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Exam Code: HCISPP
Exam Name: HealthCare Information Security and Privacy Practitioner



Exam A

QUESTION 1

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

Correct Answer: B

Section:

QUESTION 2

Which of the following is the BEST example of weak management commitment to the protection of security assets and resources?

- A. poor governance over security processes and procedures
- B. immature security controls and procedures
- C. variances against regulatory requirements
- D. unanticipated increases in security incidents and threats

Correct Answer: A

Section:

QUESTION 3

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.

Correct Answer: B

Section:

QUESTION 4

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

Correct Answer: A



Section:

QUESTION 5

A covered healthcare provider which a direct treatment relationship with an individual need not:

- A. provide the notice no later than the date of the first service delivery, including service delivered electronically
- B. have the notice available at the service delivery site for individuals to request and keep
- C. get a acknowledgement of the notice from each individual on stamped paper
- D. post the notice in a clear and prominent location where it is reasonable to expect individuals seeking service from the covered healthcare provider to be able to read it

Correct Answer: C

Section:

QUESTION 6

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

Correct Answer: B

Section:

QUESTION 7

Title II of HIPPA includes a section, Administrative Simplification, not requiring:

- A. Improved efficiency in healthcare delivery by standardizing electronic data interchange
- B. Protection of confidentiality of health data through setting and enforcing standards
- C. Protection of security of health data through setting and enforcing standards
- D. Protection of availability of health data through setting and enforcing standards

Correct Answer: D

Section:

QUESTION 8

Who is not affected by HIPPA?

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

Correct Answer: B

Section:

QUESTION 9



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

Correct Answer: B

Section:

QUESTION 10

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

Correct Answer: B

Section:

QUESTION 11

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

Correct Answer: B

Section:

QUESTION 12

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

Correct Answer: A

Section:

QUESTION 13

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.

Correct Answer: D

Section:

Explanation:

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

Explanation:

QUESTION 14

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

Correct Answer: D

Section:

QUESTION 15

Are employers required to submit enrollments by the standard transactions?



- A. Though Employers are not CEs and they have to send enrollment using HIPPA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPPA standards
- B. Employers are not CEs and do not have to send enrollment using HIPPA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPPA standards.
- C. Employers are CEs and have to send enrollment using HIPPA standard transactions. However, the employer health plan IS a CE and must be able to conduct applicable transactions using the HIPPA standards.
- D. Employers are CEs and do not have to send enrollment using HIPPA standard transactions. Further, the employer health plan IS also a CE and must be able to conduct applicable transactions using the HIPPA standards.

Correct Answer: B

Section:

QUESTION 16

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 use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.
- B. by priority and cost as well as availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.
- C. by priority as well availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused but need not document all the criteria used.
- D. by priority as well as availability, reliability, access and use. The person responsible for criticality analysis must remain mission-focused and carefully document all the criteria used.

Correct Answer: D

Section:

QUESTION 17

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

Correct Answer: B

Section:

QUESTION 18

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

Correct Answer: C

Section:

**QUESTION 19**

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. But the incremental cost of doing so must be borne by the health plan. 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.
- B. A health plan may not conduct its covered transactions through a clearinghouse
- C. A health plan may after taking specific permission from HIPPA authorities conduct its covered transactions through a clearinghouse
- D. is not as per HIPPA allowed to require provider to conduct covered transactions with it through a clearinghouse

Correct Answer: A

Section:

QUESTION 20

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

Correct Answer: D

Section:

QUESTION 21

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

Correct Answer: A

Section:

QUESTION 22

Business Associates

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

Correct Answer: A

Section:

QUESTION 23

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

Correct Answer: C

Section:

QUESTION 24

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

Correct Answer: B

Section:



QUESTION 25

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

Correct Answer: C

Section:

QUESTION 26

Employers often advocate on behalf of their employees in benefit disputes and appeals, answer Question: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.

