

Fraud, Waste and Abuse Final Test

- 1) What is the definition of fraud?
 - a) Improper use of resources
 - b) Planned deception
 - c) Honest mistake
 - d) Thoughtless spending

- 2) A provider submits a claim with a January 12, 2009, date of service. The provider actually rendered the services on January 21, 2009. This is an example of _____.
 - a) Fraud
 - b) Waste
 - c) Abuse
 - d) Error

- 3) A subscriber inquires about an Explanation of Benefits (EOB) that shows payment to an out-of-state provider. The subscriber insists he has never been to that state. This could be the result of any of the following except:
 - a) Subscriber fraud
 - b) Provider fraud
 - c) Internal employee fraud
 - d) Unintentional error

- 4) As an employee, fraud, waste and abuse can and does affect you because:
 - a) Lost business opportunities/contracts mean layoffs/fewer jobs
 - b) Higher health care premiums mean you have to pay more for coverage
 - c) Fraud could add incorrect, damaging information to your health records
 - d) All of the above

- 5) The Anti-Kickback Statute:
 - a) Affects how and when CMS is required to release or is restricted from releasing information
 - b) Prohibits knowingly presenting (or causing to be presented) to the federal government a false or fraudulent claim for payment or approval
 - c) Protects the privacy of an individual's identity and medical records
 - d) Provides penalties for individuals or entities that knowingly and willfully offer, pay, solicit or receive remuneration in order to induce or reward business reimbursed under the Medicare or other federal health care programs

- 6) If you knowingly submit false information to the government in order to receive payment for a fraudulent claim, you are in violation of [the] _____.
 - a) False Claims Act
 - b) Health Insurance Portability and Accountability Act (HIPAA)
 - c) Anti-Kickback Statute
 - d) Freedom of Information Act

7) Which of the following could happen if you fail to report a fellow employee who is falsifying reports?

- a) Someone else could turn them in and name you as a conspirator.
- b) The company could face large penalties resulting in layoffs.
- c) The company could lose the contract.
- d) All of the above

8) To use, consume, spend or expend thoughtlessly or carelessly is the definition of:

- a) Fraud
- b) Waste
- c) Abuse
- d) Error

9) Understanding the importance of preventing and/or reporting fraud, waste and abuse goes hand in hand with understanding:

- a) Laws and regulations such as HIPAA and the False Claims Act
- b) Compliance
- c) Both of the above
- d) Neither of the above

10) The _____ prohibits knowingly using (or causing to be used) a false record or statement to get the federal government or its agents to pay a false or fraudulent claim.

- a) False Claims Act
- b) Anti-Kickback Statute
- c) Freedom of Information Act
- d) HIPAA

11) If your manager or supervisor is unavailable and you need to report a suspected violation, you should:

- a) Call the FBI
- b) Call Human Resources
- c) Contact your Compliance Officer

12) According to the laws reviewed in this course, which of the following is a penalty for committing fraud?

- a) Fines ranging from \$10,000 to \$250,000
- b) Civil and criminal charges
- c) Revoked licenses
- d) All of the above

13) An unintentional inaccuracy would be considered:

- a) Fraud
- b) Waste
- c) Abuse
- d) Error

14) The submission of intentionally deceptive claims or documentation for health care services not rendered that result in benefit payment would be considered:

- a) Error
- b) Fraud
- c) Abuse
- d) None of the above

15) As employees, it is our responsibility to follow procedures dealing with information security, minimum necessary disclosure and the security of our systems that store private data.

This is stated in which law?

- a) False Claims Act
- b) HIPAA
- c) Anti-Kickback Statute
- d) Freedom of Information Act

16) A provider alters the dates of service on a claim form to conceal the fact that he is refilling a prescription on a biweekly rather than a monthly basis.

This is an example of:

- a) Fraud
- b) Waste
- c) Abuse
- d) Error

17) It is in your best interest to report suspected fraud, waste or abuse you've witnessed because:

- a) Fraud, waste and abuse increase the cost of health care and all related costs.
- b) You could be implicated in the deception if you are aware of it and fail to report it.
- c) As an employee, it is your responsibility to report it.
- d) All of the above

18) A Medicare beneficiary is denied his or her right to appeal or denied a timely appeal.

This is an example of:

- a) Duplicate premiums
- b) Appeals process handled incorrectly
- c) Delinquent reimbursements

19) Inappropriate billing practices include which of the following:

- a) Billing for non-existent prescriptions
- b) Billing multiple payers for the same prescriptions
- c) Billing for brand name when generics are dispensed
- d) All answers are correct

20) An example of identity theft is:

- a) Perpetrator uses another person's Medicare card to get prescriptions
- b) Billing for non-existent prescriptions
- c) Beneficiary falsely reports loss or theft of drugs or fakes an illness to get drugs for resale on black market