



## Fraud, Waste and Abuse Test - Circle the Best Answer

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. When completing your time card you should

1. Fill in the time card completely
  2. Fill in the hours worked including AM/PM designation
  3. Draw a line through any date you did not work
  4. All of the above
- 

### 2. It is not acceptable to

1. Have client sign a time card not completely filled out
  2. Turn in a time card with the clients signature missing
  3. Write your initials next to all task completed
  4. Both 1 and 2
- 

### 3. If you turn in a time card missing the clients signature what will happen

1. You will be paid for the visit the client does not have to sign these
  2. You will not be paid for that visit
  3. You will be paid but not until the following week
  4. You will be paid a reduced rate for that week
- 

### 4. The warning at the bottom of your time sheet is

1. A joke by SIRS because they have a great sense of humor
  2. Is a legal statement that you are completing your time sheet correctly
  3. There as a reminder to sign your time sheet
  4. None of the above
- 

### 5. It is considered time card fraud if you

1. Sign the name of someone else such as the person receiving services
  2. Complete and sign a time card for another PCA
  3. All of the above
  4. Provide false information by claiming hours that you did not actually work
- 

### 6. Fraud is defined as claiming even \_\_\_ hour not worked on your time card

- |       |      |
|-------|------|
| 1. 10 | 2. 2 |
| 3. 1  | 4. 3 |
- 

### 7. The consequences of fraud include

- |   |                     |
|---|---------------------|
| 1. Termination                                  | 2. Jail Time        |
| 3. Being unable to apply for low income housing | 4. All of the above |
- 

### 8. It is ok to accept the following from a client

- |          |                      |
|----------|----------------------|
| 1. Money | 2. Gifts             |
| 3. Food  | 4. None of the above |
- 

### 9. What is the name of the agency responsible to investigate episodes of fraud

- a. Department of Human Services (OHS)
  - b. Surveillance and integrity Review Section (SIRS)
  - c. Center for Medicare/Medicaid Fraud (CMMF)
  - d. Sheriff of county where fraud occurred
- 

### 10. Your signature on the Provider Agreement indicates

- a. Your agreement to help the Medicaid Fraud Unit
- b. You have passed a background check
- c. You have taken the online PCA training class
- d. You want to work as a PCA