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Question: 1057

A geriatrics consortium in 2026 validates dementia care coordination statistics amid ADRD National Plan, suspecting fragmentation in CCW Medicare files, breaching CMMI accountable care ethics. Legal MIPS reporting demands risk-stratified metrics. What validates?

- A. Hierarchical clustering on care episodes.
- B. Causal mediation analysis for coordination paths.
- C. Latent trajectory modeling via growth mixture models, with entropy for class separation.
- D. Event rate ratios with bootstrap CIs.

Answer: C

Explanation: Care trajectories' heterogeneity needs growth mixtures for latent classes, entropy-validated, Plan-aligned and MIPS-stratified ethically. Mediation paths; clusters unsupervised; ratios aggregate.

Question: 1058

In a value-based care model, the RHIA deploys a CDI-focused audit tool integrated with predictive analytics to flag documentation gaps in chronic kidney disease staging, impacting MIPS quality scores. The tool's algorithm, trained on historical claims data, erroneously suggests upcoding for a subset of patients with social risk factors, raising concerns about fraud under the False Claims Act. What ethical informatics adjustment must the RHIA implement to align with medical documentation standards?

- A. Limit tool access to coders only, excluding clinical reviewers.
- B. Disable predictive features and revert to manual rule-based auditing.
- C. Incorporate external benchmarks from CMS chronic condition warehouses.
- D. Recalibrate the algorithm using stratified sampling to account for social determinants.

Answer: D

Explanation: Recalibrating with stratified sampling mitigates bias in predictive models, ensuring accurate CKD staging per KDIGO guidelines and ethical adherence to AHIMA's principles of impartiality, preventing False Claims Act liabilities (31 U.S.C. §§ 3729–3733) from inflated MIPS scores. This upholds medical accuracy in value-based reimbursement. Disabling features (option B) reduces efficiency; external benchmarks (option C) may introduce unrelated variances; limiting access (option D) hinders interdisciplinary CDI collaboration required for quality.

Question: 1059

In a project to launch a patient portal, compliance with data privacy regulations is critical. What project leadership strategy is most effective?

- A. Integrating privacy compliance checkpoints throughout the project lifecycle
- B. Considering privacy only during the final project review
- C. Delegating all privacy matters to the IT department alone
- D. Ignoring privacy to focus on user experience features

Answer: A

Explanation: Embedding privacy checkpoints ensures compliance is maintained continuously. Addressing privacy late or delegating exclusively risks gaps, and ignoring privacy jeopardizes legal and ethical standards.

Question: 1060

A 2026 tribal health HIE shares PHI with IHS under BIA compacts, but monitoring uncovers non-consensual shares to state child welfare absent ICWA notifications, raising sovereignty issues and ethical cultural sensitivity. The RHIA mediates with tribes for protocols.

- A. Require ICWA attestations pre-share, co-develop tribal protocols, and train on cultural ethics.
- B. Align with IHS TPO, audit shares monthly, and notify states routinely.
- C. Limit to emergencies, exclude monitoring for sovereignty, and report to BIA minimally.
- D. Centralize in IHS, ignore compacts, and focus on federal compliance.

Answer: A

Explanation: ICWA (25 U.S.C. §1901) protects tribal rights in welfare; HIE shares demand cultural safeguards per HHS tribal policies; attestations and co-development respect sovereignty, ethically honoring trust responsibilities.

Question: 1061

The RHIA needs to create a visual report showing hospital-acquired infection rates with comparisons across units and timeframes. Which visual format best supports decision-making?

- A. Line charts comparing infection rates per unit over multiple months
- B. Area charts aggregating infection cases over time hospital-wide
- C. Simple numeric tables listing infection percentages per unit annually
- D. Stacked bar charts illustrating infection rates per unit monthly

Answer: A

Explanation: Line charts allow trend visualization over time for each unit, facilitating pattern recognition and informed decision-making. Stacked bars and area charts emphasize sums rather than comparisons by unit over time, and numeric tables are less visually intuitive for trends.

Question: 1062

A patient with limited digital literacy requests portal training but discloses homelessness, raising concerns over secure device access. The RHIA must navigate access equity. What comprehensive advocacy measure complies with legal standards?

- A. Provide in-person paper alternatives exclusively to avoid portal risks
- B. Partner with community resources for device loans and digital literacy programs tailored to homeless populations
- C. Require proof of stable housing before activating portal features
- D. Delegate training to social work without HIM involvement

Answer: B

Explanation: HIPAA right of access (45 CFR §164.520) must accommodate barriers per CLAS standards; ethical Principle 1.2 promotes equity for underserved groups. 2026 HHS guidance emphasizes inclusive tech; RHIA advocacy via partnerships complies with ADA non-discrimination, reduces disparities, and prevents access denial claims.

