

NHA Certified Medical Administrative Assistant (CMAA) Test Plan (Detailed)* <i>110 scored items, 20 pretest items</i> <i>Exam Time: 2 hours 10 minutes</i>	# scored items
1. Scheduling	19
A. Evaluate different types of patient scheduling	4
• Identify the patient (e.g., the same last name, same first AND last name, same date of birth).	
• Interpret the purpose of the visit.	
• Arrange the procedures in the scheduling book.	
• Knowledge of wave booking	
• Knowledge of double-booking	
• Knowledge of modified wave	
• Knowledge of stream/time-specific	
• Knowledge of open booking	
• Knowledge of cluster or categorization booking	
B. Determine scheduling needs of the facility, as well as new and established patients	4
• Knowledge of how to input new patient information	
• Identify type of service needed by the patient.	
• Knowledge of availability on the provider's schedule (e.g., physician and nurse)	
• Obtain referrals.	
• Knowledge of appointment intervals	
• Knowledge of physicians' preferences, needs, and schedule matrix	

*based on the results of the Job Analysis Study completed in 2014

<ul style="list-style-type: none"> • Knowledge of block scheduling 	
<ul style="list-style-type: none"> • Knowledge of nurses' preferences, needs, and schedule 	
<ul style="list-style-type: none"> • Identify dates and times when the schedule needs to be blocked out for the facility. 	
<p>C. Follow protocol for no-show, missed, cancelled, or follow-up appointments</p>	4
<ul style="list-style-type: none"> • Knowledge of fees 	
<ul style="list-style-type: none"> • Knowledge of follow-up procedures for no-show, missed, and cancelled appointments 	
<ul style="list-style-type: none"> • Knowledge of office policies related to charges for missed appointments 	
<ul style="list-style-type: none"> • Check with physician to determine if a patient can be seen. 	
<ul style="list-style-type: none"> • Reschedule for later appointments. 	
<ul style="list-style-type: none"> • Knowledge of how to document a no-show, missed, or cancelled appointment 	
<ul style="list-style-type: none"> • Send out notifications for no-show and missed appointments. 	
<p>D. Arrange for diagnostic testing and procedures</p>	4
<ul style="list-style-type: none"> • Call for pre-authorization for testing and procedures. 	
<ul style="list-style-type: none"> • Check for referrals prior to appointment. 	
<ul style="list-style-type: none"> • Knowledge of participating or non-participating facilities to arrange for diagnostic testing and procedures 	
<ul style="list-style-type: none"> • Verify patient billing address for scheduling needs. 	
<ul style="list-style-type: none"> • Verify best method of contact for scheduling appointments. 	
<ul style="list-style-type: none"> • Provide patient with instructions for pre-testing or diagnostic procedures. 	
<ul style="list-style-type: none"> • Schedule pre-admission testing. 	
<ul style="list-style-type: none"> • Ensure patient has the correct address of the facility. 	

<ul style="list-style-type: none"> • Ensure patient has the correct name of the referred physician. 	
<ul style="list-style-type: none"> • Document information in patient chart. 	
<ul style="list-style-type: none"> • Follow-up with patient to ensure compliance with physician's instructions. 	
E. Confirm future appointments	3
<ul style="list-style-type: none"> • Follow HIPAA guidelines (e.g., what should or should not be disclosed when scheduling and confirming future appointments). 	
<ul style="list-style-type: none"> • Instruct patient to bring insurance and identification to the appointment. 	
<ul style="list-style-type: none"> • Verify patient's insurance is participating with physician's office. 	
<ul style="list-style-type: none"> • Knowledge of how to document a no-show, missed, or cancelled appointment 	
<ul style="list-style-type: none"> • Check for referrals prior to appointment. 	
<ul style="list-style-type: none"> • Inform patient of co-pay requirement. 	
2. Patient Intake	18
A. Confirm demographic information with patient	4
<ul style="list-style-type: none"> • Maintain appropriate demographic data (e.g., address, phone number, date of birth, insurance information). 	
<ul style="list-style-type: none"> • Check that the patient's Protected Health Information (PHI) has been entered. 	
<ul style="list-style-type: none"> • Confirm the patient's advanced directives. 	
<ul style="list-style-type: none"> • Knowledge of special needs in regards to special paperwork (e.g., visually impaired patients, language barrier patients) 	
<ul style="list-style-type: none"> • Ensure demographic form is signed. 	
<ul style="list-style-type: none"> • Knowledge of best method of contact for confirming demographic information 	
B. Verify insurance information	4

