

Exam Questions HCISPP

HealthCare Information Security and Privacy Practitioner

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NEW QUESTION 1

HIPPA does not call for:

- A. Standardization of electronic patient health, administrative and financial data
- B. Unique health identifiers for individuals, employers, health plans, and health care providers.
- C. Common health identifiers for individuals, employers, health plans and health care providers.
- D. Security standards protecting the confidentiality and integrity of "individually identifiable health information," past, present or future.

Answer: C

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 wrecks 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

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 5

You are approached by an individual who tells you that he is here to work on the computers and wants you to open a door for him or point the way to a workstation. How do you respond to this request?

- A. Provide him with the information or access he needs.
- B. Ask him who at the facility has hired him and refer him to that person for assistance.
- C. Call the police.

Answer: B

NEW QUESTION 6

If a person has the ability to access facility of company systems or applications, they have a right to view any information contained in that system or application.

- A. True
- B. False

Answer: B

NEW QUESTION 7

This hospital is owned by corporations and makes up 15% of hospitals in the United States.

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

Answer: D

NEW QUESTION 8

Which of the BEST internationally recognized standard for evaluating security products and systems?

- A. Payment Card Industry Data Security Standards (PCI-DSS)
- B. Common Criteria (CC)
- C. Health Insurance Portability and Accountability Act (HIPAA)
- D. Sarbanes-Oxley (SOX)

Answer: B

NEW QUESTION 9

You receive a call from staff at a local hospital stating that they need information regarding a former client of yours who is scheduled for surgery. They fax you a release of information form which only authorizes the release of medications but the person on the phone is asking for dates of treatment and diagnoses. How would you respond?

- A. Tell them everything they need to know because they are calling from a hospital
- B. Release information regarding medications only
- C. Refuse to release any information

Answer: B

NEW QUESTION 10

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 10

Which is NOT consistent with Personnel Clearance Procedures needed to comply with HIPAA Administrative Safeguards?

- A. Current database of what personnel has access to buildings, offices, filing cabinets, computers, and databases
- B. New employees, contractors, and unpaid staff have references checked
- C. Appropriate exit interviews for outgoing personnel
- D. Discretion given to who does and does not have access to secure office spaces or keys/door codes

Answer: C

Explanation:

Appropriate exit interviews for outgoing personnel is least consistent with personnel clearance procedures needed to comply with Administrative Safeguards.

NEW QUESTION 14

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 15

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 17

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 20

Which of the following types of technologies would be the MOST cost-effective method to provide a reactive control for protecting personnel in public areas?

- A. Install mantraps at the building entrances
- B. Enclose the personnel entry area with polycarbonate plastic
- C. Supply a duress alarm for personnel exposed to the public
- D. Hire a guard to protect the public area

Answer: D

NEW QUESTION 23

Surgeons usually receive a single payment for the surgery and postoperative care. This bundling, or payment per episode, gives surgeons an economic incentive to.

- A. Limit both the number of surgeries they perform and the number of post operative visits they make.
- B. Increase both the number of surgeries and the number of post operative visits.
- C. Limit the number of surgeries and increase the number of post operative visits.
- D. Increase the number of surgeries and limit the number of post operative visits.

Answer: D

NEW QUESTION 27

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 32

Vertical integration refers to an organization model that under one ownership.

- A. Contains all levels of care, from primary to tertiary
- B. Provides the necessary staff for this full spectrum of care
- C. Provides the necessary facility for all levels of care
- D. All of the above.

Answer: D

NEW QUESTION 37

Who was the first company to give their employees health insurance? What was the health insurance?

- A. Ford Motor Company/Blue Cross

- B. General Motors/Blue Cross
- C. General Motors/Metropolitan life

Answer: C

NEW QUESTION 39

As a result of the Dispersed Model of health care used in the U.S., the hospital structure resembles a diamond, with.

- A. The bulk of the hospitals in the middle, providing a wide range of secondary and tertiary services.
- B. A small number of hospitals at the top, which lack specialized units.
- C. The bulk of the hospitals in the middle, which lack specialized units.
- D. A small number of hospitals at the base, which provide highly super specialized referral services.

Answer: A

NEW QUESTION 42

Who founded the Pennsylvania Hospital?

- A. Edward Jenner
- B. Flemming
- C. Ben Franklin

Answer: C

NEW QUESTION 44

What kind of personally identifiable health information is protected by HIPAA privacy rule?

- A. Paper
- B. Electronic
- C. The spoken word
- D. All of the above
- E. None of the above

Answer: D

NEW QUESTION 48

What is a Covered Entity? The term "Covered Entity" is defined in 160.103 of the regulation.

