

RHIA EXAM PREP 2026-2027: PRACTICE EXAM 6 (150 QUESTIONS)

This original 150-question RHIA-style practice exam covers information governance, compliance with uses and disclosures of PHI, data analytics and informatics, revenue management, and management and leadership. Allow 3 hours and 25 minutes for the questions, then review every rationale. This independent study resource is not an AHIMA examination or endorsement.

1. During a quarterly audit, which governance action best establishes who may approve a change to the enterprise data dictionary?
 - A. Assign a data steward with documented decision authority
 - B. Let each department edit definitions independently
 - C. Wait for annual committee meetings to address changes
 - D. Allow the EHR vendor to determine local terminology
2. During a quarterly audit, which record-management practice most directly supports the legal health record definition?
 - A. Include every draft and personal note automatically
 - B. Maintain an approved inventory of record components and sources
 - C. Allow clinicians to decide individually after each request
 - D. Use billing records as the only source of truth
3. During a quarterly audit, a department wants to improve data quality before using a registry for reporting. What should it do first?
 - A. Build a dashboard before reviewing source data
 - B. Publish results and correct errors later
 - C. Replace all historic records without analysis
 - D. Define the data elements, valid values, and completeness rules
4. During a quarterly audit, when responding to a request for protected health information, what is the most appropriate first step?
 - A. Verify the requester and the authority for the disclosure
 - B. Send the full chart because the requester is known
 - C. Ask the requester to choose only diagnostic codes
 - D. Remove every identifier regardless of the purpose

5. During a quarterly audit, which control best supports the minimum necessary principle?
- A. Give all employees the same read-only access
 - B. Allow staff to browse records for training
 - C. Limit access based on job role and assigned function
 - D. Grant broad access until an audit finds misuse
6. During a quarterly audit, a privacy incident is reported. Which action should occur first?
- A. Delete audit logs to prevent further access
 - B. Preserve facts and begin a documented incident assessment
 - C. Notify every patient before reviewing the event
 - D. Wait until the next compliance committee meeting
7. During a quarterly audit, which measure best describes the percentage of eligible records that contain a required element?
- A. Case-mix index
 - B. Readmission rate
 - C. Average length of stay
 - D. Completeness rate
8. During a quarterly audit, which visualization is most appropriate for showing a monthly trend over one year?
- A. A pie chart showing one month only
 - B. A line chart with months on the horizontal axis
 - C. A narrative paragraph without numbers
 - D. A random sample of individual patient charts
9. During a quarterly audit, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. The metric definition and data lineage for each display
 - B. The color scheme used by the dashboard
 - C. Whether users prefer one value over another
 - D. Whether the report can be printed faster

- 10.** During a quarterly audit, what is the primary purpose of a chargemaster maintenance process?
- A. Replace clinical documentation review
 - B. Eliminate the need for claim edits
 - C. Keep charge descriptions, codes, and prices current and controlled
 - D. Determine every patient diagnosis automatically
- 11.** During a quarterly audit, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Resubmit the identical claim repeatedly
 - B. Identify the root cause and correct the responsible workflow
 - C. Write off the balance without review
 - D. Change the patient record without evidence
- 12.** During a quarterly audit, which practice best supports coding compliance?
- A. Use complete documentation to support the assigned codes
 - B. Select codes solely to maximize payment
 - C. Copy prior codes without reviewing the encounter
 - D. Assign a diagnosis before the provider documents it
- 13.** During a quarterly audit, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Announce the change after implementation
 - B. Ignore concerns to maintain the project schedule
 - C. Train only managers because they supervise users
 - D. Engage affected users early and address workflow impacts
- 14.** During a quarterly audit, a manager must address a persistent performance gap. What is the best first action?
- A. Assume the employee understands the concern
 - B. Discuss the issue publicly with the team
 - C. Clarify the expected standard and review objective evidence
 - D. Change the standard after evaluating the employee

15. During a quarterly audit, which measure is most useful for evaluating whether staff education improved a process?
- A. Compare the defined performance measure before and after training
 - B. Count how many slides were used in training
 - C. Ask only whether attendees liked the instructor
 - D. Measure an unrelated organizational outcome
16. At a multi-site health system, which governance action best establishes who may approve a change to the enterprise data dictionary?
- A. Wait for annual committee meetings to address changes
 - B. Allow the EHR vendor to determine local terminology
 - C. Assign a data steward with documented decision authority
 - D. Let each department edit definitions independently
17. At a multi-site health system, which record-management practice most directly supports the legal health record definition?
- A. Allow clinicians to decide individually after each request
 - B. Maintain an approved inventory of record components and sources
 - C. Use billing records as the only source of truth
 - D. Include every draft and personal note automatically
18. At a multi-site health system, a department wants to improve data quality before using a registry for reporting. What should it do first?
- A. Publish results and correct errors later
 - B. Replace all historic records without analysis
 - C. Build a dashboard before reviewing source data
 - D. Define the data elements, valid values, and completeness rules
19. At a multi-site health system, when responding to a request for protected health information, what is the most appropriate first step?
- A. Ask the requester to choose only diagnostic codes
 - B. Remove every identifier regardless of the purpose
 - C. Verify the requester and the authority for the disclosure
 - D. Send the full chart because the requester is known

