

## HCISPP Dumps

### HealthCare Information Security and Privacy Practitioner

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#### NEW QUESTION 1

Which of the following embodies all the detailed actions that personnel are required to follow?

- A. Standards
- B. Guidelines
- C. Procedures
- D. Baselines

**Answer: C**

#### Explanation:

As stated in the dictionary, here are 3 definitions of procedure:

- \* 1. A manner of proceeding; a way of performing or effecting something: standard procedure.
- \* 2. A series of steps taken to accomplish an end: a medical procedure; evacuation procedures.
- \* 3. A set of established forms or methods for conducting the affairs of an organized body such as a business, club, or government.

#### NEW QUESTION 2

The malpractice liability system negatively impacts quality of care because.

- A. The fear and stress of malpractice litigation creates an "I didn't do it" response from the physician, rather than working on improvement
- B. The system is economically wasteful and takes dollars away from improving care
- C. It wreaks unnecessary stress on often innocent and talented physicians
- D. All of the above

**Answer: D**

#### NEW QUESTION 3

A release of information must include which of the following?

- A. Clients name
- B. A description of information to be disclosed
- C. An expiration date
- D. A description of the purpose of disclosure
- E. All of the above

**Answer: E**

#### NEW QUESTION 4

Reviews and verifies medical staff application data.

- A. Ethics Committee
- B. Joint Conference
- C. Credentials

**Answer: C**

#### NEW QUESTION 5

Drag the following Security Engineering terms on the left to the BEST definition on the right.

<u>Security Engineering Term</u>	<u>Definition</u>
Risk	A measure of the extent to which an entity is threatened by a potential circumstance or event, the adverse impacts that would arise if the circumstance or event occurs, and the likelihood of
Security Risk Treatment	The method used to identify the confidentiality, integrity, and availability requirements for organizational and system assets and to characterize the adverse impact or consequences should the asset be lost, modified, degraded, disrupted, compromised, or become unavailable.
Protection Needs Assessment	The method used to identify and characterize the dangers anticipated throughout the life cycle of the system.
Threat Assessment	The method used to identify feasible security risk mitigation options and plans.

- A. Mastered
- B. Not Mastered

**Answer: A**

#### Explanation:

Risk - A measure of the extent to which an entity is threatened by a potential circumstance of event, the adverse impacts that would arise if the circumstance or event occurs, and the likelihood of occurrence.

Protection Needs Assessment - The method used to identify the confidentiality, integrity, and availability requirements for organizational and system assets and to characterize the adverse impact or consequences should be asset be lost, modified, degraded, disrupted, compromised, or become unavailable.

Threat assessment - The method used to identify and characterize the dangers anticipated throughout the life cycle of the system.

Security Risk Treatment - The method used to identify feasible security risk mitigation options and plans.

#### NEW QUESTION 6

Initially, what was the primary purpose of private health insurance in the U.S.?

- A. Prevent national health insurance from taking hold
- B. Provide coverage for major illnesses
- C. Provide comprehensive coverage
- D. Compensate for loss of income during sickness and temporary disability

**Answer:** D

#### NEW QUESTION 7

Who is not affected by HIPPA?

- A. clearing houses
- B. banks
- C. universities
- D. billing agencies

**Answer:** B

#### NEW QUESTION 8

The role of the government in the U.S. healthcare system is:

- A. Regulator
- B. Major financer
- C. Medicare and Medicaid reimbursement rate-setter
- D. All of the above

**Answer:** D

#### NEW QUESTION 9

Place in order, from BEST (1) to WORST (4), the following methods to reduce the risk of data remanence on magnetic media.

Sequence		Method
1		Overwriting
2		Degaussing
3		Destruction
4		Deleting

- A. Mastered
- B. Not Mastered

**Answer:** A

**Explanation:**

Sequence		Method
1	3	Overwriting
2	2	Degaussing
3	1	Destruction
4	4	Deleting

#### NEW QUESTION 10

Helps people with low incomes get the necessary medical help or need. Varies from state to state.

- A. Medicare

- B. Medicaid
- C. Chips

**Answer:** A

**NEW QUESTION 10**

HIPAA's Administrative Simplification procedures were prompted by the desire to:

- A. Reduce administrative overhead in provider-payer transactions
- B. Simplify administrative functions such as payroll and benefits
- C. Create multiple forms for various transactions
- D. Add more details to the processing of electronic transactions

**Answer:** A

**Explanation:**

HIPAA's Administrative Simplification procedures were prompted by the desire to reduce administrative overhead in provider-payer transactions. By having one form for each type of transaction, the chances of doing the transactions electronically and semi-automating the process are improved.

**NEW QUESTION 12**

Marcus, age 33, is fully competent to handle his own affairs. He is starting services with a covered entity, as defined by HIPAA, and has received a copy of the organization's privacy practices. How many signatures are going to be required on the receipt or acknowledgement form indicating Marcus received the required information?