- A. The definition is complicate and long.
- B. The definition is referred to in the Secure Computing Act
- C. The definition is very detailed.
- D. The definition is deceptively simple and short

Answer: D

NEW QUESTION 52

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

- A. True
- B. False

Answer: A

NEW QUESTION 57

Assigning numeric and alphanumeric codes to diagnoses, procedures and services.

- A. Coding and Abstracting
- B. Incomplete Record Processing
- C. Redcord Circulatoin

Answer: A

NEW QUESTION 61

Administrative Safeguards on Security Awareness related to electronic Protected Health Information (PHI) and Log-in Monitoring includes all, EXCEPT:

- A. Review the system's login reports at regular intervals
- B. Prohibit the sharing of passwords among any employees, paid or unpaid
- C. Limit the number of attempts a computer user can make at a log-in attempt
- D. Use of software that locks the user out of the system after a certain number of unsuccessful log-in attempts are made

Answer: B

Explanation:

The least appropriate answer is to prohibit the sharing of passwords among any employees, paid or unpaid.

NEW QUESTION 64

Which legislation created the State Children's Health Insurance Plan (SCHIP)?

- A. Balanced Budget Act of 1997
- B. State Children's Health Insurance Act of 1997
- C. Kids First Act of 1997
- D. Omnibus Reconciliation Act of 1997

Answer: A

NEW QUESTION 69

Acts on reports and recommendations from medical staff committees.

- A. Joint
- B. Credentials
- C. Ethics
- D. Executive

Answer: D

NEW QUESTION 73

This type of hospital is privately owned.

- A. For Profit
- B. Not for Profit

Answer: A

NEW QUESTION 77

Which racial/ethnic group is least likely to use mammography?

- A. White
- B. Black or African American
- C. Asian or Pacific Islander
- D. Hispanic

Answer: D

NEW QUESTION 80

_____ 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 85

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 90

Which racial/ethnic group is most likely to drink alcohol?

- A. White
- B. Black or African American
- C. Asian or Pacific Islander
- D. Hispanic

Answer: A

NEW QUESTION 93

A health plan may conduct its covered transactions through a clearinghouse, and may require a provider to conduct covered transactions with it through a clearinghouse. The incremental cost of doing so must be borne

- A. by the HIPPA authorities
- B. by the health plan

- C. by any other entity but the health plan
- D. by insurance companies

Answer: B

NEW QUESTION 97

Is concised, accurate records of actions taken and decisions made during the meeting.

- A. Minutes
- B. Agenda
- C. Committees

Answer: A

NEW QUESTION 99

Are there penalties under HIPPA?

- A. No penalties
- B. HIPPA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to \$25k for multiple violations of the same standard in a calendar year -- fines up to \$250k and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information.
- C. HIPPA calls for severe civil and criminal penalties for noncompliance, includes: -- fines up to 50k for multiple violations of the same standard in a calendar year -- fines up to \$500k and/or imprisonment up to 10 years for knowing misuse of individually identifiable health information
- D. HIPPA calls for severe civil and criminal penalties for noncompliance, including: -- fines up to \$100 for multiple violations of the same standard in a calendar year -- fines up to \$750k and/or imprisonment up to 20 years for knowing misuse of individually identifiable health information

Answer: B

NEW QUESTION 102

What is a credential for Cancer Registrar?

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

Answer: D

NEW QUESTION 104

Title I of The Health Insurance Portability and Accountability Act protects:

- A. Electronic health care transactions
- B. Client's medical records
- C. Restrictions that a group health plan can place on benefits for preexisting conditions
- D. Health insurance coverage for workers and their families

Answer: D

Explanation:

Title I of HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs. Title I prohibits any group health plan from creating eligibility rules or assessing premiums for individuals in the plan based on health status, medical history, genetic information, or disability. Title I also limits restrictions that a group health plan can place on benefits for preexisting conditions.

NEW QUESTION 107

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

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

Answer: A

NEW QUESTION 109

_____ is a physician who has completed their internship in a program of training designed to increase their knowledge of clinical or special fields.

- A. Resident
- B. Chief Resident
- C. Intern

Answer: A

NEW QUESTION 111

You always abide by the HIPAA privacy rule.

- A. True
- B. False

Answer: B

NEW QUESTION 113

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.S. physicians to developing countries to provide services to the indigent
- D. To recruit physicians into the military

Answer: A

NEW QUESTION 116

Which of the following are some common features designed to protect confidentiality of health information contained in patient medical records?