Correct Answer: A

Section:

QUESTION 27

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.

Correct Answer: C

Section:

QUESTION 28

A gap analysis for the Transactions set refer to the practice of identifying the data content you currently have available

- A. through your medical software
- B. through your accounting software
- C. through competing unit medical software
- D. based on the statutory authorities report

Correct Answer: A

Section:

QUESTION 29

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.

Correct Answer: D

Section:

QUESTION 30

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

Correct Answer: B

Section:

QUESTION 31

Employers often advocate on behalf of their employees in benefit disputes and appeals, answer Question:s with regard to the health plan, and generally help them navigate their health benefits. Is individual consent required?

- A. No
- B. Sometimes
- C. Yes
- D. The answer is indeterminate

Correct Answer: C

Section:

QUESTION 32

Who enforces HIPPA?

- A. The Office of Civil Rights of the Department of Confidentiality Services is responsible for enforcement of these rules
- B. The Office of Civil Rights of the Department of Health and Human Services is responsible for enforcement of these rules
- C. The Office of Health Workers Rights of the Department of Health and Human Services in responsible for enforcement of these rules
- D. The Department of Civil Rights of the Office of Health and Human Services is responsible for enforcement of these rules

Correct Answer: B

Section:

QUESTION 33

Gap analysis does not apply to

- A. Transactions



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

Correct Answer: B

Section:

QUESTION 34

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

Correct Answer: C

Section:

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."

Explanation:

QUESTION 35

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

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

Correct Answer: C

Section:

QUESTION 36

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

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

Correct Answer: C

Section:

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.

Explanation:

QUESTION 37

All of the following items should be included in a Business Impact Analysis (BIA) Questionnaire EXCEPT Questionnaire 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

Correct Answer: B

Section:

QUESTION 38

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

Correct Answer: D

Section:

QUESTION 39

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

Correct Answer: C

Section:

QUESTION 40

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

Correct Answer: C

Section:



QUESTION 41

A company whose Information Technology (IT) services are being delivered from a Tier 4 data center, is preparing a companywide Business Continuity Planning (BCP). Which of the following failures should the IT manager be concerned with?

- A. Application
- B. Storage
- C. Power
- D. Network

Correct Answer: C

Section:

QUESTION 42

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

Correct Answer: A

Section:

QUESTION 43

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

Correct Answer: D

Section:

QUESTION 44

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

Correct Answer: C

Section:

QUESTION 45

Intellectual property rights are PRIMARY concerned with which of the following?

The logo for Vdumps.com, featuring a stylized orange 'V' followed by the word 'dumps' in a grey, lowercase, sans-serif font.

- A. Owner's ability to realize financial gain
- B. Owner's ability to maintain copyright
- C. Right of the owner to enjoy their creation
- D. Right of the owner to control delivery method

Correct Answer: D

Section:

QUESTION 46

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

Correct Answer: D

Section:

QUESTION 47

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



Correct Answer: C

Section:

QUESTION 48

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

Correct Answer: B

Section:

QUESTION 49

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

Correct Answer: D

Section:

QUESTION 50

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

Correct Answer: C

Section:

QUESTION 51

Multi-threaded applications are more at risk than single-threaded applications to

- A. race conditions.
- B. virus infection.
- C. packet sniffing.
- D. database injection.

Correct Answer: A

Section:

QUESTION 52

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

Correct Answer: D

Section:

QUESTION 53

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.



Correct Answer: C

Section:

QUESTION 54

Which of the following disaster recovery test plans will be MOST effective while providing minimal risk?

- A. Read-through
- B. Parallel
- C. Full interruption
- D. Simulation

Correct Answer: D

Section:

QUESTION 55

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

Correct Answer: B

Section:

QUESTION 56

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).

Correct Answer: A

Section:

QUESTION 57

Development of the hospital and _____ happened almost hand in hand in a symbiotic relationship between the two.

