

AAPC Certified Professional Compliance Officer (CPCO) Certification Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

Copyright © 2025 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain from reliable sources accurate, complete, and timely information about this product.

SAMPLE

Questions

SAMPLE

- 1. Waiving Medicare deductibles or copayments is a violation of which statute?**
 - A. Anti-kickback Statute**
 - B. False Claims Act**
 - C. Stark Law**
 - D. Medicare Secondary Payer Act**
- 2. Are OIG guidelines for compliance programs mandated for third-party health care companies?**
 - A. No, they are optional**
 - B. Yes, but the implementation date hasn't been provided yet**
 - C. Yes, with immediate effect**
 - D. No, only for public companies**
- 3. For how long does the OIG require documentation relating to the CIA to be kept after the CIA term?**
 - A. 6 months**
 - B. 1 year**
 - C. 3 years**
 - D. Indefinitely**
- 4. Is it acceptable for practices to remind patients of their upcoming appointments?**
 - A. No, it is a violation of privacy**
 - B. Yes, if stated in the Notice of Privacy Practices**
 - C. Only with the patient's written permission**
 - D. Yes, but only for certain patients**
- 5. Which of the following represents a key aspect of Human Resources in compliance?**
 - A. Budget allocation**
 - B. Employee training initiatives**
 - C. Policy enforcement**
 - D. Office decorations**

- 6. What are the limits of auditor record requests for large groups with 16 or more individuals?**
- A. 30 medical records per 45 days**
 - B. 50 medical records per 45 days per NPI requested**
 - C. 10 medical records per 45 days**
 - D. 20 medical records per 45 days**
- 7. Which responsibility is NOT typically associated with a compliance officer?**
- A. Monitoring compliance performance**
 - B. Creating all policies and procedures**
 - C. Assessing areas of compliance risk**
 - D. Ensuring internal controls are effective**
- 8. Which type of software process is typically used to identify potential claim errors?**
- A. Data analysis**
 - B. Data mining**
 - C. Claims processing**
 - D. Electronic health records**
- 9. What does EAP stand for?**
- A. Employee Accountability Policy**
 - B. Employment Adjustment Program**
 - C. Employee Assistance Plan**
 - D. Employee Annual Performance**
- 10. What do employees have to report erroneous conduct without facing?**
- A. A duty**
 - B. Repercussions**
 - C. An investigation**
 - D. Documentation**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Waiving Medicare deductibles or copayments is a violation of which statute?

- A. Anti-kickback Statute**
- B. False Claims Act**
- C. Stark Law**
- D. Medicare Secondary Payer Act**

Waiving Medicare deductibles or copayments is a violation of the Anti-Kickback Statute. This statute is designed to prevent fraud and abuse in healthcare by prohibiting the offering, paying, soliciting, or receiving of any remuneration to induce referrals or generate federal healthcare program business. When providers waive out-of-pocket costs like deductibles or copayments, it can create a financial incentive that may lead to over-utilization of services and compromise the integrity of the healthcare system. In this context, such waivers can be seen as an inducement to patients to seek unnecessary medical services, which further violates the intent of the statute. The Anti-Kickback Statute aims to ensure that medical decisions are based on the needs of the patient rather than financial considerations, thereby protecting both the patient and the integrity of federal healthcare programs. The other statutes mentioned—such as the False Claims Act, which deals with false claims for payment, the Stark Law which governs physician self-referrals, and the Medicare Secondary Payer Act, which regulates the priority of payment sources—address different types of healthcare compliance issues but do not specifically target the waiver of deductibles or copayments in the same manner as the Anti-Kickback Statute.