20. At a multi-site health system, which control best supports the minimum necessary principle?
- A. Limit access based on job role and assigned function
 - B. Allow staff to browse records for training
 - C. Grant broad access until an audit finds misuse
 - D. Give all employees the same read-only access
21. At a multi-site health system, a privacy incident is reported. Which action should occur first?
- A. Notify every patient before reviewing the event
 - B. Wait until the next compliance committee meeting
 - C. Delete audit logs to prevent further access
 - D. Preserve facts and begin a documented incident assessment
22. At a multi-site health system, which measure best describes the percentage of eligible records that contain a required element?
- A. Readmission rate
 - B. Completeness rate
 - C. Average length of stay
 - D. Case-mix index
23. At a multi-site health system, which visualization is most appropriate for showing a monthly trend over one year?
- A. A narrative paragraph without numbers
 - B. A line chart with months on the horizontal axis
 - C. A random sample of individual patient charts
 - D. A pie chart showing one month only
24. At a multi-site health system, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. Whether users prefer one value over another
 - B. Whether the report can be printed faster
 - C. The metric definition and data lineage for each display
 - D. The color scheme used by the dashboard

25. At a multi-site health system, what is the primary purpose of a chargemaster maintenance process?
- A. Eliminate the need for claim edits
 - B. Determine every patient diagnosis automatically
 - C. Replace clinical documentation review
 - D. Keep charge descriptions, codes, and prices current and controlled
26. At a multi-site health system, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Identify the root cause and correct the responsible workflow
 - B. Write off the balance without review
 - C. Change the patient record without evidence
 - D. Resubmit the identical claim repeatedly
27. At a multi-site health system, which practice best supports coding compliance?
- A. Copy prior codes without reviewing the encounter
 - B. Assign a diagnosis before the provider documents it
 - C. Use complete documentation to support the assigned codes
 - D. Select codes solely to maximize payment
28. At a multi-site health system, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Engage affected users early and address workflow impacts
 - B. Ignore concerns to maintain the project schedule
 - C. Train only managers because they supervise users
 - D. Announce the change after implementation
29. At a multi-site health system, a manager must address a persistent performance gap. What is the best first action?
- A. Discuss the issue publicly with the team
 - B. Change the standard after evaluating the employee
 - C. Assume the employee understands the concern
 - D. Clarify the expected standard and review objective evidence

- 30.** At a multi-site health system, which measure is most useful for evaluating whether staff education improved a process?
- A. Ask only whether attendees liked the instructor
 - B. Compare the defined performance measure before and after training
 - C. Measure an unrelated organizational outcome
 - D. Count how many slides were used in training
- 31.** After a merger, which governance action best establishes who may approve a change to the enterprise data dictionary?
- A. Allow the EHR vendor to determine local terminology
 - B. Let each department edit definitions independently
 - C. Wait for annual committee meetings to address changes
 - D. Assign a data steward with documented decision authority
- 32.** After a merger, which record-management practice most directly supports the legal health record definition?
- A. Use billing records as the only source of truth
 - B. Maintain an approved inventory of record components and sources
 - C. Include every draft and personal note automatically
 - D. Allow clinicians to decide individually after each request
- 33.** After a merger, a department wants to improve data quality before using a registry for reporting. What should it do first?
- A. Replace all historic records without analysis
 - B. Build a dashboard before reviewing source data
 - C. Define the data elements, valid values, and completeness rules
 - D. Publish results and correct errors later
- 34.** After a merger, when responding to a request for protected health information, what is the most appropriate first step?
- A. Verify the requester and the authority for the disclosure
 - B. Remove every identifier regardless of the purpose
 - C. Send the full chart because the requester is known
 - D. Ask the requester to choose only diagnostic codes

35. After a merger, which control best supports the minimum necessary principle?
- A. Grant broad access until an audit finds misuse
 - B. Give all employees the same read-only access
 - C. Limit access based on job role and assigned function
 - D. Allow staff to browse records for training
36. After a merger, a privacy incident is reported. Which action should occur first?
- A. Preserve facts and begin a documented incident assessment
 - B. Wait until the next compliance committee meeting
 - C. Delete audit logs to prevent further access
 - D. Notify every patient before reviewing the event
37. After a merger, which measure best describes the percentage of eligible records that contain a required element?
- A. Average length of stay
 - B. Case-mix index
 - C. Readmission rate
 - D. Completeness rate
38. After a merger, which visualization is most appropriate for showing a monthly trend over one year?
- A. A random sample of individual patient charts
 - B. A line chart with months on the horizontal axis
 - C. A pie chart showing one month only
 - D. A narrative paragraph without numbers
39. After a merger, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. Whether the report can be printed faster
 - B. The color scheme used by the dashboard
 - C. The metric definition and data lineage for each display
 - D. Whether users prefer one value over another
40. After a merger, what is the primary purpose of a chargemaster maintenance process?
- A. Keep charge descriptions, codes, and prices current and controlled
 - B. Determine every patient diagnosis automatically
 - C. Replace clinical documentation review
 - D. Eliminate the need for claim edits

- 41.** After a merger, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Change the patient record without evidence
 - B. Resubmit the identical claim repeatedly
 - C. Write off the balance without review
 - D. Identify the root cause and correct the responsible workflow
- 42.** After a merger, which practice best supports coding compliance?
- A. Assign a diagnosis before the provider documents it
 - B. Select codes solely to maximize payment
 - C. Use complete documentation to support the assigned codes
 - D. Copy prior codes without reviewing the encounter
- 43.** After a merger, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Train only managers because they supervise users
 - B. Engage affected users early and address workflow impacts
 - C. Announce the change after implementation
 - D. Ignore concerns to maintain the project schedule
- 44.** After a merger, a manager must address a persistent performance gap. What is the best first action?
- A. Clarify the expected standard and review objective evidence
 - B. Change the standard after evaluating the employee
 - C. Assume the employee understands the concern
 - D. Discuss the issue publicly with the team
- 45.** After a merger, which measure is most useful for evaluating whether staff education improved a process?
- A. Measure an unrelated organizational outcome
 - B. Count how many slides were used in training
 - C. Ask only whether attendees liked the instructor
 - D. Compare the defined performance measure before and after training

