

NHA Medical Administrative Assistant (MAA) Certification Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of questions,

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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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

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- 1. Which action should an MAA take when a patient arrives for an appointment with updated insurance information?**
 - A. Update the info in the patient's EMR**
 - B. Make a copy of the card for the file**
 - C. Give the patient a form to fill out**
 - D. Inform the provider immediately**
- 2. Which compliance plan should be included when training new MAAs?**
 - A. Joint commission compliance**
 - B. NHA certification compliance**
 - C. HIPAA compliance**
 - D. CLIA compliance**
- 3. When is it appropriate for an MAA to release test results to a patient's family member?**
 - A. When the family member can give personally identifiable info about the patient**
 - B. When the patient signs an informed consent form**
 - C. When the family member signs a release form**
 - D. When the patient provides a signed release of information that identifies the family member**
- 4. According to the Affordable Care Act of 2010, what is the maximum allowable time from the date of service that a claim can be submitted to Medicare?**
 - A. 30 days**
 - B. 6 months**
 - C. 12 months**
 - D. 32 months**
- 5. Which of the following items is appropriate to purchase with petty cash?**
 - A. Postage owed for equipment delivery**
 - B. Five boxes of computer paper**
 - C. A gift card for employee of the quarter**
 - D. The provider's cell phone payment**

6. What action should an MAA take if a patient asks about alternatives before an invasive procedure?

- A. Inform the patient of commonly used alternatives**
- B. Advise the patient to ask the provider about alternatives**
- C. Seek out a clinical MA to explain alternatives**
- D. Provide the patient with alternate providers' phone numbers**

7. What is the primary role of the MAA when scheduling appointments?

- A. To ensure the provider's schedule remains full at all times**
- B. To provide convenient options for patients**
- C. To manage all patient records accurately**
- D. To prioritize emergencies over routine appointments**

8. What is one of the primary responsibilities of a Medical Administrative Assistant regarding insurance?

- A. Verifying patient insurance eligibility and coverage**
- B. Providing financial counseling to patients**
- C. Determining the types of insurance policies available**
- D. Reviewing medical procedures for billing accuracy**

9. What is the role of a claim review process?

- A. To ensure billing staff are trained**
- B. To guarantee patients receive refunds**
- C. To ensure accuracy and compliance before submitting a claim to the insurance company**
- D. To track insurance company profits**

10. Employers are mandated to provide training to employees regarding OSHA guidelines within what timeframe?

- A. Within 1 month of new hire and monthly thereafter**
- B. Within 1 month of new hire and quarterly thereafter**
- C. Before an employee begins work and whenever new guidelines are released**
- D. Before an employee begins work and annually thereafter**

Answers

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

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Explanations

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1. Which action should an MAA take when a patient arrives for an appointment with updated insurance information?

- A. Update the info in the patient's EMR**
- B. Make a copy of the card for the file**
- C. Give the patient a form to fill out**
- D. Inform the provider immediately**

When a patient arrives with updated insurance information, it is essential for the Medical Administrative Assistant (MAA) to update the information in the patient's Electronic Medical Record (EMR). This action ensures that all billing and insurance claims reflect the most current information, which is crucial for efficient processing and reimbursement. Accurate records help in avoiding claim denials due to outdated information, and they facilitate seamless communication between the healthcare provider and the insurance company. Maintaining updated insurance details also helps in ensuring that the patient receives the correct coverage and benefits during their visit. While making a copy of the insurance card could be a helpful step for record-keeping, it is insufficient on its own without updating the EMR. Providing the patient with a form to fill out may lead to unnecessary delays, especially if the MAA can directly input the updated information into the system. Informing the provider immediately is not necessary in this situation, as updating the records takes precedence to ensure the provider has the correct information available right away for clinical decision-making and billing.

2. Which compliance plan should be included when training new MAAs?

- A. Joint commission compliance**
- B. NHA certification compliance**
- C. HIPAA compliance**
- D. CLIA compliance**

Including HIPAA compliance in the training plan for new Medical Administrative Assistants is essential because HIPAA, the Health Insurance Portability and Accountability Act, establishes national standards for the protection of sensitive patient information. Training in HIPAA ensures that MAAs understand their responsibilities in safeguarding patient data, discussing confidentiality protocols, breach notification processes, and the importance of maintaining patient privacy. Additionally, with the rise of electronic health records (EHRs) and digital communication in healthcare, adherence to HIPAA regulations is crucial. It protects both the patients' rights and the healthcare providers from potential legal liabilities and financial penalties associated with data breaches and non-compliance. While the other compliance plans are important in their respective contexts, they do not address the immediate need for training related to patient privacy and information security, which is a fundamental responsibility of a Medical Administrative Assistant. For example, Joint Commission compliance focuses on healthcare quality and safety standards, NHA certification compliance pertains to maintaining the certification status of the MAAs themselves, and CLIA compliance involves laboratory testing regulations. Each of these areas plays a significant role in the broader healthcare system but does not prioritize the crucial aspect of patient data protection as HIPAA does.

