Ms. Moore plans to retire when she turns 65 in a few months. She is in excellent health and will have considerable income when she retires. She is concerned that her income will make it impossible for her to qualify for Medicare. What could you tell her to address her concern?

Choose one answer.

- **a.** Eligibility for Medicare is based on whether or not a person has ever been employed by the federal government. If she or her husband were ever employed by the federal government, she can enroll in Medicare.
- **b.** Medicare is a program for people age 65 or older and those under age 65 with certain disabilities, end stage renal disease or Lou Gehrig’s disease, so she will be eligible for Medicare.  
- **c.** Medicare is a program for people of all ages with specific mental health disabilities. Since she is in excellent health, she would not qualify, but should instead look into her state’s Medicaid program.
- **d.** Medicare is a program for people who have incomes and assets below specific limits, so you will have to find out her exact financial situation before telling her whether she can obtain Medicare coverage.

Source: Medicare Program Basics

**Question 2**

Mr. Styles would like to plan for retirement and has asked you what is covered under Original Fee-for-Service (FFS) Medicare? What could you tell him?

Choose one answer.

- **a.** Part A, which covers hospital, skilled nursing facility, hospice and home health services and Part B, which covers professional services such as those provided by a doctor are covered under Original Medicare.
- **b.** Part D, which covers prescription drug services, is covered under Original Medicare.
- **c.** Part C, which always covers dental and vision services, is covered under Original Medicare.
- **d.** Part A, which covers long term custodial care services, is covered under Original Medicare.

Source: Different Ways to Get Medicare

**Question 3**
Mr. Hudson is concerned that if he signs up for a Medicare health plan, the health plan may, at some time in the future, reduce his benefits below what is available in Original Medicare. What should you tell him about his concern?

Choose one answer.

a. Medicare health plans offer a menu of benefits, from which he may choose, so if he ever wants to increase his coverage, he need only contact the plan and select other options. ✗

b. Medicare health plans must cover all benefits available under Medicare Part A and Part B. Many also cover Part D prescription drugs. ✓

c. He should not be concerned because Medicare health plans must cover all IRS-approved health care expenses, which means that all of them provide substantially greater benefits than are available under Medicare Part B. ✗

d. Medicare health plans have the option of deciding, each year, what services they will cover. He is correct that the health plan could eliminate some benefits covered by Medicare and he should think carefully before enrolling in a Medicare health plan. ✗

Source: Different Ways to Get Medicare, cont’d

Question 4

Mrs. Geisler’s neighbor told her she should look at her Part D options during the annual Medicare enrollment period because features of Part D might have changed. Mrs. Geisler can’t remember what Part D is so she called you to ask what her neighbor was talking about. What could you tell her?

Choose one answer.

a. Part D covers hospital and home health services and the cost sharing has changed this year. ✓

b. Part D covers prescription drugs and she should look at her premiums, formulary, and cost sharing to see if they have changed. ✓

c. Part D covers physician and non-physician practitioner services and the deductible has not changed this year, but the physician charges may go up. ✗

d. Part D covers long-term care services and she shouldn’t worry because there has been no change in coverage.

Source: Different Ways to Get Medicare, cont’d

Question 5
Mrs. Weems wants to know generally how the benefits under Original Medicare might compare to the benefit package of a Medicare Health Plan before she starts looking at specific plans. What could you tell her?

Choose one answer.

a. Medicare Health Plans do not necessarily have to cover all of the Original Medicare services, but must include a maximum out-of-pocket limit. ✗

b. Medicare Health Plans are not permitted to offer any benefits beyond those available under the Original Medicare program and must have the same maximum out-of-pocket limit on Part A and Part B services.

c. Medicare Health Plans may offer extra benefits that Original Medicare does not cover such as vision, hearing, and dental services and must include a maximum out-of-pocket limit on Part A and Part B services.

d. All Medicare Health Plans offer cost-sharing that is lower than Original Medicare for all Part A and Part B covered services, but the maximum out-of-pocket limit is higher than in Original Medicare.

Source: Part C Medicare Health Plans

Question 6

Mr. Meoni’s wife has a Medicare Advantage plan, but he wants to understand what coverage Medicare Supplemental Insurance provides since his health care needs are different from his wife’s needs. What could you tell Mr. Meoni?

