

Student name: _____

1) Which of the following laws makes it illegal for physicians to have financial relationships with clinics to which they refer patients?

- A) FCA
- B) Sarbanes-Oxley

- C) Stark Rules
- D) Antikickback statute

2) OESS is the abbreviation for

- A) Office of E-Health Security Services.
- B) Office of E-Health Standards and Services.
- C) Office of E-Health Standards and Selections.

- D) Office of E-Health Security and Standards.

3) Which of the following is not a type of history documented in the chart?

- A) family/social
- B) past medical

- C) present Illness
- D) spiritual

4) CMS stands for

- A) Centers for Medical Services.
- B) Center for Medicaid Services.
- C) Centers for Medicare & Medicaid Services.

- D) Center for Medicare Services.

5) The abbreviation for treatment, payment, and health care operations is

- A) TPH.

- B) TPHC.
- C) TPO.

D) TPHO.

6) Which agency advises against using a patient's name in the body of a medical report?

- A) American Heart Association (AHA)
- B) American Association of Professional Coders (AAPC)
- C) Association for Health Care Documentation

Integrity (AHDI)
D) American
Medical Association
(AMA)

7) Disclosure of which of the following conditions requires a specific authorization from the patient other than for TPO?

- A) angina
- B) muscular dystrophy

C) schizophrenia
D) lupus

8) Which of the following acts strengthened the provisions of the FCA?

- A) HITECH
- B) FERA

C) HIPAA
D) Stark

9) OIG is the abbreviation for

- A) Office of the Internal General.
- B) Office of the Inspector General.
- C) Office of the Informed General.

D) Office of the
Investigative General.

A) a statement of the individual's right to revoke the authorization in writing.

B) a statement about whether the CE is able to base prescriptions on the authorization.

C) a statement about whether the CE is able to base

payment on the authorization.

D) a statement about whether the CE is able to base treatment on the authorization.

11) Which of these laws was designed to tighten the HIPAA Privacy Rule?

A) HITECH Act

B) HIPAA Electronic Transaction and Code Sets

Standards

C) Security Rule

D) CMS

12) Some state statutes differ from HIPAA in the following areas except

A) psychotherapy notes.

B) legal size of practices.

C) designated record set.

D) rights of inmates.

13) Which of the following is America's "law office"?

A) OIG

B) HIPAA

C) DOJ

D) FCA

14) A complete H&P is documented with how many type(s) of information?

A) three

B) four

C) two

D) one

15) _____ are numbers of predetermined length and structure, such as people's Social Security numbers.

- A) Identifiers
- B) Minimum data sets

- C) Code sets
- D) NPIs

16) When personal identifiers have been removed, protected health information is called

- A) minimum data set.
- B) covered.

- C) research data.
- D) de-identified.

17) Patients' medical records must document all of the following except

- A) diagnosis.
- B) next of kin.
- C) allergies.

- D) signature of provider who saw the patient.

18) The electronic equivalent of a business document is called a(n)

- A) meaningful use
- B) audit

- C) electronic data interchange
- D) transaction

19) When protected health information is shared, which of the following should be observed?

- A) code set
- B) informed consent

- C) encryption

D) minimum necessary standard

20) The _____ make(s) it illegal to knowingly offer incentives to induce referrals.

- A) Sarbanes-Oxley
- B) antikickback statute

- C) FCA
- D) Stark rules

21) Which of the following laws prohibits submitting a fraudulent claim?

- A) FCA
- B) HIPAA

- C) OIG
- D) HITECH

22) All of the following should be completed on notes *except*

- A) signature.
- B) date.

- C) verification.
- D) time.

23) Which of the following acts provided additional funding to strengthen the tools that the DOJ and HHS used to

- A) HITECH
- B) FCA

pursue fraud investigations?

- C) FERA
- D) ACA

24) Which of the following acts contains additional provisions concerning the standards for electronic

- A) HIPAA
- B) TCS

transmission of health care data?

- C) HITECH
- D) HIE

25) What did HIPAA create to uncover and prosecute fraud and abuse?