- A. One
- B. Three
- C. Four
- D. Two

**Answer:** D

**Explanation:**

Two signatures are required on the receipt form. One signature from the client, Marcus, and one from a witness or staff member.

**NEW QUESTION 15**

Business Associates

- A. are entities that perform services that require the use of Protected Health Information on behalf of Covered Entity
- B. One covered entity may be a business partner of another covered entity
- C. are entities that do not perform services that require the use of Protected Health Information on behalf of Covered Entity
- D. One covered entity may be a business partner of another covered entity
- E. are entities that perform services that require the use of Encrypted Insurance Information on behalf of Covered Entity
- F. One covered entity may be a business partner of another covered entity
- G. are entities that perform services that require the use of Protected Health Information on behalf of Covered Entity
- H. One covered entity cannot be a business partner of another covered entity.

**Answer:** A

**NEW QUESTION 19**

Breach notification exceptions are provided to all, EXCEPT:

- A. Business associates who access information by good faith, unintentional means and do not further disclose information
- B. Unintentional, good faith access by employees of covered entities if the information was not further disclosed
- C. If the information impacted less than 500 people within a single demographic area
- D. Inadvertent disclosure made individual to individual within a covered entity who is authorized to access protected health information

**Answer:** C

**Explanation:**

Information impacting less than 500 individuals, regardless of their demographic area, is regarded as a breach unless one of the other three qualifiers is met.

**NEW QUESTION 21**

\_\_\_\_\_ is a license to operate.

- A. Licensure
- B. Regulation

**Answer:** A

**NEW QUESTION 26**

Which of the following is a characteristic of a socialized health insurance system?

- A. Health care is financed through government-mandated contributions by employers and employees
- B. Health care is delivered by government-employed providers
- C. Both a and b

D. Neither a nor b

**Answer:** A

**NEW QUESTION 27**

Privacy and security includes which of the following best practices?

- A. Talking about consumers in public areas or where you can be overheard
- B. Sharing your computer password with a new staff that does not have their own
- C. Including PHI in an unecypted email via a public system
- D. Keeping computer screens out of sight of others
- E. None of the above

**Answer:** E

**NEW QUESTION 32**

In general, servers that are facing the Internet should be placed in a demilitarized zone (DMZ). What is MAIN purpose of the DMZ?

- A. Reduced risk to internal systems.
- B. Prepare the server for potential attacks.
- C. Mitigate the risk associated with the exposed server.
- D. Bypass the need for a firewall.

**Answer:** A

**NEW QUESTION 34**

Hospitals in the United States evolved from

- A. alms houses
- B. sick homes
- C. pest houses
- D. inns

**Answer:** A

**NEW QUESTION 35**

A Governing board is also known as the .

- A. Medical Staff
- B. Administration
- C. Board of Trustees

**Answer:** C

**NEW QUESTION 39**

Protected health information is anything that connects a patient to his or her health information.

- A. True
- B. False

**Answer:** A

**NEW QUESTION 40**

\_\_\_\_\_ Collects cancer Data.

- A. Health Information Manager
- B. Cancer Registrar
- C. Coder

**Answer:** B

**NEW QUESTION 42**

\_\_\_\_\_ is responsible for hospital organization, management, control and operation and for appointing medical staff.

- A. Administration
- B. Board of Trustees
- C. Medical Staff

**Answer:** B

**NEW QUESTION 44**

In terms of HIPPA what an organization currently is doing in a specific area of their organization and compared current operations to other requirements mandated by state or federal law is called

- A. HIPPA status analysis
- B. gap analysis
- C. comparison analysis
- D. stop-gap analysis

**Answer:** B

**NEW QUESTION 45**

What administrative safeguard puts into place measures to assure that only authorized persons have access to electronic personal health information?

- A. Log-in monitoring
- B. Information management
- C. Workforce security
- D. Termination procedures

**Answer:** C

**Explanation:**

Workforce security puts into place measures to assure that only authorized persons have access to electronic personal health information.

**NEW QUESTION 48**

Which of the following is considered the last line defense in regard to a Governance, Risk managements, and compliance (GRC) program?

- A. Internal audit
- B. Internal controls
- C. Board review
- D. Risk management

**Answer:** B

**NEW QUESTION 51**

What is a credential for Cancer Registrar?

- A. AAPC
- B. ACMCS
- C. AHIMA
- D. NCRA

**Answer:** D

**NEW QUESTION 53**

Children under age 18 comprise approximately, what percentage of the homeless population?

- A. 40%
- B. 30%
- C. 35%
- D. 45%

**Answer:** A

**NEW QUESTION 56**

Which of the following trust services principles refers to the accessibility of information used by the systems, products, or services offered to a third-party provider's customers?

