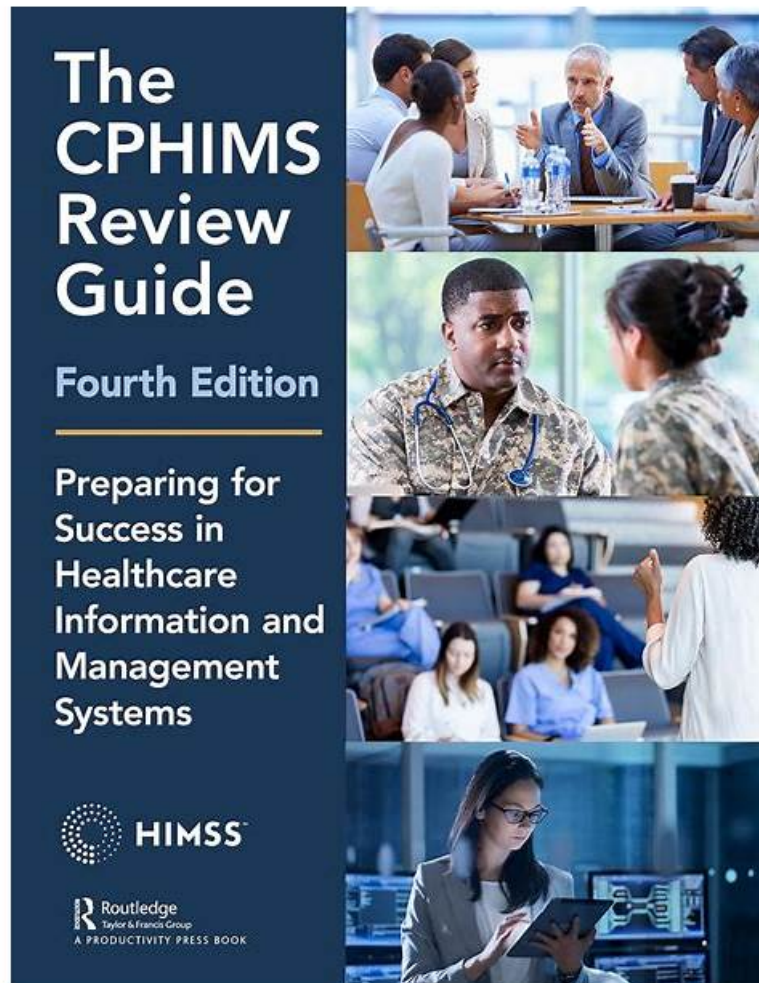


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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q74-Q79):

NEW QUESTION # 74

Which of the following management activities is used to increase revenue, reduce days in accounts receivable, and reduce denied claims?

- A. Revenue optimization.
- B. Expense management.
- C. Revenue accounting.
- **D. Revenue cycle management.**

Answer: D

Explanation:

Revenue cycle management (RCM) is the end-to-end set of administrative and financial processes that manage patient service revenue from pre-registration and eligibility through coding, billing, claims submission, payment posting, denial management, and collections. Because RCM spans the full lifecycle, it directly targets the three outcomes named in the question. First, it increases revenue by improving charge capture, ensuring accurate clinical documentation and coding, and preventing underbilling. Second, it reduces days in accounts receivable (A/R) by streamlining claim submission, improving first-pass claim acceptance, accelerating payment posting, and prioritizing follow-up on unpaid claims. Third, it reduces denied claims by strengthening front-end verification (coverage, authorization), enforcing coding and medical necessity rules, and implementing denial analytics and appeal workflows to fix root causes.

"Revenue optimization" is a broader, less standardized term that may describe strategic improvement efforts but does not specifically represent the operational discipline that controls A/R and denials across the full cycle. "Revenue accounting" focuses on financial reporting and recognition rather than operational claim performance. "Expense management" targets cost reduction, not revenue realization. Therefore, RCM is the management activity that best fits all elements of the prompt.

NEW QUESTION # 75

Which of the following quality assurance (QA) processes can help prevent data-entry errors?

- A. Performing data quality audits.
- B. Correcting flawed data collection protocols and procedures.
- **C. Performing automatic data checks.**
- D. Defining characteristics of data in a data dictionary.

Answer: C

Explanation:

Performing automatic data checks is the QA process that most directly prevents data-entry errors because it applies validation at the moment data is captured. In healthcare information systems, automatic checks are implemented as input controls such as required fields, format validation (e.g., date formats), range checks (e.g., physiologic plausibility for vitals), logic checks (e.g., discharge date cannot precede admit date), code-set validation (e.g., selecting from standardized lists), and duplicate detection (e.g., preventing duplicate orders or records). These controls stop incorrect, incomplete, or inconsistent entries before they become part of the record, which is critical because downstream reporting, clinical decision support, billing, and quality measures all depend on accurate source data.

