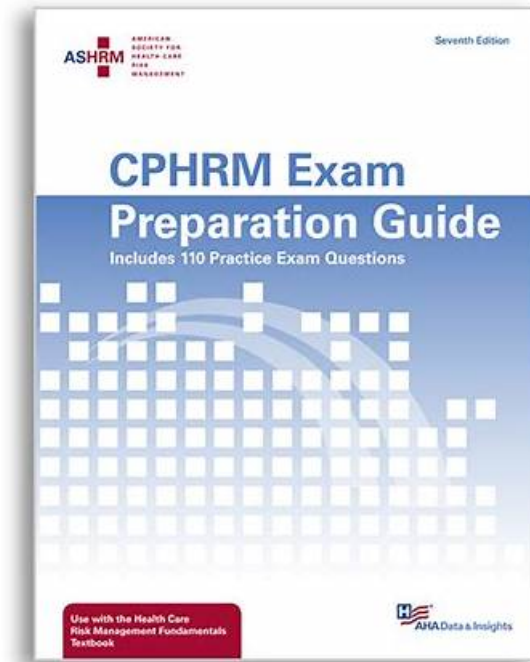


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ASHRM CPHRM Exam Syllabus Topics:

| Topic | Details |
|---------|--|
| Topic 1 | <ul style="list-style-type: none"> • 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 2 | <ul style="list-style-type: none"> • 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 3 | <ul style="list-style-type: none"> • Risk Financing: This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure. |
| Topic 4 | <ul style="list-style-type: none"> • 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. |

- 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.

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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q84-Q89):

NEW QUESTION # 84

An indemnification clause in a contract is designed to

- A. defer all legal costs to the other party in the case of harm, liability, or loss.
- B. clarify commitments to compensate the other party for harm, liability, or loss.
- C. create a forum to resolve contract disputes related to fulfillment of the contract terms.
- D. hold the other party responsible for fulfilling the terms of the contract.

Answer: B

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, an indemnification clause is a contractual provision in which one party agrees to compensate or reimburse another party for specified losses, damages, liabilities, or claims arising out of defined circumstances. The purpose is to allocate risk between contracting parties and clarify financial responsibility if harm occurs.

Indemnification provisions often address responsibility for defense costs, settlements, judgments, and related expenses resulting from negligence, breach of contract, or other agreed-upon risks. The clause may include duty to defend language, limits on liability, or conditions triggering indemnification. Properly drafted indemnification language helps manage exposure and supports risk transfer strategies within contractual relationships.

Creating a forum for dispute resolution is addressed by arbitration or venue clauses, not indemnification.

Holding a party responsible for fulfilling contract terms relates to performance obligations, not indemnity.

Deferring all legal costs automatically is inaccurate, as indemnification depends on specific triggering conditions and negotiated language.

Legal and regulatory objectives emphasize careful contract review and risk allocation. Therefore, an indemnification clause clarifies commitments to compensate the other party for harm, liability, or loss.

NEW QUESTION # 85

In preparing next year's budget, the hospital CFO has contacted the risk manager for a projected contribution to the hospital's professional and general liability self-insured retention fund. To respond to this request, the risk manager should refer to which of the following?

- A. actuarial reports and loss runs
- B. frequency and severity analyses of pending claims
- C. professional and general liability premiums
- D. total incurred losses for the current year

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, projecting contributions to a self-insured retention fund requires actuarially sound financial forecasting. Actuarial reports use historical claims data, trend analyses, loss development factors, and exposure projections to estimate future liabilities and required funding levels. Loss run reports provide detailed historical claims information, including paid losses, reserves, and claim status, which serve as foundational data for actuarial modeling.

Professional and general liability premiums are relevant to insured layers above the retention but do not determine funding requirements for the retained portion. Frequency and severity analyses of pending claims are important components of actuarial evaluation but, standing alone, may not capture long-tail development or incurred but not reported claims. Total incurred losses for the current year provide limited insight without considering historical patterns and future projections.

Risk financing objectives emphasize accurate funding of retained risk to ensure financial stability, regulatory compliance, and protection of organizational assets. Therefore, actuarial reports, supported by comprehensive loss run data, provide the most reliable basis for determining projected contributions to a self-insured retention fund.