<ul style="list-style-type: none"> • Verify coverage benefits. 	
<ul style="list-style-type: none"> • Verify co-pay. 	
<ul style="list-style-type: none"> • Review insurance card. 	
<ul style="list-style-type: none"> • Review form of photo identification. 	
<ul style="list-style-type: none"> • Verify changes in coverage. 	
<ul style="list-style-type: none"> • Verify whether patient has secondary and/or tertiary coverage. 	
<ul style="list-style-type: none"> • Knowledge of the Birthday Rule 	
<ul style="list-style-type: none"> • Verify policyholder. 	
<ul style="list-style-type: none"> • Determine which laboratory is the appropriate facility for a patient to use. 	
<ul style="list-style-type: none"> • Determine benefit information. 	
<ul style="list-style-type: none"> • Identify the difference between the guarantor and the patient, if it exists. 	
<ul style="list-style-type: none"> • Knowledge of basic coding (e.g., ICD, CPT) 	
<ul style="list-style-type: none"> • Ability to communicate with insurance company 	
C. Ensure forms are updated or completed	3
<ul style="list-style-type: none"> • Ensure forms are signed (e.g., assignment of benefits, advanced directives, living will, health history, consent to release information, records release, HIPAA release, financial responsibility, DNR, health care surrogate). 	
D. Prepare encounter form	3
<ul style="list-style-type: none"> • Knowledge of other practitioners and physicians for referrals 	
<ul style="list-style-type: none"> • Basic knowledge of procedures performed in the back office 	
<ul style="list-style-type: none"> • Verify information on encounter form. 	
<ul style="list-style-type: none"> • Recognize, but do not interpret, basic coding (e.g., ICD, CPT). 	

E. Prepare daily charts	4
• Retrieve and file the record.	
• Create medical record.	
• Knowledge of how to retrieve future appointment schedules	
• Ensure delivery to the proper physician.	
• Match the correct patient to the correct chart.	
• Update the patient's chart with progress notes.	
3. Office Logistics	12
A. File medical records	4
• Knowledge of filing systems (e.g., electronic, alphabetical procedures, terminal digit procedures [such as primary, secondary, and tertiary])	
• Ability to cross-reference charts	
• Basic knowledge of scanning documents	
• Basic knowledge of correlation of charts (e.g., labs categorized under laboratories, prescriptions categorized under Prescriptions)	
• Basic knowledge of EHR/EMR (Electronic Health Records/Electronic Medical Records)	
B. Perform financial procedures	5
• Collect copayments.	
• Create statements (e.g., office visit invoices, pre-invoices).	
• Create receipt for payment.	
• Knowledge of basic financial terminology (e.g., copay, deductibles, co-insurance, fee schedule)	
• Use of petty cash	

<ul style="list-style-type: none"> • Basic knowledge of bookkeeping system (e.g., double or single entry) 	
<ul style="list-style-type: none"> • Complete day sheet 	
C. Evaluate mail deliveries	3
<ul style="list-style-type: none"> • Sort and distribute mail. 	
<ul style="list-style-type: none"> • Knowledge of different classes of mail (e.g., registered, certified, first-class, priority, FedEx, USPS) 	
<ul style="list-style-type: none"> • Verify contents of package against package slip. 	
4. Compliance	16
A. Follow HIPAA guidelines	6
<ul style="list-style-type: none"> • Ensure patient's privacy and security of protected health information. 	
<ul style="list-style-type: none"> • Ensure charts are properly secured (e.g., displayed with personal information covered). 	
<ul style="list-style-type: none"> • Use a HIPAA-compliant sign-in sheet. 	
<ul style="list-style-type: none"> • Knowledge of what information is not private for authorities and health departments (e.g., child abuse, STDs/STIs, gunshot wounds, HIV) 	
<ul style="list-style-type: none"> • Knowledge of record release forms 	
<ul style="list-style-type: none"> • Knowledge of who can access patient's chart 	
<ul style="list-style-type: none"> • Proper use of passwords 	
<ul style="list-style-type: none"> • Knowledge of peer-to-peer information 	
<ul style="list-style-type: none"> • Follow HIPAA guidelines for covered and non-covered entities. 	
<ul style="list-style-type: none"> • Knowledge of appropriate discussion of medical information (e.g., when and where) 	
<ul style="list-style-type: none"> • Knowledge of proper verification of medical information (e.g., what to release and what not to release when verifying information) 	
<ul style="list-style-type: none"> • Knowledge of penalties for violating HIPAA practices 	