By comparison, data quality audits primarily detect errors after entry by reviewing records and identifying discrepancies for correction; they are essential for monitoring but are not preventive at the point of entry.

Defining characteristics of data in a data dictionary improves consistency and supports correct mapping and interpretation, but it does not by itself block user keystroke mistakes unless translated into system validation rules. Correcting flawed protocols improves processes, yet errors can still occur without real-time system checks. Therefore, automatic data checks are the best preventive QA mechanism for data-entry errors.

NEW QUESTION # 76

Which of the following is MOST useful in supporting analysis of existing business and clinical processes?

- A. Flow diagram.
- B. Brainstorming.
- C. Mind mapping.
- D. Affinity chart.

Answer: A

Explanation:

A flow diagram (flowchart) is the most useful tool for analyzing existing business and clinical processes because it visually maps the sequence of steps, decision points, handoffs, inputs, and outputs within a workflow. In healthcare environments, processes often involve multiple roles (physicians, nurses, pharmacists, registration staff, IT systems) and cross-departmental interactions. A flow diagram makes these interactions explicit, allowing stakeholders to identify inefficiencies, bottlenecks, duplicate steps, workarounds, delays, and potential safety risks.

When implementing or optimizing health information systems—such as EHR upgrades, medication workflows, discharge processes, or revenue cycle improvements—understanding the "current state" is critical.

Flow diagrams support root cause analysis by clarifying where errors occur and how information moves through the system. They also provide a foundation for designing a "future state" process that is safer, more efficient, and better aligned with technology capabilities.

By contrast, brainstorming generates ideas but does not structure workflow analysis. Mind mapping organizes related concepts but does not show sequential process flow. An affinity chart groups related ideas or issues but does not depict operational steps.

Therefore, the flow diagram is the most effective method for analyzing existing business and clinical processes.

NEW QUESTION # 77

When initiating clinical practice guidelines into an EHR, which of the following has the LEAST impact on patient care?

- A. Infrequent but high-risk health conditions.
- B. Frequently occurring health conditions.
- C. Variations in care compared to evidence-based practices.
- D. Randomized clinical trials.

Answer: D

Explanation:

The correct answer is D. Randomized clinical trials because, while they are foundational sources of clinical evidence, they do not directly represent a patient care condition or operational factor within the EHR environment. When initiating clinical practice guidelines into an EHR—often through clinical decision support (CDS) tools—prioritization is based on conditions or care processes that will most directly influence patient outcomes.

Frequently occurring health conditions affect large patient populations; embedding guidelines for these conditions (such as diabetes or hypertension) can significantly improve quality metrics and standardize care delivery. Infrequent but high-risk conditions (e.g., sepsis or stroke) may affect fewer patients but have substantial morbidity and mortality impact, making CDS interventions highly valuable. Variations in care compared to evidence-based practices directly indicate quality gaps; addressing these variations through standardized guidelines can markedly improve safety, consistency, and outcomes.

Randomized clinical trials, however, are research methodologies used to generate evidence. While their findings inform guidelines, the trials themselves are not operational targets within the EHR. Therefore, compared to direct clinical conditions or practice variations, randomized clinical trials have the least immediate impact on patient care when prioritizing EHR-based guideline implementation.

NEW QUESTION # 78

Which of the following technologies directly reduces adverse medication events through the use of additional checks and balances in the clinical information system?

- A. Wearable devices.
- B. Medication diversion management.
- C. Bar coded medication administration (BCMA).
- D. Electronic Medical Record (EMR).

Answer: C

Explanation:

Barcode medication administration (BCMA) is specifically designed to reduce medication administration errors by adding real-time, system-enforced verification steps at the point of care. In a typical BCMA workflow, clinicians scan the patient's identification band and the medication barcode; the clinical information system then confirms whether the medication aligns with the active order and key safety checks (commonly framed as the "five rights": right patient, drug, dose, route, and time). If there is a mismatch- wrong patient, wrong medication, wrong dose, or wrong timing-the system can generate an alert and block or discourage administration until the discrepancy is resolved. This creates the "additional checks and balances" referenced in the question and is a hallmark of closed-loop medication administration processes.

By contrast, wearable devices primarily support monitoring and patient-generated data, medication diversion management focuses on controlled-substance oversight and security, and an EMR is a broad platform that may enable safety tools but does not inherently provide bedside barcode verification unless paired with BCMA functionality. HIMSS informatics guidance explicitly describes BCMA as hardware/software used to electronically verify these "five rights," directly supporting reduction of medication-related errors at administration.

NEW QUESTION # 79

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