Question: 1063

In a 2026 merger of two community health centers, one using a cloud-based EHR with HIE interoperability and the other on-premises, the RHIA uncovers that legacy paper records scanned into the new system include de-identified research data from a 2021 COVID-19 vaccine trial inadvertently re-identified via metadata tags. A patient's family member, now requesting access under the 2024 HIPAA right of access shortening to 15 days, discovers this during their review and alleges a disclosure violation to the trial sponsor. The RHIA must navigate FDA research regulations (21 CFR Part 11), state data breach laws with 45-day notice, and ethical duties to correct the record.

- A. Amend the metadata tags to de-identify, provide the corrected access copy within 15 days, and notify the sponsor only if re-identification was intentional per FDA rules.
- B. Deny access to the research-linked portions citing IRB protections, report as a breach to the state AG if over 500 affected, and seek OHRP guidance for ethical waiver.
- C. Grant full access including metadata, document the error in the accounting of disclosures, and initiate a limited data set agreement retroactively with the sponsor.
- D. Quarantine the affected records, inform the patient of the error via secure portal, and file an FDA report within 7 days while updating HIE participation agreements.

Answer: D

Explanation: The 2024 HIPAA amendments reduce access response to 15 days (§164.524), but research data under 21 CFR Part 11 requires electronic signatures and audit trails; inadvertent re-identification triggers FDA reporting within 7 days for safety issues, state breach laws (e.g., California's 45-day notice), and ethical corrections via amendment requests (§164.526), with quarantine preventing further HIE dissemination; this balances legal compliance, patient rights, and research integrity without over-

disclosing or denying access improperly.

Question: 1064

A clinical documentation integrity (CDI) specialist notices recurring vagueness in physicians' notes regarding sepsis cases, causing inaccurate coding and reimbursement. What is the best initial step to improve documentation accuracy for sepsis?

- A. Conduct retrospective reviews of cases and query providers for clarification
- B. Implement a mandatory training program for coders on sepsis guidelines
- C. Replace physician documentation with standardized templates focusing on sepsis
- D. Suspend billing on all sepsis cases until documentation improves

Answer: A

Explanation: Conducting retrospective reviews and querying providers for clarification supports direct validation of clinical documentation and is the foundational CDI activity. This helps improve accuracy and supports proper coding and reimbursement. Training coders alone will not address incomplete or vague physician notes. Templates may help but require provider buy-in and otherwise won't solve root issues if education or feedback isn't provided. Suspending billing could negatively impact revenue and is not a practical initial step.

Question: 1065

While generating patient outcome reports, an RHIA notices a significant amount of missing data in key variables. What is the best approach to address this issue before finalizing reports for presentation?

- A. Impute missing data based on mean values of the available dataset
- B. Exclude records with missing data from the analysis entirely
- C. Present the incomplete data with notation of missing values
- D. Investigate the data collection process to identify causes and improve data capture

Answer: D

Explanation: Investigating data collection processes identifies systemic issues causing missing data, which is essential for long-term data quality improvement. Imputation or exclusion may introduce bias or reduce dataset validity, and presenting incomplete data without addressing root causes limits report reliability.

Question: 1066

During a new software implementation, the RHIA discovers that staff members are not consistently using the system's security features, putting patient data at risk. The best long-term solution would be:

- A. Hiring external IT security consultants to manage the system
- B. Disabling unused security features

- C. Conducting continuous security training and audits
- D. Limiting staff access indiscriminately

Answer: C

Explanation: Continuous training and audits promote consistent use of security features and raise staff awareness, reducing risk. Disabling features or indiscriminate limits reduce functionality, and external consultants alone do not change staff behavior.

Question: 1067

When destroying health information, which regulatory requirement mandates that destruction should be conducted in a manner that protects patient confidentiality?

- A. HIPAA Security Rule
- B. HIPAA Privacy Rule
- C. The Health Information Technology for Economic and Clinical Health (HITECH) Act
- D. The Affordable Care Act

Answer: B

Explanation: The HIPAA Privacy Rule specifically requires protected health information to be disposed of securely and in a way that prevents unauthorized access. The Security Rule focuses on electronic safeguards. HITECH and ACA do not specifically mandate destruction methods.

Question: 1068

A tertiary care facility implementing the Medicare All-Inclusive Care for the Elderly (PACE) model faces challenges with capitated reimbursement for dual-eligible patients, where coding inaccuracies in frailty assessments lead to under-reimbursement and increased out-of-pocket costs shifted to patients. The RHIA must educate geriatricians on the frailty adjustment factor while navigating ethical concerns over equity and legal requirements for nondiscrimination under the Affordable Care Act (ACA). What is the most comprehensive approach to validate and improve coding accuracy in this scenario?