- 46.** When a new workflow is proposed, which governance action best establishes who may approve a change to the enterprise data dictionary?
- A. Let each department edit definitions independently
 - B. Assign a data steward with documented decision authority
 - C. Wait for annual committee meetings to address changes
 - D. Allow the EHR vendor to determine local terminology
- 47.** When a new workflow is proposed, which record-management practice most directly supports the legal health record definition?
- A. Include every draft and personal note automatically
 - B. Maintain an approved inventory of record components and sources
 - C. Allow clinicians to decide individually after each request
 - D. Use billing records as the only source of truth
- 48.** When a new workflow is proposed, a department wants to improve data quality before using a registry for reporting. What should it do first?
- A. Build a dashboard before reviewing source data
 - B. Publish results and correct errors later
 - C. Define the data elements, valid values, and completeness rules
 - D. Replace all historic records without analysis
- 49.** When a new workflow is proposed, when responding to a request for protected health information, what is the most appropriate first step?
- A. Send the full chart because the requester is known
 - B. Ask the requester to choose only diagnostic codes
 - C. Remove every identifier regardless of the purpose
 - D. Verify the requester and the authority for the disclosure
- 50.** When a new workflow is proposed, which control best supports the minimum necessary principle?
- A. Limit access based on job role and assigned function
 - B. Give all employees the same read-only access
 - C. Allow staff to browse records for training
 - D. Grant broad access until an audit finds misuse

51. When a new workflow is proposed, a privacy incident is reported. Which action should occur first?
- A. Delete audit logs to prevent further access
 - B. Notify every patient before reviewing the event
 - C. Preserve facts and begin a documented incident assessment
 - D. Wait until the next compliance committee meeting
52. When a new workflow is proposed, which measure best describes the percentage of eligible records that contain a required element?
- A. Case-mix index
 - B. Completeness rate
 - C. Readmission rate
 - D. Average length of stay
53. When a new workflow is proposed, which visualization is most appropriate for showing a monthly trend over one year?
- A. A line chart with months on the horizontal axis
 - B. A pie chart showing one month only
 - C. A narrative paragraph without numbers
 - D. A random sample of individual patient charts
54. When a new workflow is proposed, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. The color scheme used by the dashboard
 - B. Whether users prefer one value over another
 - C. Whether the report can be printed faster
 - D. The metric definition and data lineage for each display
55. When a new workflow is proposed, what is the primary purpose of a chargemaster maintenance process?
- A. Keep charge descriptions, codes, and prices current and controlled
 - B. Replace clinical documentation review
 - C. Eliminate the need for claim edits
 - D. Determine every patient diagnosis automatically

- 56.** When a new workflow is proposed, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Resubmit the identical claim repeatedly
 - B. Identify the root cause and correct the responsible workflow
 - C. Write off the balance without review
 - D. Change the patient record without evidence
- 57.** When a new workflow is proposed, which practice best supports coding compliance?
- A. Select codes solely to maximize payment
 - B. Copy prior codes without reviewing the encounter
 - C. Assign a diagnosis before the provider documents it
 - D. Use complete documentation to support the assigned codes
- 58.** When a new workflow is proposed, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Announce the change after implementation
 - B. Ignore concerns to maintain the project schedule
 - C. Engage affected users early and address workflow impacts
 - D. Train only managers because they supervise users
- 59.** When a new workflow is proposed, a manager must address a persistent performance gap. What is the best first action?
- A. Assume the employee understands the concern
 - B. Clarify the expected standard and review objective evidence
 - C. Discuss the issue publicly with the team
 - D. Change the standard after evaluating the employee
- 60.** When a new workflow is proposed, which measure is most useful for evaluating whether staff education improved a process?
- A. Count how many slides were used in training
 - B. Ask only whether attendees liked the instructor
 - C. Measure an unrelated organizational outcome
 - D. Compare the defined performance measure before and after training

- 61.** In response to a recurring variance, which governance action best establishes who may approve a change to the enterprise data dictionary?
- A. Assign a data steward with documented decision authority
 - B. Wait for annual committee meetings to address changes
 - C. Allow the EHR vendor to determine local terminology
 - D. Let each department edit definitions independently
- 62.** In response to a recurring variance, which record-management practice most directly supports the legal health record definition?
- A. Allow clinicians to decide individually after each request
 - B. Use billing records as the only source of truth
 - C. Maintain an approved inventory of record components and sources
 - D. Include every draft and personal note automatically
- 63.** In response to a recurring variance, a department wants to improve data quality before using a registry for reporting. What should it do first?
- A. Define the data elements, valid values, and completeness rules
 - B. Publish results and correct errors later
 - C. Replace all historic records without analysis
 - D. Build a dashboard before reviewing source data
- 64.** In response to a recurring variance, when responding to a request for protected health information, what is the most appropriate first step?
- A. Ask the requester to choose only diagnostic codes
 - B. Verify the requester and the authority for the disclosure
 - C. Remove every identifier regardless of the purpose
 - D. Send the full chart because the requester is known
- 65.** In response to a recurring variance, which control best supports the minimum necessary principle?
- A. Allow staff to browse records for training
 - B. Grant broad access until an audit finds misuse
 - C. Limit access based on job role and assigned function
 - D. Give all employees the same read-only access

