



ISC2

Exam Questions HCISPP

HealthCare Information Security and Privacy Practitioner

NEW QUESTION 1

Reviews and verifies medical staff application data.

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

Answer: C

NEW QUESTION 2

If a state or federal law or regulation grants the client greater access to their PHI, then it will preempt HIPAA.

- A. True
- B. False

Answer: A

NEW QUESTION 3

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 4

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 5

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 6

The Cannon of Medicine was a summarized medical knowledge of the time period accurately disturbing meningitis, tetanus and other diseases.

- A. True
- B. False

Answer: A

NEW QUESTION 7

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 8

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 9

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 10

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 10

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 unencrypted email via a public system
- D. Keeping computer screens out of sight of others
- E. None of the above

Answer: E

NEW QUESTION 13

Who founded the Pennsylvania Hospital?

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

Answer: C

NEW QUESTION 14

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 15

Which of the following forces remains relatively stable, and major shifts in this area would be necessary to bring about any fundamental change in the US health care delivery system?

- A. Economic forces
- B. Political change
- C. Beliefs and values
- D. Social forces

Answer: C

NEW QUESTION 20

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 22

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 27

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 32

He proved the continuous circulation of blood within a contained system.

- A. Lister
- B. Koch
- C. Harvey
- D. Flemming

Answer: C

NEW QUESTION 33

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 37

This type of hospital is privately owned.

- A. For Profit
- B. Not for Profit

Answer: A

NEW QUESTION 39

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 42

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 44

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 45

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 47

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

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

Answer: A

NEW QUESTION 50

What is a credential for Cancer Registrar?

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

Answer: D

NEW QUESTION 55

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

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

Answer: A

NEW QUESTION 58

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 59

Regulatory strategies for health insurance financing seek to control public expenditures for health care by.

- A. Implementing tax-financed health insurance or limiting premiums
- B. Limiting the annual use of services among patients
- C. Increasing competition among health insurance plans
- D. Only A and C

Answer: A

NEW QUESTION 61

According to private sector data classification levels, how would salary levels and medical information be classified?

- A. Public
- B. Sensitive
- C. Private
- D. Confidential

Answer: C

NEW QUESTION 62

What is the title given to the group authorized by the HIPAA Privacy Rule to approve a waiver of authorization for the disclosure and/or use of personally identifiable health information?

- A. Cohort Group
- B. Institutional Review Board
- C. Privacy Board
- D. Board of Directors

Answer: C

Explanation:

The Privacy Board is the group authorized by the HIPAA Privacy Rule to approve a waiver of authorization for the disclosure and/or use of personally identifiable health information.

NEW QUESTION 64

Which one of these risk factors would be the LEAST important consideration in choosing a building site for a new computer facility?

- A. Vulnerability to crime
- B. Adjacent buildings and businesses
- C. Proximity to an airline flight path
- D. Vulnerability to natural disasters

Answer: C

NEW QUESTION 69

Would medical waste disposal be an example of contract services?

- A. True
- B. False

Answer: A

NEW QUESTION 72

Which of the following is a potential risk when a program runs in privileged mode?

- A. It may serve to create unnecessary code complexity
- B. It may not enforce job separation duties
- C. It may create unnecessary application hardening
- D. It may allow malicious code to be inserted

Answer: D

NEW QUESTION 75

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 77

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 81

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 86

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 90

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 95

_____ is a accrediting community based 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 99

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 102

The intent of patient cost sharing at the point of receiving health care services is to.

- A. Discourage the overuse of services among patients.
- B. Discourage physicians from overcharging patients.
- C. Encourage patients to utilize more health care services.
- D. Encourage physicians to provide more effective health care services.

Answer: A

NEW QUESTION 104

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 106

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 110

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 113

Which of the following is the BEST reason for the use of security metrics?

- A. They ensure that the organization meets its security objectives.
- B. They provide an appropriate framework for Information Technology (IT) governance.
- C. They speed up the process of quantitative risk assessment.
- D. They quantify the effectiveness of security processes.

Answer: B

NEW QUESTION 118

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 120

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 122

Why did physicians remain independent of corporate settings even after the medical profession became well recognized?