- A) The National Provider Identifier (NPI)
- B) The Health Care Fraud and Abuse Control Program
- C) The Centers for Medicare and Medicaid Services

(CMS)

D) The HIPAA Privacy Rule

26) The HIPAA rules for protecting patients' health information are in the

- A) Electronic Transaction Rule.
- B) Privacy Rule.

- C) Code Sets Rule.
- D) Security Rule.

27) OCR is the abbreviation for

- A) Office of Civil Reporting.
- B) Office for Civil Rights.
- C) Office of Civilians Rights.

D) Office for Common Rights.

28) During the process of informed consent, the physician advises the patient as to all of the following *except*

- A) cost.
- B) assessment.

- C) risks.
- D) recommendations.

29) Which act requires publicly traded corporations to attest that their financial management is sound?

- A) Sarbanes-Oxley
- B) Stark rules

- C) FERA
- D) FCA

30) A court order to appear and testify is a

A) respondeat superior.

B) none of these answers are correct.

C) subpoena duces
tecum.

D) subpoena.

31) An encounter is defined as a

A) phone call between a provider and family of the
patient.

B) meeting between a clinician and a patient.

C) face-to-face meeting between an administrator and

a patient.

D) face-to-face
meeting between a
provider and a patient.

32) _____ is deception with intent to benefit from
the behavior.

A) Abuse

B) Kick backs

C) Fraud

D) Self-referrals

33) With the HIPAA transactions standard set, each
standard is labeled with a

A) both a number and a name.

B) either a number or a name.

C) name.

D) number.

34) In a SOAP format, which of the following is
information from the patient?

A) Objective

B) Plan

C) Subjective

D) Assessment

35) The minimum necessary standard means to

- A) take reasonable safeguards to protect PHI.
- B) complete the general business management functions.
- C) release partial patient record to the hospital that

requests it.

D) provide minimum care.

36) How have most privacy complaints under HIPAA been resolved?

- A) legal action
- B) court battles

- C) voluntary compliance
- D) by jail terms

37) When leaving a message on a patient's answering machine, what is to be followed?

- A) minimum necessary standard
- B) data record set restrictions
- C) compliance plans policy

D) no messages should be left

38) For release of PHI for treatment, payment, and health care operations

- A) a limited authorization is required.
- B) informed authorization is required.
- C) a specific authorization is required.

D) no authorization is required from the patient.

39) Patients have the right to _____ and inspect their complete health record.

A) change

- B) remove
- C) access

D) document

40) What group is charged with detecting health care fraud and abuse?

- A) ACA
- B) OIG

- C) RCA
- D) CMS

41) Which of the following terms means using the expertise reasonably expected of a medical professional?

- A) adjudication
- B) designated record set
- C) medical standards of care

D) informed consent

42) Which of the following is an action that misuses money that the government has allocated?

- A) self-referral
- B) kick back

- C) fraud
- D) abuse

43) E/M is the abbreviation for

- A) examination and management.
- B) evaluation and management.
- C) examination and medical history.

D) evaluation and medical history.

44) Under which act can a patient restrict the access of health plans to their medical records if they pay for the

service in full at the time of visit?

A) HITECH

- B) ARRA
- C) HIPAA

D) HIE

45) Which excludes a provider from being considered a covered entity?

- A) only files Medicare claims electronically
- B) pays a clearinghouse to submit electronic claims on their behalf
- C) doesn't send any claims electronically or employ

any other firm to do it
D) employs less than 10 full-time employees

46) According to the OIG compliance plans should contain how many elements?

- A) nine
- B) five

- C) seven
- D) eleven

47) Breach notifications must contain all of the following *except*

- A) a brief description of what happened.
- B) a description of the damages awarded for ill consequences from the breach.
- C) a description of the types of unsecured PHI

involved.
D) a description of what the CE is doing to investigate the breach.

48) The document notifying an individual of a breach is called a

- A) breach report.
- B) breach alert.
- C) breach notification.

D) breach observation.

49) An authorization to disclose PHI that a patient signs must have all of the following *except*

- A) expiration date.
- B) signature of the nurse who treated the patient.
- C) be in plain language.

D) describe the information that is to be used or disclosed.

