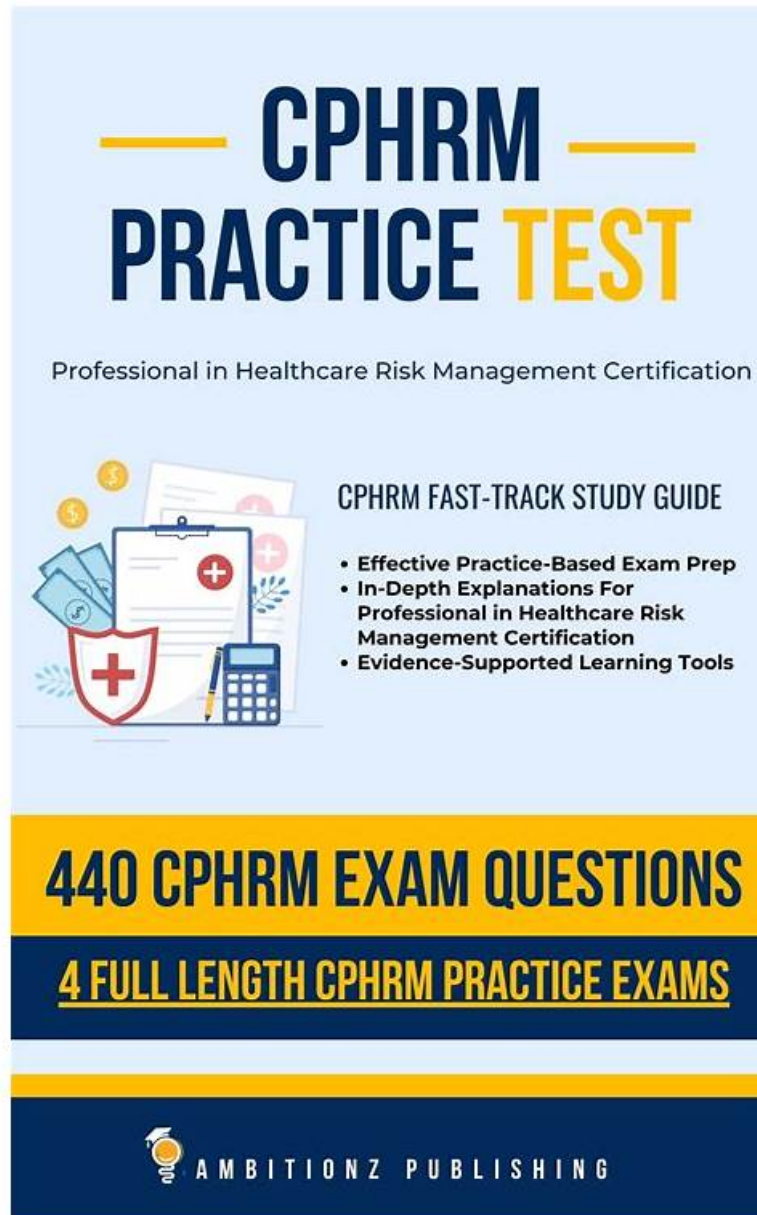


# Exam CPHRM Pass4sure - Certification CPHRM Questions



The image shows the cover of a study guide for the CPHRM exam. The title 'CPHRM PRACTICE TEST' is prominently displayed in blue and yellow. Below it, the subtitle 'Professional in Healthcare Risk Management Certification' is written in a smaller font. The cover features an illustration of a clipboard with a red cross, a calculator, and some papers. To the right of the illustration, the text 'CPHRM FAST-TRACK STUDY GUIDE' is followed by a bulleted list of features: 'Effective Practice-Based Exam Prep', 'In-Depth Explanations For Professional in Healthcare Risk Management Certification', and 'Evidence-Supported Learning Tools'. At the bottom, two yellow banners highlight '440 CPHRM EXAM QUESTIONS' and '4 FULL LENGTH CPHRM PRACTICE EXAMS'. The publisher's name, 'AMBITIONZ PUBLISHING', is at the very bottom.

**CPHRM PRACTICE TEST**

Professional in Healthcare Risk Management Certification

CPHRM FAST-TRACK STUDY GUIDE

- Effective Practice-Based Exam Prep
- In-Depth Explanations For Professional in Healthcare Risk Management Certification
- Evidence-Supported Learning Tools

**440 CPHRM EXAM QUESTIONS**

**4 FULL LENGTH CPHRM PRACTICE EXAMS**

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# Trustable Exam CPHRM Pass4sure Supply you Correct Certification Questions for CPHRM: Certified Professional in Health Care Risk Management (CPHRM) to Prepare casually

Passing the Certified Professional in Health Care Risk Management (CPHRM) (CPHRM) exam requires the ability to manage time effectively. In addition to the ASHRM CPHRM exam study materials, practice is essential to prepare for and pass the ASHRM CPHRM Exam on the first try. It is critical to do self-assessment and learn time management skills.

## ASHRM CPHRM Exam Syllabus Topics:

Topic	Details
Topic 1	<ul style="list-style-type: none"> <li>• <b>Claims and Litigation:</b> 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.</li> </ul>
Topic 2	<ul style="list-style-type: none"> <li>• <b>Healthcare Operations:</b> This domain involves managing operational risk activities such as conducting risk assessments, developing policies, coordinating risk programs, supervising staff, and supporting patient safety initiatives.</li> </ul>
Topic 3	<ul style="list-style-type: none"> <li>• <b>Clinical</b></li> <li>• <b>Patient Safety:</b> 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.</li> </ul>
Topic 4	<ul style="list-style-type: none"> <li>• <b>Risk Financing:</b> This domain covers managing financial risks through insurance programs, claims coordination, loss analysis, and developing strategies to reduce financial exposure.</li> </ul>
Topic 5	<ul style="list-style-type: none"> <li>• <b>Legal and Regulatory:</b> This domain focuses on ensuring compliance with healthcare laws and regulations, protecting patient information, managing reporting requirements, and supporting accreditation and regulatory responses.</li> </ul>

## ASHRM Certified Professional in Health Care Risk Management (CPHRM) Sample Questions (Q69-Q74):

### NEW QUESTION # 69

What factors are included in a calculation of Risk Priority Number (RPN) in FMEA?

