

## RHIT to RHIA Proviso Tool: Example Test Questions

This material was adopted from the RHIA Exam Preparation Guide with permission from AHIMA press. The resource for the example item is also linked to each question. These resources are provided as a convenience to help users identify where they may find additional supportive resources as they prepare for RHIA examination.

### Domain 1 – Data Content, Structure & Standards (Information Governance) (18–22%)

#### A. Classification Systems

A1. Code diagnosis and procedures according to established guidelines

#### **Example Question:**

A patient was admitted to the hospital and diagnosed with Type 1 diabetic gangrene. What is the correct code assignment?

E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.8	Type 1 diabetes mellitus with unspecified complications
I96	Gangrene, not elsewhere classified

- a. E08.52, I96
- b. E10.52, I96
- c. E10.8
- d. E10.52

Resources: [Basic ICD-10-CM and ICD-10-PCS Coding, 2017](#)

Schraffenberger, L.A. and B. Palkie. 2017. *Basic ICD-10-CM and ICD-10-PCS Coding 2017*. Chicago: American Health Information Management Association.

#### **Example Question:**

A staghorn calculus of the left renal pelvis was treated earlier in the week by lithotripsy. The patient returns now for removal of the calculus via a percutaneous nephrostomy tube. What is the correct root operation?

- a. Destruction
- b. Extirpation
- c. Fragmentation
- d. Release

Resources: [ICD-10-PCS: An Applied Approach, 2017](#)

Kuehn, L.M. and T.M. Jorwic. 2017. *ICD-10-PCS An Applied Approach 2017*. Chicago: American Health Information Management Association.

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### **B. Health Record Content & Documentation**

- B1. Ensure accuracy and integrity of health data and health record documentation (paper or electronic)
- B2. Manage the contents of the legal health record (structured and unstructured)
- B3. Manage the retention and destruction of the legal health record

#### **Example Question:**

Data content standards are used to:

- a. Share data in the same way the users interpret data
- b. Share data in a unique way
- c. Share data between disparate systems
- d. Modify data

Resources: [Introduction to Computer Systems for Health Information Technology, Second Edition](#)

Sayles, N.B. and K.C. Trawick. 2014. *Introduction to Computer Systems for Health Information Technology*, 2nd ed. Chicago: American Health Information Management Association.

#### **Example Question:**

The legal health record for disclosure consists of:

- a. Any and all protected health information data collected or used by a healthcare entity when delivering care
- b. Only the protected health information requested by an attorney for a legal proceeding
- c. The data, documents, reports, and information that comprise the formal business records of any healthcare entity that are to be utilized during legal proceedings
- d. All of the data and information included in the HIPAA Designated Record Set

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

### **C. Data Governance**

- C1. Maintain data in accordance with regulatory requirements
- C2. Develop and maintain organizational policies, procedures, and guidelines for management of health information

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### **Example Question:**

The inpatient data set incorporated into federal law and required for Medicare reporting is the:

- a. Ambulatory Care Data Set
- b. Uniform Hospital Discharge Data Set
- c. Minimum Data Set for Long-term Care
- d. Health Plan Employer Data and Information Set

Resources: [Documentation for Health Records](#)

Russo, R. 2013a. Clinical Information and Nonclinical Data. Chapter 5 in *Documentation for Health Records*. Edited by C. G. Fahrenholz and R. Russo. Chicago: American Health Information Management Association.

### **D. Data Management & Secondary Data Sources**

- D1. Manage health data elements and/or data sets
- D2. Assist in the maintenance of the data dictionary and data models for database design
- D3. Manage and maintain databases (e.g., data migration, updates)

### **Example Question:**

Which of the following are considered dimensions of data quality?

- a. Relevancy, granularity, timeliness, currency, accuracy, precision, and consistency
- b. Relevancy, granularity, timeliness, currency, atomic, precision, and consistency
- c. Relevancy, granularity, timeliness, concurrent, atomic, precision, and consistency
- d. Relevancy, granularity, equality, currency, precision, accuracy, and consistency

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Sharp, M.Y. and C. Madlock-Brown. 2016. Data Management. Chapter 6 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Domain 2 – Information Protection: Access, Disclosure, Archival, Privacy & Security (23–27%)**

#### **A. Health Law**

A1. Maintain healthcare privacy and security training programs

A2. Enforce and monitor organizational compliance with healthcare information laws, regulations and standards (e.g., audit, report and/or inform)

#### **Example Question:**

The outpatient clinic of a large hospital is reviewing its patient sign-in procedures. The registration clerks say it is essential that they know if the patient has health insurance and the reason for the patient's visit. The clerks maintain that having this information on a sign-in sheet will make their jobs more efficient and reduce patient waiting time in the waiting room. What should the HIM director advise in this case?