- A. dependency of patients
- B. growth of scientific knowledge
- C. professionalization of medical practice
- D. cohesiveness of the medical profession

Correct Answer: C

Section:



QUESTION 58

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.

Correct Answer: D

Section:

QUESTION 59

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

Correct Answer: B

Section:

QUESTION 60

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

Correct Answer: A

Section:

QUESTION 61

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

- A. True
- B. False

Correct Answer: B

Section:

QUESTION 62

The Flexner Report, published in 1910, reported on.

- A. Disease trends
- B. Standards of training in medical schools



- C. Rates of deaths in U.S. hospitals
- D. The state of medical specialization

Correct Answer: B

Section:

QUESTION 63

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

Correct Answer: D

Section:

QUESTION 64

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

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

Correct Answer: B

Section:

QUESTION 65

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

Correct Answer: D

Section:

QUESTION 66

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



Correct Answer: D

Section:

QUESTION 67

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

Correct Answer: D

Section:

QUESTION 68

Approximately how many Americans are uninsured?

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

Correct Answer: C

Section:

QUESTION 69

What does the federal Ryan White CARE Act fund?

- A. Care for underserved rural and urban populations
- B. Skin cancer screening programs
- C. School-based health services in predominantly minority neighborhoods
- D. Development of treatment and care options for persons with HIV and AIDS

Correct Answer: D

Section:

QUESTION 70

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

Correct Answer: B

Section:



QUESTION 71

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

Correct Answer: A

Section:

QUESTION 72

What does "MUA" stand for?

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

Correct Answer: B

Section:

QUESTION 73

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

Correct Answer: A

Section:

QUESTION 74

Lack of insurance can result in:

- A. Decreased utilization of lower cost preventive services
- B. Increased need for more expensive, emergency health care
- C. The spread of infectious diseases
- D. All of the above

Correct Answer: D

Section:

QUESTION 75

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



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

Correct Answer: D

Section:

QUESTION 76

Which racial/ethnic group is growing the fastest?

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

Correct Answer: D

Section:

QUESTION 77

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

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

Correct Answer: A

Section:

QUESTION 78

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

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

Correct Answer: B

Section:

QUESTION 79

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

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



D. 45%

Correct Answer: A

Section:

QUESTION 80

The U.S. healthcare system has been referred to "a paradox of excess and deprivation" because.

- A. Some people receive too little care because they are uninsured.
- B. Some people receive too little care because they are inadequately insured.
- C. Some people receive too much care that is costly.
- D. All of the above.

Correct Answer: D

Section:

QUESTION 81

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

Correct Answer: C

Section:

QUESTION 82

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.

Correct Answer: D

Section:

QUESTION 83

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

Correct Answer: C



Section:

QUESTION 84

Excessive health care is a concern because it is.

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

Correct Answer: D

Section:

QUESTION 85

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

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

Correct Answer: A

Section:

QUESTION 86

Community rating is able to redistribute funds from the healthy to the sick by.

- A. Providing benefits in excess of premiums to those who become ill.
- B. Setting premiums based on community experience, rather than that of subgroups.
- C. Charging the same premium for high-risk and low-risk populations.
- D. All of the above

Correct Answer: D

Section:

QUESTION 87

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.

Correct Answer: C

Section:

QUESTION 88



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

Correct Answer: C

Section:

QUESTION 89

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

Correct Answer: D

Section:

QUESTION 90

Access to health care is measured by.

- A. The type of insurance a person has.
- B. The number of times a person uses health care services.
- C. The quality of health care services a person has.
- D. The number of physicians available to a person.

Correct Answer: B

Section:

QUESTION 91

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

- A. True
- B. False

Correct Answer: B

Section:

QUESTION 92

Private health insurance coverage has decreased over the past decades because of.