3. When is it appropriate for an MAA to release test results to a patient's family member?

- A. When the family member can give personally identifiable info about the patient**
- B. When the patient signs an informed consent form**
- C. When the family member signs a release form**
- D. When the patient provides a signed release of information that identifies the family member**

The correct answer highlights the importance of patient confidentiality and the legal requirements surrounding the release of health information. When a patient provides a signed release of information that specifically identifies a family member, it ensures that the family member has explicit permission to receive the patient's test results. This protects the patient's rights and privacy under laws like HIPAA, which governs the handling of personal health information. The signed release confirms that the patient is aware of and consents to the sharing of their medical information with the designated individual. This process not only fosters trust but also upholds ethical standards in medical practice, ensuring that the patient's autonomy and preferences are respected. In contrast, simply having personally identifiable information from the family member does not suffice for releasing medical test results; it lacks the necessary consent from the patient. Similarly, an informed consent form is generally more about the understanding of medical procedures and treatments rather than the release of information to family members. A release form signed by a family member would also not be appropriate without the patient's consent, as it is crucial that the patient's wishes direct how their health information is managed and shared.

4. According to the Affordable Care Act of 2010, what is the maximum allowable time from the date of service that a claim can be submitted to Medicare?

- A. 30 days**
- B. 6 months**
- C. 12 months**
- D. 32 months**

The maximum allowable time from the date of service for submitting a claim to Medicare is 12 months, in accordance with the Affordable Care Act of 2010. This timeframe is established to ensure that healthcare providers have adequate time to gather necessary information and submit claims, while also ensuring a timely processing system for Medicare. The provision aims to improve efficiency and funding accountability within the Medicare program, allowing claims to be addressed promptly while facilitating access to care for patients. Other options would not align with the guidelines established by the Affordable Care Act. A shorter timeframe, like 30 days or 6 months, may not provide sufficient time for claims processing, while an extended period like 32 months exceeds the established standard of 12 months, which could lead to delays in payment and cash flow issues for healthcare providers. Thus, a 12-month period is the correct and appropriate limit for submitting Medicare claims.

5. Which of the following items is appropriate to purchase with petty cash?

- A. Postage owed for equipment delivery**
- B. Five boxes of computer paper**
- C. A gift card for employee of the quarter**
- D. The provider's cell phone payment**

Postage owed for equipment delivery is an appropriate purchase with petty cash because it is a small, incidental expense that typically falls within the operational costs of running a business. Petty cash is intended for minor expenses that do not warrant going through the formal purchasing process. Postage is a common and justified use of petty cash, as it facilitates necessary communications and operational functions without exceeding normal spending limits. In contrast, the other items listed would generally not be appropriate for purchase with petty cash. Purchasing multiple boxes of computer paper might exceed the typical petty cash limit and may require a more formal purchasing approval process depending on the organization's policies. A gift card for the employee of the quarter likely falls under employee compensation or rewards, which may involve different financial management and accounting practices than standard petty cash use. Lastly, a cell phone payment for a provider is usually a recurring expense that should be processed through the standard accounts payable system to ensure proper documentation and tracking.

6. What action should an MAA take if a patient asks about alternatives before an invasive procedure?

- A. Inform the patient of commonly used alternatives**
- B. Advise the patient to ask the provider about alternatives**
- C. Seek out a clinical MA to explain alternatives**
- D. Provide the patient with alternate providers' phone numbers**

When a patient inquires about alternatives before an invasive procedure, it is crucial for the Medical Administrative Assistant (MAA) to recognize their role in facilitating communication between the patient and the healthcare provider. Advising the patient to consult with their provider about alternatives is the most appropriate action because the healthcare provider has the necessary medical knowledge, training, and authority to discuss treatment options fully and guide the patient about potential alternatives. By directing the patient to the provider, the MAA ensures that the patient receives accurate and personalized information that takes into account their specific medical history, current health status, and unique circumstances. This approach prioritizes the patient's safety and well-being while maintaining the boundaries of the MAA's role, which does not include providing medical advice or making clinical decisions. Other choices present options that may not be as effective or appropriate. For instance, informing the patient of commonly used alternatives could lead to misinformation or misunderstandings since MAAs do not have the clinical expertise to recommend specific options. Seeking out a clinical Medical Assistant to explain alternatives might unnecessarily complicate the situation, as it delays the patient from receiving information directly from the healthcare provider. Providing alternate providers' phone numbers does not address the immediate concern of understanding alternatives for the upcoming procedure and could further confuse the