- a. To be HIPAA compliant, sign-in sheets should contain the minimal information necessary such as patient name.
- b. Patient name, insurance status, and diagnoses are permitted by HIPAA.
- c. Patient name, insurance status, and reason for visit would be considered incidental disclosures if another patient saw this information.
- d. Any communication overheard by another patient is considered an incidental disclosure.

Resources: [HIPAA by Example, Second Edition](#)

Thomason, M.C. 2013. *HIPAA by Example: Application of Privacy Laws*, 2nd ed. Chicago: American Health Information Management Association.

#### **B. Data Privacy, Confidentiality, and Security**

B1. Design policies and implement privacy practices to safeguard Protected Health Information

B2. Design policies and implement security practices to safeguard Protected Health Information

B3. Investigate and resolve healthcare privacy and security issues/breaches

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### **Example Question:**

The HIM manager received notification that a user accessed the PHI of a patient with the same last name as the user. This is an example of a(n):

- a. Encryption
- b. Trigger flag
- c. Transmission security
- d. Redundancy

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Sandefur, R.H. 2016a. Health Information Technologies. Chapter 12 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

According to the Privacy Rule, which of the following statements must be included in the notice of privacy practices?

- a. A description (including at least one example) of the types of uses and disclosures the physician is permitted to make for marketing purposes.
- b. A description of each of the other purposes for which the covered entity is permitted or required to use or disclose PHI without the individual's written consent or authorization.
- c. A statement that other uses and disclosures will be made without the individual's written authorization and that the individual may not revoke such authorization.
- d. A statement that all disclosures will be prohibited from future redisclosures.

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Reynolds, R.B. and M. Sharp. 2016. Health Record Content and Documentation. Chapter 4 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **C. Release of Information**

- C1. Manage access, disclosure, and use of Protected Health Information to ensure confidentiality
- C2. Develop policies and procedures for uses and disclosures/redisclosures of Protected Health Information

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### **Example Question:**

Community Hospital wants to provide transcription services for transcription of office notes of the private patients of physicians. All of these physicians have medical staff privileges at the hospital. This will provide an essential service to the physicians as well as provide additional revenue for the hospital. In preparing to launch this service, the HIM director is asked whether a business associate agreement is necessary. Which of the following should the hospital HIM director advise to comply with HIPAA regulations?

- a. Each physician practice should obtain a business associate agreement with the hospital.
- b. The hospital should obtain a business associate agreement with each physician practice.
- c. Because the physicians all have medical staff privileges, no business associate agreement is necessary.
- d. Because the physicians are part of an Organized Health Care Arrangement (OHCA) with the hospital, no business associate agreement is necessary.

Resources: [HIPAA by Example, Second Edition](#)

Thomason, M.C. 2013. *HIPAA by Example: Application of Privacy Laws*, 2nd ed. Chicago: American Health Information Management Association.

### **Example Question:**

Kay Denton wrote to Mercy Hospital requesting an amendment to her PHI. She states that her record incorrectly lists her weight at 180 lbs. instead of her actual 150 lbs., and amending it would look better on her record. The information is present on a copy of a history and physical that General Hospital sent to Mercy Hospital. Mercy hospital may decline to grant her request based on which privacy rule provision?

- a. Individuals do not have the right to make amendment requests.
- b. The history and physical was not created by Mercy Hospital.
- c. A history and physical is not part of the designated record set.
- d. Mercy Hospital must grant her request.

Resources: [Fundamentals of Law for Health Informatics and Information Management, Third Edition](#)

Rinehart-Thompson, L.A. 2013. *Introduction to Health Information Privacy and Security*. Chicago: American Health Information Management Association.

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### Domain 3 – Informatics, Analytics & Data Use (22–26%)

#### A. Health Information Technologies

A1. Implement and manage use of, and access to, technology applications

A2. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)

#### **Example Question:**

A healthcare entity remains committed to purchasing a vendor's product, which the entity finds solid in its financial and administrative applications but weaker in clinical applications. What is the term for this strategy?

- a. Bridge
- b. Best-of-fit
- c. Best-of-breed
- d. Legacy

Resources: [Health IT and EHRs: Principles and Practice, Sixth Edition](#)

Amatayakul, M.K. 2017. *Electronic Health Records: A Practical Guide for Professionals and Organizations*, 6th ed. Chicago: American Health Information Management Association.

#### **Example Question:**

For an EHR to provide robust clinical decision support, what critical element must be present?

