

Chapter Nine Questions

1. Medicare fraud prevention is the responsibility of which agency?
 - A. _____ Centers for Medicare and Medicaid Services
 - B. _____ Medicare contractors (carriers and fiscal intermediaries) and subcontractors (providers, including the State SHIP).
 - C. _____ Office of Inspector General, U.S. Department of Health & Human Services
 - D. _____ Social Security Administration
 - E. _____ A & C only.
 - F. _____ All of the above.

2. A purpose of the Medicare Summary Notice is to directly involve Medicare beneficiaries in the prevention of Medicare fraud and abuse.

True _____ False _____

3. An example of fraud is when a provider knowingly bills for services provided that were not medically necessary.

True _____ False _____

4. A provider that routinely miscodes a service could be committing Medicare abuse without intentional fraud.

True _____ False _____

5. List the four items that must be contained in the annual handbook, "Medicare and You."
 - A. _____
 - B. _____
 - C. _____
 - D. _____

6. It is Medicare abuse when a provider changes medical records to justify a higher payment unintentionally.
True _____ False _____
7. It is Medicare fraud to knowingly falsify costs on Medicare cost reports.
True _____ False _____
8. It is Medicare fraud when someone by mistake bills Medicare for psychological services, not furnished.
True _____ False _____
9. A client that calls HICAP, saying that they were asked for their Medicare card and charged a \$10 fee for getting a flu shot, should be instructed to:
- A. _____ call the Medicare fraud hotline.
 - B. _____ review their next Medicare Summary Notice to see what was billed and why.
 - C. _____ turn in the name of the provider to the Medicare Administrative Contractor.
10. The Medicare Summary Notice is a replacement of what previous form?
- A. _____ the doctor or providers office receipts.
 - B. _____ the billing statement to Medicare.
 - C. _____ the Explanation of Medicare Benefits (EOMB) that was previously used by the Medicare.
11. The Medicare Incentive program rewards consumers with monetary awards for reporting fraud and abuse.
True _____ False _____
12. Medicare publications that focus on fraud, identify the state SHIP as a resource to help persons with questions about their Medicare bills.
True _____ False _____
13. Based on the definition of fraud and abuse, indicate whether the following would be fraud or abuse.
- A. _____ exceeding the Medicare limiting charge.

- B. _____ offering a discount or monthly award for referring Medicare patients to a supplier of durable equipment.
 - C. _____ using another person's Medicare card to obtain medical services.
 - D. _____ excessive charges for services or supplies.
 - E. _____ submitting bills to Medicare when Medicare is not the primary insurer.
 - F. _____ repeatedly violating the assignment agreement by balance billing clients for services.
14. Whom would you first contact to resolve a question about a Medicare billing?
- A. _____ The provider.
 - B. _____ FEMA.
 - C. _____ The U.S.D.A.
 - D. _____ EPA.
15. Number the order of steps from first to last, to resolve a complaint from a client that their doctor is committing fraud by repeated lab tests.
- A. _____ Call the Medicare Administrative Contractor
 - B. _____ Ask the client to bring the Medicare Summary Notice(s) that reflect the tests.
 - C. _____ Ask the client to ask the provider, why it is necessary to repeat the lab test with such frequency?
16. Many complaints referred to the SHIP may not be fraud, but simple misunderstanding or billing errors that can be resolved by reviewing the Medicare Summary Notice with a client.
- True _____ False _____
17. The Office of the Texas Attorney General would be a referral source of which of the following situations:
- A. _____ Telemarketing fraud.
 - B. _____ A new miracle drug that claims to heal arthritis.
 - C. _____ Raising the cost of cooling fans during a heat wave.

- E. _____ Documented cases of nursing facility abuse.
- F. _____ A and B only.
- G. _____ All of the Above.
18. If the Texas Attorney General's Office investigated and verified Medicaid fraud, it would not have the authority to prosecute but would instead refer the case to the federal level.
- True _____ False _____
19. The Texas Attorney General's Office works with which local entities to educate older Texans and other vulnerable groups about criminal and deceptive trade practices.
- A. _____ Local chapters of the American Association for Retired Persons (AARP).
- B. _____ Enforcement groups including the police department, and sheriff offices.
- C. _____ Local Better Business Bureau offices
- E. _____ All of the Above.
- F. _____ A and B only.
20. The Texas Department of Insurance investigates suspected fraud cases related to Insurance.
- True _____ False _____
21. An insurance company can be held liable for the fraudulent actions of agents selling their product.
- True _____ False _____
22. The Texas Department of Insurance has the authority to impose which of the following:
- A. _____ To revoke the license of an agent or insurance company.
- B. _____ To halt the sale of insurance products that are being sold in Texas without a license (cease and desist orders.)
- C. _____ To levy fines for non-compliance with state insurance rules and regulations.
- D. _____ All of the Above.

23. Complaints about insurance benefits that are due to be paid by private insurance would be directed to the Texas Department of Insurance.

True _____ False _____

24. “Twisting” is an insurance term that refers to fraud by obtaining sales leads through advertising that hides the fact that an agent or company may be selling insurance.

True _____ False _____

Chapter Nine
Answer Key

1. F
2. T
3. T
4. T
5. A. a statement indicating that errors occur and urging review of the Medicare Summary Notice (MSN),
B. a description of the beneficiary's right to request an itemized statement from the provider,
C. promotion of the Medicare incentive program, and
D. the toll-free hotline number to the DHHS Inspector General to report complaints and information about fraud, waste, and abuse.
6. T
7. T
8. F
9. B
10. C
11. T
12. T
13. A. Abuse
B. Fraud
C. Fraud
D. Abuse

E. Abuse

F. Fraud

14. A. The provider

15. A. 3

B. 2

C. 1

16. T

17. G

18. F

19. E

20. T

21. T

22. D

23. T

24. F