2. Are OIG guidelines for compliance programs mandated for third-party health care companies?

- A. No, they are optional**
- B. Yes, but the implementation date hasn't been provided yet**
- C. Yes, with immediate effect**
- D. No, only for public companies**

The correct response emphasizes that while the Office of Inspector General (OIG) has established guidelines for compliance programs, these guidelines are not mandated for third-party health care companies. The guidelines offer a framework and best practices intended to enhance compliance and integrity in health care operations, particularly valuable for organizations seeking to avoid fraud and ensure ethical conduct. However, adherence to these guidelines remains voluntary and is not enforceable by law for third-party contractors. The option indicating that yes, the guidelines are mandated but without an implementation date, suggests a misunderstanding of their nature. The OIG's recommendations are advisory rather than compulsory, meaning organizations can benefit from the guidance without the obligation to comply under a strict timeline. This enhances the understanding that while the aim is to promote improved compliance practices, the actual requirement to follow these guidelines does not extend to third-party companies with the force of law. In contrast, the other options mischaracterize the nature of the guidelines, either suggesting they are compulsory in some form or limited to specific types of organizations. The reality is that compliance with OIG guidelines is advisable and advantageous, but ultimately a choice for third-party health care entities.

3. For how long does the OIG require documentation relating to the CIA to be kept after the CIA term?

A. 6 months

B. 1 year

C. 3 years

D. Indefinitely

The OIG, or Office of Inspector General, mandates that documentation related to a Corporate Integrity Agreement (CIA) must be retained for a period of 6 years after the term of the CIA has ended. Therefore, the correct response is actually a requirement for record-keeping for three years past the date of the agreement. Retention of documentation is crucial for compliance and auditing purposes, ensuring that entities remain accountable for the commitments made in the CIA. This period allows for sufficient time for the OIG to assess compliance and for any potential legal or regulatory actions to be taken if necessary. The retention duration helps promote transparency and integrity within organizations that have entered into a CIA, providing a basis for ongoing compliance monitoring and evaluation. Organizations must be diligent in adhering to this timeframe to avoid penalties or violations related to documentation requirements.

4. Is it acceptable for practices to remind patients of their upcoming appointments?

A. No, it is a violation of privacy

B. Yes, if stated in the Notice of Privacy Practices

C. Only with the patient's written permission

D. Yes, but only for certain patients

Reminding patients of their upcoming appointments is acceptable, particularly when it is stated in the Notice of Privacy Practices. This document outlines how patient information can be used and shared, providing transparency and obtaining consent for communication methods, including appointment reminders. If the practice includes this kind of reminder in their privacy practices, it reinforces that they are compliant with HIPAA regulations regarding patient information. This proactive communication can improve patient attendance rates, thereby benefiting the overall workflow of the practice. Overall, including such practices in the privacy notice allows patients to be informed about how their personal health information is being handled, which is a fundamental aspect of HIPAA compliance.

5. Which of the following represents a key aspect of Human Resources in compliance?

- A. Budget allocation**
- B. Employee training initiatives**
- C. Policy enforcement**
- D. Office decorations**

The key aspect of Human Resources in compliance is represented by employee training initiatives. Employee training is essential to ensure that staff understand compliance requirements, including federal and state regulations, company policies, and ethical standards. A well-trained workforce is critical in promoting a culture of compliance and accountability within an organization. Human resources play a vital role in this training by developing and implementing comprehensive programs that address compliance issues, ensuring that all employees are aware of their responsibilities. Effective training initiatives help mitigate risks related to violations and keep the organization aligned with legal obligations. While policy enforcement is important as it involves the application and monitoring of compliance rules, it is the training that empowers employees to adhere to policies effectively. Without adequate training, policy enforcement may lack the necessary foundation, meaning employees might not fully understand or comply with these policies.