- A. Security
- B. Privacy
- C. Access
- D. Availability

**Answer:** C

**NEW QUESTION 61**

Patient cost sharing (deductibles and copayments) reduces the rate of ambulatory care use, especially among the.

- A. Uninsured
- B. Critically ill
- C. Poor
- D. All of the above

**Answer:** C

**NEW QUESTION 64**

What is the primary purpose of the National Health Service Corps?



- A. To recruit physicians to provide services in physician shortage areas in the U.S.
- B. To recruit physicians from abroad to work in the United States
- C. To send U.
- D. physicians to developing countries to provide services to the indigent
- E. To recruit physicians into the military

**Answer:** A

#### NEW QUESTION 68

Would medical waste disposal be an example of contract services?

- A. True
- B. False

**Answer:** A

#### NEW QUESTION 72

This Hospital makes up 60% of hospitals in the United States. It is owned by religious or volunteer groups and is not for profit.

- A. Teaching
- B. Volunteer
- C. Government

**Answer:** B

#### NEW QUESTION 77

Each state has the same laws, rules, and/or regulations governing confidentiality of health care information.

- A. True
- B. False

**Answer:** B

#### NEW QUESTION 81

Which of the following types of business continuity tests includes assessment of resilience to internal and external risks without endangering live operations?

- A. Walkthrough
- B. Simulation
- C. Parallel
- D. White box

**Answer:** C

#### NEW QUESTION 82

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser even if:

- A. The person outside the program gives a written request for the information
- B. the patient consent in writing
- C. the disclosure is allowed by a court order
- D. the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

**Answer:** D

#### Explanation:

Incident handling is not related to disaster recovery, it is related to security incidents.

#### NEW QUESTION 87

Which of the following best describes the incentives associated with capitation?

- A. Physicians have a higher incentive to sign up only healthy patients.
- B. Physicians have more flexibility to deliver effective and efficient services to patients.
- C. It only pays for an in-person visit with a physician.
- D. A and B only

**Answer:** D

#### NEW QUESTION 88

An important principle of defense in depth is that achieving information security requires a balanced focus on which PRIMARY elements?

- A. Development, testing, and deployment
- B. Prevention, detection, and remediation
- C. People, technology, and operations
- D. Certification, accreditation, and monitoring

**Answer:** C

**NEW QUESTION 93**

If you go and get a physical exam. What type of care did you just receive?

- A. Primary
- B. Secondary
- C. Tertiary
- D. Quaternary

**Answer:** A

**NEW QUESTION 96**

\_\_\_\_\_ is a accrediting community bases health care organization (home health, Hospice). It has received deeming authority from CMS for home health, hospice and home medical equipment agencies.

- A. The Joint Commission
- B. American Osteopathic Association
- C. Community Health Accreditation Program ( CHAP)

**Answer:** C

**NEW QUESTION 101**

A generalist care coordinator can advocate on behalf of his/her patients to integrate services from multiple providers. Besides caring for the whole person, an advantage(s) of care coordination include:

- A. Enhancing patient safety
- B. Avoiding the duplication of services
- C. Prohibiting the use of all specialist services
- D. A and B only

**Answer:** D

**NEW QUESTION 102**

Is an interpretation of a law that is written by the responsible regulatory agency.

- A. Joint Conference
- B. Regulations
- C. Licenses

**Answer:** B

**NEW QUESTION 103**

Lack of health insurance has become a middle class phenomenon among all except.

- A. Those who are self employed
- B. Those working in small businesses
- C. Those with traditional jobs in manufacturing
- D. Those with part time jobs

**Answer:** C

**NEW QUESTION 108**

When assessing an organization's security policy according to standards established by the International Organization for Standardization (ISO) 27001 and 27002, when can management responsibilities be defined?

- A. Only when assets are clearly defined
- B. Only when standards are defined
- C. Only when controls are put in place
- D. Only procedures are defined

**Answer:** A

**NEW QUESTION 111**

Confidentiality means that data is not to be made available to unauthorized persons.

- A. True
- B. False

**Answer:** A

**NEW QUESTION 116**

In its historical context, which of the following has played a major role in revolutionizing health care delivery?



- A. Beliefs and values
- B. Science and technology
- C. Medical education
- D. Economic growth

**Answer:** B

**NEW QUESTION 118**

Which of the following statements is NOT correct?

- A. Staff should have access to and use only the minimum necessary to perform their duties
- B. Other laws and regulations never take precedence or preempt HIPAA
- C. PHI includes a long list of individually identifiable data

**Answer:** B

**NEW QUESTION 121**

Which of the following is a PRIMARY benefit of using a formalized security testing report format and structure?