- A. Issue facility-wide memos citing ACA penalties for coding errors, without hands-on training.
- B. Facilitate peer-to-peer mentoring cohorts using frailty index tools (e.g., ICD-10 Z codes for dependency) integrated with PACE capitated rate calculators, followed by quarterly disparity audits.
- C. Rely on AI-driven coding suggestions in the EHR to auto-populate frailty codes during assessments.
- D. Conduct random chart reviews and impose fines on providers for frailty documentation gaps.

Answer: B

Explanation: PACE capitated payments adjust for frailty via risk scores incorporating ADL dependencies (coded Z74.-, Z78.-) and comorbidities, ensuring equitable resource allocation under ACA Section 1557's nondiscrimination rules, which prohibit shifting costs disproportionately to vulnerable populations.

AHIMA ethics stress safeguarding patient interests, making peer mentoring effective for complex geriatric coding, as evidenced by CMS's 2024 PACE provider manual emphasizing interdisciplinary training to boost adjustment factors by 8-12%. Integrated tools like frailty calculators align with Official Coding Guidelines, while disparity audits validate equity, reducing legal exposure to CMS recovery audits. This holistic method outperforms memos or AI alone, which lack contextual education, preventing under-reimbursement that could violate ethical duties to access.

Question: 1069

The compliance officer receives a report that suggests billing personnel bypassed required documentation checks to accelerate claim submission. What is the appropriate first response?

- A. Inform external regulatory bodies immediately
- B. Suspend the billing department indefinitely without prior inquiry
- C. Initiate an internal investigation and reinforce compliance training on submission protocols
- D. Ignore the report unless payer complaints are received

Answer: C

Explanation: Initiating an internal investigation and reinforcing compliance training ensures that the issue is addressed promptly and corrective measures are implemented. Suspension or external reporting without investigation can cause undue disruption or legal risks. Ignoring the report risks ongoing non-compliance.

Question: 1070

A healthcare organization's cyber security policy mandates encryption of data at rest and in transit. Which of the following best justifies this in terms of HIPAA compliance?

- A. Automatically anonymizes all patient data for research purposes
- B. Eliminates liability for all breaches regardless of cause
- C. Prevents interception and unauthorized disclosure during electronic transmission and storage
- D. Ensures only authorized personnel have paper copies of records

Answer: C

Explanation: HIPAA requires technical safeguards, including encryption, to secure data both stored (at rest) and transmitted electronically. Encryption minimizes risks of interception and unauthorized disclosure, helping comply with the confidentiality and integrity requirements. Encryption does not eliminate liability completely, anonymizing data is separate from encryption, and paper copies are not covered by electronic encryption.

Question: 1071

Portal for organ donors auto-discloses to registries without end-of-life confirmation, distressing family. Fix?

- A. Add confirmation prompts
- B. Limit to living donors
- C. Remove auto-feature
- D. Revise to post-mortem consents only, with family veto options and grief support

Answer: D

Explanation: NOTA (1984) regulates donations; ethical Principle 3.6 respects autonomy. Veto options align with UAGA, preventing coercion claims.

Question: 1072

A hospital implements a focused audit tool for reviewing clinical documentation related to safety event reporting. What characteristic is most critical for this tool's effectiveness?

- A. Standardized criteria aligned with regulatory definitions of safety events
- B. Flexibility allowing auditors to apply criteria as they interpret necessary
- C. Auditing only events with financial impact to the hospital
- D. Incorporating subjective clinical opinions without structured framework

Answer: A

Explanation: Standardized criteria ensure consistency, regulatory compliance, and comparability of audit results. Flexibility that compromises standardization reduces reliability. Limiting to financial-impact events misses important safety issues. Subjective opinions without framework undermine objectivity.

Question: 1073

A healthcare organization is in the maintenance phase of an information system and must address new regulatory changes impacting data retention. Which action aligns best with this phase?

- A. Designing and developing a new system from scratch
- B. Redefining user requirements and conducting new analysis
- C. Updating system policies and configuration to comply
- D. Initial installation of software modules

Answer: C

Explanation: Maintenance includes system updates to comply with regulations, such as changes to data retention policies. Analysis and design relate to earlier phases.

Question: 1074

A health information manager notices deviations in documentation completeness for pressure ulcer

staging across units. Which method best supports ensuring accurate clinical data elements for quality reporting?

- A. Automatically exclude incomplete records from reporting to avoid data contamination
- B. Conduct a targeted documentation audit followed by feedback and reeducation for clinicians
- C. Replace clinical data with theoretical estimates to maintain consistent reporting
- D. Allow the unit managers to self-report data integrity without external validation

Answer: B

Explanation: Conducting audits with feedback and education supports improvement in documentation completeness and accuracy, essential for quality reporting. Excluding data introduces bias, using estimates undermines data reliability, and self-reporting without validation lacks objectivity. Active monitoring and education are key for maintaining data integrity.

