HCCA- CHC EXAM, PRACTICE EXAM AND STUDY GUIDE NEWEST 2024 ACTUAL EXAM 500+ QUESTIONS AND CORRECT DETAILED ANSWERS WITH EXPLANATIONS (VERIFIED ANSWERS) |ALREADY GRADED A+

True or False:
The ACA requires that all providers adopt a compliance plan as a condition of enrollment with

Medicare, Medicaid, and Children's Health Insurance Program (CHIP). ✓✓True

ref. ACA section 6102

According to HHS-OIG - what are three important reasons for proper documentation in

Compliance? (hint: protections) ✓✓1.Protect our programs

2.Protect your patients

3.Protect the Provider

FRAUD is intentional (knowingly/willfully);

WASTE is overuse/misuse of resources carelessly;

ABUSE on the other hand, does not require poof of intent, but it's improper practice leading to unnecessary expenses

A provider intentionally upcodes services to a higher level in order to receive a larger reimbursement from Medicare/Medicaid. Is this violation fraud, abuse, or neither? a. Fraud

b. Abuse

c. Neither ✓✓a. Fraud

Upcoding - is a type of fraud (knowing/intentionally) coding more expensive codes for higher reimbursement

What is true about Medicaid Integrity Programs:

a. established by the DRA of 2005
b. federally administered and state monitored

c. audited by MACs

d. created to combat Medicare provider FWA ✓✓a. established by the DRA of 2005 (section 6034)

✓✓a. No, a CLIA number is not required if the facility only collects specimens and performs no testing.

Note: practice question from AAPC CPCO Ch6

Which certificate is issued to a laboratory that enables the entity to conduct moderate- to high-complexity laboratory testing until the entity is determined by survey to comply with the CLIA regulations

a. Certificate of Compliance

b. Certificate for Provider-performed Microscopy procedures

c. Certificate of Registration

d. Certificate of Waiver ✓✓c. Certificate of Registration.

Enables the entity to conduct moderate-to high-complexity laboratory
testing until the entity is determined by survey to be in compliance with the CLIA regulations.

Note: practice question from AAPC CPCO Ch6

Seven basic elements for a fundamental compliance program as per HCCA CHC exam? ✓✓1. Standards and Written Policies & Procedures

2. Compliance Program Admin (CO and Board oversight)

Pursuant to 42 C.F.R. §§ 422.503(b)(4)(vi), 423.504(b)(4)(vi), and as incorporated into Chapter 21, Section 30 of the "Medicare Managed Care Manual":

All sponsors are required to adopt and implement an effective compliance program, which must include measures to prevent, detect and correct Part C or D program noncompliance as well as FWA. The compliance program must, at a minimum, include the following core requirements: 1. Written Policies, Procedures and Standards of Conduct; 2. Compliance Officer, Compliance Committee and High Level Oversight; 3. Effective Training and Education; 4. Effective Lines of Communication; 5. Well Publicized Disciplinary Standards; 6. Effective System for Routine Monitoring and Identification of Compliance Risks; and 7. Procedures and System for Prompt Response to Compliance Issues.

These seven elements are functionally equivalent to the seven elements of an effective compliance plan identified by HHS-OIG in its publication, Compliance Program for Individual and Small Group Physician Practices.

What is required for a compliance program to be effective?

a. The compliance program needs to be reviewed daily for any compliance updates.

b. Regularly review and update the compliance program.

c. The compliance program must be reviewed by healthcare lawyers.

d. The compliance program needs to be reviewed weekly for any compliance updates. ✓✓b. Regularly review and update the compliance program.

State rules differ regarding background checks: 43 states require nursing homes to perform background checks against state records, 10 of those require an additional FBI background check, and eight states don't require background checks at all.

Note: practice question from AAPC CPCO Ch3
SNFs are Medicare certified facilities that provide extended skilled nursing or rehabilitative care. This care is reimbursed under which Medicare part(s)?

a. A
b. B
c. C

d. A and B ✓✓d. A and B

SNFs are typically reimbursed under Part A for the costs of most items and services, including room, board, and ancillary items and services. However, SNFs may also receive payment under Medicare Part B.

Note: practice question from AAPC CPCO Ch3

What law(s) does not require that nursing facilities conduct state FBI criminal background checks?

a. False Claims Act

b. Federal law

c. Federal and state laws

d. State law ✓✓b. Federal law

Discovery

• Full statistical audit

Probe Audit or Probe Sample, also called: ✓✓Also called Pilot or Exploratory

Ref: HCCA publication Oct 2018: https://assets.hcca-info.org/Portals/0/PDFs/Resources/Compliance_Today/1018/ct-2018-10-haney-hancock.pdf

Statistical Valid Sample - characterized by ✓✓Sample must be selected at random, no bias or distortions that can make it non-representative Can be extrapolated to make assumption about universe

Precision and confidence indicate an acceptable level of sampling error

Non-Statistical Sample - characterized by ✓✓Can't be extrapolated

Can't assure sample was selected at random

Compliance Reporting (complaints) ✓✓• Compliance Hotline or Helpline should be in place to track activity and actions taken.

FSG - Culpability Score, when calculated, this is used to determine: ✓✓Calculation of the degree of blame or guilt used to determine: base fines and offense level (as well as restitution, forfeiture, and probation provisions)

FSG - 4 Aggravating Factors to a culpability score ✓✓1. Willfully Ignorant - If an upper level employee has "participated in, condoned, or was willfully ignorant of the offense", involvement or tolerance in criminal activity

2. Prior history of misconduct - the violation is a repeat offense
3. Violation of an order or condition of probation

4. Obstruction of Justice - If the government was hindered during its investigation

FSG - 2 Mitigating Factors to a culpability score ✓✓1. Effective compliance program - If the organization had an effective compliance program, even though there was a violation (less 3 points)

2. Self-reporting - If the organization reported the violation promptly, Cooperation - If cooperated with the government investigators, and Acceptance - If accepted responsibility for the violation (less 5 points)

FSG - individual "condoned" means: ✓✓If the individual knew of the offense and did not take reasonable steps to prevent or terminate the offense.

Validate that there is in fact a violation, then you can proceed to next steps by stopping wrongdoing and getting legal involvement

If during the course of an internal investigation, the compliance officer believes the integrity of the investigation might be compromised by the continued presence of work force members who are the subject of the investigation. In the best interest of the attorney-client privilege, which action would you to take?

a. Conduct employee background checks

b. Counsel obtains employee's depositions

c. Destroy documents and other evidence

d. Re-assign employees to other responsibilities until the investigation is completed

e. All of the above ✓✓d. Re-assign employees to other responsibilities until the investigation is completed.

Explanation: he/she should recommend that such individuals be temporarily removed from their current responsibilities until the investigation is completed.

Ref. Healthcare Compliance Professional's Manual
When is an outside consultant and/or legal counsel necessary?

a. Only when an overpayment is identified.

An officer of a federal agency whose primary function is to conduct and supervise audits and investigations relating to operations and procedures over which the agency has jurisdiction ✓✓Office of Inspector General (OIG)

A non-for profit organization that develops standards and performance measures, conducts regular on-site surveys based on those standards and measures, and awards accreditation decisions for hospitals and other health care facilities ✓✓Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Guidelines issued by the OIG for the suggested development of compliance programs ✓✓Compliance Program Guidelines (CPG)

A component of the DOL that develops and administers standards relating to the well-being of work at the job site, develops and issues regulations in this area, conducts investigations and inspections to determine status of compliance with safety and health standards and regulations, and issues citations and proposes penalties for noncompliance ✓✓Occupational Safety and Health Administration (OSHA)

_means the provision, coordination, or management of health care and related services by one or more health care providers, including the coordination or management of health care by a

b. Ensure the confidentiality, integrity, and availability of all e-PHI they create, receive, maintain or transmit.

c. Identify and protect against reasonably anticipated threats to the security or integrity of the information.

d. Protect against reasonably anticipated, impermissible uses or disclosures.

c. Ensure compliance by their workforce.

e. all the answers ✓✓e. all the answers

A covered entity must designate a_____who is responsible for developing and implementing its security policies and procedures.

a. physician

b. security official

c. police officer

d. custodian ✓✓b. security official

True or False:
The HIPAA Security Rule requires a covered entity to implement policies and procedures for authorizing access to e-PHI only when such access is appropriate based on the user or recipient's role (role-based access). ✓✓TRUE

Ref. https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html

Is it acceptable for practices to call and remind patients of their appointments?

a. Yes, if it is stated in the Notice of Privacy Practices

b. Yes, if the patient has signed a waiver giving the practice permission to call

c. No, practices can no longer call and remind patients of their appointments

d. Yes, but only if the reminder calls are between 6 pm and 8 pm ✓✓a. Yes, if it is stated in the Notice of Privacy Practices

Appointment reminders are considered part of treatment of an individual and, therefore, can be made without authorization.

Note: practice question from AAPC CPCO Ch5

Health information that does not identify an individual is called_____ .

a. Cloned information

b. De-identified information

c. Re-identified information

d. Misidentified information ✓✓b. De-identified information

Note: practice question from AAPC CPCO Ch5

A privacy professional verified that a Business Associate is selling an individual's PHI. The BA can claim they were complaint with regulatory requirements if they obtained:

a. authorization from the individual

b. consent form the individual

c. authorization from the healthcare entity

d. consent from the healthcare entity ✓✓a. authorization from the individual

A clinic has patient data that an independent researcher would like to access. The researcher only needs de-identified information, but the clinic does not have the resources to strip the patients identifiers from the data being requested. The researcher does have the resources and offers to remove the identifiers before beginning the research. A privacy official should inform that it can provide the PHI to the researcher if the clinic:

a. notifies each patient whose information is disclosed

b. modifies the hospital's NPP

c. requires the researcher to obtain waiver of authorization

d. has the researcher shoe proof of privacy training ✓✓c. requires the researcher to obtain waiver of authorization

With regard to the handling of possible violations of law, OIG compliance guidance indicates that a violation may warrant IMMEDIATE notification to the government along wit commencing an internal investigation if it:

d. business relationships ✓✓d. business relationships

What Act included a new requirement that providers repay identified overpayments to Medicare and Medicaid within 60 days or be subject to penalties? ✓✓The Affordable Care Act

Payers expect all providers to refund monies that are overpayments. By law, how long does the provider have to refund overpayments once discovered?

a. A timely manner, the specific number of days is not specified

b. 60 days after receipt of overpayment

c. 60 days after identification of overpayment

d. 90 days after a request by the payer ✓✓c. 60 days after identification of overpayment.

Under Section 6402 of the ACA, a provider must refund Medicare within 60 days of identifying the overpayment.

Note: practice question from AAPC CPCO Ch2
What is the Medicare Overpayment look back period? ✓✓6 years (other timeframes may apply to other issues, Stark, AKS, harassment)

FSG suggests offering _____to those who follow the compliance and ethics program

Medicare and Medicaid programs especially in the areas of home health and patient transfers. It also mandated permanent exclusion from participation in federally funded health care programs of those convicted of three health care-related crimes

False Claim Act (FCA) ✓✓• Empowers government to investigate and bring civil action in fraud case. Implemented during Civil War to curb war time price gouging.

• Also allow private citizen to bring civil actions against an organization in the name of United States. This action provided significant incentive for the private citizen to come forward. This action is better known as Qui Tam, whistle blower. Sometimes called Lincoln's Law as it was implemented during the Civil War to protect against price gouging to the military.

1984 Sentencing Reform Act ✓✓Designed to correct inequities in deferral sentences. Includes the Federal Sentencing Guidelines that include guidance for assessing fines and detailed method for calculation of a "culpability score."

What is Fiscal Intermediary (FC) ✓✓It refers to an entity or a private company that has a contract with the center for medicare and medicaid services (CMS) to determine and to pay part A and some part B bills such as bills from hospitals, on a cost basis and to perform other related functions

a. The time frame of the samples should reflect the scope of the audit

b. A small sample should not be used because it is not statistically meaningful

c. A large sample is not necessary because there is little variability in the sample population

d. The validity of a sampling plan is contingent on having a reasonable sound compliance plan in place ✓✓b. A small sample should not be used because it is not statistically meaningful

The type of audit used to identify potential errors prior to completing the process or transaction under review is:

a. Operational audit

b. Concurrent audit

c. Retrospective audit

d. Baseline audit ✓✓b. Concurrent audit

CMS_____Programs:1. are administered by individual states2. some older adults have this program as a secondary insurance3. provides health coverage to low income families and individuals ✓✓d. None of the above

You reviewed 30 inpatient claims and the error rate was higher than the threshold that had been set, indicating possibility of a problem. To assess the seriousness of the problem, you would pull what type of sample:

a. Probe

Who should participate in developing goals and objectives for the compliance program?

A. Compliance Committee

B. Risk Managers

C. Board

D. MDs ✓✓A. Compliance Committee

After an investigation, it was discovered that the organization's reputation is a stake. What should a Compliance Professional do next? A. Report the findings to the board

B. Contact legal counsel

C. Advise the CEO and recommend next steps

D. Self-disclose to the OIG ✓✓B. Contact legal counsel

When a medical record is not consistent with the selected diagnosis code, the coder should contact the: A. attending nurse.

B. attending physician.

C. billing supervisor.

D. compliance auditor ✓✓B. attending physician.

Note: Starting from the top: GSA administers SAM (System for Award Management), which contains debarment actions taken by various Federal agencies, including OIG's exclusions. The List of Excluded Individuals and Entities (LEIE) contains only the exclusion actions taken by OIG.

In a home health agency, the compliance officer will find that which of the following is identified by the OIG as one of the most risk prone areas for fraud, waste and abuse:

a. Services provided by individuals who do not have appropriate credentials

b. Home Health Orders being signed by the certifying physician in a timely manner

c. Homebound status verification

d. All of the above

e. None of the above ✓✓a. Services provided by individuals who do not have appropriate credentials

The PhRMA Code prohibits which of the following:

a. Pharmaceutical companies that bring free lunches to a healthcare organization weekly to promote the use of their produce

c. CMS guidelines

d. Anti-Kickback Statute ✓✓d. Anti-Kickback Statute.

Examples of Anti-Kickback Statute violations include:

- A hospital providing rental rates that are below fair market value to a physician who refers business to their hospital
- Routine waiver of copayments or deductibles for patients under Medicare Part B
- A drug or equipment supplier providing free benefits for a provider who utilizes their product
- A physician who is paid exorbitantly for speaking engagements by a company to whom the provider refers business

Note: practice question from AAPC CPCO Ch4

Examples of "outliers" that OIG might identify in certain hospital relationships or arrangements with greatest risk of non-compliance:

a. audit processes that includes e-visits, interviews, trend analysis, etc.

b. medical office building leases consistent with fair market value

c. large and inconsistent payments made to physicians without a written contract

d. none of the above ✓✓c. large and inconsistent payments made to physicians without a written contract

c. Chief Financial Officer

d. Bio-Medical Engineer ✓✓b. Business Management

Explanation: It may be appropriate to designate a vendor oversight function for third party relationships to monitor elements of the supply chain, provide a central point for enterprise vendor issues, and set standards for training, tools, and monitoring.

Ref: HCPG Auditing and Monitoring 3460.30.40.60

What was Chapter 8 of Federal Sentencing Guidelines designed for? ✓✓FSG Chapter 8 was designed so that the sanctions imposed upon organizations and their agents, taken together, will provide just punishment, adequate deterrence, and incentives for organizations to maintain internal mechanisms for preventing, detecting, and reporting criminal conduct.

Ref: https://www.ussc.gov/guidelines/2018-guidelines-manual/2018-chapter-8

When an organization is under an imposed-CIA, it can be costly, especially when hiring an Independent Review Organization (IRO) to carry out the annual reviews to ensure conformance to a CIA. Which of the following is not true about IROs:

a. CIAs require IROs to follow the standards set forth in the GAO "Yellow Book"

b. IROs must meet qualifications necessary to perform the reviews