/Medicaid. When an organization has this status, facilities it accredits are considered to satisfy CMS requirements for participation, so CMS can rely on that accrediting body's surveys rather than conducting its own in those areas. This reflects trust in the accrediting body's standards and processes, while CMS still retains oversight and can step in if concerns arise. It does not grant automatic exemptions from all federal oversight in every situation, nor does it relate to monthly NPDB reporting or licensing practitioners, which are not CMS deeming functions.

4. The NPDB began collecting reports in which year?

- A. 1988
- B. 1990**
- C. 1992
- D. 1994

The year the NPDB began collecting reports is 1990. This started under the Health Care Quality Improvement Act of 1986, with the Data Bank going live to gather and store information about adverse actions, professional sanctions, and medical malpractice payments to help with credentialing and licensure decisions. The other years don't align with when data collection actually began, which is why 1990 is the correct reference.

5. According to the source, in what year did the U.S. Constitution go into effect?

- A. 1776
- B. 1789**
- C. 1800
- D. 1791

The date the Constitution went into effect is tied to when the new framework could actually operate after enough states agreed to it. The Constitution was drafted, then ratified by nine states, enabling a functioning national government. The government under the new framework began in 1789, marked by Washington's inauguration and the first Congress convening. That's why 1789 is the year the Constitution went into effect. The other years correspond to related events: 1776 is when independence was proclaimed, 1791 is when the Bill of Rights was ratified, and 1800 is not tied to the Constitution's start.

6. In what year was the Resource Based Relative Value Scale introduced?

- A. 1985
- B. 1992**
- C. 1999
- D. 2004

The key idea is when Medicare started using a payment system based on relative values for physician services. This Resource Based Relative Value Scale was implemented by Medicare in 1992 as part of the Physician Fee Schedule reforms that followed OBRA 1990. While the underlying work and development of RVUs occurred in the late 1980s, the actual rollout into the Medicare program happened in 1992. It uses three components—work, practice expense, and malpractice RVUs—to set payment amounts for services, rather than relying on charges. So, 1992 is the year the scale was introduced.

7. Which statement is supported by the material?

- A. HCQIA was enacted in 1992
- B. NPDB opened in 1990**
- C. NPDB never collected reports
- D. HCQIA opened the NPDB

The key idea is understanding when the NPDB began operating in relation to HCQIA. The material states that the National Practitioner Data Bank started in 1990 as part of the Health Care Quality Improvement Act of 1986. This makes the statement that the NPDB opened in 1990 accurate. The other options conflict with established dates: HCQIA was enacted in 1986 (not 1992), the NPDB has always collected reports since it opened, and HCQIA created the NPDB rather than simply "opening" it.

8. NPDB stands for?

- A. National Practitioner Data Bank**
- B. National Patient Data Bank
- C. National Provider Data Bank
- D. National Practitioner Data Bureau

The question tests your ability to recognize the official expansion of the acronym NPDB. NPDB stands for National Practitioner Data Bank, a U.S. government program created under the Health Care Quality Improvement Act of 1986 to collect and disclose information about professional review actions and medical malpractice payments involving licensed practitioners. This repository supports credentialing and licensure reviews by hospitals, boards, and other health organizations to help ensure patient safety and quality of care. The other options don't fit because the system is not about patients (National Patient Data Bank), not named with "Provider" (National Provider Data Bank), and not abbreviated as a "Data Bureau" (National Practitioner Data Bureau).

9. Hospitals are required to respond to patient grievances within how many days?

- A. 7 days**
- B. 3 days
- C. 14 days
- D. 30 days

Timely handling of patient grievances is essential to protect patient rights and ensure concerns are investigated and communicated promptly. The standard practice is to acknowledge and provide a substantive response within seven days of receiving the grievance. This timeframe allows staff to review records, gather necessary information, and determine appropriate corrective actions while keeping the patient informed. Acknowledging within seven days also helps prevent escalation and demonstrates a commitment to patient care. Shorter windows, like three days, may not provide enough time for a proper investigation, while longer windows, such as fourteen or thirty days, can leave patients waiting and may not align with typical regulatory expectations for timely resolution.

10. How many amendments does the United States Constitution have?

- A. 15
- B. 27**
- C. 13
- D. 21

Amendments are changes added to the Constitution. There are 27 amendments ratified and in effect today. The first ten form the Bill of Rights, ratified in 1791, which protect fundamental freedoms and rights. Since then, additional amendments have been added to address issues that emerged over time: for example, the 13th ends slavery, the 15th prohibits denying the vote based on race, the 19th grants women the right to vote, and the 26th sets the voting age at 18. The 21st is notable for repealing Prohibition. The total number 27 is the correct count; numbers like 13, 15, or 21 refer to specific amendments, not the overall total. The process to add amendments is deliberately rigorous, requiring proposal by two-thirds of Congress and ratification by three-fourths of the states.

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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://namsscert.examzify.com>

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

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