

Certified Professional in Health Care Risk Management (CPHRM) free download pdf & CPHRM real practice torrent



CERTIFIED PROFESSIONAL IN HEALTH CARE RISK MANAGEMENT CANDIDATE HANDBOOK

Conducted by the American Hospital Association Certification Center
Effective March 2022



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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"> • 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.
Topic 3	<ul style="list-style-type: none"> • 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 4	<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 5	<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.

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ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q17-Q22):

NEW QUESTION # 17

Which of the following factors should be considered when setting or adjusting indemnity reserves?

- * incurred medical expenses
 - * emotional pain and suffering
 - * medical expert witness costs
 - * future cost of medical care
-
- A. 1, 3, and 4 only
 - B. 2, 3, and 4 only
 - C. 1, 2, and 3 only
 - **D. 1, 2, and 4 only**

Answer: D

Explanation:

According to Health Care Risk Management principles established by ASHRM and the American Hospital Association Certification Center, indemnity reserves represent the estimated amount the organization expects to pay in settlement or judgment to a claimant. Indemnity refers specifically to damages paid to compensate the injured party, not defense or administrative expenses. Incurred medical expenses are a core component of economic damages and must be included in indemnity reserve calculations. Emotional pain and suffering fall under non-economic damages and are also considered when estimating potential settlement or verdict value. Future cost of medical care is another essential factor, particularly in cases involving long-term injury or disability, as it represents projected economic damages that may substantially increase exposure. Medical expert witness costs, however, are categorized as defense expenses and are typically included in allocated loss adjustment expenses rather than indemnity reserves. These costs relate to the defense of the claim rather than compensation to the plaintiff. Risk management objectives emphasize accurate differentiation between indemnity and expense reserves to ensure proper financial reporting and regulatory compliance. Therefore, incurred medical expenses, pain and suffering, and future medical costs should be considered when setting indemnity reserves, while expert witness costs should not.

NEW QUESTION # 18

Which of the following would not be considered an emergency condition for EMTALA purposes (as a general example set)?

- A. Stable chronic kidney failure without acute destabilization
- B. Ruptured appendix
- C. Active labor with complications
- D. Myocardial infarction

Answer: A

Explanation:

EMTALA applies when an individual comes to the ED and requires a medical screening exam to determine whether an emergency medical condition (EMC) exists. Conditions like myocardial infarction, ruptured appendix, and unstable labor can constitute EMCs because absence of immediate medical attention could reasonably be expected to place health in serious jeopardy. By contrast, stable chronic kidney failure without acute destabilization may not meet the EMC threshold—though the screening exam must be performed before that determination is made. Risk management objectives emphasize: never "triage out" without an appropriate screening exam, document findings and decision-making, and apply consistent policies to avoid discriminatory practice. EMTALA failures often stem from process breakdowns (delays, refusal, inadequate screening, improper transfer), so standardized ED workflows and training are critical.

NEW QUESTION # 19

A risk manager is investigating a claim that has been submitted to the malpractice carrier. There is some question as to whether or not there is coverage under the current malpractice policy. What might the risk manager expect to receive from the malpractice carrier?

- A. reservation of rights letter
- B. notice of right to rescind
- C. notice of right to deny coverage
- D. contingent acknowledgement of coverage

Answer: A

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, when an insurer identifies potential issues regarding coverage under a liability policy, it commonly issues a reservation of rights letter. This letter informs the insured that the carrier will proceed with investigation or defense of the claim while reserving its right to later deny coverage if policy exclusions, conditions, or other limitations apply.

A reservation of rights protects the insurer from waiving its ability to contest coverage while fulfilling its duty to defend, depending on policy language. It also alerts the insured to potential conflicts of interest and may permit the insured to seek independent counsel in certain jurisdictions.

A contingent acknowledgment of coverage is not a standard legal instrument. A notice of right to deny coverage would typically follow a full coverage determination rather than precede it. A notice of right to rescind involves voiding a policy, usually due to material misrepresentation during underwriting, which is distinct from a routine coverage question.

Claims and litigation objectives emphasize careful review of policy terms and timely communication with insurers. Therefore, when coverage is uncertain, the risk manager should expect to receive a reservation of rights letter from the malpractice carrier.

NEW QUESTION # 20

When an FDA inspector comes to a facility, the risk manager should:

- A. Send the inspector to public relations only
- B. Tell staff to hide documents
- C. Accompany the inspector and verify credentials
- D. Deny entry automatically

Answer: C

Explanation:

Regulatory inspections must be handled professionally with controlled communication and documentation practices. Verifying

credentials ensures the inspection is legitimate. Accompanying the inspector supports accurate information exchange, maintains chain-of-custody for requested materials, and helps ensure staff do not speculate or provide inconsistent answers. Risk management objectives include ensuring compliance, protecting patient safety, reducing regulatory penalties, and documenting interactions for follow-up. Facilities should have an inspection readiness plan: designated escorts, document control, subject matter expert availability, and a process to log requests and responses. This approach reduces operational disruption, supports transparency, and demonstrates a mature compliance culture.

NEW QUESTION # 21

A subpoena duces tecum requires the recipient to

- * produce specified documents.
- * appear at a deposition or trial.
- * provide a list of all parties involved.
- * disclose the names of expert witnesses.

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

Answer: C

Explanation:

Within Health Care Risk Management practice as outlined by ASHRM and the American Hospital Association Certification Center, understanding legal process documents is essential to effective claims management and litigation response. A subpoena duces tecum is a court-issued legal instrument requiring an individual or organization to produce specified documents, records, or tangible evidence relevant to a legal proceeding.

In many jurisdictions, a subpoena duces tecum may also require the recipient to appear at a deposition, hearing, or trial while producing the requested documents. The key distinguishing feature is the command to bring documents or evidence. Compliance is mandatory unless successfully challenged or quashed by the court.

Providing a list of all parties involved or disclosing expert witness identities are generally handled through formal discovery processes such as interrogatories, requests for production, or court-ordered disclosures, not specifically by a subpoena duces tecum. Claims and litigation objectives emphasize prompt review of subpoenas, coordination with legal counsel, protection of privileged information, and timely compliance to avoid sanctions. Therefore, a subpoena duces tecum requires production of specified documents and may also compel appearance, making options 1 and 2 correct.

NEW QUESTION # 22

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