- A. Locks on medical records rooms
- B. Passwords to access computerized records
- C. Rules that prohibit employees from looking at records unless they have a need to know
- D. All of the above

Answer: D

NEW QUESTION 118

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

- A. True
- B. False

Answer: B

NEW QUESTION 122

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 127

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 128

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 133

If a client requests a restriction for disclosure of a certain part of their PHI to a health plan, the health care provider is:

- A. Required to agree to the requested restriction if the disclosure is for treatment or payment, is not required by law, and if the information is specifically related to a health care item or service that the client has paid for in full
- B. Required to agree only if the client specifies why he/she wants the restriction
- C. Required to agree only if the client specifies who he/she wants the restriction to apply to

D. Required to agree to the requested restriction

Answer: A

Explanation:

A client can request a restriction of a certain part of their medical record for treatment, payment, and healthcare options. The client can also request restriction of medical information to people involved in their care (i.e., friends and family). The client should specify why he/she wants the restriction and who he/she wants the restriction to apply to. Under the "Final Rule" for HIPAA issued in 2013, a client can request to restrict disclosures of their health information and that request has to be granted by the provider if 1) the disclosure is for treatment or payment, 2) the disclosure is not required by law, and 3) the information is specifically related to a healthcare item or service that the client has paid for in full.

NEW QUESTION 134

All of the following items should be included in a Business Impact Analysis (BIA) QUESTION NO:naire EXCEPT QUESTION NO:s that

- A. determine the risk of a business interruption occurring
- B. determine the technological dependence of the business processes
- C. Identify the operational impacts of a business interruption
- D. Identify the financial impacts of a business interruption

Answer: B

NEW QUESTION 137

The management of a rare and complex disorder such as pituitary tumors would be considered an example of.

- A. Primary care
- B. Secondary care
- C. Tertiary care
- D. Both A and B

Answer: C

NEW QUESTION 141

HIPAA guidelines say employers that sponsor employee group health plans must maintain privacy of which _____ in secured locations, if kept in the office?

- A. Information related to lawsuits against employers
- B. Enrollment and claim information
- C. Workman's Compensation claims
- D. Deidentified information

Answer: B

Explanation:

Enrollment and claim information must be kept locked and secured if maintained in office spaces.

NEW QUESTION 145

Which central agency manages the health care delivery system in the United States?

- A. Centers for Disease Control and Prevention
- B. Department of Health and Human Services
- C. Department of Commerce
- D. NONE

Answer: D

NEW QUESTION 150

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 154

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 155

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

- A. True
- B. False

Answer: A

NEW QUESTION 156

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 158

How many major concepts are associated with the privacy rule?

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

Answer: B

NEW QUESTION 159

Jackson broke his ankle while performing with his band 100 Monkeys. Jackson was rushed to the E.R and from there he was referred to a bone specialist. What type of care is Jackson in?

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

Answer: C

NEW QUESTION 162

HIPAA requires a response and reporting of security incidents. What is required when an organization has an attempted unauthorized access of protected health information?

- A. HIPAA must be notified
- B. Nothing is required of an attempted unauthorized access
- C. The organization must respond and notify the appropriate parties
- D. Federal authorities must be notified

Answer: C

Explanation:

When an organization has an attempted unauthorized access of protected health information the organization must respond and notify the appropriate parties.

NEW QUESTION 163

Clinical practice guidelines are often ineffective in improving quality of care because.

- A. they are not appropriate for many clinical situations
- B. they may conflict with patient preferences
- C. they are unsuccessful in influencing physicians' practices
- D. all of the above

Answer: C

NEW QUESTION 165

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 170

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 175

Which of the following is an overarching goal of Healthy People 2010?

- A. Decrease health care costs
- B. Create a more coordinated health care system
- C. Establish a national health insurance program
- D. Increase quality and years of healthy life

Answer: D

NEW QUESTION 178

_____ - medicine believed gods and evil spirits caused disease.

- A. Ancient
- B. Prehistoric
- C. Modern

Answer: B

NEW QUESTION 179

Which of the following is true of experience rating?

- A. High risk patients pay relatively low premiums.
- B. It provides affordable coverage to the chronically ill.
- C. Young, healthier groups have cheaper premiums.
- D. The elderly have among the lowest premiums.

Answer: C

NEW QUESTION 182

Some people receive too little health care because.

- A. They are uninsured
- B. They are inadequately insured
- C. Physicians will not accept their Medicare coverage
- D. All of the above.

Answer: D

NEW QUESTION 184

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 189

A gap analysis for the Transactions set does not refer to

- A. the practice of identifying the data content you currently have available through your medical software
- B. the practice of and comparing that content to what is required by HIPPA, and ensuring there is a match.
- C. and requires that you study the specific format of a regulated transaction to ensure that the order of the information when sent electronically matches the order that is mandated in the Implementation Guides.
- D. but does not require that you study the specific format of a regulated transaction to ensure that the order of information when sent electronically matches the order that is mandated in the Implementation Guides.

