

Quiz Related to OIG Podcasts – Compiled by James

1. The OIG's mission is to:
 - A. Ensure that all request for payment codings are accurate.
 - B. Determine HIPAA regulations are followed.
 - C. Fight fraud, waste & abuse in the Medicare/Medicaid programs.
 - D. See that abusers go to prison.

2. How does the OIG partner with providers:
 - A. Ensuring the rules are followed & promoting a culture of compliance.
 - B. Helping providers avoid costly programs & assessing and managing risk
 - C. Recommending improvements to internal controls and systems.
 - D. All of the above

3. Health care boards play a vital role in health care organizations? (True/False)

4. From a Compliance perspective, the three key roles of a health care board member are
 - A. Ensuring hiring practices are maintained & are fair.
 - B. Compliance oversight, structuring the compliance program & evaluating the effectiveness of our standards/processes
 - C. Reviewing all contracts, physician WRVUs, and potential litigation
 - D. Evaluating the design and implementing the compliance program.

5. The OIG does have a location on their website where anyone can report fraud to the OIG? (True/False)

6. If you do chose to provide information to the OIG regarding Fraud, you - as the reporter- can obtain updates:
 - A. Weekly
 - B. Monthly
 - C. Quarterly
 - D. Not at all - the OIG cannot provide updates on how the investigation is going.

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7. The OIG has a process to report "conduct that may violate the federal fraud & abuse laws". To report such conduct, use the:

- A. CMS website
- B. Provider Self-Disclosure Protocol
- C. State's Attorney General website
- D. HHS website

8. Keeping Federal health care program payments that you should not have obtained can create additional liability under:

- A. The False Claim Act & the Civil Monetary Penalties Law
- B. The False Claims Act & the Physicians Law
- C. The Anti-kickback Statute
- D. Stark Law & Whistleblower Protection Act

9. Re disclosures to the OIG, the OIG website issues providers instructions on how to submit a disclosure. The most common issue providers do disclose include:

- A. Billings for items/services furnished by excluded individuals
- B. Evaluation & management services
- C. DRG upcoding, duplicate billing, alteration or falsification of records
- D. Stark law violations and kickbacks
- E. All of the above

10. For those coming forward and disclosing negative conduct proactively, the OIG provides incentives (True/False)

11. Proper documentation in patients' medical records & in claims is important for this/these reason(s):

- A. 3 D's --Get the dollars, detail & the documentation correct
- B. 3 P's --Protect the programs, protect the patients and protect the provider
- C. In order to get reimbursed

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12. In order to Implement An Effective Compliance Program, the following must exist:
- A. Foster a culture of compliance & support the compliance function with your attitude
 - B. Create useful policies & procedures and train your staff
 - C. Offer training often and attend conferences with networking opportunities regarding enforcement trends
 - D. Promote communication and appropriate corrective action/remaining compliant
 - E. All of the above
13. Common Health care risk areas:
- A. Coding
 - B. Contracts
 - C. Quality of care
 - D. None of the above
 - E. All of the above
14. An effective compliance program can:
- A. Guarantee you won't have OIG issues
 - B. Enhance your organization's operations, improve quality of care & reduce overall costs
 - C. Increase employee retention and reduce visit from CMS outsourced 3rd parties
 - D. Increase physician and coder satisfaction
15. The OIG does not provide compliance guidance but instead rely on questions from providers (True / False)
16. "CPG's" released by the OIG are tailored to specific health care sectors and provide principles to follow when coming up with a program that best suits your organization's needs. CPG stand for:
- A. Compliance Process Generated
 - B. Compliance Program Guidances
 - C. Compliance Planning Global
 - D. None of the above
17. Advisory opinions that the OIG issues represent:
- A. A special process that allows parties to seek formal and binding legal guidance
 - B. Offer legal protection from the prosecution for ONLY the party that made the request
 - C. Can serve as excellent guidance - using consistent analysis to consistent facts
 - D. All the above

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18. Any entity submitting a claim to Medicare in violation of the Stark Law:
- A. Does not owe back any portion of the revenue because of the self-report
 - B. Owes back only the portion not "medically necessary"
 - C. Owes back the entire amount of the claim; even if the patient received the services and the services were "medically necessary"
19. The Stark Law is intended to prohibit improper referral relationships that can harm the Federal health program beneficiaries. The Stark Law accomplishes this purpose by:
- A. Clarifying that it is not appropriate for a provider to pay for a physician's annual IT services
 - B. Providing a physician from referring (or even submitting a claim) Medicare patients to certain entities which the physician-or immediate family members- has a prohibited financial relationship
 - C. Allowing the physician to get an Advisory Opinion after accepting the referral
20. Using the Stark Law Analysis, a provider can obtain guidance re whether or not they may or may not have a Stark Law violation (True/False)
21. Examples of health care claims that may be False Claims Act related include:
- A. Only if the act was a non-innocent billing mistake
 - B. Claims where the provider knew or should have known were false or fraudulent
 - C. Only if the claims was presented over 60 days ago
22. A violation to the Federal Anti-kickback statute is ALWAYS a CRIMINAL violation. (True/False)