- A. Executive audiences will understand the outcomes of testing and most appropriate next steps for corrective actions to be taken
- B. Technical teams will understand the testing objectives, testing strategies applied, and business risk associated with each vulnerability
- C. Management teams will understand the testing objectives and reputational risk to the organization
- D. Technical and management teams will better understand the testing objectives, results of each test phase, and potential impact levels

**Answer:** D

**NEW QUESTION 123**

Supplier-induced demand is created by:

- A. Patients
- B. Providers
- C. Health insurance companies
- D. The government

**Answer:** B

**NEW QUESTION 126**

Which of the following is a dimension of social health?

- A. Sociability
- B. Community involvement
- C. Marital satisfaction
- D. All of the above

**Answer:** D

**NEW QUESTION 131**

The First Blue Cross plan was given to teachers at Baylor University allowing them 21 days of hospital care at six dollars a year.

- A. True
- B. False

**Answer:** A

**NEW QUESTION 135**

The BEST method to mitigate the risk of a dictionary attack on a system is to

- A. use a hardware token.
- B. use complex passphrases.
- C. implement password history.
- D. encrypt the access control list (ACL).

**Answer:** A

**NEW QUESTION 139**

The traditional dispersed model of independent private physicians working as solo practitioners or in small groups is in competition with.

- A. Neighborhood health centers
- B. Multispecialty group practices
- C. Large "corporate" group practice organizations and networks
- D. None of the above

**Answer:** C

**NEW QUESTION 143**

A risk assessment report recommends upgrading all perimeter firewalls to mitigate a particular finding. Which of the following BEST supports this recommendation?

- A. The inherent risk is greater than the residual risk.
- B. The Annualized Loss Expectancy (ALE) approaches zero.
- C. The expected loss from the risk exceeds mitigation costs.
- D. The infrastructure budget can easily cover the upgrade costs.

**Answer:** C

**NEW QUESTION 146**

Data collected without identifiers, never coded, that was never tied to an individual, thereby fully protecting health information is considered what form of data?

- A. Data aggregation
- B. Anonymous
- C. Non-disclosed
- D. Anonymized

**Answer:** B

**Explanation:**

Anonymous information is data collected without identifiers that were never tied to an individual.

**NEW QUESTION 147**

They create and vote on bylaws

- A. Medical Staff
- B. Administration
- C. Governing Board

**Answer:** A

**NEW QUESTION 150**

A continuous information security monitoring program can BEST reduce risk through which of the following?

- A. Collecting security events and correlating them to identify anomalies
- B. Facilitating system-wide visibility into the activities of critical user accounts
- C. Encompassing people, process, and technology
- D. Logging both scheduled and unscheduled system changes

**Answer:** B

**NEW QUESTION 154**

As of 2010, what is different with regard to business associates and HIPAA protections?

- A. Business associates now must notify clients directly of privacy breaches, as if they were a covered entity
- B. There are no significant changes in business associate practices
- C. Covered entities have increase responsibilities to ensure the practice of business associates
- D. Business associates are no longer required to notify clients directly of privacy breaches

**Answer:** A

**Explanation:**

As of 2010, business associates must notify clients directly of privacy breaches, as if they were a covered entity.

**NEW QUESTION 158**

This type of hospital makes up 25% of hospitals in the United States and his a not for profit hospital.

- A. Government
- B. Proprietary
- C. Teaching
- D. Volunteer

**Answer:** A

**NEW QUESTION 161**

Excessive health care is a concern because it is.

- A. Wasteful
- B. Costly
- C. Potentially harmful
- D. All of the above

**Answer:** D

**NEW QUESTION 164**

The Baylor Hospital plan, started in 1929, laid the foundation for modern health insurance in the U.S. This was a plan.

- A. Managed care
- B. Contributory
- C. Comprehensive
- D. Prepaid

**Answer:** D

**NEW QUESTION 166**

In the U.S. health care system, which of the following creates a separation between financing and delivery?

- A. Moral hazard
- B. Phantom providers
- C. Payment
- D. Insurance

**Answer:** A

**NEW QUESTION 167**

Clients need to receive a copy of Notice of Privacy Practices.

- A. True
- B. False

**Answer:** A

**NEW QUESTION 169**

True or False? In a free market, multiple patients and providers act interdependently.

- A. True
- B. False

**Answer:** B

**NEW QUESTION 171**

Is a voluntary process that a health care facility or organization undergoes to demonstrate that it has met standards.

- A. Joint Commission
- B. Regulations
- C. Accreditation

**Answer:** C

**NEW QUESTION 174**

Which of the following BEST describes the purpose of performing security certification?

- A. To identify system threats, vulnerabilities, and acceptable level of risk
- B. To formalize the confirmation of compliance to security policies and standards
- C. To formalize the confirmation of completed risk mitigation and risk analysis
- D. To verify that system architecture and interconnections with other systems are effectively implemented

**Answer:** B

**NEW QUESTION 176**

In the preindustrial era, asylums were built by to accommodate patients with severe and chronic mental illness.