7. What is the primary role of the MAA when scheduling appointments?

- A. To ensure the provider's schedule remains full at all times**
- B. To provide convenient options for patients**
- C. To manage all patient records accurately**
- D. To prioritize emergencies over routine appointments**

The primary role of the Medical Administrative Assistant (MAA) when scheduling appointments is to provide convenient options for patients. This aspect of the MAA's responsibilities is crucial for enhancing patient satisfaction and encouraging consistent engagement with healthcare services. By offering appointment times that align with patients' schedules and preferences, the MAA helps facilitate access to care, which can lead to better health outcomes and stronger relationships between patients and healthcare providers. While keeping the provider's schedule full is important for managing the practice's efficiency, the ultimate focus should be on the patient's needs and convenience. Managing patient records accurately and prioritizing emergencies are also significant in a healthcare setting, but the immediate task at hand during appointment scheduling relates primarily to accessibility and convenience for the patient. This approach fosters a welcoming environment and encourages patients to return for follow-up care.

8. What is one of the primary responsibilities of a Medical Administrative Assistant regarding insurance?

- A. Verifying patient insurance eligibility and coverage**
- B. Providing financial counseling to patients**
- C. Determining the types of insurance policies available**
- D. Reviewing medical procedures for billing accuracy**

One of the primary responsibilities of a Medical Administrative Assistant regarding insurance is verifying patient insurance eligibility and coverage. This task is crucial because it ensures that patients are informed about their benefits before they undergo any procedures or treatments. By confirming coverage, the medical administrative assistant helps to minimize the risk of unpaid medical bills for the practice and ensures that patients understand their financial responsibilities. This process often involves interacting with insurance companies, navigating different policies, and maintaining up-to-date knowledge of various insurance plans. The significance of this role cannot be overstated, as proper verification facilitates smoother claims processing and helps maintain the financial health of the medical practice. Additionally, it empowers patients to make informed decisions about their healthcare based on their insurance benefits.

9. What is the role of a claim review process?

- A. To ensure billing staff are trained**
- B. To guarantee patients receive refunds**
- C. To ensure accuracy and compliance before submitting a claim to the insurance company**
- D. To track insurance company profits**

The claim review process plays a crucial role in the healthcare billing system as it is designed to ensure accuracy and compliance before a claim is submitted to the insurance company. This step is essential for verifying that all provided information, such as patient demographics, services rendered, codes, and necessary documentation, is correct and meets the guidelines set forth by the insurance providers. Accurate claims submission reduces the likelihood of claim denials or delays in payment, which can significantly affect a healthcare facility's revenue cycle. Ensuring compliance with industry regulations also protects the organization from potential legal issues or audit repercussions. Furthermore, this process contributes to a more efficient workflow within the billing department, optimizing resources and minimizing financial risks associated with incorrect billing practices. In contrast, while training the billing staff is important for overall effectiveness, it is not the primary focus of the claim review process. The guarantee of patient refunds is also outside the scope of this process, as such refunds depend on various factors including overpayments or adjustments. Lastly, tracking insurance company profits does not pertain to the claim review process, which is centered around ensuring the claims submitted are appropriate and legitimate, thereby supporting the practice's financial health.

10. Employers are mandated to provide training to employees regarding OSHA guidelines within what timeframe?

- A. Within 1 month of new hire and monthly thereafter**
- B. Within 1 month of new hire and quarterly thereafter**
- C. Before an employee begins work and whenever new guidelines are released**
- D. Before an employee begins work and annually thereafter**

The correct choice states that employers must provide training to employees on OSHA guidelines before they begin work and annually thereafter. This requirement ensures that employees are informed about workplace safety and health standards as soon as they start their employment. The initial training aims to familiarize employees with the hazards they may encounter in their specific roles, empowering them to recognize potential risks and understand the safety measures necessary to mitigate those risks. Additionally, the annual training requirement is crucial because it keeps employees updated on any changes in safety regulations, practices, and workplace conditions throughout the year. This continual reinforcement of safety protocols helps maintain a culture of safety within the workplace and ensures compliance with OSHA regulations, promoting a safer working environment for all employees.

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://nhamaa.examzify.com>

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

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