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
### Fraud, Waste and Abuse Training: The Regulators Are Coming!


**ACPE Activity # 0143-9999-09-032-H03-P**

**Quiz Sheet for PHARMACISTS ONLY**

Name ________________________________________________ KY Lic. # __________________________________ 
Address ________________________________________________________________________________________

<p>| | | | | | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td>2</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>3</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td>4</td>
<td>A</td>
<td>B</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td></td>
<td>6</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>8</td>
<td>A</td>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td>9</td>
<td>A</td>
<td>B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Information presented in the activity:**

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

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

Signature ________________________________________________ Date _________________________________

---

The Kentucky Pharmacy Education & Research Foundation is accredited by The Accreditation Council for Pharmacy Education as a provider of continuing Pharmacy education.
CONTINUING EDUCATION WEBINAR POST TEST—FOR TECHNICIANS ONLY

Fraud, Waste and Abuse Training: The Regulators Are Coming!  Please fax or mail 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.

Not ACPE approved for Technicians. Quiz Sheet for TECHNICIANS ONLY

Name _____________________________________________ KY Cert. # __________________________
Address ______________________________________________________________________________________

PLEASE CIRCLE THE APPROPRIATE ANSWERS:

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

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 _________________________________