- 66.** In response to a recurring variance, a privacy incident is reported. Which action should occur first?
- A. Notify every patient before reviewing the event
 - B. Wait until the next compliance committee meeting
 - C. Delete audit logs to prevent further access
 - D. Preserve facts and begin a documented incident assessment
- 67.** In response to a recurring variance, which measure best describes the percentage of eligible records that contain a required element?
- A. Readmission rate
 - B. Average length of stay
 - C. Case-mix index
 - D. Completeness rate
- 68.** In response to a recurring variance, which visualization is most appropriate for showing a monthly trend over one year?
- A. A narrative paragraph without numbers
 - B. A line chart with months on the horizontal axis
 - C. A random sample of individual patient charts
 - D. A pie chart showing one month only
- 69.** In response to a recurring variance, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. Whether users prefer one value over another
 - B. Whether the report can be printed faster
 - C. The metric definition and data lineage for each display
 - D. The color scheme used by the dashboard
- 70.** In response to a recurring variance, what is the primary purpose of a chargemaster maintenance process?
- A. Keep charge descriptions, codes, and prices current and controlled
 - B. Eliminate the need for claim edits
 - C. Determine every patient diagnosis automatically
 - D. Replace clinical documentation review

- 71.** In response to a recurring variance, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Write off the balance without review
 - B. Change the patient record without evidence
 - C. Resubmit the identical claim repeatedly
 - D. Identify the root cause and correct the responsible workflow
- 72.** In response to a recurring variance, which practice best supports coding compliance?
- A. Copy prior codes without reviewing the encounter
 - B. Assign a diagnosis before the provider documents it
 - C. Use complete documentation to support the assigned codes
 - D. Select codes solely to maximize payment
- 73.** In response to a recurring variance, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Ignore concerns to maintain the project schedule
 - B. Engage affected users early and address workflow impacts
 - C. Train only managers because they supervise users
 - D. Announce the change after implementation
- 74.** In response to a recurring variance, a manager must address a persistent performance gap. What is the best first action?
- A. Clarify the expected standard and review objective evidence
 - B. Discuss the issue publicly with the team
 - C. Change the standard after evaluating the employee
 - D. Assume the employee understands the concern
- 75.** In response to a recurring variance, which measure is most useful for evaluating whether staff education improved a process?
- A. Ask only whether attendees liked the instructor
 - B. Compare the defined performance measure before and after training
 - C. Measure an unrelated organizational outcome
 - D. Count how many slides were used in training

76. Before a system upgrade, which governance action best establishes who may approve a change to the enterprise data dictionary?

- A. Allow the EHR vendor to determine local terminology
- B. Let each department edit definitions independently
- C. Assign a data steward with documented decision authority
- D. Wait for annual committee meetings to address changes

77. Before a system upgrade, which record-management practice most directly supports the legal health record definition?

- A. Use billing records as the only source of truth
- B. Include every draft and personal note automatically
- C. Allow clinicians to decide individually after each request
- D. Maintain an approved inventory of record components and sources

78. Before a system upgrade, a department wants to improve data quality before using a registry for reporting. What should it do first?

- A. Define the data elements, valid values, and completeness rules
- B. Replace all historic records without analysis
- C. Build a dashboard before reviewing source data
- D. Publish results and correct errors later

79. Before a system upgrade, when responding to a request for protected health information, what is the most appropriate first step?

- A. Remove every identifier regardless of the purpose
- B. Send the full chart because the requester is known
- C. Verify the requester and the authority for the disclosure
- D. Ask the requester to choose only diagnostic codes

80. Before a system upgrade, which control best supports the minimum necessary principle?

- A. Limit access based on job role and assigned function
- B. Grant broad access until an audit finds misuse
- C. Give all employees the same read-only access
- D. Allow staff to browse records for training

- 81.** Before a system upgrade, a privacy incident is reported. Which action should occur first?
- A. Wait until the next compliance committee meeting
 - B. Delete audit logs to prevent further access
 - C. Notify every patient before reviewing the event
 - D. Preserve facts and begin a documented incident assessment
- 82.** Before a system upgrade, which measure best describes the percentage of eligible records that contain a required element?
- A. Average length of stay
 - B. Completeness rate
 - C. Case-mix index
 - D. Readmission rate
- 83.** Before a system upgrade, which visualization is most appropriate for showing a monthly trend over one year?
- A. A line chart with months on the horizontal axis
 - B. A random sample of individual patient charts
 - C. A pie chart showing one month only
 - D. A narrative paragraph without numbers
- 84.** Before a system upgrade, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. Whether the report can be printed faster
 - B. The metric definition and data lineage for each display
 - C. The color scheme used by the dashboard
 - D. Whether users prefer one value over another
- 85.** Before a system upgrade, what is the primary purpose of a chargemaster maintenance process?
- A. Determine every patient diagnosis automatically
 - B. Replace clinical documentation review
 - C. Eliminate the need for claim edits
 - D. Keep charge descriptions, codes, and prices current and controlled

- 86.** Before a system upgrade, a claim is denied because required information is missing. What is the best initial revenue-cycle response?
- A. Change the patient record without evidence
 - B. Resubmit the identical claim repeatedly
 - C. Identify the root cause and correct the responsible workflow
 - D. Write off the balance without review
- 87.** Before a system upgrade, which practice best supports coding compliance?
- A. Use complete documentation to support the assigned codes
 - B. Assign a diagnosis before the provider documents it
 - C. Select codes solely to maximize payment
 - D. Copy prior codes without reviewing the encounter
- 88.** Before a system upgrade, which action best demonstrates effective change management during an EHR workflow redesign?
- A. Train only managers because they supervise users
 - B. Announce the change after implementation
 - C. Ignore concerns to maintain the project schedule
 - D. Engage affected users early and address workflow impacts
- 89.** Before a system upgrade, a manager must address a persistent performance gap. What is the best first action?
- A. Change the standard after evaluating the employee
 - B. Clarify the expected standard and review objective evidence
 - C. Assume the employee understands the concern
 - D. Discuss the issue publicly with the team
- 90.** Before a system upgrade, which measure is most useful for evaluating whether staff education improved a process?
- A. Measure an unrelated organizational outcome
 - B. Count how many slides were used in training
 - C. Compare the defined performance measure before and after training
 - D. Ask only whether attendees liked the instructor

