HCCA Certified in Healthcare Compliance (CHC) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

Table of Contents

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

• Practice answering questions under realistic conditions,
• Improve accuracy and speed,
• Review explanations to strengthen weak areas, and
• Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Don't worry about getting everything right, your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations, and take breaks to retain information better.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning.

7. Use Other Tools

Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly — adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. **Regarding Compliance Program effectiveness, which statement is NOT true?**

   A. **Compliance programs must be audited and monitored on an ongoing basis**

   B. **Federal Sentencing Guidelines call for the use of monitoring and auditing systems**

   C. **Testing compliance programs provides assurance that awareness of risk areas is comprehensive**

   D. **Compliance programs can be improved through key staff member committees**

2. **What type of testing requires a laboratory to enroll in the CLIA program?**

   A. **Only rapid testing**

   B. **Moderate to high-complexity testing**

   C. **Routine blood draws**

   D. **Point of care testing**

3. **What statement is true regarding the updating of a compliance program due to changing healthcare regulations?**

   A. **The compliance program should be updated only annually**

   B. **Biannual updates are mandatory**

   C. **Consultant reviews are always required**

   D. **The compliance program should be a continuous work in progress**

4. **If several medical records are missing and physicians are taking original records home, what should the privacy professional do first?**

   A. **Create shadow records**

   B. **Develop an audit process**

   C. **Design a monitoring tool**

   D. **Recommend discipline**

5. **Which of the following is NOT a key to successfully creating a risk assessment team?**

   A. Selecting team members based on skills

   B. Utilizing outdated risk tools

   C. Developing team ground rules

   D. Understanding why team members were selected

6. **How can organizations reduce their culpability according to the Federal Sentencing Guidelines?**

   A. By establishing mandatory audits

   B. By effectively dealing with any offense after it has occurred

   C. By developing a code of conduct and educating management

   D. By voluntarily disclosing overpayments

7. **According to the Equal Employment Opportunity law, what is a protected characteristic?**

   A. Only race and religion

   B. Disability and age

   C. Race, color, religion, sex, national origin, age, and disability

   D. Gender and marital status

8. **What must compliance and ethics programs ensure according to the Federal Sentencing Commission?**

   A. They must be low-cost and easy to implement

   B. They must guarantee the prevention of all misconduct

   C. They must be effective in preventing and detecting criminal conduct

   D. They must be designed for specific industries

9. **What year did OSHA establish the Bloodborne Pathogens Standard?**

   A. 1996

   B. 1991

   C. 2002

   D. 2001

10. Under which condition can PHI be disclosed for research purposes?

    A. on the sponsor's request

    B. with a valid authorization

    C. after an informed consent is obtained

    D. when minimum necessary guidelines are met

Answers

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

Explanations

1. **Regarding Compliance Program effectiveness, which statement is NOT true?**

   A. **Compliance programs must be audited and monitored on an ongoing basis**

   B. **Federal Sentencing Guidelines call for the use of monitoring and auditing systems**

   C. **Testing compliance programs provides assurance that awareness of risk areas is comprehensive**

   D. **Compliance programs can be improved through key staff member committees**

   The statement that testing compliance programs provides assurance that awareness of risk areas is comprehensive is not true. While testing compliance programs is indeed an essential part of evaluating their effectiveness, it does not guarantee that all potential risk areas are fully understood or addressed. Awareness of risk areas can vary across different levels of the organization and can depend on many factors such as training, communication, and organizational culture. Therefore, while testing helps identify certain risk areas, it does not ensure comprehensive awareness of all risks. On the other hand, compliance programs are required to be audited and monitored continuously to ensure their ongoing effectiveness. This is a fundamental component that allows organizations to adapt their programs as regulations and risks evolve. Additionally, the Federal Sentencing Guidelines emphasize the importance of monitoring and auditing to maintain compliance, highlighting that these practices are vital for the sustainability of effective compliance programs. Furthermore, creating committees that consist of key staff members fosters collaboration and communication, ultimately leading to the improvement of compliance efforts.

