

Student name: \_\_\_\_\_

**MULTIPLE CHOICE - Choose the one alternative that best completes the statement or answers the question.**

1) Which of the following is a systematic, logical, and consistent recording of a patient's health status in a medical record?

- A) code set
- B) documentation
- C) encounter
- D) operating rules

2) A progress report documents a patient's

- A) Chief Complaint
- B) History of Present Illness
- C) Past Medical History
- D) type of treatment still needed and duration.

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

- A) current condition of patient.
- B) final diagnosis.
- C) physical examination.
- D) reason for discharge.

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

- A) allergies.
- B) diagnosis.
- C) next of kin.
- D) signature of provider who saw the patient.

5) An encounter is defined as a

- A) face-to-face meeting between a provider and a patient.
  - B) meeting between a clinician and a patient.
  - C) face-to-face meeting between an administrator and a patient.
  - D) phone call between a provider and family of the patient.
- 6) All of the following should be completed on notes *except*
- A) date.
  - B) signature.
  - C) time.
  - D) verification.
- 7) In a SOAP format, which of the following is information from the patient?
- A) Subjective
  - B) Objective
  - C) Assessment
  - D) Plan
- 8) HIPAA contains how many provisions (titles) that focus on various aspects of health care?
- A) 2
  - B) 3
  - C) 4
  - D) 5
- 9) SOAP is the abbreviation for which of the following?

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

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

- A) one
- B) two
- C) three
- D) four

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

- A) assessment.
- B) cost.
- C) recommendations.
- D) risks.

**12)** E/M is the abbreviation for

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

**13)** 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

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

- A) continuity of care.
- B) communication among providers.
- C) education.
- D) scheduling.

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

- A) duty of care.
- B) medical standards of care.
- C) medical professional liability.
- D) malpractice.

**16)** EHR is the abbreviation for

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

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

- A) clinical decision support.
- B) electronic communication.
- C) patient support.
- D) reduced costs.

**18)** CMS stands for

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

**19)** Which of the following acts contains additional provisions concerning the standards for electronic transmission of health care data?

- A) TCS
- B) HITECH
- C) HIPAA
- D) HIE

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

- A) more than 10 million
- B) more than 90 million
- C) more than 100 million
- D) more than 900 million

**21)** HIPAA is the abbreviation for the

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

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

- A) audit
- B) electronic data interchange
- C) meaningful use
- D) transaction

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

- A) business associate
- B) clearinghouse
- C) electronic data interchange
- D) health plan

**24)** 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) ARRA
- B) HITECH
- C) HIPAA
- D) HIE

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

- A) business associates
- B) clearinghouses
- C) electronic data interchanges
- D) health plans

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

- A) at the first contact or encounter
- B) when the patient is scheduled for surgery
- C) when the patient receives the bill
- D) if the patient is referred elsewhere

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

- A) address
- B) birth date
- C) fax number
- D) all of these are examples of PHI

**28)** \_\_\_\_\_ regulate(s) the use and disclosure of patients' protected health information.

- A) HIPAA Electronic Transactions and Code Sets
- B) HIPAA Privacy Rule
- C) HIPAA Security Rule
- D) HIPAA

**29)** \_\_\_\_\_ make(s) it possible for physicians and health plans to exchange electronic data using a standard format.

- A) HIPAA Electronic Transactions and Code Sets
  - B) HIPAA Privacy Rule
  - C) HIPAA Security Rule
  - D) HIPAA
- 30)** Which of the following require(s) CE(s) to establish safeguards to protect PHI?
- A) HIPAA Electronic Transactions and Code Sets
  - B) HIPAA Privacy Rule
  - C) HIPAA Security Rule
  - D) Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- 31)** TPO is an abbreviation for
- A) treatment, provider, and health care options.
  - B) treatment, patient, and health care options.
  - C) treatment, payment, and health care operations.
  - D) treatment, provider, and health care operations.
- 32)** When protected health information is shared, which of the following should be observed?
- A) code set
  - B) encryption
  - C) informed consent
  - D) minimum necessary standard
- 33)** Under HIPAA, patients' PHI may be shared for \_\_\_\_\_ without their authorization.
- A) treatment, provider, and health care options
  - B) treatment, patient, and health care options
  - C) treatment, payment, and health care operations
  - D) treatment, provider, and health care operations



- 34) PHI is the abbreviation for
- A) patient health information.
  - B) patient history information.
  - C) protected health information.
  - D) protected history Information.
- 35) The abbreviation for treatment, payment, and health care operations is
- A) TPH.
  - B) TPHC.
  - C) TPHO.
  - D) TPO.
- 36) DRS is the abbreviation for
- A) doctors record set.
  - B) designated recorded signs.
  - C) doctors recorded signs.
  - D) designated record set.
- 37) CE is the abbreviation for
- A) covered entity.
  - B) covered emergency.
  - C) compliance entity.
  - D) covered exchange.
- 38) Patients have the right to \_\_\_\_\_ and inspect their complete health record.