- 91.** During preparation for external review, which governance action best establishes who may approve a change to the enterprise data dictionary?
- A. Let each department edit definitions independently
 - B. Assign a data steward with documented decision authority
 - C. Wait for annual committee meetings to address changes
 - D. Allow the EHR vendor to determine local terminology
- 92.** During preparation for external review, which record-management practice most directly supports the legal health record definition?
- A. Maintain an approved inventory of record components and sources
 - B. Include every draft and personal note automatically
 - C. Allow clinicians to decide individually after each request
 - D. Use billing records as the only source of truth
- 93.** During preparation for external review, a department wants to improve data quality before using a registry for reporting. What should it do first?
- A. Build a dashboard before reviewing source data
 - B. Publish results and correct errors later
 - C. Replace all historic records without analysis
 - D. Define the data elements, valid values, and completeness rules
- 94.** During preparation for external review, when responding to a request for protected health information, what is the most appropriate first step?
- A. Send the full chart because the requester is known
 - B. Ask the requester to choose only diagnostic codes
 - C. Verify the requester and the authority for the disclosure
 - D. Remove every identifier regardless of the purpose
- 95.** During preparation for external review, which control best supports the minimum necessary principle?
- A. Limit access based on job role and assigned function
 - B. Give all employees the same read-only access
 - C. Allow staff to browse records for training
 - D. Grant broad access until an audit finds misuse

- 96.** During preparation for external review, a privacy incident is reported. Which action should occur first?
- A. Delete audit logs to prevent further access
 - B. Preserve facts and begin a documented incident assessment
 - C. Notify every patient before reviewing the event
 - D. Wait until the next compliance committee meeting
- 97.** During preparation for external review, which measure best describes the percentage of eligible records that contain a required element?
- A. Case-mix index
 - B. Readmission rate
 - C. Completeness rate
 - D. Average length of stay
- 98.** During preparation for external review, which visualization is most appropriate for showing a monthly trend over one year?
- A. A pie chart showing one month only
 - B. A narrative paragraph without numbers
 - C. A random sample of individual patient charts
 - D. A line chart with months on the horizontal axis
- 99.** During preparation for external review, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. The metric definition and data lineage for each display
 - B. The color scheme used by the dashboard
 - C. Whether users prefer one value over another
 - D. Whether the report can be printed faster
- 100.** During preparation for external review, what is the primary purpose of a chargemaster maintenance process?
- A. Replace clinical documentation review
 - B. Eliminate the need for claim edits
 - C. Determine every patient diagnosis automatically
 - D. Keep charge descriptions, codes, and prices current and controlled

101. During preparation for external review, a claim is denied because required information is missing. What is the best initial revenue-cycle response?

- A. Resubmit the identical claim repeatedly
- B. Identify the root cause and correct the responsible workflow
- C. Write off the balance without review
- D. Change the patient record without evidence

102. During preparation for external review, which practice best supports coding compliance?

- A. Select codes solely to maximize payment
- B. Copy prior codes without reviewing the encounter
- C. Use complete documentation to support the assigned codes
- D. Assign a diagnosis before the provider documents it

103. During preparation for external review, which action best demonstrates effective change management during an EHR workflow redesign?

- A. Announce the change after implementation
- B. Engage affected users early and address workflow impacts
- C. Ignore concerns to maintain the project schedule
- D. Train only managers because they supervise users

104. During preparation for external review, a manager must address a persistent performance gap. What is the best first action?

- A. Clarify the expected standard and review objective evidence
- B. Assume the employee understands the concern
- C. Discuss the issue publicly with the team
- D. Change the standard after evaluating the employee

105. During preparation for external review, which measure is most useful for evaluating whether staff education improved a process?

- A. Count how many slides were used in training
- B. Ask only whether attendees liked the instructor
- C. Compare the defined performance measure before and after training
- D. Measure an unrelated organizational outcome

106. When a cross-functional team meets, which governance action best establishes who may approve a change to the enterprise data dictionary?

- A. Wait for annual committee meetings to address changes
- B. Allow the EHR vendor to determine local terminology
- C. Let each department edit definitions independently
- D. Assign a data steward with documented decision authority

107. When a cross-functional team meets, which record-management practice most directly supports the legal health record definition?

- A. Allow clinicians to decide individually after each request
- B. Maintain an approved inventory of record components and sources
- C. Use billing records as the only source of truth
- D. Include every draft and personal note automatically

108. When a cross-functional team meets, a department wants to improve data quality before using a registry for reporting. What should it do first?

- A. Define the data elements, valid values, and completeness rules
- B. Publish results and correct errors later
- C. Replace all historic records without analysis
- D. Build a dashboard before reviewing source data

109. When a cross-functional team meets, when responding to a request for protected health information, what is the most appropriate first step?