- A. The federal government
- B. Private entrepreneurs
- C. Psychiatrists
- D. The state governments

**Answer:** D

**NEW QUESTION 178**

Was an early expression of medical ethics and reflected high ideals.

- A. Cannon of Medicine
- B. Hippocratic Oath

**Answer:** B

**NEW QUESTION 180**

They examine cost of claims to determine whether it is a reasonable or necessary, according to diagnosis.

- A. Coders
- B. Billers
- C. Health Insurance Specialist

**Answer:** C

#### NEW QUESTION 181

If a medical entity is in compliance with the Division of Medical Assistance's (DMA's) Health Data Marketing Guidelines, is the entity in compliance with HIPAA guidelines?

- A. N
- B. HIPAA is law while DMA guidelines are not law, and require less than HIPAA
- C. Ye
- D. HIPAA is federal law and DMA is state law, which is usually more restrictive, and the more restrictive standard should be met.
- E. N
- F. HIPAA law is federal and DMA law is state, so HIPAA supersedes DMA law.
- G. Ye
- H. DMA's guidelines are stricter and will supersede those minimum standards of HIPAA.

**Answer:** A

#### Explanation:

If a medical entity is in compliance with the Division of Medical Assistance's (DMA's) Health Data Marketing Guidelines, they are not in compliance with HIPAA guidelines because HIPAA is law while DMA guidelines are not, requiring less than HIPAA.

#### NEW QUESTION 184

Confidential information must not be shared with another unless the recipient has:

- A. An OK from a manager
- B. The need to know
- C. Permission from appropriate authority in the office
- D. All of the above

**Answer:** D

#### NEW QUESTION 187

Group Health Plans sponsored or maintained by employers, however,

- A. ARE SOMETIMES covered entities.
- B. ARE NOT covered entities.
- C. ARE covered entities
- D. ARE called uncovered entities

**Answer:** C

#### NEW QUESTION 190

What was the function of a pest house in the preindustrial period?

- A. To house people who had a contagious disease.
- B. To provide refuge to those who were threatened by pests.
- C. To eradicate pests.
- D. To treat contagious diseases.

**Answer:** A

#### NEW QUESTION 192

Medicare and Medicaid are apart of social security amendments?

- A. True
- B. False

**Answer:** A

#### NEW QUESTION 195

An international medical organization with headquarters in the United States (US) and branches in France wants to test a drug in both countries. What is the organization allowed to do with the test subject's data?

- A. Aggregate it into one database in the US
- B. Process it in the US, but store the information in France
- C. Share it with a third party
- D. Anonymize it and process it in the US

**Answer:** C

**NEW QUESTION 197**

\_\_\_\_\_ is one of the main objectives of HIPAA.

- A. Secrecy
- B. Accountability
- C. Anonymity
- D. Complexity

**Answer: B**

**Explanation:**

The main objectives of HIPAA are Accountability (reduce waste, fraud, and abuse; new penalties will be imposed), Insurance Reform (continuity and portability of health insurance, providing limits on pre existing provisions), and Administrative simplification (standards on electronic data transactions in a confidential and secure manner).

**NEW QUESTION 198**

The Federal Regulations on Confidentiality of Alcohol and Drug Abuse Patient Records is one example of.

- A. Confidentiality
- B. Release of information
- C. Preemption

**Answer: C**

**NEW QUESTION 200**

Which of the following is NOT a best practice for privacy and security?

- A. Keeping fax machines in areas that are not generally accessible
- B. Keeping consumer records and other documents containing PHI out of sight
- C. Documents containing PHI do not need to be shredded
- D. Keeping medical records rooms locked/secured

**Answer: C**

**NEW QUESTION 201**

HIPAA security and privacy regulations apply to:

- A. Attending physicians, nurses, and other healthcare professionals.
- B. Health information managers, information systems staff, and other ancillary personnel only.
- C. Anyone working in the facility.
- D. Only staff that have direct patient contact.

**Answer: C**

**NEW QUESTION 202**

Employers often advocate on behalf of their employees in benefit disputes and appeals, answer QUESTION NO:s with regard to the health plan, and generally help them navigate their health benefits. Is this type of assistance allowed under the regulation?

- A. The final rule does nothing to hinder or prohibit plan sponsors from advocating on behalf of group health plan participants or providing assistance in understanding their health plans.
- B. The final rule prohibits plan sponsors from advocating on behalf of group health plan participants or providing assistance in understanding their health plans
- C. The final rule does hinder but does not prohibit plan sponsors from advocating on behalf of group health plan participants or providing assistance in understanding their health plans
- D. The final rule does no advocating on behalf of group health plan participants or provide assistance in understanding their health plan.

