

CPHIMS Dump Collection, CPHIMS Exam Quiz

CPHIMS Exam Questions with correct Answers

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 - ✓✓ 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 hiring of additional staff members.
 - D. review process improvement opportunities and develop a plan to implement the changes. - ✓✓
- B. review performance indicators and service metrics along with organizational perception of the team's effectiveness.

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HIMSS Certified Professional in Healthcare Information and Management Systems Sample Questions (Q88-Q93):

NEW QUESTION # 88

Which of the following BEST describes the purpose of the domain name system (DNS)?

- A. Ensure data network security across a public access network.
- **B. Enable internet applications to uniquely identify resources.**
- C. Provide user authentication across domains.
- D. Route information securely across the internet.

Answer: B

Explanation:

The Domain Name System (DNS) is the internet's distributed "naming service" that translates human-readable names (like server or website names) into machine-usable network identifiers, primarily IP addresses. This capability allows internet applications to uniquely locate and connect to resources such as web servers, email servers, application endpoints, and other network services without requiring users or systems to memorize numeric IP addresses. In practical terms, when a clinician launches a web-based EHR, a patient portal, or a secure messaging service, DNS helps the workstation or mobile device resolve the service name to the correct destination so the connection can be made.

Option A is incorrect because DNS is not a security mechanism by default; while there are security enhancements (e.g., DNSSEC), DNS itself is about naming and resolution. Option B describes identity services (like Active Directory, LDAP, Kerberos, SSO), not DNS. Option C refers to secure routing or transport protections (e.g., TLS, VPNs, secure network protocols); DNS does not "route" traffic, it only helps determine where traffic should go. Therefore, the best description of DNS is that it enables applications to reliably identify and reach network resources.

NEW QUESTION # 89

What does Logical Observation Identifiers Names and Codes (LOINC) represent?

- A. The universal standard to display lab results on the patient portal.
- B. The universal standard for identifying radiology test orders for the exchange of clinical health information.
- **C. The universal standard for laboratory and clinical observations in the exchange of clinical health information.**
- D. The universal standard for clinical information exchange authorization.

Answer: C

Explanation:

LOINC (Logical Observation Identifiers Names and Codes) is a standardized terminology used to identify laboratory tests, clinical measurements, and other observations in a consistent, interoperable way. Its primary purpose is to ensure that when clinical data is exchanged between systems—such as hospitals, laboratories, public health agencies, and EHRs—the receiving system can correctly understand what observation was performed (e.g., hemoglobin in blood, SARS-CoV-2 PCR result, blood pressure, vital signs, survey instruments). This makes option C correct because LOINC is widely used to code laboratory and clinical observations for health information exchange, analytics, and longitudinal patient records.

Option A is too narrow: while LOINC-coded results can be displayed on portals, LOINC is not a "display standard"; it is an observation identification vocabulary. Option B is incorrect because authorization is handled by security/access control frameworks, not clinical terminologies. Option D is also not the best match: radiology uses multiple standards; orders and imaging procedures are often represented with other vocabularies (and imaging content uses standards like DICOM). LOINC may represent some imaging-related observations (e.g., certain reportable results), but its core identity is coding observations and results to support semantic interoperability.

NEW QUESTION # 90

A committee is assessing whether the currently installed products and services are available as cloud-based product offerings. Which

of the following should the committee pursue FIRST?

- A. End-user focus group.
- B. Request for Proposal.
- C. Request for Information.
- D. Vendor demonstration.

Answer: C

Explanation:

When a committee is in the early exploratory phase—specifically determining whether existing products and services are available as cloud-based offerings—the appropriate first step is issuing a Request for Information (RFI). An RFI is designed to gather high-level information about vendor capabilities, deployment models (e.g., SaaS, PaaS), hosting environments, security certifications, scalability, pricing structures, migration options, and roadmap alignment. It helps the organization understand the current market landscape before committing to a formal procurement process. A vendor demonstration is premature because demonstrations typically occur after narrowing the field to qualified vendors and defining functional requirements. A Request for Proposal (RFP) is more detailed and used when the organization has clearly defined requirements and is prepared to evaluate formal bids. Issuing an RFP without first understanding available cloud options may lead to incomplete or misaligned requirements. An end-user focus group may help assess workflow needs, but it does not determine whether vendors offer viable cloud-based alternatives. Therefore, the RFI is the correct first step because it supports informed decision-making, market research, and strategic planning before advancing to demonstrations or formal procurement processes.

NEW QUESTION # 91

Strategic plans include

- A. operational plans.
- B. financial projections.
- C. budget requests.
- D. policies and procedures.

Answer: A

Explanation:

A strategic plan defines an organization's long-term direction, priorities, and high-level goals, typically over a multi-year horizon. While it articulates mission alignment, competitive positioning, and major initiatives, it must also be translated into actionable steps. For this reason, strategic plans include or are supported by operational plans, which outline how the strategy will be executed in practice. Operational plans define timelines, responsibilities, resource allocation, performance metrics, and specific initiatives that move the organization toward its strategic objectives. In healthcare leadership and information systems governance, operational planning ensures that broad goals—such as digital transformation, quality improvement, or cost reduction—are implemented through concrete projects and workflows.

In contrast, budget requests and financial projections may support strategic planning but are financial management tools rather than core structural components of the strategic plan itself. Policies and procedures are detailed governance documents that guide daily operations; they support compliance and consistency but are not defining elements of a strategic plan.

Thus, operational plans are the key component that connects high-level strategy to day-to-day execution, making option A the correct answer.

NEW QUESTION # 92

A healthcare entity provides care on an at-risk basis. Which of the following is an appropriate use of quality-related data?

- A. Develop a research study for a new clinical compound.
- B. Determine reimbursement opportunities.
- C. Target network security weakness.
- D. Identify opportunities for clinical care improvement.

Answer: D

Explanation:

In an at-risk (value-based) care environment, the organization assumes financial accountability for outcomes and total cost of care,

so quality-related data is primarily used to improve clinical performance and patient outcomes. Quality data (e.g., readmissions, infection rates, care gap closure, guideline adherence, patient experience, mortality/complications, and equity stratifications) enables leaders and frontline teams to identify unwarranted variation, pinpoint high-impact process failures, and prioritize interventions such as care pathways, clinical decision support refinements, medication safety workflows, and population health outreach. HIMSS emphasizes that meaningful quality measures and access to performance data should "drive improvements in patient care delivery and outcomes," which directly aligns with using quality data to find and act on clinical improvement opportunities. Option A is tempting in at-risk contracts because quality can affect payment, but "determine reimbursement opportunities" is a financial optimization framing rather than the best use of quality data; reimbursement effects are typically downstream of improved outcomes and performance. Option B is research and development, not operational quality management. Option D is cybersecurity risk management, which relies on security telemetry rather than clinical quality indicators. Therefore, the appropriate use is to identify opportunities for clinical care improvement.

NEW QUESTION # 93

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