- A. Ask the requester to choose only diagnostic codes
- B. Remove every identifier regardless of the purpose
- C. Verify the requester and the authority for the disclosure
- D. Send the full chart because the requester is known

110. When a cross-functional team meets, which control best supports the minimum necessary principle?

- A. Allow staff to browse records for training
- B. Grant broad access until an audit finds misuse
- C. Limit access based on job role and assigned function
- D. Give all employees the same read-only access

- 111.** When a cross-functional team meets, a privacy incident is reported. Which action should occur first?
- A. Notify every patient before reviewing the event
 - B. Wait until the next compliance committee meeting
 - C. Delete audit logs to prevent further access
 - D. Preserve facts and begin a documented incident assessment
- 112.** When a cross-functional team meets, which measure best describes the percentage of eligible records that contain a required element?
- A. Completeness rate
 - B. Readmission rate
 - C. Average length of stay
 - D. Case-mix index
- 113.** When a cross-functional team meets, which visualization is most appropriate for showing a monthly trend over one year?
- A. A narrative paragraph without numbers
 - B. A random sample of individual patient charts
 - C. A pie chart showing one month only
 - D. A line chart with months on the horizontal axis
- 114.** When a cross-functional team meets, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. Whether users prefer one value over another
 - B. The metric definition and data lineage for each display
 - C. Whether the report can be printed faster
 - D. The color scheme used by the dashboard
- 115.** When a cross-functional team meets, what is the primary purpose of a chargemaster maintenance process?
- A. Keep charge descriptions, codes, and prices current and controlled
 - B. Eliminate the need for claim edits
 - C. Determine every patient diagnosis automatically
 - D. Replace clinical documentation review

116. When a cross-functional team meets, a claim is denied because required information is missing. What is the best initial revenue-cycle response?

- A. Write off the balance without review
- B. Change the patient record without evidence
- C. Identify the root cause and correct the responsible workflow
- D. Resubmit the identical claim repeatedly

117. When a cross-functional team meets, which practice best supports coding compliance?

- A. Copy prior codes without reviewing the encounter
- B. Assign a diagnosis before the provider documents it
- C. Select codes solely to maximize payment
- D. Use complete documentation to support the assigned codes

118. When a cross-functional team meets, which action best demonstrates effective change management during an EHR workflow redesign?

- A. Ignore concerns to maintain the project schedule
- B. Engage affected users early and address workflow impacts
- C. Train only managers because they supervise users
- D. Announce the change after implementation

119. When a cross-functional team meets, a manager must address a persistent performance gap. What is the best first action?

- A. Discuss the issue publicly with the team
- B. Change the standard after evaluating the employee
- C. Clarify the expected standard and review objective evidence
- D. Assume the employee understands the concern

120. When a cross-functional team meets, which measure is most useful for evaluating whether staff education improved a process?

- A. Ask only whether attendees liked the instructor
- B. Compare the defined performance measure before and after training
- C. Measure an unrelated organizational outcome
- D. Count how many slides were used in training

121. After users report inconsistent results, which governance action best establishes who may approve a change to the enterprise data dictionary?

- A. Assign a data steward with documented decision authority
- B. Allow the EHR vendor to determine local terminology
- C. Let each department edit definitions independently
- D. Wait for annual committee meetings to address changes

122. After users report inconsistent results, which record-management practice most directly supports the legal health record definition?

- A. Use billing records as the only source of truth
- B. Include every draft and personal note automatically
- C. Allow clinicians to decide individually after each request
- D. Maintain an approved inventory of record components and sources

123. After users report inconsistent results, a department wants to improve data quality before using a registry for reporting. What should it do first?

- A. Replace all historic records without analysis
- B. Build a dashboard before reviewing source data
- C. Publish results and correct errors later
- D. Define the data elements, valid values, and completeness rules

124. After users report inconsistent results, when responding to a request for protected health information, what is the most appropriate first step?

- A. Remove every identifier regardless of the purpose
- B. Verify the requester and the authority for the disclosure
- C. Send the full chart because the requester is known
- D. Ask the requester to choose only diagnostic codes

125. After users report inconsistent results, which control best supports the minimum necessary principle?

- A. Limit access based on job role and assigned function
- B. Grant broad access until an audit finds misuse
- C. Give all employees the same read-only access
- D. Allow staff to browse records for training

- 126.** After users report inconsistent results, a privacy incident is reported. Which action should occur first?
- A. Wait until the next compliance committee meeting
 - B. Delete audit logs to prevent further access
 - C. Preserve facts and begin a documented incident assessment
 - D. Notify every patient before reviewing the event
- 127.** After users report inconsistent results, which measure best describes the percentage of eligible records that contain a required element?
- A. Average length of stay
 - B. Case-mix index
 - C. Readmission rate
 - D. Completeness rate
- 128.** After users report inconsistent results, which visualization is most appropriate for showing a monthly trend over one year?
- A. A random sample of individual patient charts
 - B. A pie chart showing one month only
 - C. A line chart with months on the horizontal axis
 - D. A narrative paragraph without numbers
- 129.** After users report inconsistent results, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. The metric definition and data lineage for each display
 - B. Whether the report can be printed faster
 - C. The color scheme used by the dashboard
 - D. Whether users prefer one value over another
- 130.** After users report inconsistent results, what is the primary purpose of a chargemaster maintenance process?
- A. Determine every patient diagnosis automatically
 - B. Keep charge descriptions, codes, and prices current and controlled
 - C. Replace clinical documentation review
 - D. Eliminate the need for claim edits

131. After users report inconsistent results, a claim is denied because required information is missing. What is the best initial revenue-cycle response?