2. **What type of testing requires a laboratory to enroll in the CLIA program?**

   A. **Only rapid testing**

   B. **Moderate to high-complexity testing**

   C. **Routine blood draws**

   D. **Point of care testing**

   The correct answer indicates that laboratories performing moderate to high-complexity testing must enroll in the CLIA (Clinical Laboratory Improvement Amendments) program. This requirement is grounded in the need to ensure the accuracy, reliability, and timeliness of testing results produced by laboratories, which are critical for patient care and safety. Moderate to high-complexity tests often involve more sophisticated procedures, instrumentation, and expertise than lower-complexity tests. As such, they pose a greater risk if performed inaccurately, which is why CLIA sets forth stringent quality standards and regulatory requirements for these types of tests. Laboratories must demonstrate compliance with detailed operational procedures, quality control measures, and proficiency testing to maintain their enrollment in the CLIA program. Low-complexity tests do not require the same level of regulatory oversight, thus making enrollment in the CLIA program unnecessary for those laboratories. This distinction is essential to understanding the comprehensive regulatory landscape surrounding laboratory testing and ensuring that patients receive reliable diagnostic information.

3. What statement is true regarding the updating of a compliance program due to changing healthcare regulations?

A. The compliance program should be updated only annually

B. Biannual updates are mandatory

C. Consultant reviews are always required

D. The compliance program should be a continuous work in progress

The statement that the compliance program should be a continuous work in progress is correct because compliance in the healthcare sector is dynamic and must adapt to new laws, regulations, and standards as they emerge. Regular updates to the compliance program ensure that an organization remains compliant with current regulations and can effectively mitigate risks associated with non-compliance. Healthcare regulations can change frequently due to new legislation, shifting guidelines from regulatory bodies, or evolving industry standards. This necessitates a proactive approach where compliance programs are not treated as static documents but rather as living frameworks that require ongoing evaluation and modification. Additionally, a continuous improvement mindset allows for the incorporation of feedback from audits, monitoring activities, and incidents that occur within the organization. This helps to ensure that the compliance program remains effective in promoting a culture of compliance and addressing specific compliance risks that may arise over time. In contrast, updating the compliance program only once a year or mandating biannual updates does not account for the need for timely adaptations when regulations change outside of that schedule. Similarly, while consultant reviews can be beneficial, they are not universally required for compliance updates, as organizations may have the capacity to perform these updates internally.

4. If several medical records are missing and physicians are taking original records home, what should the privacy professional do first?

A. Create shadow records

B. Develop an audit process

C. Design a monitoring tool

D. Recommend discipline

Developing an audit process is the appropriate action to take first in this scenario. An audit process allows the privacy professional to systematically examine the circumstances surrounding the missing medical records. This will help identify the extent of the problem, determine how many records are missing, and assess the potential impact on patient confidentiality and compliance with regulations. An audit can reveal critical information about why original records are being taken home by physicians, which can inform future preventive measures. It also provides a documented approach to understanding the issue, which is essential for reporting to management or taking further corrective actions. This data-driven approach is fundamental in establishing a foundation for any subsequent steps that may need to be taken, such as developing monitoring tools, creating shadow records to temporarily address the issue, or evaluating if discipline is warranted based on the outcomes of the audit.

5. **Which of the following is NOT a key to successfully creating a risk assessment team?**

   A. Selecting team members based on skills

   B. Utilizing outdated risk tools

   C. Developing team ground rules

   D. Understanding why team members were selected

Utilizing outdated risk tools is indeed not a key to successfully creating a risk assessment team. A risk assessment team relies on current and effective tools and methodologies to accurately identify, analyze, and prioritize risks. Outdated risk tools can lead to misidentification of potential risks or an inability to effectively manage and mitigate those risks, which defeats the purpose of having a well-functioning risk assessment team. In contrast, selecting team members based on skills ensures that the team has the necessary competencies and expertise to address the specific risks they may encounter. Developing team ground rules helps establish clear expectations and facilitates collaboration among team members. Understanding why team members were selected fosters engagement and accountability, as individuals are more likely to participate actively when they understand their role and the value they bring to the team.

6. **How can organizations reduce their culpability according to the Federal Sentencing Guidelines?**

   A. By establishing mandatory audits

   B. By effectively dealing with any offense after it has occurred

   C. By developing a code of conduct and educating management

   D. By voluntarily disclosing overpayments

The correct approach to reducing culpability according to the Federal Sentencing Guidelines focuses on effectively dealing with any offense after it has occurred. This involves taking remedial actions, which can include investigating the incident, addressing the issues that led to the offense, and implementing measures to prevent future occurrences. Organizations that demonstrate their commitment to correcting violations and improving compliance programs can potentially lessen their liability. This proactive post-offense action reflects a willingness to learn from mistakes and make necessary changes to organizational practices, which is viewed favorably under the guidelines. In contrast, simply establishing mandatory audits or developing a code of conduct and educating management are important for compliance programs and prevention, but they do not specifically address how to mitigate culpability after an offense has happened. While these measures contribute to a strong compliance culture and can help prevent offenses, they do not directly respond to the implications of having committed a violation. Similarly, while voluntarily disclosing overpayments is a commendable act that can reflect an organization's commitment to transparency and accountability, it alone might not be the most direct way to address and reduce culpability in the aftermath of an incident.

