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CPHIMS Exam Questions and Answers With Explanations (2023 – 2024) 100% Correct

Which of the following functions are typically performed by a health information management professional?

1. Diagnosis and procedure coding
2. System implementation
3. Content retention
4. record administration - ANSWER: 1, 3, and 4 only

Item #3, system implementation, typically involves hardware, software, network and training. This would not be performed by a health information management professional.

A CIO is hearing from staff members that the team needs additional resources to be successful with maintaining all of the organization's current systems. The MOST appropriate first step for the CIO would be to:

- A. poll each member to understand their thoughts on what skill sets and abilities are needed from the new hires.
- B. review performance indicators and service metrics along with organizational perception of the team's effectiveness
- C. adjust the departmental budget to allow for the h - ANSWER: B. review performance indicators and service metrics along with organizational perception of the team's effectiveness.

The review of performance indicators, service metrics, and customer satisfaction validates the staff's concerns.

At which of the following care settings should a large, orthopedic healthcare organization anticipate the highest volume of postoperative patient services?

1. urgent care
 2. rehabilitation
 3. assisted-living
 4. home health
- A. 1 and 3 only
 - B. 1 and 4 only
 - C. 2 and 3 only
 - D. 2 and 4 only - ANSWER: D. 2 and 4 only

A rehabilitation center's (#2) primary service is therapies designed to restore functioning to patients following orthopedic surgery which means a large number of

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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q47-Q52):

NEW QUESTION # 47

Healthcare organization executives can be held accountable for losses that result from computer system breaches if the healthcare organization fails to

- A. follow due process to prosecute the intruder.
- **B. exercise due care protecting computing resources.**
- C. rapidly identify the unauthorized user.
- D. insure computing resources against loss.

Answer: B

Explanation:

Executives can be held accountable for breach-related losses if the organization fails to exercise due care in protecting computing resources. "Due care" refers to the legal and managerial obligation to take reasonable and appropriate steps to safeguard information assets from foreseeable harm. In healthcare environments, this includes implementing administrative, technical, and physical safeguards such as risk assessments, access controls, encryption, audit logging, workforce training, incident response planning, and ongoing monitoring.

Leadership is responsible for ensuring that these controls are established, maintained, and periodically evaluated.

If an organization cannot demonstrate that it exercised due care—meaning it failed to act responsibly or ignored known risks—executives may face regulatory penalties, civil liability, reputational damage, or contractual consequences. Accountability is not dependent on whether the organization purchased insurance (A), successfully prosecuted the intruder (B), or immediately identified the unauthorized user (C). While those actions may mitigate impact, they do not substitute for proactive governance and risk management.

In healthcare information management, exercising due care reflects executive-level responsibility for security oversight, policy enforcement, compliance monitoring, and continuous improvement of cybersecurity posture.

NEW QUESTION # 48

What type of diagram illustrates how artifacts in a database are associated with one another?

- A. Pareto.
- B. Fishbone.
- C. Data flow.
- **D. Entity relationship.**

Answer: D

Explanation:

An Entity Relationship (ER) diagram illustrates how data elements (entities) within a database relate to one another. In healthcare information and management systems, ER diagrams are foundational tools used during system design, data modeling, and database development. They visually represent entities (such as Patient, Encounter, Provider, Order, or Medication), their attributes (e.g., patient ID, date of birth), and the relationships between them (such as one-to-many or many-to-many relationships).

For example, a Patient entity may have a one-to-many relationship with Encounters, and an Encounter may have a one-to-many relationship with Orders. These structured relationships ensure data integrity, minimize redundancy, and support accurate reporting and interoperability across healthcare systems. ER diagrams are critical when designing EHR databases, analytics repositories, and integration architectures because they clarify how information is logically structured and linked.

The other options serve different purposes. A Pareto diagram is used in quality improvement to prioritize issues based on frequency or impact. A data flow diagram (DFD) illustrates how data moves between processes and systems, not how data is relationally structured in a database. A fishbone diagram (Ishikawa) supports root cause analysis. Therefore, the correct answer is Entity relationship, as it specifically describes associations between database artifacts.

NEW QUESTION # 49

Which of the following technologies enables voice communication over an internet connection?

- A. VioxMLTM.
- B. Voice Over ID.
- **C. VoIP.**
- D. VMM.

Answer: C

Explanation:

VoIP (Voice over Internet Protocol) enables voice communication using an internet connection by converting analog voice signals into digital data packets and transmitting them over IP-based networks. In healthcare technology environments, VoIP is widely used for organizational telephony systems, call centers, clinician communications, and unified communications platforms that integrate voice, messaging, and conferencing.

Instead of relying on traditional circuit-switched telephone lines, VoIP operates on packet-switched networks, which can reduce infrastructure costs and support mobility (e.g., softphones on workstations and secure mobile apps).

From a healthcare operations and compliance perspective, VoIP implementations typically require careful attention to quality of service (QoS) to minimize latency, jitter, and packet loss-factors that directly affect call clarity and reliability in clinical settings. They also require strong security controls such as network segmentation, encryption where available, authentication, and monitoring to reduce risks like eavesdropping or service disruption. VoIP can also support integrations with clinical workflows (for example, nurse call escalation, on-call scheduling, or contact directory services), improving responsiveness and coordination of care.

The other options listed are not standard, widely recognized technologies for internet-based voice communication in healthcare IT environments, making VoIP the correct answer.

NEW QUESTION # 50

A systematic method to verify that the system supports what users are required to do is called a

- A. Task analysis.
- **B. User acceptance test.**
- C. Comparison test.
- D. Clinical review.

Answer: B

Explanation:

A User Acceptance Test (UAT) is a structured and systematic process conducted to verify that an information system supports real-world user requirements and workflows prior to full deployment. In healthcare information systems management, UAT occurs after system configuration and technical testing are complete, but before go-live. End users-such as clinicians, registration staff, pharmacists, and billing personnel- execute predefined scenarios based on actual job tasks to confirm that the system functions as intended in practice. The purpose is to validate that the system supports required workflows, regulatory requirements, documentation standards, reporting needs, and patient safety processes.

A task analysis is conducted earlier in the lifecycle to understand and document what users do in their roles; it informs system design but does not verify functionality. A clinical review typically evaluates clinical content or quality of care but is not a formal system validation method. A comparison test may evaluate differences between systems or versions but does not ensure user workflow requirements are met.

From a governance and implementation standpoint, UAT reduces risk by identifying workflow gaps, configuration errors, and usability issues before activation. Therefore, the correct answer is User Acceptance Test.

NEW QUESTION # 51

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

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

Answer: A

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 # 52

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