- A. Change the patient record without evidence
- B. Identify the root cause and correct the responsible workflow
- C. Resubmit the identical claim repeatedly
- D. Write off the balance without review

132. After users report inconsistent results, which practice best supports coding compliance?

- A. Use complete documentation to support the assigned codes
- B. Assign a diagnosis before the provider documents it
- C. Select codes solely to maximize payment
- D. Copy prior codes without reviewing the encounter

133. After users report inconsistent results, which action best demonstrates effective change management during an EHR workflow redesign?

- A. Train only managers because they supervise users
- B. Announce the change after implementation
- C. Ignore concerns to maintain the project schedule
- D. Engage affected users early and address workflow impacts

134. After users report inconsistent results, a manager must address a persistent performance gap. What is the best first action?

- A. Change the standard after evaluating the employee
- B. Assume the employee understands the concern
- C. Clarify the expected standard and review objective evidence
- D. Discuss the issue publicly with the team

135. After users report inconsistent results, which measure is most useful for evaluating whether staff education improved a process?

- A. Measure an unrelated organizational outcome
- B. Compare the defined performance measure before and after training
- C. Count how many slides were used in training
- D. Ask only whether attendees liked the instructor

136. While developing a corrective-action plan, which governance action best establishes who may approve a change to the enterprise data dictionary?

- A. Let each department edit definitions independently
- B. Wait for annual committee meetings to address changes
- C. Assign a data steward with documented decision authority
- D. Allow the EHR vendor to determine local terminology

137. While developing a corrective-action plan, which record-management practice most directly supports the legal health record definition?

- A. Maintain an approved inventory of record components and sources
- B. Include every draft and personal note automatically
- C. Allow clinicians to decide individually after each request
- D. Use billing records as the only source of truth

138. While developing a corrective-action plan, a department wants to improve data quality before using a registry for reporting. What should it do first?

- A. Build a dashboard before reviewing source data
- B. Publish results and correct errors later
- C. Replace all historic records without analysis
- D. Define the data elements, valid values, and completeness rules

139. While developing a corrective-action plan, when responding to a request for protected health information, what is the most appropriate first step?

- A. Send the full chart because the requester is known
- B. Ask the requester to choose only diagnostic codes
- C. Remove every identifier regardless of the purpose
- D. Verify the requester and the authority for the disclosure

140. While developing a corrective-action plan, which control best supports the minimum necessary principle?

- A. Give all employees the same read-only access
- B. Allow staff to browse records for training
- C. Limit access based on job role and assigned function
- D. Grant broad access until an audit finds misuse

- 141.** While developing a corrective-action plan, a privacy incident is reported. Which action should occur first?
- A. Delete audit logs to prevent further access
 - B. Preserve facts and begin a documented incident assessment
 - C. Notify every patient before reviewing the event
 - D. Wait until the next compliance committee meeting
- 142.** While developing a corrective-action plan, which measure best describes the percentage of eligible records that contain a required element?
- A. Completeness rate
 - B. Case-mix index
 - C. Readmission rate
 - D. Average length of stay
- 143.** While developing a corrective-action plan, which visualization is most appropriate for showing a monthly trend over one year?
- A. A line chart with months on the horizontal axis
 - B. A pie chart showing one month only
 - C. A narrative paragraph without numbers
 - D. A random sample of individual patient charts
- 144.** While developing a corrective-action plan, a dashboard has conflicting values for the same metric. What should the analyst investigate first?
- A. The color scheme used by the dashboard
 - B. The metric definition and data lineage for each display
 - C. Whether users prefer one value over another
 - D. Whether the report can be printed faster
- 145.** While developing a corrective-action plan, what is the primary purpose of a chargemaster maintenance process?
- A. Replace clinical documentation review
 - B. Eliminate the need for claim edits
 - C. Determine every patient diagnosis automatically
 - D. Keep charge descriptions, codes, and prices current and controlled

146. While developing a corrective-action plan, a claim is denied because required information is missing. What is the best initial revenue-cycle response?

- A. Resubmit the identical claim repeatedly
- B. Write off the balance without review
- C. Identify the root cause and correct the responsible workflow
- D. Change the patient record without evidence

147. While developing a corrective-action plan, which practice best supports coding compliance?

- A. Select codes solely to maximize payment
- B. Copy prior codes without reviewing the encounter
- C. Use complete documentation to support the assigned codes
- D. Assign a diagnosis before the provider documents it

148. While developing a corrective-action plan, which action best demonstrates effective change management during an EHR workflow redesign?

- A. Announce the change after implementation
- B. Ignore concerns to maintain the project schedule
- C. Train only managers because they supervise users
- D. Engage affected users early and address workflow impacts

149. While developing a corrective-action plan, a manager must address a persistent performance gap. What is the best first action?

- A. Clarify the expected standard and review objective evidence
- B. Assume the employee understands the concern
- C. Discuss the issue publicly with the team
- D. Change the standard after evaluating the employee

150. While developing a corrective-action plan, which measure is most useful for evaluating whether staff education improved a process?

- A. Count how many slides were used in training
- B. Compare the defined performance measure before and after training
- C. Ask only whether attendees liked the instructor
- D. Measure an unrelated organizational outcome

PRACTICE EXAM 6: ANSWER KEY AND EXPLANATIONS

- 1. A** - During a quarterly audit, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 2. B** - During a quarterly audit, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 3. D** - During a quarterly audit, the best response is to define the data elements, valid values, and completeness rules. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 4. A** - During a quarterly audit, the best response is to verify the requester and the authority for the disclosure. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 5. C** - During a quarterly audit, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 6. B** - During a quarterly audit, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 7. D** - During a quarterly audit, the best response is to completeness rate. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 8. B** - During a quarterly audit, the best response is to a line chart with months on the horizontal axis. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 9. A** - During a quarterly audit, the best response is to the metric definition and data lineage for each display. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 10. C** - During a quarterly audit, the best response is to keep charge descriptions, codes, and prices current and controlled. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 11. B** - During a quarterly audit, the best response is to identify the root cause and correct the responsible workflow. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.
- 12. A** - During a quarterly audit, the best response is to use complete documentation to support the assigned codes. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

one presented.