Choose one answer.

a. Medicare Supplemental Insurance would help cover his Part A and Part B cost-sharing in Original Fee-for-Service (FFS) Medicare as well as possibly some services that Medicare does not cover.

b. Medicare Supplemental Insurance would cover his dental, vision and hearing services only.

c. Medicare Supplemental Insurance would cover his long-term care services. ✗

d. Medicare Supplemental Insurance would cover all of his IRS approved health care expenditures not covered under Original Fee-for-Service (FFS) Medicare. ✗

Source: Medigap (Medicare Supplement Insurance)
Mrs. Chen will be 65 soon, has been a citizen for twelve years, has been employed full time, and paid taxes during that entire period. She is concerned that she will not qualify for coverage under part A because she was not born in the United States. What should you tell her?

Choose one answer.

- a. All individuals who are citizens and over age 65 will be covered under Part A.
- b. Most individuals who are citizens and over age 65 are covered under Part A by virtue of having paid Medicare taxes while working, though some may be covered as a result of paying monthly premiums.
- c. Most individuals who are citizens and over age 65 and wish to be covered under Part A must enroll in a Medicare Health Plan.
- d. Most individuals who are citizens and over age 65 and are covered under Part A must pay a monthly premium for that coverage.

Source: Medicare Entitlement – Part A; Medicare Program Basics (provides reference to citizenship).

Question 2

Mr. Bauer is 49 years old, but eighteen months ago he was declared disabled by the Social Security Administration and has been receiving disability payments. He is wondering whether he can obtain coverage under Medicare. What should you tell him?

Choose one answer.

- a. After receiving such disability payments for 24 months, he will be automatically enrolled in Medicare, regardless of age.
- b. Individuals receiving such disability payments from the Social Security Administration continue to receive those payments, but only become eligible for Medicare upon reaching age 65.
- c. Individuals who become eligible for such disability payments only have to wait 12 months before they can apply for coverage under Medicare.
- d. He became eligible for Medicare when his disability eligibility determination was first made.

Source: Medicare Entitlement-Part B

Question 3
Mr. Davis is 49 years old and has been receiving disability benefits from the Social Security Administration for 12 months. Can you sell him a Medicare Advantage or Part D Prescription Drug policy?

Choose one answer.

- a. Yes, he can purchase such a policy, as long as it is through his employer’s retiree group plan.
- b. Yes, he can purchase such a policy because he is receiving disability payments from his employer.
- c. No, he cannot purchase a Medicare Advantage or Part D policy because he has not received Social Security or Railroad Retirement disability benefits for 24 months. ✅
- d. No, he cannot purchase a Medicare Advantage or Part D policy until he is 65 years of age.

Source: Medicare Entitlement-Part B; Medicare Eligibility-Part C/D

Question 4

Ms. Henderson believes that she will qualify for Medicare coverage when she turns 65, without paying any premiums, because she has been working for 40 years and paying Medicare taxes. What should you tell her?

Choose one answer.

- a. She is correct because she will be covered under Part A, without paying premiums and she has worked for 40 years so she will not have to pay Part B premiums. ❌
- b. She is correct that she will not have to pay a premium because State programs cover the cost of Part B premiums for all Medicare beneficiaries. ❌
- c. In order to obtain Part B coverage, she must pay a standard monthly premium, though it is higher for individuals with higher incomes. ✓
- d. Medicare beneficiaries only pay a Part B premium if they are enrolled in a Medicare Health Plan.

Source: Medicare Premiums for Part B.

Question 5

Mr. Diaz continued working with his company and was insured under his employer’s group plan until he reached age 68. He has heard that there is a premium penalty for those who did not sign up for Part B when first eligible and wants to know how much he will have to pay. What should you tell him?
Choose one answer.

- a. The penalty will be a permanent 10% increase in his Part B premium for every 12 month period that passed during which he could have enrolled and did not. ✗

- b. During the first year he is covered under Part B, his premiums will be 10% higher than they otherwise would be, after which point they will return to normal. ✗

- c. Mr. Diaz will not pay any penalty because he had continuous coverage under his employer's plan. ✓

- d. Mr. Diaz will pay a penalty, which will be a flat amount each year, paid during the first month of coverage.

Source: Medicare Premium for Part B, cont'd.

Question 6

Mrs. Peña is 66 years old, has coverage under an employer plan and will retire next year. She heard she must enroll in Part B at the beginning of the year to ensure no gap in coverage. What can you tell her?

Choose one answer.

- a. She may enroll at any time while she is covered under her employer plan, but she will have a special eight-month enrollment period that differs from the standard general enrollment period, during which she may enroll in Medicare Part B. ✓

- b. She must wait at least 30 days after her employment terminates before she may enroll in Medicare Part B. ✗

- c. She may not enroll in Part B while covered under an employer group health plan and must wait until the standard general enrollment period after she retires. ✗

- d. She may only enroll in Part B during the general enrollment period whether she is retired or not. ✗

Medicare Premium for Part B, cont'd.