7. According to the Equal Employment Opportunity law, what is a protected characteristic?

A. Only race and religion

B. Disability and age

C. Race, color, religion, sex, national origin, age, and disability

D. Gender and marital status

The correct answer encompasses a comprehensive list of protected characteristics as defined under the Equal Employment Opportunity (EEO) laws. Specifically, the EEO laws protect individuals from discrimination based on race, color, religion, sex, national origin, age, and disability. This array of protected characteristics aims to promote equality in the workplace, ensuring that individuals have equal access to employment opportunities regardless of their inherent traits or personal circumstances. These protections extend to various forms of employment practices, including hiring, firing, promotions, and other conditions of employment. Understanding this broad scope helps individuals recognize the importance of inclusivity and fairness in employment settings. It also emphasizes the need for organizations to develop compliance programs that uphold these principles and prevent discrimination based on any of these characteristics.

8. What must compliance and ethics programs ensure according to the Federal Sentencing Commission?

A. They must be low-cost and easy to implement

B. They must guarantee the prevention of all misconduct

C. They must be effective in preventing and detecting criminal conduct

D. They must be designed for specific industries

Compliance and ethics programs must be effective in preventing and detecting criminal conduct as outlined by the Federal Sentencing Commission. This requirement reflects the core purpose of such programs, which is to create an organizational culture that promotes lawful behavior and ethical decision-making. Effective programs incorporate mechanisms such as training, monitoring, auditing, and enforcement measures to identify and mitigate risks of misconduct. By focusing on prevention and detection, organizations can demonstrate a commitment to compliance and ethics, which is crucial for minimizing the likelihood of legal violations and fostering trust among stakeholders. The effectiveness of these programs is assessed not just by their existence, but by their ability to respond appropriately when misconduct occurs, thereby reducing the potential for harm and ensuring accountability. Other options suggest characteristics that do not align with the core requirements set forth by the Federal Sentencing Commission. For instance, merely being low-cost or easy to implement does not inherently ensure effectiveness. Likewise, the idea that a program must guarantee the prevention of all misconduct is unrealistic, as it is impossible to eliminate all risks. Also, while tailoring programs to specific industries may be beneficial, it is not a mandated requirement for compliance and ethics programs under the Sentencing Guidelines.

9. What year did OSHA establish the Bloodborne Pathogens Standard?

A. 1996

B. 1991

C. 2002

D. 2001

The year OSHA established the Bloodborne Pathogens Standard was 1991. This standard was implemented to protect workers from the health hazards associated with bloodborne pathogens, which can include viruses such as hepatitis B, hepatitis C, and human immunodeficiency virus (HIV). The standard requires employers to implement various safety measures, including exposure control plans, training, and the provision of personal protective equipment.   The establishment of this standard marked a significant step in occupational health and safety, emphasizing the importance of preventing exposure to potentially infectious materials in the workplace. Understanding the history of OSHA regulations, including this standard, is crucial for compliance professionals who manage workplace safety and health regulations in healthcare settings.

10. Under which condition can PHI be disclosed for research purposes?

A. on the sponsor's request

B. with a valid authorization

C. after an informed consent is obtained

D. when minimum necessary guidelines are met

The disclosure of protected health information (PHI) for research purposes is permitted when there is valid authorization from the individual whose information is being disclosed. A valid authorization must contain specific elements, including a description of the information to be disclosed, the purpose of the disclosure, and the signature of the individual or their representative, among other requirements. This authorization is a key component in ensuring that individuals have control over their personal health information, aligning with the principles of the Health Insurance Portability and Accountability Act (HIPAA) and protecting the privacy of individuals involved in research. While informed consent and minimum necessary guidelines are important principles in research ethics and compliance, they do not serve as standalone conditions for disclosing PHI. Informed consent typically relates to the individual's agreement to participate in the research study and may encompass broader ethical considerations beyond just the disclosure of PHI. Minimum necessary guidelines require that only the minimum amount of PHI needed to accomplish the research purpose should be shared, but this does not replace the need for valid authorization. The sponsor's request alone does not suffice, as authorization must come from the individual whose PHI is being disclosed. Thus, a valid authorization is the key to allowing PHI to be disclosed for research.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://hccachc.examzify.com

We wish you the very best on your exam journey. You've got this!