National Healthcareer Association®

NHA Certified Billing and Coding Specialist (CMAA)

Test Plan for the CMAA Exam

110 Scored Items/25 Pretest Items
Exam Time: 2 hours + 15 minutes

**Based on The Results of a Job Analysis Completed in 2021*

This document provides both a summary and detailed outline of the topics that may be covered on the CMAA Certification Examination. The summary examination outline specifies domains that are covered on the examination and the number of test items per domain.

The detailed outline adds to the summary outline by including task and knowledge statements associated with each domain on the test plan. Task statements reflect the duties that a candidate will need to know how to properly perform. Knowledge statements reflect information that a candidate will need to know and are in support of task statements. Items on the examination might require recall and critical thinking pertaining to a knowledge statement, a task statement, or both.

CMAA Summary Examination Outline

DOMAIN	# of Items on Examination
1. Foundational Knowledge	10
2. Communication and Professionalism	21
3. Medical Law, Ethics, and Compliance	17
4. Scheduling	16
5. Patient Encounter	21
6. Billing and Revenue Cycle	11
7. Medical Practice Administrative Procedures and Logistics	14
Total	**110**

Domain 1: Foundational Knowledge (10 items)

Tasks	Knowledge of:
	k1. Types of health care organizations and delivery models (for example, outpatient/inpatient, patient centered medical home, collaborative care, accountable care organization, hospice, home health care, mobile health unit) k2. The relationship between front office and clinical processes and procedures k3. Types of health record (paper or electronic, including app-based/mobile, computer-based, web-based, or cloud-based/online) and implications for use k4. Electronic health record (EHR) and electronic medical record (EMR) components (for example, demographic information, clinical records, medication administration record, diagnoses, laboratory reports, orders, billing information) **<u>Medical Terminology</u>** k5. Spelling, pronunciation, and definition of medical terms k6. Common professional abbreviations and acronyms k7. Acceptable and unacceptable professional abbreviation practices k8. The Joint Commission's (TJC) "Do Not Use" List k9. Prefixes, roots, and suffixes (for example*, an-*, *hyper-*, *hypo-*, *cardi/o*, *vascul/o*, *-osis*, *-pathy*, *-ist*) **<u>Basic Anatomy and Physiology</u>** k10. Signs and symptoms of common diseases, conditions, and injuries k11. Anatomical structures, locations, and positions k12. Functions of major body systems

Domain 2: Communication and Professionalism (21 items)

Tasks	Knowledge of:
2A Communicate with patients, caregivers, providers, other personnel, and third-party payers. 2B Manage challenging/difficult customer service occurrences and patient interactions. 2C Adapt verbal and nonverbal communication to diverse audiences (for example, patients and caregivers, medical and non-medical personnel, external entities). 2D Adapt verbal and nonverbal communications with patients and caregivers based on special considerations (for example, language barriers, pediatric, geriatric, hearing impaired, vision impaired, persons with disabilities, health literacy level). 2E Clarify and relay communications between appropriate parties, as needed. 2F Facilitate and promote teamwork and team engagement. 2G Provide written and verbal instructions for pre/post tests and procedures as prescribed by providers. 2H Provide patients with information regarding educational and community resources. 2I Demonstrate professionalism (for example, appropriate appearance, hygiene, demeanor, maintaining professional boundaries, language, and tone).	k13. Communication styles k14. Nonverbal communication and cues k15. Interviewing and questioning techniques (including screening questions, open-ended, closed-ended, and probing questions) k16. Techniques to appropriately handle difficult situations (irate clients, custody issues between parents, chain of command) k17. Common barriers to communication (cultural differences, language barriers, cognitive levels, developmental stages, sensory and physical disabilities, and age) k18. Gender identity and expression, use of pronouns k19. Medical terminology and layman's terms k20. Scope of permitted questions and boundaries for questions (questions/discussions between patient and medical assistant that are within scope of practice) k21. Active listening k22. Empathy and compassion k23. Communication cycle (clear, concise message relay) k24. Professional presence (appearance, hygiene, demeanor, maintaining professional boundaries, language, and tone) k25. When and how to escalate problem situations k26. Conflict resolution and de-escalation strategies k27. Telecommunications and email etiquette k28. Proper use of intraoffice messaging (for example, chat messages, electronic health record [EHR] messaging template) k29. Documentation requirements for communication and correspondence k30. Available educational and community resources

Domain 3: Medical Law, Ethics, and Compliance (17 items)

