

The Health Care Compliance Professional's Manual
Questions for Readers
Intro & Basics of the Law to Antitrust Laws
(Possible 12 Continuing Education Units with 75% correct)

1. Name two benefits of a Compliance Program?
2. The name of a private person bringing a civil action in the name of the U.S. is _____.
3. Medicare Part A pays primarily for _____.
4. What are the 4 subcomponents of patient history?
5. The health record is a _____ document.
6. What does RICO stand for? What is required to show a pattern?
7. What is the minimum amount a provider can obtain from Medicare/Medicaid in a false claim before provider can be found guilty of money laundering?
8. What does FCA stand for?
9. What does ADA stand for? When did it become law?
10. What does ADEA stand for?
11. What does FSLA stand for?
12. What does the Equal Pay Act govern?
13. What does FMLA stand for and what does it govern?
14. What does ORT stand for?
15. What is published each year by the OIG relating to government enforcement trends?
16. When and why was the Sarbanes-Oxley Act signed into law?

True or False

17. The government is not required to prove actual intent to submit false claims to establish liability under the False Claims Act.
18. Mail Fraud is a federal law that is frequently used to prosecute false health care claims.

19. Sarbanes-Oxley requires a company to disclose whether or not it has adopted a code of ethics for its principal accounting officer or controller.

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Patient Record to Medical Necessity

1. A patient's medical record consists of four types of data. What are they?
2. Medicare requires a hospital to retain the original record or a legally reproduced form for a period of _____years.
3. What does HIPAA stand for and when was it enacted?
4. Define disclosure.
5. What is the definition of *refraining from intimidating or retaliatory acts*?
6. What is the difference between the Security Rule and the Privacy Rule?
7. When dealing with electronic protected health information the risk analysis must be performed with respect to what three safeguards?
8. What type of compensation to physicians is most likely to raise "reasonableness" concerns with the IRS?
9. Briefly describe the Anti-kickback Statute.
10. Who is the OIG?
11. What is the essence of the attorney-client privilege?
12. The U.S. Sentencing Commission's publication of its Organizational Sentencing guidelines happened in what year? In what year was it revised?
13. A director may not place his individual interests above the corporation. What is this called?
14. What does FOIA stand for?
15. What is PHI?
16. It is important for providers & their compliance personnel to be aware that failure to maintain adequate documentation to support service claims could leave a provider open to potential_____.

17. What does ABN stand for?

True or False

18. The Anti-kickback statute is a criminal statute as opposed to a civil statute.

19. EMTALA is also known as the “anti-dumping” law.

20. The Sarbanes-Oxley Act covers both publicly traded and non-profit organizations.

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Overview of OIG to Risk Assessment

1. Whistleblower provisions allows for up to _____ percent of government recoveries.
2. A valuable document to the Compliance Officer in identifying potential high risk areas is the _____.
3. _____ is the key in demonstrating that an organization has a sufficient compliance program.
4. On what three principal types of sanctions does the Federal Sentencing Guidelines rely?
5. Briefly describe the seven steps required at minimum to satisfy due diligence.
6. What does PATH stand for?
7. What does CIA stand for with regards to compliance? What is a CIA?
8. What is the difference between a declaration and a CIA?
9. What is the definition of “overpayment”?
10. What are three reporting obligations?
11. Name five resources you may use to lay the foundation of an assessment program?
12. A health care provider cannot conduct a risk assessment without knowing the parameters of what is considered _____ or _____ activity.

13. An effective method for discovering and evaluating an organization's compliance risk areas is to perform a _____.
14. _____ is the use of telecommunications to provide medical information and services.
15. When are services considered "incident to" a physician's service?

True or False

16. Ideally, an organization should engage in a comprehensive risk assessment process at least once every five years.
17. The annual report to the OIG must be submitted within 60 days after the first anniversary of the effective date of the Corporate Integrity Agreement.

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Elements of Compliance Programs to Compliance Officers and Infrastructure

1. Name the internal audience for whom the organization's written standards and procedures will be significant.
2. No policy or procedure has any hope of being effective if it is not _____ and _____ by those subject to it.
3. Why does a company need a compliance officer?
4. An effective compliance program requires taking _____ to prevent and detect violations of the law.
5. Name five elements to consider when performing a background verification.
6. What is the key role of the compliance officer?
7. What is JCAHO?
8. The Office of Inspector General has indicated that a medical record needs to identify what four things?
9. It is recommended in the HCCP manual to train new employees within _____ (days / months) of employment?

10. The OIG Compliance Guidance website is _____?
11. Who has the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs individuals and entities who have engaged in fraud or abuse, and to impose civil money penalties for certain misconduct related to Federal health care programs.?
12. Name two ways to keep the compliance message in front of employees.
13. Name five topics included in a base audit.
14. What should be the position of the compliance officer in an organization?
15. What are the typical duties of the compliance committee?
16. What personal characteristics are needed in a compliance officer?
17. How can a qui tam relator use FOIA to its advantage?

True or False

18. The OIG does NOT mandate a code of conduct.
19. There are very definitive standards on how to select a compliance officer and what her background should be.
20. Credentialing is the review process of obtaining, verifying, and assessing the qualifications of a medical staff member.

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Hiring and Delegating Responsibility to HIPAA Privacy Rules

1. Performing _____ is a fundamental step in the hiring process for health care facilities.
2. Name five elements to consider for background verification for all new job offers.
3. Name five elements that should be included on the signed authorization for release of information.
4. What programs does an exclusion cover?
5. Medical Staff Bylaws must be approved by the _____ to become effective.

6. Why is the credentialing process conducted?
7. Who does the OIG recommend the Compliance Officer train annually in a general compliance training session?
8. It is wise for a compliance program to develop a _____ process, to ensure that regular, or trend, reporting can be analyzed and presented to the board.
9. Name five functions that may be audited.
10. Name the four reporting mechanisms for reporting compliance issues?
11. What is crucial for the reporting system to be effective?
12. _____ policies are designed to reassure employees that no adverse activity will arise as the result of an employee making a “good faith” report to the compliance office.
13. When communicating with employees about their rights and responsibilities if contacted by the government, providers should encourage employees to report what five things to the investigative team.
14. What is the best way to discipline agents of your organization who have violated compliance policies?
15. You can organize your Compliance Program Manual by using elements of what?
16. Define Compliance Program.

True or False

17. Employees do not have the right to refuse interview requests by government agents.
18. A self-assessment will be preventative and be specific to each organization type.
19. The Board of Directors should create the compliance plan.

See page 6 for submission form



HEALTHCARE COMPLIANCE CERTIFICATION BOARD
The Health Care Compliance Professional's Manual
Continuing Education Form

Please complete this form and return to the CCB office. You will receive **twelve** (12) CEU for answering the Health Care Compliance Professional's Manual publication questions that may be used towards exam or re-certification continuing education requirements. Fill out this form and please **fax to: Certification Coordinator at 952-988-0146 or mail to address below:**

6500 Barrie Road, Suite 250
Minneapolis, MN 55435

CONTACT INFORMATION

Applicant Name _____

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Phone _____ Fax _____ E-mail _____

ATTENDANCE VERIFICATION

By signing below, I certify that I have read the HCCA publication that relates to the questions I have answered above. I further certify I will cooperate with CCB in all administrative functions related to the accreditation of this program and its subsequent recognition as a program fulfilling candidate requirements for CCB certification.

Signature _____ Date _____