- a. Structured data
- b. Internet connection
- c. Physician portal
- d. Standard vocabulary

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Sandefur, R.H. 2016a. Health Information Technologies. Chapter 12 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Example Question:**

Which of the following best describes the intent of strategic information systems planning?

- a. Provide the potential for growth and expansion
- b. Ensure that all information technology initiatives are integrated and aligned with the healthcare entity's overall strategy
- c. Assess community or market needs and resources
- d. Ensure ongoing accreditation

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Amatayakul, M.K. 2016. Health Information Systems Strategic Planning. Chapter 13 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

Which one of the following is an example of a clinical information system?

- a. Laboratory information system
- b. Human resource management system
- c. Patient registration system
- d. Staff management system

Resources: [Introduction to Computer Systems for Health Information Technology, Second Edition](#)

Sayles, N.B. and K.C. Trawick. 2014. Introduction to Computer Systems for Health Information Technology, 2nd ed. Chicago: American Health Information Management Association.

### **B. Information Management Strategic Planning**

B1. Present data for organizational use (e.g., summarize, synthesize, and condense information)

### **Example Question:**

In this EHR implementation strategy, virtually every nursing unit, department, clinic, or other organizational unit goes live at the same time with a given component of the EHR.

- a. Phased roll-out
- b. Big bang roll-out
- c. Pilot
- d. Straight turnover

Resources: [Health IT and EHRs: Principles and Practice, Sixth Edition](#)

Amatayakul, M.K. 2017. *Electronic Health Records: A Practical Guide for Professionals and Organizations*, 6th ed. Chicago: American Health Information Management Association.



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### C. Analytics & Decision Support

- C1. Filter and/or interpret information for the end customer
- C2. Analyze and present information to organizational stakeholders
- C3. Use data mining techniques to query and report from databases

#### **Example Question:**

Which application uses statistical techniques to determine the likelihood of certain events occurring together?

- a. Predictive modeling
- b. Standard deviation
- c. T-test
- d. Serial numbering

Resources: [Documentation for Health Records](#)

White, M.J. 2013. Home Care and Hospice Documentation, Accreditation, Liability, and Standards. Chapter 12 in *Documentation for Health Records*. Edited by C. G. Fahrenholz and R. Russo. Chicago: American Health Information Management Association.

#### **Example Question:**

This type of chart is used to focus attention on any variation in a process and helps the team to determine whether that variation is normal or a result of special circumstances.

- a. Pareto chart
- b. Pie chart
- c. Control chart
- d. Line chart

Resources: [Quality and Performance Improvement in Healthcare, Sixth Edition](#)

Shaw, P.L. and D. Carter. 2015. *Quality and Performance Improvement in Healthcare: Theory, Practice, and Management*, 6th ed. Chicago: American Health Information Management Association.

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### **Example Question:**

The \_\_\_\_\_ is a standardized assessment of consumer perspectives regarding healthcare access and quality in hospitals.

- a. HCAHPS
- b. CG-CAHPS
- c. AHRQ-CAHPS
- d. ONC-CAHPS

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Sandefur, R.H. 2016b. Consumer Health Informatics. Chapter 14 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

The surgery department is evaluating its postoperative infection rate of 6 percent. The chief of surgery asks the quality improvement coordinator to find the postoperation infection rates of 10 similar hospitals in the same geographic region to see how the rates compare.

This process is called:

- a. Benchmarking
- b. Critical pathway analysis
- c. Internal comparisons
- d. Universal precautions

Resources: [Quality and Performance Improvement in Healthcare, Sixth Edition](#)

Shaw, P.L. and D. Carter. 2015. *Quality and Performance Improvement in Healthcare: Theory, Practice, and Management*, 6th ed. Chicago: American Health Information Management Association.

### **D. Healthcare Statistics**

- D1. Calculate healthcare statistics for organizational stakeholders
- D2. Critically analyze and interpret healthcare statistics for organizational stakeholders (e.g., CMI)

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### **Example Question:**

What is the average of the sum of the relative weights of all patients treated during a specified time-period?

- a. Case-mix index
- b. Outlier pool
- c. Share
- d. Mean qualifier

Resources: [Principles of Healthcare Reimbursement, Fifth Edition](#)

Casto, A.B. and E. Forrestal. 2015. *Principles of Healthcare Reimbursement*, 5th ed. Chicago: American Health Information Management Association.

### **Example Question:**

Last year, 73,249 people died from diabetes mellitus in the United States. The total number of deaths from all causes was 2,443,387, and the total population was 288,356,713. Calculate the proportionate mortality ratio for diabetes mellitus.

- a. 0.003
- b. 10.94
- c. 0.09
- d. 3.0

Resources: [Pocket Glossary of Health Information Management and Technology, Fifth Edition](#)  
[Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

American Health Information Management Association. 2014. *Pocket Glossary of Health Information Management and Technology*, 4th ed. Chicago: American Health Information Management Association.