- A. The rising cost of health care.
- B. An increase in non-unionized jobs
- C. A shift from manufacturing jobs to service industry jobs



D. All of the above

Correct Answer: D

Section:

QUESTION 93

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

Correct Answer: C

Section:

QUESTION 94

All of these factors impact the health status of an individual, however, the one exerting the least influence is.

- A. Medical care
- B. Educational level
- C. Income level
- D. Broad socioeconomic factors

Correct Answer: A

Section:

QUESTION 95

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.

Correct Answer: D

Section:

QUESTION 96

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.

Correct Answer: A



Section:

QUESTION 97

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.

Correct Answer: D

Section:

QUESTION 98

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

Correct Answer: D

Section:

QUESTION 99

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

Correct Answer: D

Section:

QUESTION 100

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

Correct Answer: C

Section:



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

Correct Answer: D

Section:

QUESTION 102

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.

Correct Answer: A

Section:

QUESTION 103

In addition to first contact care, the key task(s) of primary care include.

- A. Longitudinality, or following a patient over time
- B. Comprehensiveness
- C. Coordination
- D. All of the above

Correct Answer: D

Section:

QUESTION 104

Critics of the United States health care system find fault with all of the following EXCEPT:

- A. its lack of organizational coherence
- B. its tertiary care organization
- C. its over reliance on primary care
- D. its specialist orientation

Correct Answer: C

Section:

QUESTION 105

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.

Correct Answer: D

Section:

QUESTION 106

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.

Correct Answer: A

Section:

QUESTION 107

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.



Correct Answer: C

Section:

QUESTION 108

Integrated medical groups differ from IPAs in that.

- A. Physicians own their practices and office assets.
- B. Physicians become employees of an organization that owns the practice
- C. Physicians act as gatekeepers
- D. All of the above

Correct Answer: B

Section:

QUESTION 109

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

Correct Answer: C

Section:

QUESTION 110

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

Correct Answer: C

Section:

QUESTION 111

Which is NOT an element of Security Awareness Training?

- A. Determination that all staff will receive security training
- B. Policy related to documentation of all security training
- C. Procedural issues of who will terminate user access
- D. Training on vulnerabilities of the electronic Protected Health Information policies

Correct Answer: C

Section:

Explanation:

Procedural issues of who will terminate user access is not an element of Security Awareness Training.

Explanation:

QUESTION 112

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

Correct Answer: D

Section:

Explanation:

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

Explanation:

QUESTION 113

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

Correct Answer: A

Section:

Explanation:

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

Explanation:

QUESTION 114

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

Correct Answer: C

Section:

Explanation:

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

Explanation:

QUESTION 115

Under Title II of The Health Insurance Portability and Accountability Act, the administrative simplification provision:

- A. Forbids individual health plans from denying coverage or imposing preexisting condition exclusions
- B. Creates opportunities for fraud and abuse within the health care system
- C. Requires the establishment of national standards for electronic health care transactions
- D. Protects health insurance coverage for workers and their families

Correct Answer: C

Section:

Explanation:

Title II of HIPAA, the Administrative Simplification provisions, requires the establishment of national standards for electronic health care transactions and national identifiers for providers, health insurance plans, and employers.

Explanation:

QUESTION 116

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



Correct Answer: A

Section:

Explanation:

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

Explanation:

QUESTION 117

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

Correct Answer: D

Section:

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.

Explanation:

QUESTION 118

Do the same requirements apply to both medical records and mental health records?

- A. No, a client is not allowed to have access to any part of a mental health record, with or without psychotherapy notes
- B. Generally, including conditioning enrollment in a plan on the client granting authorization for disclosure of psychotherapy notes
- C. Yes, and client is entitled to all of the same information in both settings
- D. Generally, psychotherapy notes are not included in the provision that allows clients to see and copy their health information

Correct Answer: D

Section:

Explanation:

Both medical records and mental health records have generally the same requirements, however, psychotherapy notes are not included in the provision that allows clients to see and copy their health information.