- A. Hospitals were unable to pay high enough salaries to physicians.
- B. Physicians disliked salary arrangements.
- C. Licensure laws had not yet been passed.
- D. Physicians who took up practice in a corporate setting were castigated by the medical profession.

Answer: D

NEW QUESTION 123

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 128

They create and vote on bylaws

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

Answer: A

NEW QUESTION 129

During the risk assessment phase of the project the CISO discovered that a college within the University is collecting Protected Health Information (PHI) data via an application that was developed in-house. The college collecting this data is fully aware of the regulations for Health Insurance Portability and Accountability Act (HIPAA) and is fully compliant.

What is the best approach for the CISO?

During the risk assessment phase of the project the CISO discovered that a college within the University is collecting Protected Health Information (PHI) data via an application that was developed in-house. The college collecting this data is fully aware of the regulations for Health Insurance Portability and Accountability Act (HIPAA) and is fully compliant.

What is the best approach for the CISO?

- A. Document the system as high risk
- B. Perform a vulnerability assessment
- C. Perform a quantitative threat assessment
- D. Notate the information and move on

Answer: B

NEW QUESTION 132

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 136

Network forms of managed care organization have been referred to as "virtual integration" because.

- A. The network is under one ownership.
- B. The network includes hospitals and pharmacies, but not home health agencies.
- C. The network is based on contractual relationships.
- D. None of the above.

Answer: C

NEW QUESTION 138

_____ - medicine believed gods and evil spirits caused disease.

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

Answer: B

NEW QUESTION 139

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 144

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

- A. True
- B. False

Answer: B

NEW QUESTION 145

If you see other staff violating privacy policies you should?

- A. Ignore it.
- B. Give them a helpful, gentle reminder
- C. Report problems and violations
- D. Both answer B & C

Answer: D

NEW QUESTION 146

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 151

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 155

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 158

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

- A. Cannon of Medicine
- B. Hippocratic Oath

Answer: B

NEW QUESTION 163

Which of the following information is generally considered confidential?

- A. Demographics
- B. Diagnosis
- C. Billing Information
- D. Dates of Service
- E. All of the Above

Answer: E

NEW QUESTION 165

Gap analysis does not apply to

- A. Transactions
- B. availability
- C. Privacy
- D. Security

Answer: B

NEW QUESTION 169

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

- A. True
- B. False

Answer: B

NEW QUESTION 174

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 175

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 179

Provides assistance, advice and information to the patient.

- A. Coder
- B. Consultant
- C. Medical Transcriptionist

Answer: B

NEW QUESTION 182

Which of the following is the BEST reason for writing an information security policy?

- A. To support information security governance
- B. To reduce the number of audit findings
- C. To deter attackers
- D. To implement effective information security controls

Answer: A

NEW QUESTION 186

Medicare and Medicaid are apart of social security amendments?

- A. True
- B. False

Answer: A

NEW QUESTION 190

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 195

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 196

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 199

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 203

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 205

All of the following were a result of the Flexner Report in 1910 EXCEPT.

- A. Academic standards of medical schools became much more rigorous
- B. Many medical schools closed
- C. Homeopathic schools sanctioned homeopaths as "physicians"
- D. Only schools meeting the standards of LCME were able to award MD degrees

Answer: C

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 214

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 219

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 223

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 227

Reimbursement is associated with which of the quad functions?

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

Answer: D

NEW QUESTION 228

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

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

Answer: B

NEW QUESTION 230

The single largest health profession in the United States are.

- A. Physician Assistants
- B. Pharmacists
- C. Physicians
- D. Registered nurses

Answer: D

NEW QUESTION 231

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 235

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

- A. True
- B. False

Answer: B

NEW QUESTION 240

Flemming discovered The Cannon of Medicine.

- A. True
- B. False

Answer: B

NEW QUESTION 243

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 247

Discovered the immunity to small pox.

- A. Edward Jenner

- B. Robert Koch
- C. Hippocrates

Answer: A

NEW QUESTION 252

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 257

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 258

May a health plan require a provider to use a health care clearinghouse to conduct a HIPPA-covered transaction, or must the health plan acquire the ability to conduct the transaction directly with those providers capable of conducting direct transactions?