Edgerton, C.G. 2016. Healthcare Statistics. Chapter 16 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

## **E. Research Methods**

E1. Identify appropriate data sources for research

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### **Example Question:**

A researcher mined the Medicare Provider Analysis Review (MEDPAR) file. The analysis revealed trends in lengths of stay for rural hospitals. What type of investigation was the researcher conducting?

- a. Content analysis
- b. Effect size review
- c. Psychometric assay
- d. Secondary analysis

Resources: [Health IT and EHRs: Principles and Practice, Sixth Edition](#)

Amatayakul, M.K. 2017. *Electronic Health Records: A Practical Guide for Professionals and Organizations*, 6th ed. Chicago: American Health Information Management Association.

### **F. Consumer Informatics**

- F1. Identify and/or respond to the information needs of internal and external healthcare customers
- F2. Provide support for end-user portals and personal health records

### **Example Question:**

Which of the following is an example of an e-health application?

- a. Bedside nursing care
- b. Appointment scheduling
- c. Direct patient care
- d. Emergency care records

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Sandefur, R.H. 2016a. Health Information Technologies. Chapter 12 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Example Question:**

A secure method of communication between the healthcare provider and the patient is:

- a. Personal health record
- b. E-mail
- c. Patient portal
- d. Online health information

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

### **G. Health Information Exchange**

- G1. Apply data and functional standards to achieve interoperability of healthcare information systems
- G2. Manage the health information exchange process entity-wide

### **Example Question:**

In order to effectively transmit healthcare data between a provider and a payer, both parties must adhere to which electronic data interchange standards?

- a. DICOM
- b. IEEE 1073
- c. LOINC
- d. X12N

Resources: [Introduction to Computer Systems for Health Information Technology, Second Edition](#)

Sayles, N.B. and K.C. Trawick. 2014. *Introduction to Computer Systems for Health Information Technology*, 2nd ed. Chicago: American Health Information Management Association.

### **H. Information Integrity and Data Quality**

- H1. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)
- H2. Manage master person index (e.g., patient record integration, customer/client relationship management)
- H3. Manage merge process for duplicates and other errors entity-wide (e.g., validate data sources)

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### **Example Question:**

The term used to describe breaking data elements into the level of detail needed to retrieve the data is:

- a. Normalization
- b. Data definitions
- c. Primary key
- d. A database management system

Resources: [Introduction to Computer Systems for Health Information Technology, Second Edition](#)

Sayles, N.B. and K.C. Trawick. 2014. *Introduction to Computer Systems for Health Information Technology*, 2nd ed. Chicago: American Health Information Management Association.

### **Example Question:**

A protocol to pass data from the system of one vendor to the information system of another vendor is called:

- a. OLAP
- b. Integration
- c. TCP/IP
- d. Interface

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Amatayakul, M.K. 2016. Health Information Systems Strategic Planning. Chapter 13 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

What must be in place to enhance the retrieval process for scanned documents?

- a. Electronic signature
- b. Indexing system
- c. RFID device
- d. Table of contents

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Amatayakul, M.K. 2016. Health Information Systems Strategic Planning. Chapter 13 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Example Question:**

Which of the following lists represents recommended core data elements for the master patient index?

- a. Date of birth, revenue code, accession number, and address
- b. Name, address, revenue code, and accession number
- c. Name, gender, address, and date of birth
- d. Gender, address, accession number, and charge code

Resources: [Documentation for Health Records](#)

Fahrenheit, C.G. 2013c. Documentation for Statistical Reporting and Public Health. Chapter 4 in *Documentation for Health Records*. Edited by C. G. Fahrenheit and R. Russo. Chicago: American Health Information Management Association.

### **Example Question:**

Which of the following are used by an organization or enterprise to determine the probability of a duplicate data element to identify potential duplicate MPI entries?

- a. Patient interviews
- b. Addendums
- c. Algorithms
- d. Physician queries

Resources: [Documentation for Health Records](#)

Fahrenheit, C.G. 2013c. Documentation for Statistical Reporting and Public Health. Chapter 4 in *Documentation for Health Records*. Edited by C. G. Fahrenheit and R. Russo. Chicago: American Health Information Management Association.