Tasks	Knowledge of:
3A Ensure compliance with laws, regulations, and guidelines (for example, Occupational Safety and Health Administration [OSHA], The Joint Commission's National Patient Safety Goals, Centers for Medicare & Medicaid Services [CMS], the Office of the Inspector General [OIG], Americans with Disabilities Act Amendments Act [ADAAA]). 3B Maintain confidentiality and security of protected health information (PHI) in compliance with standards and guidelines such as the HIPAA Privacy and Security Rules and organization/facility policy. 3C Release protected health information (PHI) in accordance with the HIPAA Privacy Rule and organization/facility. 3D Adhere to the Patient's Bill of Rights (also known as The Patient Care Partnership) including rules regarding consent, the right to go to a medical specialist, the right to keep the same physician or be seen by another physician, the right to a second opinion, medical record ownership, right to refuse treatment, and ADA compliance. 3E Adhere to requirements regarding reportable violations or incidents (for example, fraud, security breach, errors in patient care, accidents in the workplace). 3F Perform duties within legal scope of practice.	k31. Basic medical law (for example, patient abandonment, malpractice, negligence, contracts) k32. Patient's Bill of Rights k33. Health Insurance Portability and Accountability Act (HIPAA) guidelines k34. Penalties for violating HIPAA practices (unknowingly, reasonable cause, willful neglect-corrected, willful neglect-uncorrected) k35. Types of data considered protected health information (PHI) (for example, email addresses, phone numbers, Social Security numbers) k36. Permitted use and disclosure of patient information (for example, medical record access, requirements for release of information, peer-to-peer information sharing) k37. Information that is not private for authorities and health departments (for example, child abuse, STDs/STIs, gunshot wounds, communicable diseases) k38. Procedures to safeguard data (for example, screen savers, password rules, screen visors, mobile device usage policies) k39. Requirements for storage and retention of medical records k40. Consent (for example, expressed, implied, informed, waived) k41. OSHA guidelines (for example, Safety Data Sheets [SDS], Needlestick Safety and Prevention Act) k42. TJC guidelines including National Patient Safety Goals (NPSG) k43. Mandatory reporting laws, triggers for reporting, and reporting agencies k44. Incident reporting requirements (for example, errors in patient care, accidents in the workplace)

	k45. Evacuation plans and emergency procedures k46. Differences between fraud and abuse and reporting requirements including CMS k47. Professional codes of ethics k48. Medical administrative assistant scope of practice

Domain 4: Scheduling (16 items)

Tasks	Knowledge of:
4A Determine optimal scheduling based on considerations such as purpose for appointment, type of service, appointment intervals, provider's preferences, availability, needs, and schedule matrix. 4B Determine appropriateness for a telehealth appointment and, if applicable, provide patient with specific instructions for connection and schedule as telehealth appointment. 4C Initiate patient registration (if needed) and collect/verify patient information (for example, name, date of birth, insurance, billing address, best method of contact, and accurate contact information). 4D Schedule appointments in the electronic heath record (EHR) and/or manually. 4E Confirm appointments, monitor patient portal notifications, and provide patient with instructions (for example, bring identification and proof of insurance, copayment requirements, arrival time). 4F Follow protocols for no-show, missed, cancelled, or rescheduled appointments. 4G Arrange for diagnostic testing and procedures including preauthorization, referrals, scheduling preadmission testing, and schedule follow-up appointments. 4H Conduct pre-appointment screening and confirmation (for example, symptom screening questionnaires, vaccination questions, insurance or health status changes, technology capability, and assistance checks for telehealth).	k49. EHR scheduling including templates and techniques k50. Manual scheduling procedures k51. Types of appointment scheduling (for example, time-specified scheduling, wave scheduling, modified wave scheduling, double booking, open booking, block scheduling) k52. Considerations for scheduling (for example, new vs. established patient, purpose for appointment, type of service, requested provider, urgency, appointment intervals) k53. Provider preferences, needs, and schedule k54. Types of appointments appropriate for telehealth k55. Telehealth platforms and technology k56. Patient portals including notifications, patient self-scheduling, and technical support k57. Procedures used to avoid duplicate electronic health record creation during scheduling (for example, using two patient identifiers, searching maiden and married name) k58. Insurance eligibility and benefits verification k59. Information to provide to patient prior to appointment k60. Policies and procedures for no-show, missed, and cancelled appointments, including documentation and notification requirements

	k61. Considerations for in-network and out-of-network coverage k62. Pre-appointment screening requirements (for example, symptom screening questionnaires, vaccination questions, insurance or health status changes, technology capability checks for telehealth)

Domain 5: Patient Encounter (21 items)

