

## **HIPAA/Fraud Waste and Abuse/Compliance Training Attestation and Post Test**

NAME \_\_\_\_\_ Date \_\_\_\_\_

1. For the purposes of HIPAA, Valley Medical Group is considered a:

- Covered Entity
- Business Associate
- Both

2. The following statement best summarizes the Minimum Necessary Rule:

- Staff members should only access patient records when they are working with that patient or completing tasks for that patient
- Any healthcare worker can access any record at any time because all healthcare workers are bound by confidentiality rules.
- HIPAA laws have designated that covered entities can determine the minimum necessary number of business associates that they maintain.

3. Of the following scenarios please determine if they are Medicare Fraud, Waste or Abuse.

- Billing for unnecessary Services, Treatments, Procedures
- Billing for appointments patients did not keep
- Ordering/Performing a duplicate Test/Procedure
- Purposely submitting false claims for services

4. Where should Medicare Providers and their staff report Medicare Fraud?

- CMS Hotline: 1-800-MEDICARE
- Medicare Fraud Strike Force 1-800-NOFRAUD
- Office of Inspector General (OIG) 1-800-HHS-TIPS

5. Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

- True
- False

6. An effective Compliance Program will include the following components:

- Attorneys on retainer with knowledge of federal and state compliance regulations
- Written policies and standards of conduct, compliance committee, designated compliance officer, and effective training and education for all staff.
- Confidentiality Agreements, Business Association Agreements, written contracts with Centers for Medicare and Medicaid Services.

7. Who is the VMG Compliance Officer?

- Henry Simkin
- Joel Feinman
- Amy Rice

Signature \_\_\_\_\_

**This Post Test serves as attestation that I have read and completed annual training for:  
HIPAA, Fraud Waste and Abuse, and Compliance**