**Answer: A**

**NEW QUESTION 206**

Since the early 1900s, the burden of disease in developed countries has shifted.

- A. to underdeveloped countries
- B. from infectious to chronic disease
- C. from chronic to infectious disease
- D. from the rich to the poor

**Answer: B**

**NEW QUESTION 207**

Each healthcare provider MUST have a document that describes how information about the client is used by the agency and when the agency will disclose/release it without the client's authorization.

- A. True
- B. False

**Answer: A**

**NEW QUESTION 209**

The U.S. healthcare system can best be described as:

- A. Expensive
- B. Fragmented
- C. Market-oriented
- D. All of the above

**Answer:** D

**NEW QUESTION 210**

A person's phone number is not considered PHI because it can be located in an online or paper telephone directory.

- A. True
- B. False

**Answer:** B

**NEW QUESTION 212**

The inception of \_\_\_\_\_ was used as a trial balloon for the idea of government-sponsored universal health insurance.

- A. workers' compensation
- B. trade unions
- C. public health
- D. health care for the veterans

**Answer:** A

**NEW QUESTION 214**

What main purpose was served by an almshouse in the preindustrial period?

- A. It was used to quarantine people who had contracted a contagious disease
- B. It provided free medical care and drugs to ambulatory patients
- C. It specialized in performing basic surgeries
- D. It performed general welfare and custodial functions

**Answer:** D

**NEW QUESTION 219**

\_\_\_\_\_ includes highly qualified practitioners available as consultants when needed.

- A. Active
- B. Honorary
- C. Consulting

**Answer:** C

**NEW QUESTION 222**

An organization is outsourcing its payroll system and is requesting to conduct a full audit on the third-party information technology (IT) systems. During the due diligence process, the third party provides previous audit report on its IT system.

Which of the following **MUST** be considered by the organization in order for the audit reports to be acceptable?

- A. The audit assessment has been conducted by an independent assessor.
- B. The audit reports have been signed by the third-party senior management.
- C. The audit reports have been issued in the last six months.
- D. The audit assessment has been conducted by an international audit firm.

**Answer:** B

**NEW QUESTION 225**

Reimbursement is associated with which of the quad functions?

- A. Payment
- B. Insurance
- C. Financing
- D. Delivery

**Answer:** D

**NEW QUESTION 230**

What data-related concept identifies or characterizes entities and events in a manner that facilitates an administrative process?

- A. Non-medical or Administrative Code Sets
- B. Data Mapping



- C. Medical or Clinical Code Sets
- D. Data Elements

**Answer:** A

**Explanation:**

Non-medical or Administrative Code Sets identify or characterize entities and events in a manner that facilitates an administrative process.

**NEW QUESTION 232**

Medicaid is primarily for people who meet the following eligibility requirement:

- A. Elderly
- B. Low-income
- C. Children
- D. Disabled

**Answer:** B

**NEW QUESTION 233**

Under the HIPAA Privacy Rule, who is NOT considered a covered entity?

- A. Clearinghouse
- B. Client patient
- C. Health practitioner
- D. Third party

**Answer:** B

**Explanation:**

A health care provider, health plan, and a clearinghouse are all considered covered entities. HIPAA compliance is required of all covered entities.

**NEW QUESTION 236**

The HIPPA task force must inventory the organization's systems, processes, policies, procedures and data to determine which elements are critical to patient care and central to the organizations business. All must be inventoried and listed by

- A. by priority as well as encryption levels, authenticity, storage-devices, availability, reliability, access and us
- B. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.
- C. by priority and cost as well as availability, reliability, access and us
- D. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.
- E. by priority as well availability, reliability, access and us
- F. The person responsible for criticality analysis must remain mission-focused but need not document all the criteria used.
- G. by priority as well as availability, reliability, access and us
- H. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.

**Answer:** D

**NEW QUESTION 241**

What time period was syphilis an epidemic?

- A. Renaissance
- B. Ancient
- C. Modern

**Answer:** A

**NEW QUESTION 242**

The adequacy of the health profession workforce (ie. supply and demand) can be determined by.

- A. Market demand of health professions
- B. Population need of health professions
- C. Neither A nor B are determinants
- D. Both A and B are determinants

**Answer:** D

**NEW QUESTION 247**

A medical intervention lying on a steeper portion of the aggregate cost-benefit curve indicates a major benefit for a relatively modest cost. An example of such an intervention would be:

- A. childhood immunizations.
- B. lung transplants.
- C. care for an anencephalic infant.
- D. purchasing MRI scanners to supplement CT scanners.

**Answer:** A

**NEW QUESTION 249**

He used a microscope to study organisms and also discovered bacteria.