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### Domain 4 – Revenue Management (12–16%)

#### A. Revenue Cycle & Reimbursement

- A1. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS)
- A2. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance, DNFB, and AR days)

#### **Example Question:**

Patient accounts has submitted a report to the revenue cycle team detailing \$100,000 of outpatient accounts that are failing NCD edits. All attempts to clear the edits have failed. There are no ABNs on file for these accounts. Based only on this information, the revenue cycle team should:

- a. Bill the patients for these accounts
- b. Contact the patients to obtain an ABN
- c. Write off the accounts to contractual allowances
- d. Write off the failed charges to bad debt and bill Medicare for the clean charges

Resources: [Effective Management of Coding Services, Fourth Edition](#)

Schraffenberger, L.A. and L. Kuehn. 2011. *Effective Management of Coding Services*, 3rd ed. Chicago: American Health Information Management Association.

#### **Example Question:**

Bob Smith was admitted to Mercy Hospital on June 21. The physical was completed on June 23.

According to CMS Conditions of Participation, which statement applies to this situation?

- a. The record is not in compliance as the physical exam must be completed within 24 hours of admission.
- b. The record is not in compliance as the physical exam must be completed within 48 hours of admission.
- c. The record is in compliance as the physical exam must be completed within 48 hours.
- d. The record is in compliance as the physical exam was completed within 72 hours of admission.

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Reynolds, R.B. and M. Sharp. 2016. Health Record Content and Documentation. Chapter 4 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.



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### B. Regulatory

- B1. Prepare for accreditation and licensing processes [e.g. Joint Commission, Det Norske Veritas (DNV), Medicare, state regulators]
- B2. Process audit requests (e.g., RACs or other payors, chart review)
- B3. Perform audits (e.g., chart review, POC)

### Example Question:

The purpose of this program is to reduce improper Medicare payments and prevent future improper payments made on claims of healthcare services:

- a. Medicare provider analysis and review
- b. Recovery audit contractors
- c. Medicare Conditions of Participation
- d. Health Insurance Portability and Accountability Act

Resources: [Documentation for Health Records](#)

James, E.L. 2013b. Facility-Based Long-Term Care. Chapter 11 in *Documentation for Health Records*. Edited by C. G. Fahrenholz and R. Russo. Chicago: American Health Information Management Association.

### Example Question:

Which of the following can be a tool for recovery audit contractors' (RAC) preparation because they outline the hospital's Medicare payment patterns compared to other hospitals in the state?

- a. PEPPER
- b. HITECH
- c. HIPAA
- d. MEDPAR

Resources: [RAC Ready: How to Prepare for the Recovery Audit Contractor Program](#)

Wilson, D.D. 2010. *Responding to a Recovery Audit Contractor (RAC) Evaluation*. Chicago: American Health Information Management Association.

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### **Example Question:**

In reviewing a patient chart, the coder finds that the patient's chest x-ray is suggestive of chronic obstructive pulmonary disease (COPD). The attending physician mentions the x-ray finding in one progress note, but no medication, treatment, or further evaluation is provided. Which of the following actions should the coder take in this case?

- a. Query the attending physician and ask him to validate a diagnosis based on the chest x-ray results
- b. Code COPD because the documentation substantiates it
- c. Query the radiologist to determine whether the patient has COPD
- d. Assign a code from the abnormal findings to reflect the condition

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Hunt, T.J. 2016. Clinical Documentation Improvement and Coding Compliance. Chapter 9 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

A clinical documentation improvement (CDI) program facilitates accurate coding and helps coders avoid:

- a. NCCI edits
- b. Upcoding
- c. Coding without a completed face sheet
- d. Assumption coding

Resources: [Clinical Documentation Improvement: Principles and Practice](#)

Hess, P. 2015. *Clinical Documentation Improvement: Principles and Practice*. Chicago: American Health Information Management Association.

### **Example Question:**

In performing an internal audit for coding compliance, which of the following would be suitable case selections for auditing?

- a. Infrequent diagnosis and procedure codes
- b. Medical and surgical MS-DRGs by low dollar and low volume
- c. Medical and surgical MS-DRGs by high dollar and high volume
- d. Low-volume admission diagnoses

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Hunt, T.J. 2016. Clinical Documentation Improvement and Coding Compliance. Chapter 9 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### C. Coding

C1. Manage and/or validate coding accuracy

#### **Example Question:**

The coder assigned separate codes for individual tests when a combination code exists. This is an example of which of the following?

- a. Upcoding
- b. Complex coding
- c. Query
- d. Unbundling

Resources: [Fundamentals of Law for Health Informatics and Information Management, Third Edition](#)

Bowman, S. 2017. Corporate Compliance. Chapter 18 in *Fundamentals of Law for Health Informatics and Information Management*, 3rd ed. Edited by M.S. Brodnik, L.A. Rinehart-Thompson, and R.B. Reynolds. Chicago: American Health Information Management Association.