Answer: D

NEW QUESTION 194

The major form(s) of managed care organizations are:

- A. Fee-for-service with utilization review
- B. Preferred provide organizations (PPOs)
- C. Health maintenance organizations (HMOs)
- D. All of the above.

Answer: D

NEW QUESTION 198

The HIPPA task force must first

- A. inventory the organization's systems, processes, policies, procedures and data to determine which elements are critical to patient care and central to the organization's business
- B. inventory the organization's systems, processes, policies, procedures and data to determine which elements are non critical to patient care and central to the organization's business
- C. inventory the organization's systems, processes, policies, procedures and data to determine which elements are critical to patient complaints and central to the organization's peripheral businesses
- D. modify the organization's systems, processes, policies, procedures and data to determine which elements are critical to patient care and central to the organization's business

Answer: A

NEW QUESTION 203

A multiple payer system is more cumbersome than a single payer system for all of the following reasons except:

- A. There are numerous health plans, which is difficult for providers to handle
- B. Payments are not standardized across health plans
- C. Some healthcare services are covered for people in the north, but not in the south
- D. Government programs required extensive documentation proving services were provided before paying providers

Answer: C

NEW QUESTION 206

The competitive approach to health insurance financing is aimed to.

- A. Encourage businesses to be more aggressive when negotiating premiums
- B. Make employees more cost-aware by limiting the amount of the premium that the employer will pay
- C. Encourage employers to offer a fixed amount of insurance subsidy and compel employees who select more costly plans to pay the extra amount
- D. All of the above

Answer: D

NEW QUESTION 211

HIPPA results in

- A. sweeping changes in some healthcare transaction and administrative information systems
- B. sweeping changes in most healthcare transaction and administrative information systems
- C. minor changes in most healthcare transaction and administrative information systems
- D. no changes in most healthcare transaction and minor changes in administrative information systems

Answer: B

NEW QUESTION 215

It is NOT important to read and understand your agency's Notice of Privacy Practices.

- A. True
- B. False

Answer: B

NEW QUESTION 216

The continuous quality improvement model (CQI) seeks to.

- A. improve access to care
- B. develop formalized standards of care
- C. separate financial and clinical decisions
- D. focus on individual caregivers

Answer: B

NEW QUESTION 219

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 223

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 227

Medicare and Medicaid are apart of social security amendments?

- A. True
- B. False

Answer: A

NEW QUESTION 229

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 230

Part of Administrative Safeguards under HIPAA is Workforce Security measures. Which is NOT a key element of a Workforce Security Element?

- A. Identification of barriers to client electronic Personal Health Information
- B. Clearance Procedures
- C. Termination Procedures
- D. Authorization and Supervision

Answer: A

Explanation:

Identification of barriers to client electronic Personal Health Information is more indicative of Risk Assessment, not Workforce Security.

NEW QUESTION 233

_____ 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 234

The primary objectives of a healthcare system include all of the following except:

- A. Enabling all citizens to receive healthcare services
- B. Delivering healthcare services that are cost-effective
- C. Delivering healthcare services using the most current technology, regardless of cost
- D. Delivering healthcare services that meet established standards of quality

Answer: C

NEW QUESTION 238

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 240

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 245

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 246

Which of the following is the MOST significant benefit to implementing a third-party federated identity architecture?

- A. Attribute assertions as agencies can request a larger set of attributes to fulfill service delivery
- B. Data decrease related to storing personal information
- C. Reduction in operational costs to the agency
- D. Enable business objectives so departments can focus on mission rather than the business of identity management

Answer: C

NEW QUESTION 247

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 249

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 252

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 255

_____ includes highly qualified practitioners available as consultants when needed.

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

Answer: C

NEW QUESTION 257

If you suspect someone is violating the facility's privacy policy, you should:

- A. Say nothing
- B. It's none of your business.
- C. Watch the individual until you have gathered solid evidence against them.
- D. Report your suspicions to your clinical supervisor for further follow-up.

Answer: C

NEW QUESTION 262

They make sure that patient charts are coded correctly for reimbursement.

- A. Health Information Managers
- B. Coders and reimbursement specialist
- C. Cancer Registrars

Answer: B

NEW QUESTION 264

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 266

In a free market who would pay for the delivery of health care services?

- A. numerous health insurance companies
- B. patients
- C. government
- D. multiple payers

Answer: B

NEW QUESTION 268

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 272

The HIPAA 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 277

True or False? In a single-payer system, the primary payer usually is an insurance company.

