

Name:

Date:

*Text is found in handbook for this test.*

*Read through and then answer questions, you may refer back to the handbook as needed.*

## Fraud, Waste, and Abuse

*Circle Correct Answer*

1. The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.  
**(True/ False)**
2. Government funds may be from **(state or federal/ local or state)** governments, to include, but not be limited to: **(circle all that apply)**
  - a. MN Medical Assistance
  - b. Medicaid
  - c. Medicare
  - d. Brain Injury Waiver
  - e. Community Alternative Care Waiver
  - f. CADI Waiver
  - g. DD Waiver
  - h. Elderly Waiver and MN Alternative Care program
3. Types of fraud, abuse, or improper activities include, but are not limited to: **(circle all that apply)**
  - a. Billing for services not actually provided
  - b. Documenting clinical care not actually provided
  - c. Paying phantom vendors or phantom staff
  - d. Paying a vendor for services not actually provided
  - e. Paying an invoice known to be false
  - f. Accepting or soliciting kickbacks or illegal inducements from vendors of service, or offering or paying kickbacks or illegal inducements to vendors of services.
  - g. Paying or offering gifts, money, remuneration, or free services to entice a Medicaid recipient to use a particular vendor.
  - h. Using Medicaid reimbursement to pay a personal expense
  - i. Embezzling from the company
  - j. Ordering and charging over utilized medical services that are not necessary for the person served
  - k. Corruption
  - l. Conversion
  - m. Misappropriation of funds of the company or person served by the company
  - n. Personal loans to executives
  - o. Illegal orders
  - p. Maltreatment or abuse of persons served by the company
4. Anyone filing a complaint concerning a violation or suspected violation of the

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law or regulation requirements must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. **(True/ False)**

5. Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. **(True/ False)**
6. No staff person who in good faith reports a violation of a law or regulation requirements will suffer harassment, retaliation, or adverse employment consequences. **(True/ False)**

For credit once completed fax or mail to 27885 270<sup>th</sup> Ave SW Crookston, MN  
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