<ul style="list-style-type: none"> • Document release of information (e.g., when and to whom information can be released) 	
<ul style="list-style-type: none"> • Knowledge of PHI standards 	
B. Follow OSHA guidelines	5
<ul style="list-style-type: none"> • Adhere to OSHA guidelines. 	
<ul style="list-style-type: none"> • Knowledge of MSDS 	
<ul style="list-style-type: none"> • Knowledge of how to report an OSHA incident 	
<ul style="list-style-type: none"> • Knowledge of the evacuation plans and emergency procedures 	
C. Follow the Center for Medicare/Medicaid Services (CMS) guidelines	5
<ul style="list-style-type: none"> • Report Medicare/Medicaid fraud 	
<ul style="list-style-type: none"> • Awareness of consequences of fraud 	
<ul style="list-style-type: none"> • Knowledge of the difference between Medicare and Medicaid 	
<ul style="list-style-type: none"> • Recognize the CMS-1500 form 	
<ul style="list-style-type: none"> • Recognize the UB04 	
5. Patient Education	11
A. Explain the Patients' Bill of Rights	4
<ul style="list-style-type: none"> • Explain to patient that medical decisions are made by physicians. 	
<ul style="list-style-type: none"> • Explain to patient that he/she has the right to go to a medical specialist. 	
<ul style="list-style-type: none"> • Explain to patient that he/she has the right to keep the same physician through a procedure or treatment. 	
<ul style="list-style-type: none"> • Knowledge of who owns the medical record 	
<ul style="list-style-type: none"> • Knowledge of disability practices (e.g., ADA compliance) 	

<ul style="list-style-type: none"> • Compare and contrast different forms of consent (e.g., implied consent, verbal consent, written consent, expressed consent, implied minor consent). 	
<ul style="list-style-type: none"> • Knowledge of basic medical law and ethics (e.g., assault and battery, patient abandonment) 	
<ul style="list-style-type: none"> • Explain to a patient that he/she has the right to be seen by another physician 	
B. Explain the patients' insurance responsibilities	4
<ul style="list-style-type: none"> • Explain the difference between copayments and coinsurance. 	
<ul style="list-style-type: none"> • Explain deductibles. 	
<ul style="list-style-type: none"> • Explain allowed amounts. 	
<ul style="list-style-type: none"> • Basic knowledge of insurance practices 	
<ul style="list-style-type: none"> • Explain the difference between federal and private insurance. 	
<ul style="list-style-type: none"> • Explain an Advanced Beneficiary Notice (ABN) 	
<ul style="list-style-type: none"> • Knowledge of the contents of an Explanation of Benefits (EOB) 	
C. Explain pre- and post-instructions for testing and procedures	3
<ul style="list-style-type: none"> • Provide written documentation on procedure 	
<ul style="list-style-type: none"> • Reiterate to the patient the physician's instructions 	
6. General Office Policies and Procedures	15
A. Perform office opening and closing procedures	3
<ul style="list-style-type: none"> • Check internal and external messages (e.g., phones, emails, faxes). 	
<ul style="list-style-type: none"> • Check that charts are prepared and ready for the day (or next day). 	
<ul style="list-style-type: none"> • Check that the amount of petty cash for the day is correct. 	