50) The federal agency that runs Medicare and Medicaid is

- A) OCR.
- B) TPO.

- C) OIG.
- D) CMS.

51) Electronic health records are considered to have significant advantages, including all of the following *except*

- A) patient support.
- B) electronic communication.

- C) clinical decision support.
- D) reduced costs.

52) When are covered entities required to give patients their Notice of Privacy Practices?

- A) when the patient receives the bill
- B) if the patient is referred elsewhere
- C) when the patient is scheduled for surgery

D) at the first contact or encounter

53) The HIPAA Electronic Health Care Transactions and Code Set standards specify certain code sets for all of the following except

A) supplies

- B) procedures
- C) diagnoses

D) facilities

54) Which of the following is required for releasing protected health information for reasons other than treatment,

payment, or health care operations?

- A) patient's signed authorization
- B) patient's verbal approval
- C) informed consent

D) provider's written approval

55) HIPAA is the abbreviation for the

- A) Health Insurance Privacy and Accountability Act.
- B) Health Insurance Portability and Accountability Act.
- C) Health Insurance Privacy and Access Act.

D) Health Insurance Portability and Access Act.

56) A _____ is an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of PHI.

- A) spill
- B) breach

- C) release
- D) leak

57) Which of the following states the HIPAA rules for administrative, technical, and physical safeguards of patients' health information?

- A) Security Rule
- B) Code Sets Rule

C) Electronic Transaction Rule

D) Privacy Rule

58) A court order to appear, testify, and bring specified documents or items is a

- A) none of these answers are correct.
- B) subpoena duces tecum.

- C) respondeat superior.
- D) subpoena.

59) _____ is the activity of copying files to another medium so that they will be preserved in case the originals are no longer available.

- A) Critical data recovery
- B) Backing up

- C) Antivirus software programs
- D) Encrypting

60) Discharge summaries include all of the following *except*

- A) current condition of patient.
- B) physical examination.

- C) reason for discharge.
- D) final diagnosis.

61) The standard for the identification of providers when filing claims and other transactions is the

- A) HITECH Act.
- B) HIPAA Electronic Health Care Transactions and Code Sets (TCS).
- C) National Provider Identifier (NPI).

- D) Employer Identification Number (EIN).

62) NPI is the abbreviation for

- A) National Provider Identifier.
- B) National Payer Identifier.
- C) National Plan Identifier.

D) National Patient Identifier.

63) Which of the following conditions requires a specific authorization from the patient other than for TPO?

- A) tobacco cessation
- B) multiple sclerosis

- C) diabetes
- D) alcohol abuse

64) Which of the following are organizations that work for covered entities but are not themselves covered entities?

- A) health plans
- B) electronic data interchanges

- C) clearinghouses
- D) business associates

65) _____ is the process of encoding information in such a way that only the person (or computer) with the key can decode it.

- A) Encryption
- B) Meaningful use

- C) Fraud
- D) Code set

66) Patient information may be released without the patient's authorization under which of the following circumstances?

- A) all of these are correct
- B) research

- C) statutory reports
- D) court order

67) The HIPAA Security Rule specifies how to secure PHI on which of the following?

- A) computer networks
- B) storage disks

C) the Internet
D) all of these
answers are correct.

68) Workers' compensation cases may require release of records to all the following *except*:

- A) employers in workers' compensation cases.
- B) state workers' compensation administration board.
- C) insurance company that handles the state's claims.

D) the employee's
direct supervisor.

69) In qui tam, or whistleblower, cases the person who makes the accusation of suspected fraud is called the

- A) detector.
- B) relator.

C) provider.
D) respondeat
superior.

70) Under the HITECH Act, unprotected health information that is not secured through the use of technologies or methods that HHS has specified is referred to as

- A) medical records.
- B) PHI.

C) documentation.
D) unsecured PHI.