Explanation:

QUESTION 119

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

Correct Answer: A

Section:

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.

Explanation:

QUESTION 120

_____ is one of the main objectives of HIPAA.

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

Correct Answer: B

Section:

Explanation:

Accountability

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 preexisting provisions), and

Administrative simplification (standards on electronic data transactions in a confidential and secure manner).

Explanation:

QUESTION 121

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. No. HIPAA is law while DMA guidelines are not law, and require less than HIPAA
- B. Yes. HIPAA is federal law and DMA is state law, which is usually more restrictive, and the more restrictive standard should be met.
- C. No. HIPAA law is federal and DMA law is state, so HIPAA supersedes DMA law.
- D. Yes. DMA's guidelines are stricter and will supersede those minimum standards of HIPAA.

Correct Answer: A

Section:

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.

Explanation:

QUESTION 122

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

Correct Answer: A

Section:

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.

Explanation:

QUESTION 123

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

Correct Answer: C

Section:

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.

Explanation:

QUESTION 124

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

Correct Answer: B

Section:

Explanation:

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

Explanation:

QUESTION 125

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

Correct Answer: B

Section:

Explanation:

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

Explanation:

QUESTION 126

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

Correct Answer: C

Section:

Explanation:

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

Explanation:

QUESTION 127

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

Correct Answer: B

Section:

Explanation:

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

Explanation:

QUESTION 128

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

Correct Answer: B

Section:

Explanation:

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

Explanation:

QUESTION 129

Sammy applied for and received her National Provider Identifier online. What may she now do?



- A. Have guaranteed payment by a health plan
- B. Receive credentialing or licensing as a therapist provider
- C. Be guaranteed enrollment as a provider in a health plan
- D. Be identified as a unique health care provider during HIPAA transactions

Correct Answer: D

Section:

Explanation:

Sammy may now be identified as a unique health care provider during HIPAA transactions.

Explanation:

QUESTION 130

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

Correct Answer: D

Section:

Explanation:

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

Explanation:

QUESTION 131

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

Correct Answer: C

Section:

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.

Explanation:

QUESTION 132

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

Correct Answer: C

Section:

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.

Explanation:

QUESTION 133

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

A. Joint Commission

B. CMS

C. HIPPA

Correct Answer: B

Section:

QUESTION 134

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

A. Koch

B. Leeuwenhoek

C. Flemming

D. Aselli

Correct Answer: B

Section:

QUESTION 135

What type of hospital is an Government Hospital?

A. For Profit

B. Not For Profit

Correct Answer: B

Section:

QUESTION 136

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

A. Lister

B. Koch

C. Harvey

D. Flemming

Correct Answer: C

Section:



QUESTION 137

Avicenna was known for what?

- A. Penicillin
- B. Bacteria
- C. Cannon of Medicine

Correct Answer: C

Section:

QUESTION 138

Discovered lymphatic vessels and attributed cancer to lymph abnormalities.

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

Correct Answer: D

Section:

QUESTION 139

They are responsible for developing a strategic plan for supporting the mission and goals of the organization.

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

Correct Answer: C

Section:

QUESTION 140

What is a credential for Coders?

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

Correct Answer: A

Section:

QUESTION 141

They serve as a liaison between the medical staff and board of trustees.

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



Correct Answer: A

Section:

QUESTION 142

What is a credential for Cancer Registrar?

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

Correct Answer: D

Section:

QUESTION 143

Who monitors the purity of foods and safety of medicines?

- A. Joint Commission
- B. CMS
- C. Medicare
- D. FDA

Correct Answer: D

Section:

QUESTION 144

A Governing board is also known as the_____.

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

Correct Answer: C

Section:

QUESTION 145

They create and vote on bylaws

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

Correct Answer: A

Section:

QUESTION 146

Would medical waste disposal be an example of contract services?



