HEALTH-CLOUD-ACCREDITED-PROFESSIONAL Q&As

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QUESTION 1

An Health Cloud administrator has a requirement to display a custom field from the HealthCondition object that categorizes High Risk Conditions on the Patient Card. Which two are steps required to achieve this? (Choose Two)

A. Add the newly created custom formula field on the Patient Card referencing the HelthCondition object.

B. Create a custom formula the Account object.

C. Create a custom formula field on the Custom HealhCondition object.

D. Create an APEX Trigger to categorize the High Risk Conditions.

Correct Answer: AC

Explanation: The steps required to display a custom field from the HealthCondition object that categorizes High Risk Conditions on the Patient Card are:

Create a custom formula field on the Custom HealthCondition object. This field can use logic to determine whether a health condition is high risk or not based on certain criteria.

Add the newly created custom formula field on the Patient Card referencing the HealthCondition object. This can be done by creating or editing a patient card configuration record and adding the field API name in the Field Name column.

QUESTION 2

A provider is looking to view a patient\\'s insurance coverage, including co-pay and deductible information, prior to their appointment. Using Health Cloud, which two steps should a consultant take to access this information in the Benefit Verification component? (Choose Two)

A. Configure the Connection Label with thesource systems API details

B. Create a new record for the HCBenVerConnect custom setting

C. Configure the link to the clearinghouses endpoint using a Uniform Resource Identifier (URI) path.

D. Create a named credential to support authenticated callouts.

Correct Answer: BD

B is correct because creating a new record for the HCBenVerConnect custom setting is required to access the Benefit Verification component in Health Cloud. The HCBenVerConnect custom setting stores the configuration details for the

connection to the external benefit service that provides the patient\\'s insurance coverage information.

D is correct because creating a named credential to support authenticated callouts is required to access the Benefit Verification component in Health Cloud. A namedcredential specifies the URL of the external benefit service and the

authentication protocol and credentials to use for callouts to that service. References: : Set Up Data for Benefit Verification : [Named Credentials]

QUESTION 3

What is thelatest FHIR model aligned to Health Cloud?

A. V5

B. V4

C. V3

D. V1

Correct Answer: B

Explanation: FHIR (Fast Healthcare Interoperability Resources) is a standard for exchanging healthcare information electronically. FHIR V4 is the latest version of FHIR, and it is aligned with Health Cloud3. Option A is incorrect, because there is no FHIR V5 yet. Option C is incorrect, because FHIR V3 is an older version of FHIR that is not aligned with Health Cloud. Option D is incorrect, because FHIR V1 is also an older version of FHIR that is not aligned with Health Cloud.

QUESTION 4

A Salesforce technical architect is migrating a service cloud org to health cloud and needs to update existing integrations to create records in health cloud objects instead of creating records in custom objects. Which unique health cloud considerations apply regarding the use of APIs in this case?

A. Health Cloud uses Business API\\'s that should be used instead of object level API\\'s

B. Only object level APIs should be used as Business APIs are not used for record creation.

C. Health cloud and custom objects both leverage the same object -level API approach. No unique health cloud considerations apply.

D. Any combination of object-level APIs and business APIs may be used.

Correct Answer: A

Explanation: According to the Salesforce documentation2, Health Cloud uses Business APIs that should be used instead of object level APIs when creating records in Health Cloud objects. Business APIs are custom REST APIs that perform complex business logic and validations on Health Cloud objects. Object level APIs are standard REST or SOAP APIs that performCRUD operations on individual objects. Business APIs ensure data integrity and consistency across Health Cloud objects, while object level APIs may result in data errorsor inconsistencies2.

QUESTION 5

A Payer Service Cloud org uses Accounts and contacts to model Health Insurance Members. While all teams within the organization Work with all members, only some teams require HC capabilities. What is the recommended best practice for modeling members in HC for this organization?

A. Only groups needing HC capabilities need to use Person Accounts.

B. Model as Person Accounts, whether theyare using HC capabilities or not.

C. Account Record Types for existing members can remain as-is. Future members should be created as Person Accounts.

D. Use the individual model with HC

Correct Answer: B

Explanation: According to the Health Cloud Implementation Guide, the recommended best practice for modeling members in Health Cloud for a payer service cloud org that uses accounts and contacts to model health insurance members is to model them as person accounts, whether they are using Health Cloud capabilities or not. Person accounts are a type of account that combines account and contact information in a single record. They are suitable for representing individual consumers in healthcare and life sciences. Using person accounts for all members can simplify data management and avoid data duplication. Only groups needing Health Cloud capabilities need to use person accounts is not a recommended best practice, as it can create inconsistency and complexityin data modeling. Account record types for existing members can remain as-is is not a recommended best practice, as it can limit the functionality and integration of Health Cloud features. Using the individual model with Health Cloud is not a valid option, as the individual model is not supported by Health Cloud.