Question: 1075

Facilitating a 2026 balanced scorecard for a health analytics dashboard rollout, the lead identifies lagging patient engagement KPIs due to privacy fears, ethically conflicting with shared decision-making under the 2023 Patient Engagement Rule. What KPI recalibration technique?

- A. Incorporate privacy-by-design metrics with user feedback loops and ethical weighting in the scorecard, balancing engagement with trust to holistically measure project impact.
- B. Drop engagement KPIs.
- C. Overemphasize technical metrics.
- D. Static targets.

Answer: A

Explanation: Privacy-by-design recalibration per NIST frameworks addresses fears, ethically advancing engagement under the 2023 Rule's shared decision mandates, while feedback loops ensure patient-centered KPIs. Balanced weighting aligns with AHIMA's holistic informatics ethics, enhancing dashboard utility and project success through trusted, measurable outcomes.

Question: 1076

What is the best approach to ensure accurate revenue cycle management regarding payer policy changes?

- A. Applying retrospective changes to all previously paid claims uniformly
- B. Continual monitoring and educating staff on updates to payer requirements and reimbursement rules
- C. Ignoring minor payer policy changes not affecting payment amounts
- D. Delaying policy updates until annual review meetings

Answer: B

Explanation: Revenue cycle teams must stay current with payer policy changes, educating coding and

billing staff promptly to ensure compliance and optimize reimbursement. Ignoring or delaying updates risks claim denials or underpayment, and retrospective changes are limited and sometimes not allowed.

Question: 1077

A facility is implementing a new audit tool to assess the accuracy of clinical documentation impacting patient safety measures. What best practice should be incorporated into this audit process?

- A. Applying the audit retrospectively without clinical input
- B. Restricting audit access to only coding professionals
- C. Providing real-time feedback to clinicians during documentation
- D. Focusing exclusively on administrative data fields

Answer: C

Explanation: Providing real-time feedback to clinicians improves documentation accuracy proactively, enhancing patient safety measures. Restricting access limits interdisciplinary oversight. Retrospective audits without clinical input may miss nuances. Focusing only on administrative data ignores critical clinical information.

Question: 1078

A 2026 hospice provider in Illinois, transitioning to value-based palliative care, must destroy 2017 electronic notes after 10-year state retention but faces ethical quandaries when notes include advance directive PHI potentially relevant to family disputes. Per AHIMA's 2024 CDI ethics and HIPAA's accounting rules, what destruction nuance is essential?

- A. Bulk purge all notes uniformly, as retention end-date governs
- B. Convert to paper for manual review before digital wipe
- C. Segment advance directives for extended hold with family consent solicitation, documenting refusals, and certifying segmented destruction
- D. Delay destruction pending AI sentiment analysis for dispute prediction

Answer: C

Explanation: Advance directives in hospice notes demand sensitivity, with Illinois 410 ILCS 50/3 requiring 10-year retention but ethical extensions for family access per AHIMA's 2024 CDI Toolkit (emphasizing patient/family-centered integrity). HIPAA's accounting (§ 164.528) retains disclosure logs 6 years, but segmentation allows targeted holds without blanket retention violating minimization. Consent solicitation upholds autonomy (Principle 6), with documentation defending against disputes under state probate laws, ensuring certified destruction (method, witnesses) per NAID standards. This balances ethics and law, avoiding bulk purges that could deny access or delays introducing bias.

Question: 1079

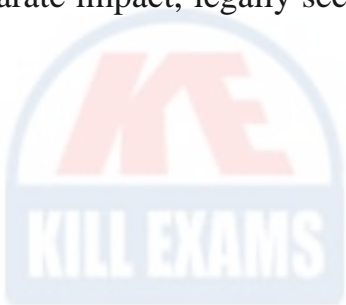
In a merger, legacy HIM staff file grievances over job security due to offshoring threats, implicating

WARN Act. The manager resolves by reallocating roles. What OWBPA disclosure ensures age discrimination avoidance?

- A. Verbal assurances during meetings
- B. Offer voluntary buyouts without details
- C. Bundle with general merger comms
- D. Provide 21-day review period for ADEA waiver in severance, disclosing demographics per OWBPA

Answer: D

Explanation: Grievance resolution under WARN (29 U.S.C. § 2101) and ADEA/O WBPA (29 U.S.C. § 626) requires transparent disclosures for waivers over 40, ethically upholding AHIMA's non-discrimination. Verbals lack proof. Bundling obscures. Voluntary skips mandates. 21-day periods with stats prevent disparate impact, legally securing transitions.





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