- 71) The Health Care Fraud and Abuse Control Program was created by
- A) HITECH.
 - B) HIPAA.
 - C) FERA.
 - D) FCA.
- 72) Which of the following makes it possible for physicians and health plans to exchange electronic data using a standard format and standard code sets?
- A) The HITECH Act
 - B) The HIPAA Security Rule
 - C) The HIPAA Electronic Health Care Transactions and Code Sets (TCS)
 - D) The HIPAA Privacy Rule
- 73) Which of the following is a systematic, logical, and consistent recording of a patient's health status in a medical record?
- A) documentation
 - B) operating rules
 - C) code set
 - D) encounter
- 74) When a provider injures a patient due to failure to follow medical standards of care, it is called
- A) malpractice.
 - B) fraud.
 - C) abuse.
 - D) none of these answers are correct.
- 75) Disclosure of which of the following conditions requires a specific authorization from the patient other than for TPO?
- A) HIV status
 - B) otitis media
 - C) Alzheimer's disease

D) pharyngitis

76) _____ make(s) it possible for physicians and health plans to exchange electronic data using a standard format.

- A) HIPAA Security Rule
- B) HIPAA
- C) HIPAA Privacy Rule

D) HIPAA
Electronic Transactions
and Code Sets

77) CE is the abbreviation for

- A) covered emergency.
- B) compliance entity.

C) covered entity.
D) covered
exchange.

78) When completely implemented, HIPAA National Identifiers will be available for which of the following?

- A) providers
- B) health plans

C) employers
D) all of these are
included

79) A vendor such as a software firm that does business with a covered entity is called a(n)

- A) HIPAA firm.
- B) provider.

C) business
associate.
D) HIPAA vendor.

80) A _____ is a person who makes an accusation of fraud or abuse.

- A) stark
- B) relator

- C) whistle-blower
- D) qui tam

81) An impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of PHI is called a

- A) breach.
- B) violation.

- C) notification.
- D) fraud case.

82) All of the following are uses for the medical record *except*

- A) scheduling.
- B) continuity of care.

- C) education.
- D) communication among providers.

83) Which of the following can be used by providers to transmit claims in the proper format for carriers?

- A) business associate
- B) electronic data interchange

- C) health plan
- D) clearinghouse

84) Which group is charged with enforcing the Electronic Health Care Transaction and Code Set Rule?

- A) OIG
- B) OEES

- C) IRS
- D) CMS

85) EDI is the abbreviation for

- A) electronic data interchange.
- B) electronic data internet.
- C) evaluation and data interchange.

D) encrypted data interchange.

86) HIPAA contains how many provisions (titles) that focus on various aspects of health care?

- A) 4
- B) 2

- C) 5
- D) 3

87) Disclosure of which of the following conditions requires a specific authorization from the patient other than for TPO?

- A) croup
- B) hives

- C) obesity
- D) AIDS

88) The ACA requires the adoption of _____ for each of the HIPAA Standard transactions.

- A) codes sets
- B) operating rules

- C) encryption
- D) minimum data set

89) Under HIPAA, an organization that electronically transmits patients' protected health information is a(n)

- A) electronic transaction.
- B) provider.

- C) clearinghouse.
- D) covered entity.

90) The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a

- A) uncover fraud and abuse.
- B) protect peoples' private health information.
- C) all of these answers are correct.
- D) ensure health insurance coverage for workers and their families when they change or lose their jobs.

91) DRS is the abbreviation for

- A) designated record set.
- B) doctors record set.
- C) doctors recorded signs.

D) designated
recorded signs.

92) HIPAA identifies three types of covered entities

- A) patients, legal representatives, or guardians.
- B) code sets, transactions, and safeguards.
- C) health plans, clearinghouses, and providers.

D) medical
providers, payers, and
patients.

93) _____ regulate(s) the use and disclosure of
patients' protected health information.

- A) HIPAA Privacy Rule
- B) HIPAA Security Rule
- C) HIPAA

D) HIPAA
Electronic Transactions
and Code Sets

94) Which of the following conditions requires a specific
authorization from the patient other than for TPO?

- A) fracture
- B) drug abuse

C) cancer
D) hypothermia

95) EHR is the abbreviation for

- A) examined health record.
- B) elective health record.
- C) electronic health record.

D) emergency
health record.

96) Under HIPAA, patients' PHI may be shared for _____ without their authorization.