- A) access
- B) change
- C) document
- D) remove

**39)** The minimum necessary standard means to

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

**40)** Which of the following is required for releasing protected health information for reasons other than treatment, payment, or health care operations?

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

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

- A) be in plain language.
- B) describe the information that is to be used or disclosed.
- C) expiration date.
- D) signature of the nurse who treated the patient.

**42)** A valid authorization must include all of the following *except*

- 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 treatment 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 prescriptions on the authorization.

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

- A) alcohol abuse
- B) diabetes
- C) multiple sclerosis
- D) tobacco cessation

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

- A) court order
- B) research
- C) statutory reports
- D) all of these are correct

**45)** 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.

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

- A) Alzheimer's disease
- B) HIV status
- C) otitis media
- D) pharyngitis

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

- A) AIDS
- B) croup
- C) hives
- D) obesity

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

- A) angina
- B) lupus
- C) muscular dystrophy
- D) schizophrenia

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

- A) cancer
- B) drug abuse
- C) fracture
- D) hypothermia

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

- A) no authorization is required from the patient.
- B) a limited authorization is required.
- C) a specific authorization is required.
- D) informed authorization is required.

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

- A) designated record set.
- B) legal size of practices.
- C) psychotherapy notes.
- D) rights of inmates.

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

- A) court ordered
- B) research
- C) attorneys
- D) self-pay requests from restrictions

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

- A) American Heart Association (AHA)
- B) Association for Health Care Documentation Integrity (AHDI)
- C) American Medical Association (AMA)
- D) American Association of Professional Coders (AAPC)

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

- A) no messages should be left
- B) compliance plans policy
- C) minimum necessary standard
- D) data record set restrictions

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

- A) Code set
- B) Encryption
- C) Fraud
- D) Meaningful use

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

- A) Backing up
- B) Encrypting
- C) Antivirus software programs
- D) Critical data recovery

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

- A) use a combination of letters, numbers, and symbols.
- B) select a mixture of uppercase and lowercase letters.
- C) keep your password secret and never change it.
- D) do not use your User ID.

58) A \_\_\_\_\_ is an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of PHI.

- A) breach
- B) leak
- C) release
- D) spill

**59)** The document notifying an individual of a breach is called a

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

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

- A) a brief description of what happened.
- B) a description of the types of unsecured PHI involved.
- C) a description of what the CE is doing to investigate the breach.
- D) a description of the damages awarded for ill consequences from the breach.

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

- A) name.
- B) number.
- C) both a number and a name.
- D) either a number or a name.

**62)** The ACA requires the adoption of \_\_\_\_\_ for each of the HIPAA Standard transactions.

- A) codes sets
- B) encryption
- C) operating rules
- D) minimum data set

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

- A) employers
- B) providers
- C) health plans
- D) all of these are included

**64)** NPI is the abbreviation for

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

**65)** \_\_\_\_\_ are numbers of predetermined length and structure, such as people's Social Security numbers.

- A) Identifiers
- B) NPIs
- C) Code sets
- D) Minimum data sets

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



- A) diagnoses
- B) procedures
- C) supplies
- D) facilities

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

- A) HIPAA
- B) HITECH
- C) FCA
- D) OIG

68) A \_\_\_\_\_ is a person who makes an accusation of fraud or abuse.

- A) qui tam
- B) relator
- C) stark
- D) whistle-blower

69) \_\_\_\_\_ is deception with intent to benefit from the behavior.

- A) Abuse
- B) Fraud
- C) Self-referrals
- D) Kick backs

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

- A) FCA
- B) Stark rules
- C) Sarbanes-Oxley
- D) FERA

71) The \_\_\_\_\_ make(s) it illegal to knowingly offer incentives to induce referrals.

- A) FCA
- B) Stark rules
- C) Sarbanes-Oxley
- D) antikickback statute

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

- A) RCA
- B) OIG
- C) CMS
- D) ACA

73) The Health Care Fraud and Abuse Control Program was created by

- A) FCA.
- B) HIPAA.
- C) HITECH.
- D) FERA.