- A. True
- B. False

Answer: B

NEW QUESTION 278

Flemming discovered The Cannon of Medicine.

- A. True
- B. False

Answer: B

NEW QUESTION 279

Discovered the immunity to small pox.

- A. Edward Jenner
- B. Robert Koch
- C. Hippocrates

Answer: A

NEW QUESTION 283

The inclusion of network-model HMOs in the Health Maintenance Act of 1973 ensured.

- A. the HMO movement would not create rapid change to the mode of health care delivery
- B. universal coverage
- C. no economic risk among both physicians and HMOs
- D. All of the above.

Answer: A

NEW QUESTION 288

What time period was the polio vaccine licensed?

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

Answer: B

NEW QUESTION 293

You work in the billing department of your agency and while processing claims, you notice the name of someone you know. Since you are curious, you decide to investigate and you pull their medical record and read it. Is this appropriate?

- A. Yes
- B. No

Answer: B

NEW QUESTION 294

Which of the following is the PRIMARY risk with using open source software in a commercial software construction?

- A. Lack of software documentation
- B. License agreements requiring release of modified code
- C. Expiration of the license agreement
- D. Costs associated with support of the software

Answer: D

NEW QUESTION 295

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

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

Answer: A

NEW QUESTION 296

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 298

_____ converts paper records to an electronic health record.

- A. Image Processing
- B. Incomplete Record Processing
- C. Coding and Abstracting

Answer: A

NEW QUESTION 300

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 301

Under HIPAA Administrative Simplification, what must covered entities do in relation to submission of claims?

- A. Provide standardized format in electronic or paper form
- B. Request permission for use of specific privacy software
- C. Purchase and install approved privacy software
- D. Provide standardized electronic claim formatting

Answer: D

Explanation:

Under HIPAA Administrative Simplification, covered entities must provide standardized electronic claims`

NEW QUESTION 302

What type of hospital is an Government Hospital?

- A. For Profit
- B. Not For Profit

Answer: B

NEW QUESTION 306

What is a credential for Coders?

- A. AAPC
- B. ASPCA
- C. AHIMA

Answer: A

NEW QUESTION 308

PHI stands for Private Health Information.

- A. True
- B. False

Answer: B

NEW QUESTION 313

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 317

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 318

Who was the first to identify syphilis?

- A. Flemming
- B. Koch
- C. Fracastoro
- D. Bill

Answer: C

NEW QUESTION 321

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 322

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 326

Approximately how many Americans are uninsured?

- A. 16 million
- B. 26 million
- C. 46 million
- D. 66 million

Answer: C

NEW QUESTION 329

Handled the first bioterrorism attack in the mail. Also replaced Health Care Financing Administration.

- A. Joint Commission
- B. CMS
- C. HIPPA

Answer: B

NEW QUESTION 332

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 334

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 335

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 336

In the preindustrial era, _____ often functioned as surgeons.

- A. butchers
- B. tailors
- C. clergymen
- D. barbers

Answer: D

NEW QUESTION 338

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 343

Record Circulation is a retrieval of the patients record?

- A. True
- B. False

Answer: A

NEW QUESTION 344

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 346

True or False? Globalization of health care has produced positive effects in both developed and developing countries.

- A. True
- B. False

Answer: B

NEW QUESTION 350

Under HIPAA, what is the entity that processes healthcare claims and performs related functions for a health plan?

- A. Policy Advisory Group
- B. Third Party Administrator
- C. Joint Commission on Accreditation of Healthcare Organizations
- D. Plan Sponsor

Answer: B

Explanation:

A Third Party Administrator processes healthcare claims and performs related functions for a health plan.

NEW QUESTION 351

What is a credential in Health Information Management?

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

Answer: C

NEW QUESTION 353

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 358

Which one of the following is NOT a fundamental component of a Regulatory Security Policy?

- A. What is to be done.
- B. When it is to be done.
- C. Who is to do it.
- D. Why is it to be done

Answer: C

Explanation:

Regulatory Security policies are mandated to the organization but it up to them to implement it. "Regulatory - This policy is written to ensure that the organization is following standards set by a specific industry and is regulated by law. The policy type is detailed in nature and specific to a type of industry. This is used in financial institutions, health care facilities, and public utilities."

NEW QUESTION 359

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 yourhealth 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 362

What does "MUA" stand for?

- A. Metropolitan Utilization Area
- B. Medically Underserved Area
- C. Metropolitan Underserved Area
- D. Medical Utilization Area

Answer: B

NEW QUESTION 366

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 369

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