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ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	• Legal and Regulatory: This domain focuses on ensuring compliance with healthcare laws and regulations, protecting patient information, managing reporting requirements, and supporting accreditation and regulatory responses.
Topic 2	• Claims and Litigation: This domain focuses on handling potential claims and legal cases, including claim reporting, litigation support, legal documentation management, and analyzing claims data to understand risk exposure.
Topic 3	• Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.
Topic 4	• Healthcare Operations: This domain involves managing operational risk activities such as conducting risk assessments, developing policies, coordinating risk programs, supervising staff, and supporting patient safety initiatives.
Topic 5	• Clinical • Patient Safety: This domain focuses on improving patient safety by promoting a safety culture, managing incident reporting, educating staff and patients, addressing ethical concerns, and implementing corrective actions to reduce risks and prevent harm.

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Care Risk Management (CPHRM) (CPHRM) exam practice test questions that are ideal study material for quick ASHRM CPHRM exam preparation.

ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q57-Q62):

NEW QUESTION # 57
The due diligence process in acquisitions is undertaken to:

- A. Hide liabilities
- B. Avoid reviewing contracts
- C. Reduce unanticipated costs and risks; support valuation and post-acquisition performance
- D. Remove compliance requirements

Answer: C

Explanation:
Due diligence is a structured risk-identification and validation process used in mergers/acquisitions to understand clinical, legal, regulatory, operational, and financial exposures before closing. Objectives include discovering hidden liabilities (claims history, compliance gaps, credentialing issues, cybersecurity risks), validating revenue assumptions, assessing quality and safety maturity, and estimating integration costs. This informs valuation (including potential price adjustments), deal terms (representations/warranties, indemnities), and post-close priorities to improve performance and reduce adverse surprises. Risk management objectives include ensuring continuity of safe care during transition, aligning policies and governance, and preventing inherited regulatory violations or claims tail exposures.

NEW QUESTION # 58
If there is no OSHA standard for a given potential health hazard, OSHA may:

- A. Govern it under the General Duty Clause
- B. Ignore it if it is expensive
- C. Have no authority at all
- D. Transfer it to the FDA

Answer: A

Explanation:
OSHA can cite employers under theGeneral Duty Clausewhen a recognized serious hazard exists and no specific standard applies. Risk management objectives require proactive hazard identification and controls even when regulations are not prescriptive: risk assessments, engineering controls where feasible, administrative controls (policies, training), and PPE as a final layer. In healthcare, this is relevant for emerging hazards (novel chemical exposures, workplace violence risks, certain ergonomic hazards) where specific standards may be limited. Maintaining documentation of hazard recognition and mitigation is essential for defensibility during inspections and for staff safety outcomes.

NEW QUESTION # 59
What is the voluntary relinquishment by the insurer or self-insurer of the right to recover from a third party?

- A. Coinsurance
- B. Underwriting
- C. Experience rating
- D. Waiver of subrogation

Answer: D

Explanation:
Subrogation is the insurer's right to seek recovery from a responsible third party after paying a loss. Awaiver of subrogationclause means the insurer (or self-insured entity) gives up that recovery right, usually to support business relationships and reduce litigation between contracting parties. Risk financing objectives include understanding when waivers are acceptable (balanced against increased retained loss), ensuring the waiver aligns with insurance policy endorsements, and preventing unintended coverage gaps. Poorly managed waivers can shift costs back onto the organization and complicate recovery efforts. Contracts should be reviewed

to ensure the waiver is mutual when appropriate and consistent with the organization's risk appetite and insurance program.

NEW QUESTION # 60
Which of the following should a risk manager consider when evaluating the effectiveness of a claims management program?
* indemnity-to-expense ratios
* total number of cases reported
* percentage of cases resolved within reserves
* percentage of cases identified prior to claim

- A. 1, 2, and 3 only
- B. 2, 3, and 4 only
- C. 1, 3, and 4 only
- D. 1, 2, and 4 only

Answer: C

Explanation:
According to Health Care Risk Management principles outlined by ASHRM and the American Hospital Association Certification Center, evaluation of a claims management program focuses on efficiency, financial accuracy, and proactive identification of risk exposures.
Indemnity-to-expense ratios are important performance indicators that measure the proportion of funds spent on compensation versus defense costs. A balanced ratio reflects efficient claim handling and appropriate litigation management. The percentage of cases resolved within reserves evaluates the accuracy of initial reserve setting and ongoing claims assessment, demonstrating financial forecasting effectiveness.
Additionally, the percentage of cases identified prior to formal claim filing reflects proactive risk identification and early intervention practices, which may reduce litigation costs and improve resolution outcomes.
In contrast, the total number of cases reported alone does not measure program effectiveness, as volume may be influenced by patient population, service lines, or reporting culture rather than management quality.
Claims and litigation objectives emphasize accurate reserving, early case identification, and cost-effective resolution strategies.
Therefore, indemnity-to-expense ratios, resolution within reserves, and early case identification are appropriate metrics for evaluating the effectiveness of a claims management program.

NEW QUESTION # 61
The enterprise risk management process extends beyond clinical risk management by

- A. comparing the organization's internal and external environment for efficacy.
- B. analyzing the organization's medication administration program.
- C. maintaining risks in silos as the best risk management approach.
- D. ensuring its strategic priority at the senior leadership and governance levels.

Answer: D

NEW QUESTION # 62
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