#### **Example Question:**

The lead coder in the HIM department is an acknowledged coding expert and is the go-to person in the healthcare entity for coding guidance. As the HIM director you learn that she is not following proper coding guidelines and her coding practices are not compliant. As the HIM director, the best steps to take would be which of the following?

- a. Report to the coder to the OIG and terminate the coder
- b. Notify the compliance officer and suspend the employee
- c. Review the coding errors and counsel the employee
- d. Ignore the coding errors

Resources: [Principles of Healthcare Reimbursement, Fifth Edition](#)

Casto, A.B. and E. Forrestal. 2015. *Principles of Healthcare Reimbursement*, 5th ed. Chicago: American Health Information Management Association.

### D. Fraud Surveillance

D1. Participate in investigating incidences of medical identity theft

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### **Example Question:**

With what agency may patients file a complaint if they suspect medical identity theft violations?

- a. Internal Revenue Service
- b. Office of Civil Rights
- c. Centers for Medicare and Medicaid Services
- d. Federal Trade Commission

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

### **Example Question:**

Which of the following requires financial institutions to develop written medical identity theft programs?

- a. HIPAA Security Rule
- b. HITECH Act
- c. Fair and Accurate Credit Transactions Act
- d. HIPAA Privacy and Security Rule

Resources: [Fundamentals of Law for Health Informatics and Information Management, Third Edition](#)

Olenik, K. and R.B. Reynolds. 2017. Security Threats and Controls. Chapter 13 in *Fundamentals of Law for Health Informatics and Information Management*, 3rd ed. Edited by M.S. Brodник, L.A. Rinehart-Thompson, and R.B. Reynolds. Chicago: American Health Information Management Association.

### **E. Clinical Documentation Improvement**

- E1. Query physicians for appropriate documentation to support reimbursement
- E2. Educate and train clinical staff regarding supporting documentation requirements

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### **Example Question:**

An internal coding audit at Community Hospital shows that the cause of improper coding is lack of proper physician documentation to support reimbursement at the appropriate level. Coders have found that coding issues result because physician documentation needs clarification. The HIM department staff has met periodically with each clinical specialty to improve communication and provide targeted education, but documentation problems still persist. Which of the following actions would be the most reliable and consistent method to improve communication and documentation?

- a. Revise medical staff bylaws to include documentation requirements.
- b. Suspend medical staff privileges after a specified number of documentation problems have occurred.
- c. Implement a standardized physician query form so that coders can request clarification from physicians about documentation issues.
- d. Allow coders to make clinical judgments in the absence of physician documentation.

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Hunt, T.J. 2016. Clinical Documentation Improvement and Coding Compliance. Chapter 9 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

The facility's Medicare case-mix index has dropped, although other statistical measures appear constant. The CFO suspects coding errors. What type of coding quality review should be performed?

- a. Random audit
- b. Focused audit
- c. Compliance audit
- d. External audit

Resources: [Effective Management of Coding Services, Fourth Edition](#)

Schraffenberger, L.A. and L. Kuehn. 2011. *Effective Management of Coding Services*, 3rd ed. Chicago: American Health Information Management Association.

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### **Example Question:**

Community Hospital implemented a clinical document improvement (CDI) program six months ago. The goal of the program was to improve clinical documentation to support quality of care, data quality, and HIM coding accuracy. Which of the following would be best to ensure that everyone understands the importance of this program?

- a. Request that the CEO write a memorandum to all hospital staff
- b. Give the chairperson of the CDI committee authority to fire employees who do not improve their clinical documentation
- c. Include ancillary clinical staff and medical staff in the process
- d. Request a letter of support from the Joint Commission

Resources: [Effective Management of Coding Services, Fourth Edition](#)

Schraffenberger, L.A. and L. Kuehn. 2011. *Effective Management of Coding Services*, 3rd ed. Chicago: American Health Information Management Association.

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### Domain 5 – Leadership (12–16%)

#### A. Leadership Roles

- A1. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring)
- A2. Organize and facilitate meetings
- A3. Advocate for department, organization and/or profession

#### **Example Question:**

- What actions might be taken to reduce the risks of groupthink?
- a. High cohesion without interaction with outside groups
  - b. Monitoring the degree of consensus and disagreement
  - c. The leader states his or her opinion early to influence the rest of the group
  - d. Limit organizational controls

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Swenson, D.X. 2016. Managing and Leading During Organizational Change. Chapter 22 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

#### **Example Question:**

- Employees, physicians, and other stakeholders are invited to town hall meetings, receive newsletters and e-mail, and can check social media for the status of the EHR implementation project. This is an example of good:
- a. Management
  - b. Project planning
  - c. Communication
  - d. Marketing

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

#### B. Change Management

- B1. Participate in the implementation of new processes (e.g., systems, EHR, CAC)
- B2. Support changes in the organization (e.g., culture changes, HIM consolidations, outsourcing)

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### **Example Question:**

The three levels of communication important to successful EHR implementation among internal stakeholders include all of the following **except**:

- a. Between executive leadership, stakeholders, and vendors
- b. Between stakeholders and standard-setting organizations
- c. From stakeholder to stakeholder
- d. Between executive leadership and internal stakeholders

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

### **Example Question:**

Which of the following statements describes a critical skill for a strategic manager?

