



2024
COMPLIANCE, FWA, HIPAA TRAINING

Name: _____

Date: _____

Department: _____

General Compliance Quiz

1. Compliance is the responsibility of the Compliance officer, Compliance Committee, and Upper Management only.
 - a) True
 - b) False
2. What is the policy of non-retaliation?
 - a) Allows the sponsor to discipline employees who violates the Code of Conduct
 - b) Prohibits management and supervisor from harassing employees for misconduct
 - c) Protects employees who, in good faith, report suspected non-compliance
 - d) Prevents fights between employees
3. Medicare Parts C & D plan sponsors are not required to have a compliance program.
 - a) True
 - b) False
4. At a minimum, an effective compliance program includes four core requirements.
 - a) True
 - b) False
5. Code of Conduct are the same for every Medicare Parts C and D Sponsor.
 - a) True
 - b) False
6. What are some of the consequences for non-compliance, fraudulent, or unethical behavior?
 - a) Disciplinary action
 - b) Termination of Employment
 - c) Exclusion from participating in all Federal health care programs
 - d) All the above

Fraud, Waste, and Abuse (FWA)

1. Which of the following requires intent to obtain payment and the knowledge the actions are wrong?
 - a) Fraud
 - b) Abuse
 - c) Waste
2. Which of the following is NOT potentially a penalty for violation of a law or regulation prohibiting fraud, waste, and abuse (FWA)?
 - a) Civil Monetary Penalties
 - b) Deportation



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- c) Exclusion from participation in all Federal health care programs
3. A person drops off a prescription for a beneficiary who is a “regular” customer. The prescription is for a controlled substance with a quantity of 160. This beneficiary normally receives a quantity of 60, not 160. You review the prescription and have concerns about possible forgery. What is your next step?
- Fill the prescription for 160
 - Fill the prescription for 60
 - Call the prescriber to verify the quantity
 - Call the Sponsor’s compliance department
 - Call law enforcement
4. Your job is to submit a risk diagnosis to the Centers for Medicare & Medicaid Services (CMS) for the purpose of payment. As part of this job, you use a process to verify the data is accurate. Your immediate supervisor tells you to ignore the Sponsor’s process and to adjust or add risk diagnosis codes for certain individuals. What should you do?
- Do what your immediate supervisor asked you to do and adjust or add risk diagnosis codes
 - Report the incident to the compliance department (via compliance hotline or other mechanism)
 - Discuss your concerns with your immediate supervisor
 - Call law enforcement.
5. You oversee paying claims submitted by providers. You notice a certain diagnostic provider (“Doe Diagnostics”) requested a substantial payment for many members. Many of these claims are for a certain procedure. You review the same type of procedure for other diagnostic providers and realize Doe Diagnostics’ claims far exceed any other provider you reviewed. What should you do?
- Call Doe Diagnostics and request additional information for the claims
 - Consult with your immediate supervisor for next steps or contact the compliance department (via compliance hotline, Special Investigations Unit [SIU], or other mechanism)
 - Reject the claims
 - Pay the claims
6. You are performing a regular inventory of the controlled substances in the pharmacy. You discover a minor inventory discrepancy. What should you do?
- Call local law enforcement
 - Perform another review
 - Contact your compliance department (via compliance hotline or other mechanism)
 - Discuss your concerns with your supervisor
 - Follow your pharmacy’s procedures
7. Ways to report compliance issues/potential fraud, waste, and abuse (FWA)/HIPAA include
- Anonymously Telephone hotlines/Report via website
 - Internal mailbox/In-person reporting to the compliance department/your supervisor
 - Call 1-800-Medicare
 - USPS Mail/Fax



- e) A, B, D
8. Any person who knowingly submits false claims to the Government is liable for five times the Government's damages caused by the violator plus a penalty.
- a) True
 - b) False
9. Bribes or kickbacks of any kind for services that are paid under a federal health care program (which includes Medicare) constitute fraud by the person making as well as the person receiving them.
- a) True
 - b) False
10. Waste includes any misuse of resources, such as the overuse of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program.
- a) True
 - b) False
11. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly or intentionally misrepresented facts to obtain payment.
- a) True
 - b) False

HIPAA

1. The primary federal law pertaining to medical information privacy is:
- a) American Recovery and Reinvestment Act (ARRA)
 - b) Health Insurance Portability and Accountability Act (HIPAA)
 - c) Health Information Technology for Economic and Clinical Health Act (HITECH)
 - d) All the above
 - e) None of the above
2. What is PHI?
- a) Protected Health Identifier
 - b) Patient Health Insurance
 - c) Protected Health Information
 - d) Privacy Health Information
3. HIPAA is needed for:
- a) Protection of personal health information and our rights with respect to that information and to prevent fraud abuse
 - b) Ability to provide health insurance to everyone and cut the cost of insurance
 - c) Improvement of the economy in the United States and to eliminate the need for health care insurance
 - d) Prevention of infections and to lower the cost of prescription drugs
 - e) None of the above
4. Protected Health Information, PHI can include which of the following:



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- a) Name
 - b) Date of birth
 - c) Medical record number
 - d) Message or issue
 - e) Diagnosis
 - f) Admission date, time, and reason
 - g) All the above
5. The HIPAA Privacy Rule protects all PHI, electronic, verbal and written.
- a) True
 - b) False
6. My responsibility under HIPAA includes:
- a) Handling PHI as if it were my own
 - b) Disposing of scrap paper and other documents with PHI by shredding or confidential disposal
 - c) Accessing PHI, only the minimum necessary, to do my job
 - d) Discussing potential violations or any HIPAA concerns with my supervisor, manager, or the designated HIPAA Privacy/Security Official
 - e) All the above
7. What is a privacy breach?
- a) A team member fails to maintain confidentiality by discussing patient health information on social media
 - b) Lab results are sent to the wrong patient or recipient
 - c) A laptop or Smartphone containing electronic PHI is lost or stolen – and the device is not encrypted
 - d) A computer hacker gains access to systems that contain PHI
 - e) All the above
 - f) None of the above
8. An example of a Business Associate of a HIPAA covered entity is:
- a) An answering service
 - b) A contractor providing IT services and support
 - c) A transcription services
 - d) Collection and billing vendors
 - e) All the above