**Compliance Training Attestation**

By completing this form, I attest that I have received and completed Family Choice ACO’s (“FCACO”) Compliance training.

I agree to report any and all suspected and actual instances of fraud, waste, and/or abuse or non-compliance to the Compliance Department. I understand that I am protected from retaliatory action for reporting in good faith, suspected or actual fraud, waste, and abuse and non-compliance, or for participating in any investigation.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Choice ACO Compliance Training**

**Post Assessment Quiz**

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

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

Please complete the post assessment quiz below and submit the completed quiz to ACOcompliance@familychoice.com.

1. Which of the following regulations makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program?
	1. Stark Law
	2. Criminal Health Care Fraud Statute
	3. Exclusion Statute
2. Under HIPAA, FCACO and its Participant Providers must obtain the patient’s written authorization for any use or disclosure of PHI that is not for treatment, payment, or health care operations or otherwise permitted or required by the HIPAA Privacy Rule.
	1. True
	2. False
3. The \_\_\_\_\_\_\_\_\_\_\_\_rule states that FCACO and its Participant providers must make reasonable efforts to use and disclose only the minimum amount of PHI necessary to accomplish the intended purpose of the use or disclosure.
	1. Breach Notification
	2. Minimum Necessary
	3. None of the above
4. The Physician Self-Referral Law or Stark Law prohibits a physician from referring a patient to get designated health services from a provider with whom a physician or physician’s immediate family member has a financial relationship unless an exception applies.
	1. True
	2. False
5. In the performance of their work duties, FCACO employees and Board Members must not:
	1. Place themselves in a position of obligation to persons who might benefit or appear to benefit from special consideration with respect to FCACO’s business.
	2. Disclose, discuss, use take advantage of, benefit or appear to benefit from the use of information not generally available to the public and which has been acquired during their official duties at FCACO.
	3. Assist any entities or persons in their dealings with FCACO where this could result in preferential treatment to any person.
	4. All of the above