Tasks	Knowledge of:
5A Welcome and check-in patients, collect/verify identification and demographic information (for example, check ID, address, phone number, date of birth), and make changes as needed. 5B Verify insurance information, including reviewing insurance card and coverage benefits, co-payment/coinsurance, secondary or tertiary insurance, or changes in coverage. 5C Discuss financial responsibilities of the patient and respond to common questions regarding insurance (for example, copayments, coinsurance, deductibles, allowed amounts). 5D Ensure completion of required patient intake forms (for example, assignment of benefits, notice of privacy practices, advance directives, release forms, financial responsibility). 5E Generate encounter documentation and verify accuracy of information with patient. 5F Ensure all pertinent information has been entered into the electronic health record (EHR), including information from intake forms and test results from previous visits. 5G Identify and flag duplicate patient electronic health records that may require merging. 5H Conduct patient check-out procedures (for example, provide post-visit summary documents, discuss required follow-up, address patient questions).	k63. How to enter information for new and established patients k64. Required patient intake forms (for example, assignment of benefits, notice of privacy practices, advance directives, release forms, financial responsibility) k65. Special considerations and accommodations related to the intake process (for example, visually impaired, language barriers, support for use of kiosks, tablets, or other intake technology) k66. Identification, demographic, and insurance information verification processes and procedures k67. Referral, precertification/preauthorization, and predetermination requirements k68. Basic recognition and purpose of code sets (ICD-10-CM, ICD-10-PCS, CPT, HCPCS) k69. Concepts related to medical necessity k70. Procedures used to identify and avoid creation of unnecessary duplicate electronic health records (for example, using two patient identifiers, searching maiden and married name) k71. Procedures to follow if duplicate health record is identified (for example, notify appropriate staff, determine if merging is required) k72. Acceptable secondary health records (for example, workers' compensation, liability

	claims, minors' rights) k73. Commercial insurance plan types (for example, employer-sponsored, health maintenance organization [HMO], preferred provider organization [PPO]) k74. Government insurance plans (for example, Medicare, Medicaid, Medigap, TRICARE) k75. Insurance rules (for example, dependent and birthday rules, coordination of benefits) k76. The difference between copayments and coinsurance k77. Advanced Beneficiary Notice (ABN) k78. Contents of an Explanation of Benefits (EOB) k79. Electronic remittance advice (ERA) k80. Procedures for telehealth appointments, including troubleshooting and support

Domain 6: Billing and Revenue Cycle (11 items)

Tasks	Knowledge of:
6A Prepare documentation for billing. 6B Perform charge reconciliation (for example, correct use of electronic health record software, entering charges, posting adjustments, accounts receivable procedures). 6C Bill patients, insurers, and third-party payers for services performed. 6D Perform payment collection (for example, copays) and create statements. 6E Support resolution of billing issues with insurers and third-party payers, including appeals and denials.	k81. Phases of the revenue cycle and how they interact/impact each other k82. Health care payment models (for example, fee for service, value-based plans) k83. Financial eligibility, sliding scales, and indigent programs k84. The difference between Medicare and Medicaid k85. CMS billing and documentation requirements k86. Aging reports, collections due, adjustments, and write-offs k87. Third-party payer billing requirements k88. Referral and insurance authorizations k89. Clearinghouse and claim scrubbing processes

Domain 7: Medical Practice Administrative Procedures and Logistics (14 items)

Tasks	Knowledge of:
7A Manage and review medical records to ensure records are secure, complete, up-to-date, and sign-off has occurred. 7B Perform financial procedures, such as management of petty cash and end-of-day financial reconciliation. 7C Perform opening and closing procedures, including enabling/disabling answering service, checking messages, allowing time for system updates, preparing medical records for the day, planning for daily activities, turning equipment on/off, cleaning reception area, and stocking supplies. 7D Verify contents of deliveries and sort and distribute to appropriate recipients. 7E Manage inventory of administrative supplies and complete required documentation. 7F Follow proper telecommunications procedures, including introduction of organization/facility and self, identification of caller needs, management of hold times, and directing calls to proper parties when needed. 7G Create correspondences using templates, proper greetings and salutations, proper postage, and required signatures. 7H Demonstrate basic computer skills including use of email, word processing, spreadsheets, internet, and hardware (for example, copiers, fax machines, scanners).	k90. Organization/facility policies and procedures k91. Filing systems (for example, alphabetical procedures, color procedures, terminal digit procedures, such as primary, secondary, and tertiary) k92. Petty cash management and end-of day financial reconciliation requirements k93. Organization/facility opening and closing procedures k94. Telephone procedures including introduction of facility and self, identification of caller and their needs, management of hold times, and directing calls to proper parties when needed. k95. Types of letters and templates k96. Proper greetings, salutations, and signatories k97. Basic computer skills including use of email, word processing, spreadsheets, internet/intranet, and hardware (for example, copiers, fax machines, scanners, electronic signature pads) k98. Americans with Disabilities Act Amendments Act (ADAAA) compliance procedures (for example, remove barriers, ensure policies and practices do not discriminate) k99. Inventory management requirements k100. Data storage and back-up requirements k101. Downtime procedures to implement when technology or systems are not functioning properly or are otherwise unavailable to users