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Question: 1

A batch of laboratory results imported from an external reference lab arrives with several results the EHR flags as unmatched to any patient.

What is the specialist's role in resolving them?

- A. Update the patient's demographics in the EHR to match the identifiers the reference lab transmitted.
- B. Confirm the closest name match in the patient index and link each result there so the provider can review it today.
- C. Verify the identifiers on each result against the master patient index and link it to the correct chart.
- D. Delete the unmatched results so the interface error queue stays clear for the next import.

Answer: C

Question: 2

A clinic is working to meet the requirements of the Merit-based Incentive Payment System (MIPS). Which of the following is a primary goal of this program?

- A. To certify EHR products for security and functionality before a vendor is permitted to sell them.
- B. To pay providers an additional amount for each service billed, so that higher visit volume raises revenue.
- C. To publish a national fee schedule capping what a commercial insurer may pay a practice.
- D. To move health care toward value-based care by rewarding quality, safety, and the effective use of EHR technology.

Answer: D

Question: 3

A laboratory transmits a result flagged as a critical value and the EHR generates an alert for the ordering provider.

Which entry is most important for the record to contain?

- A. The date on which the patient's insurance eligibility was last verified for the encounter.
- B. The time the result was communicated to the provider and the follow-up action taken.
- C. The workstation and user account from which the result was first opened in the chart.
- D. The patient's preferred language, recorded so future education material prints correctly.

Answer: B

Question: 4

A patient is being discharged after a visit for "New Onset Type 2 Diabetes," and the provider wants to ensure the patient has educational materials.
How can the EHR assist this clinical task?

- A. By purging the patient's older encounter documents so the new education material displays first.
- B. By printing a list of nearby grocery stores and gyms from the practice's community resource directory.
- C. By providing "Patient Education" links or documents within the "Plan" section based on the diagnosis code entered.
- D. By transmitting the diagnosis to the local public health department so that outreach and education materials are mailed to the patient directly.

Answer: C

Question: 5

A provider asks the CEHRS specialist to add a new referring physician to the EHR's internal database. Which of the following is the most important reason to verify the referring physician's National Provider Identifier (NPI)?

- A. To store a mailing address for routine correspondence.
- B. To facilitate accurate electronic transmission of claims and referrals.
- C. To create a login so the referring physician can open the charts of shared patients here.
- D. To confirm which health plans the referring physician currently participates in.

Answer: B

Question: 6

A walk-in patient tells the front desk she has never been to this office but was seen last year at the practice's other clinic across town, which runs on the same electronic health record.
What should the specialist do before creating a record for today's visit?

- A. Ask the patient to sign a records release so the other clinic's chart can be requested and scanned in today.
- B. Register the patient here and ask the other clinic to send over all of last year's chart notes.
- C. Register the patient at this location now and let the system's overnight duplicate-matching process link the two records afterward.

D. Search the master patient index across all of the practice's locations, because one record follows the patient between the clinics.

Answer: D

Question: 7

Before an elective surgery a patient asks how much they will personally owe.
What should the specialist produce from the record and the payer response?

- A. An estimate of the patient's own liability, calculated from the remaining deductible and the coinsurance in their benefits.
- B. The balance already outstanding on the patient's account from visits earlier in the year.
- C. A copy of the practice's full fee schedule for surgical services, so the patient can compare.
- D. The total amount the facility intends to charge for the surgery, before any plan adjustment.

Answer: A

Question: 8

In which situation may a patient's protected health information be shared without the patient's specific written authorization?

- A. When a life insurance company requests records in order to underwrite a new policy the patient applied for.
- B. When an employer requests the result of an employee's drug screen, for hiring, or for fitness-for-duty review.
- C. When the disclosure is for treatment, for payment, or for the practice's health care operations.
- D. When a pharmaceutical company requests a patient list, for marketing, or for post-market surveillance.

Answer: C

Question: 9

While supporting end users, a CEHRS specialist notices that a medical assistant routinely copies an entire progress note from a previous visit into the current encounter.
Why should the specialist advise against this practice?

- A. It duplicates the encounter in the billing queue, so the visit is submitted twice and then has to be reversed and rebilled.

- B. It produces note bloat and carries outdated or inaccurate clinical information forward into the current encounter.
- C. It overwrites the earlier note, so the original visit can no longer be viewed or printed from the chart.
- D. It consumes storage and slows the database, which is why systems cap the length of a note.

Answer: B

Question: 10

What is the primary advantage of exchanging records through a health information exchange rather than by fax?

- A. Discrete data such as laboratory values can be filed into the patient's record instead of arriving as an image.
- B. Documents are delivered faster, which is what makes exchanged records more useful than faxed pages.
- C. Patient matching becomes automatic, so identity no longer has to be confirmed on the receiving end.
- D. A signed authorization is no longer needed for any disclosure, including those unrelated to care.

Answer: A

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