- A. 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
- B. But the incremental cost of doing so must be borne by the health plan
- C. It is a cost-benefit decision on the part of the health plan whether to acquire the ability to conduct HIPPA transactions directly with other entities, or to require use of a clearinghouse.
- D. A health plan may not conduct its covered transactions through a clearinghouse
- E. A health plan may after taking specific permission from HIPPA authorities conduct its covered transactions through a clearinghouse
- F. is not as per HIPPA allowed to require provider to conduct covered transactions with it through a clearinghouse

Answer: A

NEW QUESTION 262

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 263

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

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

Answer: A

NEW QUESTION 268

Transcribes, dictations and creates medical reports for hospital administrations.

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

Answer: C

NEW QUESTION 269

_____ converts paper records to an electronic health record.

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

Answer: A

NEW QUESTION 271

When responding to a client's request for information about the disclosure of his/her protected health information, which is NOT required?

- A. The purpose of the disclosure
- B. A description of what information was sent
- C. Disclosures for treatment, payment, or health care operations
- D. The dates of disclosure and to whom the information was sent

Answer: C

Explanation:

When responding to a client's request for information about the disclosure of his/her protected health information, the health care provider must account for the disclosures by including a description of what information was sent, the dates of disclosure and to whom the information was sent, and the purpose of the disclosure. This information should be presented to the client in writing.

NEW QUESTION 274

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 275

What type of hospital is an Government Hospital?

- A. For Profit
- B. Not For Profit

Answer: B

NEW QUESTION 276

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 281

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 283

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

- A. True
- B. False

Answer: B

NEW QUESTION 288

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

- A. Minutes
- B. Agenda

Answer: B

NEW QUESTION 291

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 292

Approximately how many Americans are uninsured?

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

Answer: C

NEW QUESTION 293

The form of payment that is based specifically on the individual components of health care is.

- A. Fee-for-service reimbursement.
- B. Per Diem payment.
- C. Reimbursement by episode of illness.
- D. Capitation payment.

Answer: A

NEW QUESTION 295

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 296

What is the MOST important consideration from a data security perspective when an organization plans to relocate?

- A. Ensure the fire prevention and detection systems are sufficient to protect personnel
- B. Review the architectural plans to determine how many emergency exits are present
- C. Conduct a gap analysis of a new facilities against existing security requirements
- D. Revise the Disaster Recovery and Business Continuity (DR/BC) plan

Answer: C

NEW QUESTION 297

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 300

Record Circulation is a retrieval of the patients record?

- A. True
- B. False

Answer: A

NEW QUESTION 302

Compared to other industrialized countries, the United States' health care system is.

- A. The most costly
- B. The least universal
- C. Both a and b
- D. Neither a or b

Answer: C

NEW QUESTION 307

He discovered X-Rays.

- A. Lister
- B. Flemming
- C. Koch
- D. Roentgen

Answer: D

NEW QUESTION 312

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 315

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 320

Was known for identifying anthrax.

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

Answer: A

NEW QUESTION 321

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 322

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 325

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 328

Business Associate Agreements are required by the regulation whenever a business associate relationship exists. This is true even when the business associates are both covered entities.

- A. There are no specific elements which must be included in a Business Associate Agreement
- B. However some recommended but not compulsory elements are listed in 164.504(e) (2)
- C. There are specific elements which must be included in a Business Associate Agreement
- D. These elements are listed Privacy Legislation
- E. There are no specific elements which must be included in a Business Associate Agreement.
- F. There are specific elements which must be included in a Business Associate Agreement
- G. These elements are listed in 164.504(e) (2)

Answer: D

NEW QUESTION 331

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 336

When controlling the type of supply, increasing the amount of generalists could contain costs because.

- A. Generalists earn lower incomes than specialists
- B. Generalists practice resource-intensive medicine and generate lower overall health care expenditures
- C. Generalists use less hospital and laboratory services
- D. All of the above

Answer: D

NEW QUESTION 338

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