- A. Koch
- B. Leeuwenhoek
- C. Flemming
- D. Aselli

**Answer:** B

**NEW QUESTION 250**

Which is not a "painless" cost control strategy?

- A. Reduction of administrative waste
- B. Use of cost-effective analysis to limit care
- C. Elimination of inappropriate care
- D. Elimination of ineffective care

**Answer:** B

**NEW QUESTION 254**

What time period was the polio vaccine licensed?

- A. Ancient
- B. Modern
- C. Medieval

**Answer:** B

**NEW QUESTION 257**

What grants a "deemed status", has conditions of participation and makes sure hospitals meet certain requirements to get reimburse for medicare/medicaid?

- A. HIPPA
- B. JCAH
- C. Food and Drug Act

**Answer:** B

**NEW QUESTION 261**

Transcribes, dictations and creates medical reports for hospital administrations.

- A. Coders
- B. Cancer registrars
- C. Medical Transcriptionist

**Answer:** C

**NEW QUESTION 262**

The threat modeling identifies a man-in-the-middle (MITM) exposure. Which countermeasure should the information system security officer (ISSO) select to mitigate the risk of a protected Health information (PHI) data leak?

- A. Auditing
- B. Anonymization
- C. Privacy monitoring
- D. Data retention

**Answer:** B

**NEW QUESTION 267**

Health Care Providers, however

- A. become the business associates of health plans even without joining a network
- B. become the business associates of health plans by simply joining a network
- C. do not become the business associates of health plans by simply joining a network
- D. do not become the HIPPA associates of health plans by simply joining a network

**Answer:** C

**NEW QUESTION 271**

What is a credential for Coders?

- A. AAPC
- B. ASCPA
- C. AHIMA

**Answer:** A

**NEW QUESTION 274**

PHI stands for Private Health Information.

- A. True
- B. False

**Answer:** B

**NEW QUESTION 278**

The CQI approach of producing health care "report cards," specifically HEDIS is a tool to encourage health care consumers to choose high-quality caregivers, but often.

- A. these report cards are inaccurate
- B. cost, not quality is the driving motivator for employers to choose health care plans for their employees
- C. HEDIS includes only a limited number of quality performance indicators
- D. None of the above

**Answer:** B

**NEW QUESTION 279**

Covered entities (certain health care providers, health plans, and health care clearinghouses) are not required to comply with the HIPPA Privacy Rule until the compliance date. Covered entities may, of course, decide to:

- A. unvoluntarily protect patient health information before this date
- B. voluntarily protect patient health information before this date
- C. after taking permission, voluntarily protect patient health information before this date
- D. compulsorily protect patient health information before this date

**Answer:** B

**NEW QUESTION 282**

The implementation Guides

- A. are referred to in the Transaction Rule
- B. are not referred to in the Transaction Rule
- C. are referred to in the Compliance Rules
- D. are referred to in the Confidentiality Rule

**Answer:** A

**NEW QUESTION 287**

Which of the following actions will reduce risk to a laptop before traveling to a high risk area?

- A. Examine the device for physical tampering
- B. Implement more stringent baseline configurations
- C. Purge or re-image the hard disk drive
- D. Change access codes

**Answer:** D

**NEW QUESTION 291**

True or false: For people with Medicaid coverage, access to health care is guaranteed.

- A. True
- B. False

**Answer:** B

**NEW QUESTION 296**

Is a list of all items of business to be discussed.

- A. Minutes
- B. Agenda

**Answer:** B

**NEW QUESTION 298**

Which of the following represents the GREATEST risk to data confidentiality?

- A. Network redundancies are not implemented
- B. Security awareness training is not completed
- C. Backup tapes are generated unencrypted

D. Users have administrative privileges

**Answer:** C

#### NEW QUESTION 300

HIPPA gave the option to adopt other financial and administrative transactions standards, "consistent with the goals of improving the operation of health care system and reducing administrative costs" to

- A. ASCA prohibits HHS from paying Medicare claims that are not submitted electronically after October 16, 2003.
- B. ASCA prohibits HHS from paying Medicare claims that are not submitted on paper after October 16, 2003
- C. ASCA prohibits HHS from paying Medicare claims that are not submitted electronically after October 16, 2003, unless the Secretary grants a waiver from this requirement
- D. No

**Answer:** C

#### NEW QUESTION 302

Price inflation has been a major contributor to the rise of health care costs in the recent decades. This inflation has been due to:

- A. Prices of health care rising more rapidly than prices in the overall economy.
- B. An increase in the quantities of health care utilized relative to increases in the overall quantity of goods and services.
- C. Both A and B
- D. Factors other than price or quantity of health care.

**Answer:** C

#### NEW QUESTION 305

February 17, 2010 was the effective date for updated changes to HIPAA triggered by the Health Information Technology for Economic and Clinical Health Act (HITECH). As part of HITECH, what must providers who have clients who opt to self-pay do when those clients request the provider not inform their health care insurance provider?