74) OIG is the abbreviation for

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

**75)** Which of the following acts strengthened the provisions of the FCA?

- A) Stark
- B) HIPAA
- C) HITECH
- D) FERA

**76)** Which of the following acts provided additional funding to strengthen the tools that the DOJ and HHS used to pursue fraud investigations?

- A) FCA
- B) ACA
- C) HITECH
- D) FERA

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

- A) FCA
- B) Stark Rules
- C) Sarbanes-Oxley
- D) Antikickback statute

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

- A) abuse
- B) fraud
- C) self-referral
- D) kick back

**79)** OCR is the abbreviation for

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

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

- A) HIPAA
- B) DOJ
- C) FCA
- D) OIG

**81)** OEES is the abbreviation for

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

**82)** How have most privacy complaints under HIPAA been resolved?

- A) court battles
- B) legal action
- C) voluntary compliance
- D) by jail terms

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

- A) OIG
- B) OESS
- C) CMS
- D) IRS

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

- A) five
- B) seven
- C) nine
- D) eleven

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

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

**86)** When a provider injures a patient due to failure to follow medical standards of care, it is called

- A) fraud.
- B) abuse.
- C) malpractice.
- D) none of these answers are correct.

**87)** The federal agency that runs Medicare and Medicaid is

- A) CMS.
- B) OIG.
- C) OCR.
- D) TPO.

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

- A) Security Rule
- B) CMS
- C) HITECH Act
- D) HIPAA Electronic Transaction and Code Sets Standards

**89)** The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a law designed to

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

**90)** Which excludes a provider from being considered a covered entity?

- A) doesn't send any claims electronically or employ any other firm to do it
- B) employs less than 10 full-time employees
- C) only files Medicare claims electronically
- D) pays a clearinghouse to submit electronic claims on their behalf

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

- A) electronic transaction.
- B) provider.
- C) covered entity.
- D) clearinghouse.

**92)** HIPAA identifies three types of covered entities

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

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

- A) HIPAA firm.
- B) business associate.
- C) HIPAA vendor.
- D) provider.

**94)** EDI is the abbreviation for

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

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

- A) Privacy Rule.
- B) Security Rule.
- C) Electronic Transaction Rule.
- D) Code Sets Rule.

- 96) When personal identifiers have been removed, protected health information is called
- A) covered.
  - B) minimum data set.
  - C) de-identified.
  - D) research data.
- 97) A court order to appear and testify is a
- A) respondeat superior.
  - B) subpoena duces tecum.
  - C) subpoena.
  - D) none of these answers are correct.
- 98) A court order to appear, testify, and bring specified documents or items is a
- A) respondeat superior.
  - B) subpoena duces tecum.
  - C) subpoena.
  - D) none of these answers are correct.
- 99) Which of the following states the HIPAA rules for administrative, technical, and physical safeguards of patients' health information?
- A) Privacy Rule
  - B) Security Rule
  - C) Electronic Transaction Rule
  - D) Code Sets Rule
- 100) Disguising an electronic message so that only recipients with the correct key can read it is called?



- A) security rule
- B) backing up
- C) transaction
- D) encryption

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

- A) the Internet
- B) computer networks
- C) storage disks
- D) all of these answers are correct.

**102)** 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) fraud case.
- D) notification.

**103)** 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) PHI.
- B) unsecured PHI.
- C) medical records.
- D) documentation.

**104)** 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) contact procedures for individuals to ask questions or learn additional information.
- D) All of these answers are correct.

**105)** 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 Privacy Rule
- C) The HIPAA Security Rule
- D) The HIPAA Electronic Health Care Transactions and Code Sets (TCS)

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

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

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

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

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

- A) respondeat superior.
- B) relator.
- C) detector.
- D) provider.

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

- A) having complete documentation
- B) having a compliance plan in place
- C) purchasing current reference materials
- D) hiring a consultant

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

- A) external audits.
- B) ongoing training on coding and billing.
- C) OIG Fraud Advisories.
- D) practice work plans.

## Answer Key

Test name: Unnamed Testc2

1) B

Documentation is a systematic, logical, and consistent recording of a patient's health status in a medical record.

2) D

The type of treatment still needed and duration is documented in a patient's progress report.

3) C

Discharge summaries include current condition of patient, final diagnosis, and reason for discharge.

4) C

Patient's medical records must document allergies, diagnosis, and signature of provider.

5) A

An encounter is a meeting between a provider and a patient.

6) D

All notes should be dated, preferably timed, and signed by the author.

7) A

In a SOAP note subjective is taken from the patient.

