

DUMPS ARENA

Certified HIPAA Professional

HIPAA HIO-201

Version Demo

Total Demo Questions: 10

Total Premium Questions: 174

Buy Premium PDF

<https://dumpsarena.co>

sales@dumpsarena.co

sales@dumpsarena.co
dumpsarena.co

QUESTION NO: 1

Encryption is included as an addressable implementation specification under which security rule standard?

- A. Information Access Management
- B. Security Management Process
- C. Evaluation
- D. Transmission Security
- E. Device and Media Controls

ANSWER: D**QUESTION NO: 2**

One mandatory requirement for the Notice of Privacy Practices set by HIPAA regulations is:

- A. If the notice must state that the covered entity reserves the right to disclose PHI without obtaining the individuals authorization.
- B. The notice must prominently include an expiration date.
- C. The notice must describe every potential use of PHI.
- D. The notice must describe an individual's rights under the rule such as to inspect, copy and amend PHI and to obtain an accounting of disclosures of PHI.
- E. The notice must clearly identify that the covered entity is in compliance with HIPAA regulations as of April 16, 2003.

ANSWER: D**QUESTION NO: 3**

Information in this transaction is generated by the payer's adjudication system:

- A. Eligibility (2701271)
- B. Premium Payment (20)
- C. Unsolicited Claim Status (277)
- D. Remittance Advice (35)

E. Functional Acknowledgment (997)**ANSWER: D****QUESTION NO: 4**

In terms of Security, the best definition of "Access Control" is:

- A.** A list of authorized entities, together with their access rights.
- B.** Corroborating your identity
- C.** The prevention of an unauthorized use of a resource.
- D.** Proving that nothing regarding your identity has been altered.
- E.** Being unable to deny you took part in a transaction.

ANSWER: C**QUESTION NO: 5**

This transaction type is a "response" transaction that may include information such as accepted/rejected claim, approved claim(s) pre-payment, or approved claim(s) post-payment:

- A.** 270.
- B.** 820.
- C.** 837.
- D.** 277.
- E.** 278.

ANSWER: D**QUESTION NO: 6**

Select the correct statement regarding the administrative requirements of the HIPAA privacy rule.

- A.** A covered entity must apply disciplinary sanctions against members of its workforce who fail to comply with the privacy policies and procedures of the covered entity.
- B.** A covered entity need not train all members of its workforce whose functions are materially affected by a change in policy or procedure.

- C. A covered entity must designate, and document, a contact person responsible for receiving acknowledgements of Notice of Privacy Practice.
- D. A covered entity may require individuals to waive their rights.
- E. A covered entity must provide maximum safeguards for PHI from any intentional or unintentional use or disclosure that is in violation of the regulations and to limit incidental uses and disclosures made pursuant to permitted or required use or disclosure.

ANSWER: A

QUESTION NO: 7

Health information is protected by the Privacy Rule as long as:

- A. The authorization has been revoked by the physician
- B. The patient remains a citizen of the United States
- C. The information is under the control of HHS
- D. The information is in the possession of a covered entity
- E. The information is not also available on paper forms

ANSWER: D

QUESTION NO: 8

The National Provider File (NPF) includes information such as:

- A. Effective date
- B. CPT-4
- C. CDT
- D. ICD-9-CM
- E. Enrollment date

ANSWER: A

QUESTION NO: 9

This code set is used to describe or identify radiological procedures and clinical laboratory tests:

- A. ICD-9-CM. Volumes 1 and 2
- B. CPT-4
- C. CDT
- D. ICD-9-CM, Volume 3
- E. HCPCS

ANSWER: E

QUESTION NO: 10

Select the FALSE statement regarding the administrative requirements of the HIPAA privacy rule.

- A. A covered entity must mitigate, to the extent practicable, any harmful effect that it becomes aware of from the use or disclosure of PHI in violation of its policies and procedures or HIPAA regulations.
- B. A covered must not in any way intimidate, retaliate, or discriminate against any individual or other entity, which files a complaint.
- C. A covered entity may not require individuals to waive their rights as a condition for treatment, payment, enrollment in a health plan, or eligibility for benefits.
- D. A covered entity must retain the documents required by the regulations for a period of six years.
- E. A covered entity must change its policies and procedures to comply with HIPAA regulations no later than three years after the change in law.

ANSWER: E