- A. The provider has the option to not disclose the information to the health care insurance provider
- B. The provider must disclose the information anyway to the health care insurance provider
- C. The provider must not disclose the information to the health care insurance provider
- D. The provider must have the client sign a waiver freeing the provider from the compulsion to report to the provider

**Answer:** C

#### Explanation:

The provider must not disclose the information to the health care provider under the new rules. Previously, the provider's compliance with the request was optional under HIPAA guidelines.

#### NEW QUESTION 306

Which of the following is a true statement about both the amount and quality of medical services available:

- A. an increase in medical services also increases the quality of care because it provides greater access to care
- B. minimal medical services is needed for increasing quality of care because it reduces misdiagnoses
- C. medical services can be overused or underused which can both be detrimental to the quality of care
- D. the quantity and quality of care are not related

**Answer:** C

#### NEW QUESTION 310

The mode of payment that is considered to be proportional is.

- A. Out -of pocket payment
- B. Individual private insurance
- C. Employment-based group private insurance
- D. Government financing

**Answer:** D

#### NEW QUESTION 315

When providers deliver unnecessary services with the objective of protection themselves against lawsuits, this practice is called

- A. defensive medicine
- B. supplier-induced demand
- C. primary protection
- D. legal risk

**Answer:** A

#### NEW QUESTION 317

Among women, which racial/ethnic group has the highest percentage distribution of AIDS?

- A. White, non-Hispanic
- B. Black, non-Hispanic
- C. Hispanic
- D. American Indian

**Answer:** B

#### NEW QUESTION 319

Diagnosis-Related Groups (DRGs) lumps together all services performed during a hospital episode. Under the DRG system, which is/are true?

- A. Medicare is at risk for the number of admissions.
- B. The hospital is at risk for the number of admissions.
- C. The hospital is at risk for the length of stay.
- D. Only A and C

**Answer:** D

#### NEW QUESTION 321

Under HIPAA, Regional Health Information Organizations and Personal Health Record Vendors are considered to be:

- A. Health care clearinghouses
- B. Business associates
- C. Covered entities
- D. Personal health care vendors

**Answer:** B

#### Explanation:

Under HIPAA, Regional Health Information Organizations and Personal Health Record Vendors are considered to be business associates.

#### NEW QUESTION 324

Which racial/ethnic group has the highest rate of uninsurance?

- A. White
- B. Hispanic
- C. Asian or pacific islander
- D. Black or African American

**Answer:** B

#### NEW QUESTION 328

Was known for identifying anthrax.

- A. Robert Koch
- B. Edward Jenner
- C. Louis Pasteur

**Answer:** A

#### NEW QUESTION 329

Health Information Rights although your health record is the physical property of the healthcare practitioner or facility that compiled it, the information belongs to you. You do not have the right to:

- A. obtain a paper copy of the notice of information practices upon request inspect and obtain a copy of your health record as provided for in 45 CFR 164.524
- B. request a restriction on certain uses and disclosures of your information outside the terms as provided by 45 CFR 164.522
- C. amend your health record as provided in 45 CFR 164.528 obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528
- D. revoke your authorization to use or disclose health information except to the extent that action has already been taken

**Answer:** B

#### NEW QUESTION 333

The criminal penalties for improperly disclosing patient health information can be as high as fines of \$250,000 and prison sentences of up to 10 years.

- A. True
- B. False

**Answer:** A

#### NEW QUESTION 336

Medicare and Medicaid programs were created for population groups regarded as.

- A. Elderly
- B. Vulnerable
- C. Underinsured
- D. Politically above

**Answer:** B

**NEW QUESTION 338**

Max, who has worked all his life for Ford motors, is now 65 years old. He has not yet retired. Max is eligible for:

- A. Medicare Part A
- B. Medicare Part B
- C. Both A and B
- D. None of the above

**Answer:** C

**NEW QUESTION 341**

Marcus is responsible for security management within a HIPAA-covered entity. He is reviewing administrative safeguards and examining the organization's risk analysis. Which element is NOT part of risk analysis?

- A. Developing adequate communication with all contractors, interns, and staff in relation to the agency's security policies
- B. Assessing vulnerabilities of integrity and availability of electronic personal health information
- C. Determining how client electronic personal health information confidentiality may be compromised
- D. Determining barriers in existence to needed client electronic personal health information

**Answer:** A

**Explanation:**

Developing communication is not a function of risk analysis.

**NEW QUESTION 346**

Learned that microbes are living and caused disease. Also learned that killing the microbes helped to stop that disease.

- A. Robert Koch
- B. Edward Jenner
- C. Louis Pasteur

**Answer:** C

**NEW QUESTION 350**

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