6. What are the limits of auditor record requests for large groups with 16 or more individuals?

- A. 30 medical records per 45 days**
- B. 50 medical records per 45 days per NPI requested**
- C. 10 medical records per 45 days**
- D. 20 medical records per 45 days**

The correct answer reflects the specific guidelines set forth for auditor record requests. When dealing with large groups that consist of 16 or more individuals, the policy allows auditors to request a substantial number of medical records to ensure a thorough review while maintaining efficiency. The limit of 50 medical records per 45 days per National Provider Identifier (NPI) requested provides a reasonable framework. This limit ensures that auditors can access sufficient records to assess compliance and quality of care without overwhelming healthcare providers. This method also takes into account that each NPI represents a different provider and could have varying patient populations, justifying the need for a higher volume of records. In contrast, other limits mentioned do not accommodate the scale and complexity of larger practices and may hinder the ability to conduct a comprehensive audit. Hence, the specified limit per NPI represents a balanced approach in managing the auditing process, fostering effective compliance monitoring while respecting the operational capabilities of large healthcare groups.

7. Which responsibility is NOT typically associated with a compliance officer?

- A. Monitoring compliance performance**
- B. Creating all policies and procedures**
- C. Assessing areas of compliance risk**
- D. Ensuring internal controls are effective**

The responsibility of creating all policies and procedures is not typically associated with a compliance officer. Instead, compliance officers play a vital role in ensuring that policies and procedures are created and implemented appropriately in alignment with legal and regulatory standards, but they do not usually take sole responsibility for crafting every policy. Instead, this task often involves collaboration with various departments and stakeholders to ensure that policies reflect the input and expertise of different areas within the organization. Monitoring compliance performance, assessing areas of compliance risk, and ensuring that internal controls are effective are indeed central to the compliance officer's role. The compliance officer must continuously evaluate how well the organization adheres to regulations and internal policies, identify potential risks that could lead to compliance issues, and oversee the implementation of controls to mitigate those risks. This comprehensive oversight helps ensure that the organization operates within the legal framework and maintains ethical standards.

8. Which type of software process is typically used to identify potential claim errors?

- A. Data analysis**
- B. Data mining**
- C. Claims processing**
- D. Electronic health records**

Data mining is the process that is typically used to identify potential claim errors. This technique involves analyzing large sets of data to uncover patterns, correlations, and anomalies that can signify issues in billing and claims submissions. By applying sophisticated algorithms and statistical methods, data mining can help organizations identify trends that may indicate errors or areas of concern that need further investigation, such as coding inaccuracies or compliance violations. In the realm of healthcare and claims management, effective data mining can enhance the overall accuracy of claims submitted, reduce the rate of denials, and improve financial outcomes by catching errors before they escalate into larger issues.

9. What does EAP stand for?

- A. Employee Accountability Policy
- B. Employment Adjustment Program
- C. Employee Assistance Plan**
- D. Employee Annual Performance

The abbreviation EAP stands for Employee Assistance Plan. This term refers to a program offered by employers designed to help employees deal with personal problems that might adversely impact their work performance, health, and well-being. EAPs typically provide various services, including counseling and support for mental health issues, substance abuse, financial advice, and legal assistance. The purpose of an EAP is to promote employee productivity and overall wellness by providing resources and support during challenging times. Understanding the function of an Employee Assistance Plan is crucial for compliance professionals, as these programs are part of creating a supportive workplace environment and can play a significant role in employee retention and satisfaction. It also highlights the importance of having resources available for employees, which is a key aspect of compliance in human resources management.

10. What do employees have to report erroneous conduct without facing?

- A. A duty
- B. Repercussions**
- C. An investigation
- D. Documentation

Employees are encouraged to report erroneous conduct without facing repercussions to foster a culture of transparency and accountability within an organization. This protection is crucial because it ensures that employees feel safe and motivated to report any unethical or illegal behavior they might witness without the fear of retaliation. By emphasizing the absence of repercussions, organizations can create an environment that prioritizes ethics and compliance, ultimately leading to improved operational integrity and adherence to regulations and policies. While there may be a duty for employees to report misconduct, the key factor here is the assurance that they can do so without facing negative consequences. Similarly, investigations can occur after a report is made, but the process of reporting itself should be a protected action. Documentation can be part of the reporting process but does not specifically address the concern of employees' fears regarding negative outcomes from reporting. Therefore, the focus remains on the lack of repercussions as a fundamental principle that supports ethical reporting.