



Complete Healthcare Compliance Manual

This form should only be used to submit as attestation of having read *Complete Healthcare Compliance Manual* offered by the Health Care Compliance Association (HCCA) for CCB Continuing Education Units (CEUs). This quiz is worth a possible 12.0 non-live CCB CEUs with a 75% passing grade. CCB certification staff will review and process your submission within four weeks. You may view your account activity online at hcca-info.org/my-ceus. **Please note you only have one attempt to take this quiz.**

Return completed form and answers to:

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Questions: Contact CCB using the information above.

PERSONAL INFORMATION

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*Last Name

Middle Name

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**DENOTES REQUIRED FIELD*

ATTENDANCE VERIFICATION

By signing below, I attest that all information included on this submission form is true and accurate. All continuing education submissions are subject to audit. Intentional or willful non-compliance with continuing education requirements may be considered grounds for revocation of certification in accordance with CCB policy.

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Possible 12.0 Continuing Education Units with 75% correct. Please answer on a separate sheet/document.

1. The U.S. Federal Sentencing Commission was organized in _____, published its initial set of guidelines in _____, and included chapter eight of the Federal Sentencing Guidelines for Organizations (FSGO) in _____.
 - a. 1980, 1987, 1999
 - b. 1985, 1987, 1991
 - c. 1980, 1985, 1987
 - d. 1985, 1990, 2001
2. Which is not one of the seven fundamental elements of an effective compliance program?
 - a. Implementing written policies, procedures, and standards of conduct.
 - b. Conducting effective training and education.
 - c. Developing policy guidance summaries.
 - d. Responding promptly to detected offenses and undertaking corrective action.
3. True or False: One of the primary goals of the HHS OIG is to fight fraud, waste, and abuse.
 - a. True
 - b. False
4. The largest and oldest accrediting body for healthcare organizations in the United States, which has accredited more than 22,000 organizations is:
 - a. World Health Organization
 - b. American Medical Association
 - c. The Joint Commission
 - d. National Committee for Quality Assurance
5. Without a close collaborative effort by appropriate revenue-cycle and compliance professionals to return overpayments within 60 days, a healthcare organization can violate the _____.
 - a. Health Insurance Portability and Accountability Act (HIPAA)
 - b. Fraud Enforcement and Recovery Act (FERA)
 - c. Emergency Medical Treatment and Labor Act
 - d. Anti-Kickback Statute
6. The Yates Memo articulated:
 - a. That the DOJ may hold individual actors who are implicated in corporate misconduct liable for actions taken on behalf of the corporation.
 - b. That the DOJ would not hold individual actors who are implicated in corporate misconduct liable for actions taken on behalf of the corporation.
 - c. That the DOJ may not hold physicians who are implicated in corporate misconduct liable for actions taken on behalf of the corporation.
 - d. That the DOJ may only hold corporations implicated in corporate misconduct liable for the misconduct.
7. All boards have three fiduciary duties: duty of care, duty of loyalty, and _____.
 - a. Duty to the shareholders
 - b. Duty of confidentiality
 - c. Duty of obedience
 - d. None of the above

8. True or False: A risk assessment is a one-time event that does not necessarily need to be conducted periodically as a comprehensive assessment.
 - a. True
 - b. False
9. A number of standard components are usually included in codes of conduct, the most common components are the following EXCEPT:
 - a. Non-retaliation promise
 - b. Auditing status
 - c. Organization's values
 - d. Details on reporting misconduct
10. Which of the following can be utilized to increase employee's awareness and engagement with a compliance program?
 - a. Motto
 - b. Mascot
 - c. Mission statement
 - d. All of the above
11. What are some of the kinds of compliance training sessions a compliance professional should hold?
 - a. Individualized training
 - b. New board member training
 - c. Employee handbook training
 - d. Both A and B
12. An internal reporting system has several benefits including the following EXCEPT:
 - a. Detecting an offense early
 - b. Identifying and punishing whistleblowers
 - c. Providing an organization time to review and investigate a matter
 - d. Building trust with the organization's employees
13. How often does The U.S. Department of Health & Human Services (HHS) OIG publish the OIG Work Plan?
 - a. Annually
 - b. Bi-annually
 - c. Monthly
 - d. Weekly
14. Auditing and internal monitoring are both processes to measure program effectiveness and detect criminal conduct. Monitoring is a daily review of a process by an employee at any level throughout the organization, while auditing is:
 - a. A formal independent approach
 - b. An informal independent approach
 - c. A formal group approach
 - d. An informal and group approach
15. Audits can be:
 - a. Internal and external
 - b. Prospective and retrospective
 - c. Proactive and retroactive
 - d. Both A and B.



16. Key factors to consider in a compliance program assessment include review of existing policies, practices, procedures, and _____ related to the prevention of fraud, waste, and abuse.
 - a. Internal Controls
 - b. Guidelines
 - c. Programs
 - d. External Controls
17. A personnel evaluation assessment measures both the employee's leadership actions in promoting the company's code of conduct and ethical business practices and the employee's intrinsic virtue and personal sense of values.
 - a. True
 - b. False
18. Which is not one of the six phases of Corrective Action Plans (CAPs)
 - a. Identification
 - b. Investigation
 - c. Root cause analysis
 - d. Follow-up
19. True or False: Root cause analysis is performed after an incident occurs and is considered a reactive activity.
 - a. True
 - b. False
20. The "lookback period" that providers should use when investigating an overpayment is for how long?
 - a. 2 years
 - b. 4 years
 - c. 6 years
 - d. 8 years
21. True or False: Medicare fraud investigations will decrease in the years ahead.
 - a. True
 - b. False
22. The False Claims Act is important to compliance professionals because violations expose healthcare organizations to sizeable civil penalties and damages, including _____ times the damages the government sustains as a result of the violation.
 - a. Two
 - b. Three
 - c. Four
 - d. Five
23. According to HIPAA, a healthcare provider or its business associate may disclose PHI when authorized to do so, but only to the extent necessary. This is called the:
 - a. Necessary Disclosure Rule
 - b. Authorized Disclosure Rule
 - c. Minimum Necessary Rule
 - d. None of the above



24. True or False: At this time there are no laws specifically regulating or otherwise uniquely addressing Artificial Intelligence systems.
 - a. True
 - b. False

25. Conflicts of interest between providers and industry are the greatest concern that can be identified through the Open Payments database because an individual's conflict of interest could lead to legal implications for the organization, such as:
 - a. Civil monetary penalties
 - b. Criminal charges
 - c. Lawsuits
 - d. All of the above

26. True or False: The Centers for Medicare & Medicaid Services (CMS) and the U.S. Department of Health & Human Services Office of Inspector General (OIG) have ultimate oversight responsibility for EMTALA.
 - a. True
 - b. False