- a. Ability to change direction quickly
- b. Ability to deliver results on budget
- c. Ability to envision relationships between trends and opportunities
- d. Ability to design jobs and match peoples' skills to them

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

McClernon, S.E. 2016. Strategic Thinking and Management. Chapter 29 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

Systems thinking focuses on an understanding of which of the following?

- a. The relationships among parts and processes of the healthcare entity and how they work together
- b. The operational level of strategy
- c. How successful leader traits develop and may be overused
- d. The formulation of envisioning used by the leader to develop esprit

Resources: [Quality and Performance Improvement in Healthcare, Sixth Edition](#)

Shaw, P.L. and D. Carter. 2015. *Quality and Performance Improvement in Healthcare: Theory, Practice, and Management*, 6th ed. Chicago: American Health Information Management Association.



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### **Example Question:**

When a computer-assisted coding product was installed at Community Memorial Hospital, coders initially found the new system overwhelming and were frustrated because their productivity decreased significantly. This experience represents the first stages of a(n):

- a. Incentive system
- b. Flex system
- c. In-service program
- d. Learning curve

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Patena, K.R. 2016. Employee Training and Development. Chapter 24 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **C. Work Design & Process Improvement**

- C1. Establish and monitor productivity standards
- C2. Analyze and design workflow processes
- C3. Participate in the development and monitoring of process improvement plans

### **Example Question:**

The performance standard "File 50 to 60 records per hour" is an example of a:

- a. Quality standard
- b. Quantity standard
- c. Joint Commission standard
- d. Compliance standard

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Oachs, P.K. 2016. Work Design and Process Improvement. Chapter 25 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Example Question:**

The leader of the coding performance improvement team wants all team members to clearly understand the coding process. What tool could help accomplish this objective?

- a. Flowchart
- b. Force-field analysis
- c. Pareto chart
- d. Scatter diagram

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Oachs, P.K. 2016. Work Design and Process Improvement. Chapter 25 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

This type of performance measure indicates the result of the performance or nonperformance of a function or process.

- a. Outcome measure
- b. Data measure
- c. Process measure
- d. System measure

Resources: [Quality and Performance Improvement in Healthcare, Sixth Edition](#)

Shaw, P.L. and D. Carter. 2015. *Quality and Performance Improvement in Healthcare: Theory, Practice, and Management*, 6th ed. Chicago: American Health Information Management Association.

### **D. Human Resources Management**

D1. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolving personnel issues)

### **Example Question:**

How are employee performance standards used?

- a. To communicate performance expectations
- b. To assign daily work
- c. To describe the elements of a job
- d. To prepare a job advertisement

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

LeBlanc, M.M. 2016. Human Resource Management. Chapter 23 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### E. Training & Development

E1. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)

#### Example Question:

When implementing health information management training, determining who needs to be trained, who should do the training, how much training is required, and how the training will be accomplished is the responsibility of:

- a. The vendor
- b. Information systems
- c. Health information management
- d. The implementation team

Resources: [Introduction to Healthcare Informatics, Second Edition](#)

Biedermann, S. and D. Dolezel. 2017. *Introduction to Healthcare Informatics*, 2nd ed. Chicago: American Health Information Management Association.

### F. Strategic & Organizational Management

F1. Monitor industry trends and organizational needs to anticipate changes  
F2. Determine resource needs by performing analyses (e.g., cost benefit, business planning)  
F3. Assist with preparation of capital budget

#### Example Question:

Which of the following would **not** be included in a healthcare entity's strategic profile?

- a. Nature of its threats and opportunities
- b. Nature of its customers or users
- c. Nature of its market segments
- d. Nature of its geographic markets

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

McClernon, S.E. 2016. Strategic Thinking and Management. Chapter 29 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### **Example Question:**

Which tool is used to determine the most critical areas for training and education for a group of employees?

- a. Performance evaluation
- b. Needs analysis
- c. Orientation assessment
- d. Job specification

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Patena, K.R. 2016. Employee Training and Development. Chapter 24 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

Determining costs associated with EHR hardware and software acquisition, implementation, and ongoing maintenance represents which type of analysis?