- A. True
- B. False

Correct Answer: A

Section:

QUESTION 147

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

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

Correct Answer: D

Section:

QUESTION 148

Record Circulation is a retrieval of the patients record?

- A. True
- B. False

Correct Answer: A

Section:

QUESTION 149

What time period was syphilis an epidemic?

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

Correct Answer: A

Section:

QUESTION 150

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

- A. True
- B. False

Correct Answer: A

Section:

QUESTION 151

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



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

Correct Answer: B

Section:

QUESTION 152

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

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

Correct Answer: B

Section:

QUESTION 153

Who discovered that ether gas could safely be used to put patients to sleep for surgery?

- A. Ben Franklin and Edward Jenner
- B. Rob and Jackson
- C. Flemming and Koch
- D. Crawford Long and William T.G Morton

Correct Answer: D

Section:

QUESTION 154

This type of hospital is privately owned.

- A. For Profit
- B. Not for Profit

Correct Answer: A

Section:

QUESTION 155

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

Correct Answer: C

Section:



QUESTION 156

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

- A. Medicare
- B. Medicaid
- C. Chips

Correct Answer: A

Section:

QUESTION 157

What mandates all privacy in hospital administration?

- A. HIPPA
- B. JCAH
- C. Medicare

Correct Answer: A

Section:

QUESTION 158

This type of care is a extension of Tertiary and is usually very costly.

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

Correct Answer: C

Section:

QUESTION 159

This is for people 65 years or older with disabilities or people with End Stage Renal Disease.

- A. Medicare
- B. Medicaid

Correct Answer: A

Section:

QUESTION 160

What is a crednetial in Health Information Management?

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

Correct Answer: C

Section:



QUESTION 161

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

Correct Answer: A

Section:

QUESTION 162

Reviews and verifies medical staff application data.

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

Correct Answer: C

Section:

QUESTION 163

_____ 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

Correct Answer: A

Section:

QUESTION 164

What time period was the Cannon of Medicine in?

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

Correct Answer: C

Section:

QUESTION 165

Transcribes, dictations and creates medical reports for hospital administrations.

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



Correct Answer: C

Section:

QUESTION 166

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

Correct Answer: B

Section:

QUESTION 167

Who believed that the only way to understand a disease was to examine the cells of the affected body?

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

Correct Answer: D

Section:

QUESTION 168

Courtesy allows doctors to admit an occasional patient to the hospital.

- A. True
- B. False

Correct Answer: A

Section:

QUESTION 169

_____ includes highly qualified practitioners available as consultants when needed.

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

Correct Answer: C

Section:

QUESTION 170

Medicare and Medicaid are apart of social security amendments?

- A. True



B. False

Correct Answer: A

Section:

QUESTION 171

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

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

Correct Answer: B

Section:

QUESTION 172

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

- A. Minutes
- B. Agenda

Correct Answer: B

Section:

QUESTION 173

_____ converts paper records to an electronic health record.

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

Correct Answer: A

Section:

QUESTION 174

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

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

Correct Answer: A

Section:

QUESTION 175

_____ - medicine believed gods and evil spirits caused disease.



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

Correct Answer: B
Section:

QUESTION 176

Who was the first to identify syphilis?

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

Correct Answer: C
Section:

QUESTION 177

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

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

Correct Answer: A
Section:

QUESTION 178

Discovered the immunity to small pox.

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

Correct Answer: A
Section:

QUESTION 179

He discovered X-Rays.

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

Correct Answer: D



Section:

QUESTION 180

Believed that germs caused death and founded aseptic surgery.

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

Correct Answer: A

Section:

QUESTION 181

_____ 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)

Correct Answer: C

Section:

QUESTION 182

Who founded the Pennsylvania Hospital?

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

Correct Answer: C

Section:

QUESTION 183

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

Correct Answer: C

Section:

QUESTION 184

What time period was the polio vaccine licensed?

- A. Ancient
- B. Modern



C. Medieval

Correct Answer: B

Section:

