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2018 Compliance Training Quiz

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| **Across**  **3.** Under HIPAA, FNA must ensure that all PHI are protected to ensure \_\_\_\_\_\_, availability, and integrity  **6.** As an employee of FNA/MCAP, you have a personal obligatio to \_\_\_\_\_\_\_ any activity that appears to violate laws, the Code or FNA policies  **7.** Offering or accepting cash and/or equivalent items or services to induce referral is a violation of \_\_\_\_\_\_\_  **10.** \_\_\_\_\_\_ provision under False Claims Act gives protection for an individual who reports fraud in good faith  **11.** Front desk staff accessing patient's clinical records without cause is non compliant with \_\_\_\_\_\_ necessary standard  **14.** The \_\_\_\_\_\_ mandates covered entity to implement an effective Compliance Program as a condition of submitting claims to Medicaid program  **16.** PHI is any information that can be used to identify the individual or for which there is a \_\_\_\_\_\_\_\_\_\_\_ basis to believe it can be used to identify the individual  **17.** Upon discovery of a breach, covered entity has \_\_\_\_\_ days to notify the affected invidual and the HHS  **18.** Jean Pyon is your \_\_\_\_\_\_\_  **20.** For treatment, payment and health care operations, health care providers are permitted to access PHI \_\_\_\_\_\_ authorization | **Down**  **1.** FNA/MCAP has a \_\_\_\_\_\_\_ policy in place to protect employees who bring forward reports of compliance related concerns  **2.** Avoiding any situations where you have a financial interest in the outcome of a decision which you have control or influence is in compliance with \_\_\_\_\_\_\_\_\_ policy  **4.** Under subpoena duces tecum, we must not only wait \_\_\_\_\_ days, but also wait for the "no motion to squash" notification before releasing the records  **5.** \_\_\_\_\_\_\_\_\_\_\_ provides federal protection for the use and disclosure of his/her PHI  **8.** Retaining overpayment for more than 60 days from the discovery is a violation of \_\_\_\_\_\_\_  **9.** Encrypting email is one of the \_\_\_\_\_ controls that we implement under the HIPAA security rule  **12.** You can report compliance concerns anonymously through the \_\_\_\_\_\_\_  **13.** An impermissible use or disclosure of PHI is presumed to be a \_\_\_\_\_\_\_\_  **15.** A radiologist submitting a claim on a patient referred by a physician who is his/her sister is a violation of \_\_\_\_\_\_\_\_  **19.** Abbreviation for Protected Health Informaiton is\_\_\_\_\_\_\_\_\_\_\_ |