

# *Medical Professional*

*CHC*  
*Certified in Healthcare Compliance (CHC) Exam*

**Questions And Answers PDF Format:**

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# Latest Version: 6.0

## Question: 1

A patient with a known allergy to ibuprofen was administered the drug by a provider resulting in a severe allergic reaction and further complications. This is an example of:

- A. negligent conduct.
- B. gross negligence.
- C. contributory negligence.
- D. comparative negligence.

**Answer: B**

Explanation:

Gross negligence involves willfully providing inadequate care to a patient and disregarding safety. In this situation, administering a medication that has been documented as a known allergy to the patient is considered substandard care. Negligent conduct involves failing to provide reasonable care based on current standards and the provider's expertise. Contributory negligence involves an injured party contributing to their own harm, and comparative negligence reviews the percent of negligence assigned to all of the individuals involved in a particular situation.

## Question: 2

In response to noncompliance, organizations should have which one of the following in place to review the violation and conduct further analysis to implement any necessary changes?

- A. A corrective action plan
- B. An education and training session
- C. An internal audit review
- D. A performance improvement process

**Answer: A**

Explanation:

Organizations should have a corrective action plan in place in response to noncompliance. A corrective action plan involves a thorough overview of the violation and analyzes the best course of action for correction. Following implementation of the corrective action plan, it is critical to have processes in place to monitor and ensure that the compliance issue has truly been resolved and there is no risk of its recurrence.

## Question: 3

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Failure to report an act of noncompliance is considered an:

- A. error of omission.
- B. error of commission.
- C. error of ethics.
- D. error of morality.

**Answer: A**

Explanation:

Failure to report an act of noncompliance is considered an error of omission. Errors of omission are subject to discipline within an organization. Compliance professionals have a responsibility to ensure that all employees within an organization are aware of the compliance standards that are required to be followed to ensure consistency and fairness in disciplinary measures.

### Question: 4

An employee has turned in her resignation and is scheduled to meet with the human resources (HR) department. Which one of the following questions should NOT be included in the exit interview?

- A. What prompted you to look for outside employment?"
- B. "What could have been done better?"
- C. "Do you think that your job responsibilities changed from your original job description?"
- D. "What personal issues are you facing that informed your decision to leave?"

**Answer: D**

Explanation:

During an exit interview, the goal is to gain information to determine ways to improve an organization moving forward. Avoid any targeted, personal questions or any subject or topic that may lead to gossip or negative discussions. Answer choices A, B, and C all reflect open-ended questions that would provide insight for the HR department to assess current practices and make changes where warranted.

### Question: 5

According to which one of the following laws would an organization found guilty of fraud three times be permanently excluded from Medicare, Medicaid, and other government programs?

- A. Balanced Budget Act of 1997
- B. Anti-Kickback Statute
- C. EMTALA

D. False Claims Act

**Answer: A**

Explanation:

The Balanced Budget Act of 1997 states that an organization found guilty of fraud three times is permanently excluded from Medicare, Medicaid, and other government programs. The Anti-Kickback Statute prohibits the exchange of anything for patient referrals or utilization of services. EMTALA requires hospitals to provide emergency care to patients regardless of their ability to pay. The False Claims Act involves organizations that submit claims to the government for work that was not actually performed.

### Question: 6

A business associate who discovers a HIPAA breach must notify the healthcare organization no later than days after its discovery:

- A. 30.
- B. 60.
- C. 90.
- D. 120.

**Answer: B**

Explanation:

A business associate that identifies a HIPAA breach must notify the appropriate entities no later than 60 days after discovery. With this notification, the business associate should include information detailing the individual whose PHI was breached and giving any other pertinent information.

### Question: 7

Which one of the following federal government auditing entities is a private health insurer that is contracted to process Medicare Parts A and B and durable medical equipment claims for Medicare fee-for-service beneficiaries?

- A. Medicare Administrative Contractor (MAC) Program
- B. Health Care Fraud Prevention and Enforcement Action Team (aka the HEAT Strike Force)
- C. Medicare Recovery Audit Contractor (RX) program
- D. Medicare Fraud Control Unit (MFCU)

**Answer: A**

Explanation:

The Medicare Administrative Contractor (MAC) Program comprises private insurers that are

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contracted with Medicare to process Parts A and B and durable medical equipment claims for traditional Medicare patients. MACs are typically assigned by geographic location and assist with reimbursement, local coverage determinations, ensuring that physicians are properly enrolled with Medicare, and much more. The HEAT Strike Force is a joint initiative among the Department of Health and Human Services, OIG, and the Department of Justice that combats healthcare fraud. RACs are audit specialists who identify and then recover improper Medicare payments. The Medicare Fraud Control Unit is not an existing federal government auditing entity.

### Question: 8

Following an investigation against an organization for billing out false claims, the compliance professional is updating files to ensure that all documentation is captured appropriately following an investigation under the federal False Claims Act. In this situation, what is the time period for retaining records?

- A. 2 years
- B. 4 year
- C. 7 years
- D. 10 years

**Answer: D**

Explanation:

Following an investigation related to the federal False Claims Act records should be retained for 10 years. It is best practice to hold records an additional year beyond the requirement to ensure that the documentation is available for any last-minute review that may be requested.

### Question: 9

A visitor at a local hospital overheard a conversation between a healthcare provider and her patient in a private room. This is an example of a(an):

- A. HIPAA violation.
- B. incidental disclosure.
- C. data breach.
- D. unauthorized access to PHI.

**Answer: B**

Explanation:

An incidental disclosure is when there is a breach of PHI that could not have been reasonably prevented because safeguards were in place. In this example, the healthcare provider and her patient are in a private room speaking privately but are still overheard, resulting in an incidental disclosure. Incidental disclosures are not considered HIPAA violations.

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### Question: 10

Hazardous waste that is unstable and may result in toxic gases being released is considered:

- A. ignitable.
- B. corrosive.
- C. reactive.
- D. toxic.

<b>Answer: C</b>
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Explanation:

Reactive gases are wastes that are unstable, may react with water, or result in toxic gases.

They also have the potential to explode. Ignitable waste consists of liquids and no liquids that can ignite and cause fires. Waste is considered corrosive based on its pH or ability to corrode steel.

Toxic wastes are harmful if ingested or absorbed.

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