



Free Questions for HIO-201 by certsinside

Shared by Sargent on 12-12-2023

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Question 1

Question Type: MultipleChoice

Which transaction covers information specific to accidents?

Options:

- A- Accident Report.
- B- First Report of Injury.
- C- Health Care Claim.
- D- Health Care Claim Payment/Advice.
- E- Premium Payment.

Answer:

B

Question 2

Question Type: MultipleChoice

The transaction pair used for requesting and responding to a health claim status inquiry is:

Options:

A- 2701271

B- 2761277

C- 2781278

D- 8341834

E- 837/835

Answer:

B

Question 3

Question Type: MultipleChoice

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

Options:

- A-** A covered entity must designate, and document, a privacy official, security officer and a HIPAA compliance officer
- B-** A covered entity must designate, and document, the same person to be both privacy official and as the contact person responsible for receiving complaints and providing further information about the notice required by the regulations.
- C-** A covered entity must implement and maintain written or electronic policies and procedures with respect to P1-II that are designed to comply with HIPAA standards, implementation specifications and other requirements.
- D-** A covered entity must train, and document the training of, at least one member of its workforce on the policies and procedures with regard to PHI as necessary and appropriate for them to carry out their function within the covered entity no later than the privacy rule compliance date.
- E-** A covered entity must retain the document required by the regulations for a period of ten years from the time of its creation or the time it was last in effect, whichever is later

Answer:

C

Question 4

Question Type: MultipleChoice

Select the phrase that makes the following statement FALSE. The 270 Health Care Eligibility Request can be used to inquire about

Options:

- A- Eligibility status
- B- Benefit maximums
- C- Participating providers
- D- Deductibles & exclusions
- E- Co-pay amounts

Answer:

C

Question 5

Question Type: MultipleChoice

When a breach of security' is discovered, policies and procedures defined under this implementation specification should be followed:

Options:

- A- Automatic Logoff
- B- Access Establishment and Modification
- C- Termination Procedures
- D- Response and Reporting
- E- information system Activity Review

Answer:

D

Question 6

Question Type: MultipleChoice

When submitting a Health Care Claim Status Request, it is important to provide the proper tracking information to exactly identify the previously submitted claim. Select the information that would be most important to the claim inquiry/ process.

Options:

- A- Authorization Number

- B-** Prov'ider's National Provider identifier (NPI)
- C-** Claim Submitter home phone number
- D-** Patient's lab report
- E-** Pro'ider's security PIN code

Answer:

B

Question 7

Question Type: MultipleChoice

A covered entity that fails to implement the HIPAA Privacy Rule would risk

Options:

- A-** \$5 .000 in fines.
- B-** \$5000 in fines and six months in prison.
- C-** An annual cap of \$50000 in fines.

D- A fine of up to \$50000 if they wrongfully disclose PHI.

E- Six months in prison.

Answer:

D

Question 8

Question Type: MultipleChoice

The National Provider Identifier (NPI) will eventually replace the:

Options:

A- NPF .

B- NPS .

C- CDT .

D- ICD-9-CM, Volume 3 .

E- UPIN .

Answer:

E

Question 9

Question Type: MultipleChoice

A grouping of functional groups, delimited by a header/trailer pair, is called a:

Options:

A- Data element

B- Data segment

C- Transaction set

D- Functional envelope

E- Interchange envelope

Answer:

E

Question 10

Question Type: MultipleChoice

Which of the following is example of "Payment" as defined in the HIPAA regulations?

Options:

- A- Annual Audits
- B- Claims Management
- C- Salary disbursement to the workforce having direct treatment relationships.
- D- Life Insurance underwriting
- E- Cash given to the pharmacist for the purchase of an over-the-counter drug medicine

Answer:

B

Question 11

Question Type: MultipleChoice

Select the FALSE statement regarding health-related communications and marketing in The I-IIPAA regulations:

Options:

- A-** A covered entity must obtain an authorization for any use or disclosure of protected health information for marketing, except if the communication is in the form allowed by the regulations.
- B-** A face-to-face communication made by a covered entity to an individual is allowed by the regulations without an authorization.
- C-** A promotional gift of nominal value provided by the covered entity is NOT allowed by the regulations without an authorization.
- D-** If the marketing is expected to result in direct or indirect remuneration to the covered entity from a third party, the authorization must state that such remuneration is expected.
- E-** Disclosure of PHI for marketing purposes is limited to disclosure to business associates (which could be a telemarketer) that undertakes marketing activities on behalf of the covered entity.

Answer:

C

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