8) D

HIPAA contains 5 provisions that cover health care.

9) B

SOAP stands for subjective/objective/assessment/plan.

10) D

A complete H&P is documented with four types of information: chief complaint, examination, diagnosis, and treatment plan.

11) B

If the plan of care involves significant risk, such as surgery, state laws require the provider to have the patient's informed consent in advance. The provider discusses the assessment, risks, and recommendations with the patient and documents this conversation in the patient's record.

12) B

E/M is the abbreviation for evaluation and management.

13) D

The extent of the history is based on what the provider considers appropriate. It may include the history of the present illness (HPI), past medical history (PMH), and family/social history.

14) D

The record provides continuity and communication among physicians and other health care professionals who are involved in the patient's care. Patients' medical records are also used in research and for education.

15) C

The responsibility of licensed health care professionals is called medical professional liability.

16) A

EHR is the abbreviation for electronic health record.

17) D

Reducing costs is not an advantage of the EHR .

18) C

CMS stands for Centers for Medicare & Medicaid Services.

19) B

HITECH contains provisions concerning the adoption and use of health information technology.

20) B

More than 90 million Americans are currently part of the Medicare and Medicaid Programs.

21) A

HIPAA stands for Health Insurance Portability and Accountability Act.

22) D

The electronic equivalent of a business document is called a transaction.

23) B

A clearinghouse can be used by providers to transmit claims in the proper format for carriers.

24) B

Under HITECH patients can restrict the access of health plans to their medical records if they pay for the service in full at the time of visit.

25) A

Business associates are organizations that work for covered entities but are not themselves covered entities.

26) A

Covered entities are required to give patients their Notice of Privacy Practices at the first contact or encounter.

27) D

Address, birth date, and fax number are all PHI.

28) B

The HIPAA Privacy rule regulates the use and disclosure of patients' protected health information.

29) A

HIPAA Electronic Transactions and Code Sets make(s) it possible for physicians and health plans to exchange electronic data using a standard format.

30) C

HIPAA Security Rule requires CEs to establish safeguards to protect PHI.

31) C

TPO stands for treatment, payment, and health care operations.

32) D

When protected health information is shared, the minimum necessary standard should be observed.

33) C

PHI may be shared for TPO under HIPAA.

34) C

PHI is the abbreviation for protected health information.

35) D

The abbreviation for treatment, payment, and health care operations is TPO.

36) D

DRS is the abbreviation for designated record set.

37) A

CE is the abbreviation for covered entity.

38) A

Patients have the right to access and inspect their complete health record.

39) C

The minimum necessary standard means to take reasonable safeguards to protect PHI.

40) C

Releasing protected health information for other than treatment, payment, or health care operations requires patient's signed authorization.

41) D

An authorization to disclose PHI that a patient signs does not need the signature of the nurse who treated the patient.

42) D

A statement about whether the CE is able to base prescriptions on the authorization is not needed on a valid authorization.

43) A

Information about substance (alcohol and drug) abuse, sexually transmitted diseases (STDs) or human immunodeficiency virus (HIV), and behavioral/mental health services may not be released without a specific authorization from the patient.

44) D

There are a number of exceptions to the usual rules for release: court orders, workers' compensation cases, statutory reports, research, and self-pay requests for restrictions.

45) D

State law may provide for release of records to employers in workers' compensation cases, state workers' compensation administration board, and insurance company that handles these claims for the state

46) B

HIV requires a specific authorization from the patient other than for TPO.

47) A

AIDS requires a specific authorization from the patient other than for TPO.

48) D

Schizophrenia requires a specific authorization from the patient other than for TPO.

49) B

Drug abuse requires a specific authorization from the patient other than for TPO.

50) A

No authorization is required from the patient to release PHI for treatment, payment, and health care operations.

51) B



State statutes may contain various definitions of DRS, psychotherapy notes, and inmate rights.

52) C

PHI may be released without the patient's authorization in the following situations: emergencies, court orders, workers' compensation cases, statutory reports, research, and self-pay (patient rather than insurance pays for the service). Attorneys are not included in these exceptions.

53) B

AHDI advises against using a patient's name in the body of a medical report.

54) C

When leaving a message on a patient's answering machine the minimum necessary standard should be followed.

55) B

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

56) A

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

57) C

Keep your password secret and never change it is not a good password tip.

58) A

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

59) B

A breach notification is the document notifying an individual of a breach.