13. D - During a quarterly audit, the best response is to engage affected users early and address workflow impacts. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

14. C - During a quarterly audit, the best response is to clarify the expected standard and review objective evidence. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

15. A - During a quarterly audit, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

16. C - At a multi-site health system, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

17. B - At a multi-site health system, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

18. D - At a multi-site health system, the best response is to define the data elements, valid values, and completeness rules. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

19. C - At a multi-site health system, the best response is to verify the requester and the authority for the disclosure. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

20. A - At a multi-site health system, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

21. D - At a multi-site health system, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

22. B - At a multi-site health system, the best response is to completeness rate. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

23. B - At a multi-site health system, the best response is to a line chart with months on the horizontal axis. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

24. C - At a multi-site health system, the best response is to the metric definition and data lineage for each display. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and

audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

25. D - At a multi-site health system, the best response is to keep charge descriptions, codes, and prices current and controlled. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

26. A - At a multi-site health system, the best response is to identify the root cause and correct the responsible workflow. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

27. C - At a multi-site health system, the best response is to use complete documentation to support the assigned codes. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

28. A - At a multi-site health system, the best response is to engage affected users early and address workflow impacts. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

29. D - At a multi-site health system, the best response is to clarify the expected standard and review objective evidence. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

30. B - At a multi-site health system, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

31. D - After a merger, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

32. B - After a merger, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

33. C - After a merger, the best response is to define the data elements, valid values, and completeness rules. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

34. A - After a merger, the best response is to verify the requester and the authority for the disclosure. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

35. C - After a merger, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

36. A - After a merger, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The

other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

37. D - After a merger, the best response is to completeness rate. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

38. B - After a merger, the best response is to a line chart with months on the horizontal axis. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

39. C - After a merger, the best response is to the metric definition and data lineage for each display. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

40. A - After a merger, the best response is to keep charge descriptions, codes, and prices current and controlled. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

41. D - After a merger, the best response is to identify the root cause and correct the responsible workflow. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

42. C - After a merger, the best response is to use complete documentation to support the assigned codes. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

43. B - After a merger, the best response is to engage affected users early and address workflow impacts. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

44. A - After a merger, the best response is to clarify the expected standard and review objective evidence. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

45. D - After a merger, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

46. B - When a new workflow is proposed, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

47. B - When a new workflow is proposed, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

48. C - When a new workflow is proposed, the best response is to define the data elements, valid values, and completeness rules. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

problem than the one presented.

49. D - When a new workflow is proposed, the best response is to verify the requester and the authority for the disclosure. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

50. A - When a new workflow is proposed, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

51. C - When a new workflow is proposed, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

52. B - When a new workflow is proposed, the best response is to completeness rate. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

53. A - When a new workflow is proposed, the best response is to a line chart with months on the horizontal axis. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

54. D - When a new workflow is proposed, the best response is to the metric definition and data lineage for each display. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

55. A - When a new workflow is proposed, the best response is to keep charge descriptions, codes, and prices current and controlled. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

56. B - When a new workflow is proposed, the best response is to identify the root cause and correct the responsible workflow. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

57. D - When a new workflow is proposed, the best response is to use complete documentation to support the assigned codes. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

58. C - When a new workflow is proposed, the best response is to engage affected users early and address workflow impacts. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

59. B - When a new workflow is proposed, the best response is to clarify the expected standard and review objective evidence. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

60. D - When a new workflow is proposed, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability,

consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

61. A - In response to a recurring variance, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

62. C - In response to a recurring variance, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

63. A - In response to a recurring variance, the best response is to define the data elements, valid values, and completeness rules. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

64. B - In response to a recurring variance, the best response is to verify the requester and the authority for the disclosure. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

65. C - In response to a recurring variance, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

66. D - In response to a recurring variance, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

67. D - In response to a recurring variance, the best response is to completeness rate. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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69. C - In response to a recurring variance, the best response is to the metric definition and data lineage for each display. This applies the core analytics and informatics principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

70. A - In response to a recurring variance, the best response is to keep charge descriptions, codes, and prices current and controlled. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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75. B - In response to a recurring variance, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

76. C - Before a system upgrade, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

77. D - Before a system upgrade, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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91. B - During preparation for external review, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

92. A - During preparation for external review, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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102. C - During preparation for external review, the best response is to use complete documentation to support the assigned codes. This applies the core revenue management principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

103. B - During preparation for external review, the best response is to engage affected users early and address workflow impacts. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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105. C - During preparation for external review, the best response is to compare the defined performance measure before and after training. This applies the core management and leadership principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

106. D - When a cross-functional team meets, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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121. A - After users report inconsistent results, the best response is to assign a data steward with documented decision authority. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

122. D - After users report inconsistent results, the best response is to maintain an approved inventory of record components and sources. This applies the core information governance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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125. A - After users report inconsistent results, the best response is to limit access based on job role and assigned function. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

126. C - After users report inconsistent results, the best response is to preserve facts and begin a documented incident assessment. This applies the core compliance principle and creates a repeatable process. It supports accountability, consistent operations, and audit review. The other choices bypass needed controls, rely on unsupported assumptions, or address a different problem than the one presented.

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