- A) treatment, payment, and health care operations
- B) treatment, provider, and health care operations
- C) treatment, provider, and health care options

D) treatment, patient, and health care options

97) PHI may be released without the patient's authorization in all of the following situations *except*

- A) attorneys
- B) research

C) self-pay requests from restrictions
D) court ordered

98) Which of the following is an example of a patient's protected health information?

- A) birth date
- B) fax number

C) address
D) all of these are examples of PHI

99) The responsibility of licensed health care professionals to observe state medical standards of care is called

- A) medical standards of care.
- B) medical professional liability.

C) duty of care.
D) malpractice.

100) An important part of a compliance plan is a commitment to keep both physicians and medical office staff current by providing

A) ongoing training

on coding and billing.

B) OIG Fraud Advisories.

C) practice work plans.

D) external audits.

101) How many Americans are currently part of the Medicare and Medicaid programs?

A) more than 900 million

B) more than 90 million

C) more than 100 million

D) more than 10 million

102) A breach notification should include several pieces of information, including

A) the steps individuals should take to protect themselves from potential harm.

B) a brief description of what happened.

C) All of these answers are correct.

D) contact procedures for individuals to ask questions or learn additional information.

103) Which of the following require(s) CE(s) to establish safeguards to protect PHI?

A) HIPAA Privacy Rule

B) HIPAA Security Rule

C) Health Insurance Portability and Accountability

Act of 1996 (HIPAA)

D) HIPAA

Electronic Transactions and Code Sets

104) Disguising an electronic message so that only recipients with the correct key can read it is called?

A) security rule

B) backing up

C) encryption

D) transaction

105) What is the most important strategy a medical practice can use to ensure regulations are being followed?

- A) having a compliance plan in place
- B) having complete documentation
- C) hiring a consultant

D) purchasing
current reference materials

106) SOAP is the abbreviation for which of the following?

- A) Subjective/Objective/Assessment/Plan
- B) Subjective/Objective/Analysis/Plan
- C) Subjective/Operative/Analysis/Plan

D)
Subjective/Operative/Assessment/Plan

107) TPO is an abbreviation for

- A) treatment, provider, and health care options.
- B) treatment, payment, and health care operations.
- C) treatment, provider, and health care operations.

D) treatment,
patient, and health care
options.

108) PHI is the abbreviation for

- A) protected health information.
- B) patient health information.
- C) patient history information.

D) protected
history Information.

109) All of the following are good tips for selecting good passwords *except*

- A) keep your password secret and never change it.
B) use a combination of letters, numbers, and symbols.
C) do not use your User ID.
D) select a mixture of uppercase and lowercase letters.
- 110)** A progress report documents a patient's
- A) type of treatment still needed and duration.
B) Past Medical History
C) Chief Complaint
D) History of Present Illness

Answer Key

Insurance Approach
,Valerius 8th ch2

Test name: Berkeley College - Medical

- 1) C
- 2) B
- 3) D
- 4) C
- 5) C
- 6) C
- 7) C
- 8) B
- 9) B
- 10) B
- 11) A
- 12) B
- 13) C
- 14) B
- 15) A
- 16) D
- 17) B
- 18) D

19) D

20) B

21) A

22) C

23) D

24) C

25) B

26) B

27) B

28) A

29) A

30) D

31) D

32) C

33) A

34) C

35) A

36) C

37) A

38) D

39) C

40) B

41) C

42) D

43) B

44) A

45) C

46) C

47) B

48) C

49) B

50) D

51) D

52) D

53) D

54) A

55) B

56) B

57) A

58) B

59) B

60) B

61) C

62) A

63) D

64) D

65) A

66) A

67) D

68) D

69) B

70) D

71) B

72) C

73) A

74) A

75) A

76) D

77) C

78) D

79) C

80) B

81) A

82) A

83) D

84) B

85) A

86) C

87) D

88) B

89) D

90) C

91) A

92) C

93) A

94) B

95) C

96) A

97) A

98) D

99) B

100) A

101) B

102) C

103) B

104) C

105) A

106) A

107) B

108) A

109) A

110) A