- A. Cost, staff satisfaction, marketing risk
- B. Insurance premiums, deductibles, coinsurance
- **C. Severity, occurrence (probability), detection**
- D. Legal privilege, media attention, reputation

**Answer: C**

Explanation:

In Failure Modes and Effects Analysis (FMEA), the Risk Priority Number (RPN) is commonly calculated as the product of three ratings: Severity (S) of impact, Occurrence (O) likelihood/probability, and Detection (D) ability to detect the failure before it causes harm (lower detectability increases risk). This structured scoring helps teams prioritize which failure modes deserve immediate mitigation. Risk management objectives include proactively identifying high-risk process steps (medication administration, specimen labeling, surgery scheduling), designing controls (standard work, forcing functions, redundancy), and tracking residual risk after changes. While cost and feasibility may influence selection of mitigations, they are not the core RPN elements. Using S-O-D improves transparency in prioritization, supports interdisciplinary alignment, and provides a defensible rationale for resource allocation toward patient safety improvements.

### NEW QUESTION # 70

What is a best-practice early objective in a disclosure-and-resolution conversation after an adverse event?

- A. Delay communication until legal discovery is complete
- B. Blame an individual staff member immediately
- C. Provide no information to avoid lawsuits
- **D. Provide timely explanation of what is known, express empathy/apology, and commit to prevention steps**

**Answer: D**

Explanation:

Modern communication-and-resolution programs emphasize early, honest communication with patients /families after harm, including a timely explanation of what is known, an authentic expression of empathy and apology, and a commitment to investigate and prevent recurrence. This approach supports core risk management objectives: preserve trust, reduce emotional harm, strengthen transparency, and improve learning. Evidence-based disclosure models link timely communication and apology with improved patient experience and, in some programs, fewer claims and lower litigation costs-especially when paired with strong investigation and corrective action. Importantly, organizations should coordinate disclosure through trained coaches and follow local policy and state apology protections. The purpose is not to "admit fault prematurely," but to communicate responsibly, support patients, and demonstrate accountability and improvement.

#### **NEW QUESTION # 71**

A hospital is a defendant in a recently filed lawsuit involving a child with seizures and flaccid paresis, allegedly arising from negligent care during delivery 10 years ago. The plaintiff is seeking \$10 million. At the time of the alleged negligence, the hospital had first dollar coverage through a commercial carrier.

Which of the following steps should the risk manager take to determine coverage before discussion with the hospital CEO and CFO?

- \* Review the current policy and the policy in effect for the year the delivery occurred.
- \* Determine whether the applicable policy is occurrence or claims made.
- \* Identify co-defendants insurance coverage.
- \* Discuss the coverage issues with the defense lawyer.

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

**Answer: C**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, determining coverage requires careful review of the applicable insurance policies and policy structure. Because the alleged negligence occurred 10 years earlier, the risk manager must first review both the current policy and the policy in effect at the time of the delivery. Coverage depends on the specific policy terms, limits, endorsements, and retroactive dates applicable during the relevant policy period.

It is also critical to determine whether the policy is written on an occurrence or claims-made basis. Under an occurrence policy, coverage is triggered by the date of the incident, regardless of when the claim is filed.

Under a claims-made policy, coverage depends on when the claim was reported and whether appropriate tail or extended reporting coverage exists.

Identifying co-defendants' coverage may be relevant to contribution or indemnification but does not determine the hospital's own coverage. Discussion with defense counsel may assist in strategy but should follow preliminary internal coverage analysis.

Risk financing objectives emphasize accurate policy review and understanding of trigger mechanisms before executive discussions. Therefore, reviewing the relevant policies and determining policy type are essential first steps.

#### **NEW QUESTION # 72**

Which of the following concerns meets the CMS Hospital Conditions of Participation 42 CFR §482.12 classification as a grievance?

- **A. a verbal complaint that cannot be solved by current staff, and the resolution of which is postponed for later**
- B. information obtained with a patient satisfaction survey
- C. a patient calling regarding a billing issue requesting for adjustment to the charges
- D. post-hospital verbal communication regarding a care issue that could have been handled by the staff during visit but was

not reported

**Answer: A**

Explanation:

According to Health Care Risk Management standards supported by ASHRM and the American Hospital Association Certification Center, the CMS Hospital Conditions of Participation define a grievance as a formal or informal written or verbal complaint made by a patient or representative regarding care, abuse, neglect, compliance with regulations, or patient rights that is not resolved at the time of the complaint by staff present.

A verbal complaint that cannot be resolved immediately by current staff and whose resolution is postponed qualifies as a grievance under 42 CFR §482.12. Such grievances require formal investigation, documentation, and written response within established timeframes.

Billing issues generally fall outside the grievance definition unless they involve quality of care or patient rights concerns. Information from patient satisfaction surveys is not automatically classified as a grievance unless the patient specifically requests investigation or follow-up. Post-discharge verbal concerns may constitute grievances depending on context, but the key CMS criterion is whether the complaint could not be resolved at the time it was expressed.

Legal and regulatory objectives emphasize proper classification, timely response, documentation, and board oversight of grievance processes. Therefore, a verbal complaint that cannot be resolved immediately and is deferred meets CMS grievance criteria.

### NEW QUESTION # 73

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

**Answer: B**

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 # 74

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