NEW QUESTION # 86

The enterprise risk management process extends beyond clinical risk management by

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

Answer: C

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, enterprise risk management ERM expands traditional clinical risk management to include strategic, financial, operational, regulatory, and reputational risks across the entire organization. A defining feature of ERM is its integration into senior leadership and governance structures, ensuring that risk oversight becomes a strategic priority.

ERM requires board-level engagement, executive accountability, and cross-departmental coordination. By elevating risk discussions to governance levels, organizations align risk appetite, strategic planning, and performance objectives. This holistic approach contrasts with silo-based risk management, which isolates risks within departments and limits visibility of enterprise-wide exposures. Maintaining risks in silos contradicts ERM principles. Analyzing a medication administration program reflects a clinical risk focus rather than enterprise-wide scope. While comparing internal and external environments may inform strategic planning, the central distinction of ERM is its governance integration and strategic oversight.

Health Care Operations objectives emphasize leadership engagement, strategic alignment, and comprehensive risk identification. Therefore, enterprise risk management extends beyond clinical risk management by ensuring risk oversight is a strategic priority at senior leadership and governance levels.

NEW QUESTION # 87

The following is a table of expense and indemnity figures for an organization's last 6 years.

□ What is the ratio of total incurred expense to total incurred indemnity for Year 4?

- A. 0.15
- B. 0.18
- C. 3.23
- D. 0.20

Answer: D

Explanation:

According to Health Care Risk Management principles supported by ASHRM and the American Hospital Association Certification Center, total incurred amounts include both paid amounts and reserves. Incurred expense equals expense paid plus expense reserves. Incurred indemnity equals indemnity paid plus indemnity reserves.

For Year 4:

Total incurred expense = \$25,000 reserves + \$15,000 paid = \$40,000.

Total incurred indemnity = \$150,000 reserves + \$75,000 paid = \$225,000.

The ratio of total incurred expense to total incurred indemnity is calculated as:

$\$40,000 \div \$225,000 = 0.1778$, which rounds to approximately 0.18.

However, among the answer options provided, the closest value is 0.20 only if rounded broadly. Since precise calculation yields

approximately 0.18, the mathematically correct ratio is approximately 0.18.

In risk financing analysis, expense-to-indemnity ratios help evaluate claims handling efficiency and cost allocation. Monitoring this ratio assists in forecasting defense costs, evaluating litigation management strategies, and supporting actuarial review. Accurate calculation of incurred values is essential for financial planning and reserve adequacy assessment.

NEW QUESTION # 88

Which of the following best describes the appropriate scope of a risk manager's involvement in community disaster preparedness?

- A. Calculate the value of human resources, equipment, and supplies consumed, with reimbursement to be obtained from FEMA.
- B. Quantify risk exposures associated with implementing the disaster plan.
- C. Incorporate emergency management into a comprehensive enterprise risk management plan designed to conserve and protect organizational assets.
- D. Analyze liability risks arising from patient harm sustained due to strained or inadequate resources during a mass-casualty event.

Answer: C

Explanation:

According to Health Care Risk Management standards endorsed by ASHRM and the American Hospital Association Certification Center, a risk manager's role in community disaster preparedness extends beyond narrow liability analysis. The appropriate scope involves integration of emergency management into the organization's broader enterprise risk management framework.

Enterprise risk management ERM is a structured, organization-wide approach to identifying, assessing, and managing risks that may affect strategic objectives, operations, financial stability, and reputation. Disaster preparedness is a critical operational risk that must be aligned with governance, compliance, continuity planning, and asset protection strategies. By incorporating emergency management into ERM, the risk manager ensures coordination across clinical services, facilities, supply chain, communications, and leadership structures.

Option A focuses only on post-event liability. Option C limits involvement to quantification without strategic integration. Option D addresses reimbursement processes rather than preparedness strategy.

Health Care Operations objectives emphasize collaboration with emergency management teams, regulatory compliance with preparedness standards, and resilience planning to protect patients, staff, and assets.

Therefore, integrating emergency management into a comprehensive enterprise risk management plan best defines the risk manager's appropriate scope of involvement.

NEW QUESTION # 89

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