- a. Benefits realization study
- b. Goal-setting exercise
- c. Cost–benefit feasibility study
- d. Productivity improvement study

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Amatayakul, M.K. 2016. Health Information Systems Strategic Planning. Chapter 13 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **G. Financial Management**

- G1. Assist in preparation and management of operating and personnel budgets
- G2. Assist in the analysis and reporting on budget variances

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### **Example Question:**

At Community Health Services, each budget cycle provides the opportunity to continue or discontinue services based on available resources so that every department or activity must be justified and prioritized annually in order to effectively allocate resources. Community Health uses what type of operational budget?

- a. Activity-based
- b. Fixed
- c. Flexible
- d. Zero-based

Resources: [Pocket Glossary of Health Information Management and Technology, Fifth Edition](#)

American Health Information Management Association. 2014. *Pocket Glossary of Health Information Management and Technology*, 4th ed. Chicago: American Health Information Management Association.

### **Example Question:**

The financial statement that communicates the financial position of an organization at a certain point in time is called the:

- a. Income statement
- b. Balance sheet
- c. Statement of cash flows
- d. Statement of retained earnings

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Revoir, R. and N. Davis. 2016. Financial Management. Chapter 26 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### **Example Question:**

Which financial statement reflects the extent to which a healthcare entity's revenues exceed its expenses?

- a. Balance sheet
- b. Statement of cash flows
- c. Statement of retained earnings
- d. Income statement

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Revoir, R. and N. Davis. 2016. Financial Management. Chapter 26 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

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### H. Ethics

H1. Adhere to the AHIMA code of ethics

#### **Example Question:**

The correct sequence of steps when evaluating an ethical problem is:

- a. Who are the stakeholders, what are the options, what is the decision, what justifies the choice, determine the facts, and identify prevention options
- b. What are the options, what is the decision, who are the stakeholders, what justifies the choice, identify prevention options, and determine the facts
- c. Determine the facts, what are the options, what is the decision, what justifies the choice, who are the stakeholders, and identify prevention options
- d. Determine the facts, who are the stakeholders, what are the options, what is the decision, what justifies the choice, and identify prevention options

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Gordon, M.L. and L.L. Gordon. 2016. Ethical Issues in Health Information. Chapter 28 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

#### **Example Question:**

Violation of the AHIMA Code of Ethics triggers:

- a. Automatic loss of AHIMA credentials
- b. Disciplinary actions and a fine
- c. A review by peers with potential disciplinary actions
- d. Nothing because a violation of ethics is not a big deal

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Gordon, M.L. and L.L. Gordon. 2016. Ethical Issues in Health Information. Chapter 28 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

### I. Project Management

I1. Utilize appropriate project management methodologies

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### **Example Question:**

In project management, what is a work breakdown structure?

- a. Manages the risks of the project
- b. Hierarchical list of the project tasks
- c. Document that defines team roles and responsibilities
- d. List of project scope change

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

Olson, B.D. 2016. Project Management. Chapter 27 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

Oachs, P.K. and A.L. Watters, eds. 2016. *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Chicago: American Health Information Management Association.

### **J. Vendor/Contract Management**

J1. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)

### **Example Question:**

Which of the following is a statement made by one party to induce another party to enter into a contract?

- a. *Ultra vires*
- b. Warranty
- c. Agreement
- d. Indemnification

Resources: [Fundamentals of Law for Health Informatics and Information Management, Third Edition](#)

Klaver, J.C. 2017b. Corporations, Contracts, and Antitrust Legal Issues. Chapter 7 in *Fundamentals of Law for Health Informatics and Information Management*, 3rd ed. Edited by M.S. Brodник, L.A. Rinehart-Thompson, and R.B. Reynolds. Chicago: American Health Information Management Association.

### **K. Enterprise Information Management**

K1. Develop and support strategic and operational plans for entity-wide health information management

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### **Example Question:**

A strategy map can be a useful tool because it:

- a. Provides a record of progress toward goals
- b. Provides a visual framework for integrating strategies
- c. Enables others to better understand the vision underlying change
- d. Enables assignment of essential resources to executing the plan

Resources: [Health Information Management: Concepts, Principles, and Practice, Fifth Edition](#)

McClernon, S.E. 2016. Strategic Thinking and Management. Chapter 29 in *Health Information Management: Concepts, Principles, and Practice*, 5th ed. Edited by P. Oachs and A. Watters. Chicago: American Health Information Management Association.

Primary Reference:

Shaw, P., D. Carter. 2017. *Registered Health Information Administrator (RHIA) Exam Preparation*, 7th Edition. Chicago: American Health Information Management Association.