60) D

The document notifying an individual of a breach, called the breach notification, must include the following points: (1) a brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known; (2) a description of the types of unsecured PHI that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code); (3) the steps individuals should take to protect themselves from potential harm resulting from the breach; (4) a brief description of what the covered entity involved is doing to investigate the breach, to mitigate losses, and to protect against any further breaches; and (5) contact procedures for individuals to ask questions or learn additional information, which include a toll-free telephone number, an e-mail address, website, or postal address.

61) C

With the HIPAA transactions standard set, each standard is labeled with both a number and a name.

62) C

The ACA requires the adoption of operating rules for each of the HIPAA Standard transactions.

63) D

When completely implemented, HIPAA National Identifiers will be available for employers, providers, and health plans.

64) D

NPI is the abbreviation for National Provider Identifier.

65) A

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

66) D

The HIPAA Electronic Health Care Transactions and Code Set standards specify certain code sets including: diagnoses, procedures, and supplies.

67) C

FCA is the law that prohibits submitting a fraudulent claim.

68) B

Relator is a person who makes an accusation of fraud or abuse.

69) B

Fraud is deception with intent to benefit from the behavior.

70) C

Sarbanes-Oxley is an act that requires publicly traded corporations to attest that their financial management is sound.

71) D

The antikickback statute makes it illegal to knowingly offer incentives to induce referrals.

72) B

The OIG investigates health care fraud and abuse.

73) B

The Health Care Fraud and Abuse Control Program was created by HIPAA's Title II.

74) A

OIG is the abbreviation for Office of the Inspector General.

75) D

FERA strengthened the provisions of the FCA.

76) B

ACA provided additional funding to strengthen the tools that the DOJ and HHS used to pursue fraud investigations.

77) B

The Stark Rules make it illegal for physicians to have financial relationships with clinics to which they refer patients.

78) A

In federal law, abuse means an action that misuses money the government has allocated, such as Medicare funds.

79) B

OCR is the abbreviation for Office for Civil Rights.

80) B

The DOJ is America's "law office".

81) B

OESS is the abbreviation for Office of E-Health Standards and Services.

82) C

Most privacy complaints to date have been settled by voluntary compliance.

83) B

The OESS is charged with enforcing the Electronic Health Care Transaction and Code Set Rule.

84) B

According to the OIG compliance plans should contain seven elements.

85) C

The term medical standards of care means using state-specified performance measures for the delivery of healthcare.

86) C

Malpractice is defined as an injury to a patient by a provider due to failure to follow medical standards of care.

87) A

CMS runs Medicare and Medicaid.

88) C

The HITECH Act was designed to tighten the regulations of the HIPAA Privacy Rule.

89) D

HIPAA is designed to protect peoples' private health information, ensure health insurance coverage for workers and their families when they change or lose their jobs, uncover fraud and abuse, and create standards for electronic transmission of health care transactions.

90) A

Excepted providers are only those who do not send any claims (or other HIPAA transactions) electronically and do not employ any other firm to send electronic claims for them.

91) C

Under HIPAA, an organization that electronically transmits patients' protected health information is a covered entity.

92) D

The three kinds of covered entities are health plans, clearinghouses, and providers.

93) B

A business associate is a vendor that does business with a covered entity.

94) C

EDI stands for electronic data interchange.

95) A

The HIPAA Privacy Rule protects patients' health information.

96) C

De-identified health information has had the personal identifiers removed.

97) C

A subpoena is a court order to appear and testify.

98) B

A subpoena duces tecum is a court order to appear, testify, and bring specified documents or items.

99) B

The Security Rule states the required administrative, technical, and physical safeguards under HIPAA.

100) D

Encryption involves disguising an electronic message so that only recipients with the correct key can read it.

101) D

The HIPAA Security Rule specifies how to secure PHI on computer networks, the Internet, and storage disks such as floppy disks or CDs.

102) A

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

103) B

The HITECH Act refers to unsecured PHI as unprotected health information that is not secured through the use of technologies or methods that HHS has specified.

104) D

Breach notifications must include at least five pieces of information.

105) D

The HIPAA Electronic Health Care Transactions and Code Sets (TCS) standards make it possible for physicians and health plans to exchange electronic data using a standard format and standard code sets.

106) B

The National Provider Identifier (NPI) is the standard for the identification of providers when filing claims and other transactions.

107) A

HIPAA created the Health Care Fraud and Abuse Control Program to uncover and prosecute fraud and abuse.

108) B

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

109) B

The most important strategy for achieving compliance is to have a compliance plan in place.

110) B

Compliance plans must lay out how the practice will keep physicians and staff up to date on coding and billing.