<ul style="list-style-type: none"> • Direct and redirect phones to and from answering service to office. 	
<ul style="list-style-type: none"> • Ensure day sheets are balanced. 	
<ul style="list-style-type: none"> • Ensure equipment is turned on at open and off at close. 	
<ul style="list-style-type: none"> • Clean up reception area. 	
<ul style="list-style-type: none"> • Back up data. 	
<ul style="list-style-type: none"> • Order supplies. 	
B. Greet patients upon arrival	3
<ul style="list-style-type: none"> • Greet patients with a positive attitude. 	
<ul style="list-style-type: none"> • Identify type of visit (e.g., sick or well). 	
<ul style="list-style-type: none"> • Identify type of patient (i.e., new or existing). 	
<ul style="list-style-type: none"> • Ensure front office is free of obstacles. 	
<ul style="list-style-type: none"> • Acknowledge patients upon arrival. 	
<ul style="list-style-type: none"> • Notify patients of wait time. 	
C. Apply telephone etiquette	3
<ul style="list-style-type: none"> • Introduce facility and self. 	
<ul style="list-style-type: none"> • Identify type of caller. 	
<ul style="list-style-type: none"> • Identify caller's need. 	
<ul style="list-style-type: none"> • Check on callers with extended hold times. 	
D. Create correspondences	3
<ul style="list-style-type: none"> • Knowledge of templates 	
<ul style="list-style-type: none"> • Knowledge of word processing 	
<ul style="list-style-type: none"> • Knowledge of different types of letters 	
<ul style="list-style-type: none"> • Knowledge of different types of correspondences 	
<ul style="list-style-type: none"> • Create letters. 	

<ul style="list-style-type: none"> • Use proper greetings and salutations. 	
<ul style="list-style-type: none"> • Apply proper postage. 	
<ul style="list-style-type: none"> • Obtain required signatures (e.g., who should sign the correspondence?). 	
E. Demonstrate basic computer skills	3
<ul style="list-style-type: none"> • Knowledge of e-mail system (e.g., Microsoft Outlook) 	
<ul style="list-style-type: none"> • Knowledge of word processing (e.g., Microsoft Word) 	
<ul style="list-style-type: none"> • Knowledge of spreadsheets (e.g., Microsoft Excel) 	
<ul style="list-style-type: none"> • Knowledge of internet (e.g., social media, web searching) 	
<ul style="list-style-type: none"> • Use of hardware (e.g., copiers, fax machines, scanners) 	
<ul style="list-style-type: none"> • Basic HIPAA regulations for the use of the computer 	
<ul style="list-style-type: none"> • Skills at computer software 	
7. Basic Medical Terminology	19
A. Use medical terminology to communicate with patients and physicians.	7
<ul style="list-style-type: none"> • Basic knowledge of pronunciation 	
<ul style="list-style-type: none"> • Basic knowledge of spelling 	
<ul style="list-style-type: none"> • Basic knowledge of the meaning of terms 	
B. Recognize abbreviations and acronyms used to complete administrative duties	6
<ul style="list-style-type: none"> • Identify the meaning of abbreviations and acronyms (e.g., HX, Pt, H&P, Dx, SOAP, HIPAA, CC, Rx, PHI, CDC, AMA, HMO, PPO). 	
<ul style="list-style-type: none"> • Use of abbreviations and acronyms to complete basic administrative duties 	
C. Use word parts (i.e., prefixes, roots, suffixes) to define medical terminology	6

<ul style="list-style-type: none"> • Basic knowledge of prefixes (e.g., a-, an-, pre-, post-, hyper-, hypo-, peri-, endo-, exo-) 	
<ul style="list-style-type: none"> • Basic knowledge of roots (e.g., cardi/o, vascul/o, gastr/o, nephro/o, hepat/o) 	
<ul style="list-style-type: none"> • Basic knowledge of suffixes (e.g., -logy, -itis, -osis, -pathy, -ist, -graph) 	

**The bulleted tasks under each content domain are examples that are representative of the content. Items reflective of these stated tasks may or may not appear on the examination. Additionally, items that are reflective of tasks other than those included in the above outline may appear on the examination, as long as they represent information that is considered part of the major content domain by experts in the medical administrative assistant profession.