

1. Providers of Medicare Part D products and services are required to complete Fraud Waste and Abuse training:
  - A. Every 6 months
  - B. Only one time
  - C. Never
  - D. None of the above
  
2. Fraud is:
  - A. The over-utilization of services or other practices that result in unnecessary costs
  - B. Acting with gross negligence or reckless disregard for the truth in a manner that could result in an unauthorized benefit
  - C. The intentional deception or misrepresentation to get an unauthorized benefit
  - D. None of the above
  
3. At what level can fraud occur?
  - A. Prescriber
  - B. Beneficiary
  - C. Pharmacy
  - D. All of the above
  
4. CMS requires Part D sponsors, first tier contractors, downstream contractors and other subcontractors to obtain fraud waste and abuse training no later than December 31, 2009 to be in compliance.
  - A. True
  - B. False
  
5. Penalties of the Federal False Claims Act include:
  - A. Civil fines of up to \$11,000 per claim
  - B. Statutory treble damages
  - C. Criminal charges and or exclusion from Medicare and Medicaid programs
  - D. All of the above
  
6. Examples of improper billing include:
  - A. Incorrect billing of secondary payers
  - B. Drug Diversion
  - C. Billing for brand when a generic is dispensed
  - D. All of the above
  
7. A pharmacist who is on the OIG exclusion list may continue to work in a pharmacy and dispense medication to a Medicare beneficiary.
  - A. True
  - B. False
  
8. An employee may be retaliated against for “blowing the whistle”?
  - A. True
  - B. False
  
9. In which instance is it legal for the pharmacy to waive a patient’s co-payment?
  - A. Antibiotic has been prescribed for a child and the parent cannot afford the co-payment.
  - B. Pharmacy advertises that it will waive co-payments in exchange for a patient’s business.
  
10. Which of the following are appropriate ways to prevent drug diversion?
  - A. ID patients that you do not know
  - B. Look for unusual markings (i.e. different handwriting or ink color)
  - C. Check the prescriber’s DEA number
  - D. All of the above

CONTINUING EDUCATION WEBINAR POST TEST— FOR PHARMACISTS ONLY

**Fraud, Waste and Abuse Training: The Regulators Are Coming!** Please fax this test to APSC at 502-695-9912. Successful completion: a score of at least 80 percent of the questions will result in **0.15** CEUs. Participants who score less than 80 percent will be notified and permitted one re-examination.

**Fraud, Waste and Abuse Training: The Regulators Are Coming!** Initial release date-August 14, 2009. Expiration date-August 14, 2012. **ACPE Activity # 0143-9999-09-032-H03-P**  
**Quiz Sheet for PHARMACISTS ONLY**

Name \_\_\_\_\_ KY Lic. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |            |            |            |        |             |
|------------|------------|------------|--------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B | 9. A B      |
| 2. A B C D | 4. A B     | 6. A B C D | 8. A B | 10. A B C D |

Information presented in the activity:

- |                               |        |       |                                |        |       |
|-------------------------------|--------|-------|--------------------------------|--------|-------|
| Met my educational needs      | ___Yes | ___No | Figures and tables were useful | ___Yes | ___No |
| Achieve the stated objectives | ___Yes | ___No | Posttest was appropriate       | ___Yes | ___No |
| Was well written              | ___Yes | ___No | Commercial bias was present    | ___Yes | ___No |
| Is relevant to my practice    | ___Yes | ___No |                                |        |       |

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**CONTINUING EDUCATION WEBINAR POST TEST—FOR TECHNICIANS ONLY**

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**Not ACPE approved for Technicians. Quiz Sheet for TECHNICIANS ONLY**

Name \_\_\_\_\_ KY Cert. # \_\_\_\_\_

Address \_\_\_\_\_

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

- |            |            |            |        |             |
|------------|------------|------------|--------|-------------|
| 1. A B C D | 3. A B C D | 5. A B C D | 7. A B | 9. A B      |
| 2. A B C D | 4. A B     | 6. A B C D | 8. A B | 10. A B C D |

Met my educational needs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Figures and tables were useful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Achieve the stated objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Posttest was appropriate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was well written	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial bias was present	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is relevant to my practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

I hereby certify that I completed this self-study program independently and without assistance from any other party.

Signature \_\_\_\_\_ Date \_\_\_\_\_