Question 7

Mrs. Kelly is entitled to Part A, but is not yet enrolled in Part B. She is considering enrollment in a Medicare health plan. What should you advise her to do before she will be able to enroll into a Medicare health plan?

Choose one answer.
In order to join a Medicare health plan, she also must enroll in Part B. ✓

Since she is age 65 she may enroll in any Medicare health plan, regardless of whether she is entitled to Part A or Part B coverage. ✗

To enroll in a Medicare health plan, she need only be entitled to Part A, so she does not need to take any further steps. ✗

d. In order to join a Medicare health plan, she must be enrolled in Parts A, B and D.

Medicare Eligibility – Part C/D.

Mrs. Toma has a low, fixed income. What could you tell her that might be of assistance?

Choose one answer.

1. She should contact her state Medicaid agency to see if she qualifies for one of several programs that can help with Medicare costs for which she is responsible. ✓

2. She should only seek help from private organizations to cover her Medicare costs.

3. She can apply to the Medicare agency for lower premiums and cost-sharing. ✗

4. She should not sign up for a Medigap or Medicare Advantage plan. ✗

Source: Help for Individuals with Limited Income/Resources—Apply to State Medicaid Office

Question 2

Mr. Yu has limited income and resources so you have encouraged him to see if he qualifies for some type of financial assistance. Mr. Yu is not sure it is worth the trouble to apply and wants to know what the assistance could do for him if he qualifies. What could you tell him?

Choose one answer.
1. He might qualify for help with Part D prescription drug costs and help paying Part A and/or Part B premiums, deductibles, and cost sharing. ✔

2. He might qualify for Medicaid, which will cover all IRS-approved health services. ✗

3. He might qualify for the Health Freedom program, which covers 80 percent of certain medical costs incurred by low-income individuals living within the counties that have adopted this program. ✗

4. He might qualify for the Supplemental Security Income program, which provides one-time cash grants to help low-income beneficiaries. ✗

Source: Help for Individuals with Limited Income/Resources—Apply to State Medicaid Office

Mr. Patel is in good health and is preparing a budget in anticipation of his retirement when he turns 66. He wants to understand the health care costs he might be exposed to under Medicare if he were to require hospitalization as a result of an illness. In general terms, what could you tell him about his costs for inpatient hospital services under Original Medicare?

Choose one answer.

1. Under Original Medicare, the inpatient hospital co-payment is a flat per-day amount that remains the same throughout the first 60 days of a beneficiary’s stay. After day 60 the amount gradually increases until day 90. After 90 days he would pay the full amount of all costs. ✗

2. Under Original Medicare, the inpatient hospital co-payment is a percentage of allowed charges. The percentage increases after 60 days and again after 90 days. ✗

3. Under Original Medicare, if the inpatient hospital service is provided by a participating Medicare provider, the co-payment is waived. Co-payments are only charged when a beneficiary opts to receive care from a non-participating provider. ✗

4. Under Original Medicare, there is a single deductible amount due for the first 60 days of any inpatient hospital stay, after which it converts into a per-day amount through day 90. After day 90, 60 days over his lifetime, after which he would be responsible for all costs. ✔

Source: Medicare Part A Benefits

Question 2
Mrs. Kanof is covered by Original Medicare. She sustained a hip fracture and is being successfully treated for that condition. However, she and her physicians feel that after her lengthy hospital stay she will need a month or two of nursing and rehabilitative care. What should you tell them about Original Medicare's coverage of care in a skilled nursing facility?

Choose one answer.

1. Once she has expended her liquid assets, Medicare will cover 80% of Mrs. Kanof's long-term care costs.
2. Mrs. Kanof will have to apply for Medicaid to have her skilled nursing services covered because Medicare does not provide such a benefit.
3. Medicare will cover Mrs. Kanof's skilled nursing services provided during the first 20 days of her stay, after which she would have a copay until she has been in the facility for 100 days.
4. Medicare will cover an unlimited number of days in a skilled-nursing facility, as long as a physician certifies that such care is needed.

Source: Medicare Part A Benefits

Question 3

Mr. Rainey is experiencing paranoid delusions and his physician feels that he should be hospitalized. What should you tell Mr. Rainey (or his representative) about the length of an inpatient psychiatric hospital stay that Medicare will cover?

Choose one answer.

1. Medicare will cover a total of 190 days of inpatient psychiatric care during Mr. Rainey's entire lifetime.
2. Medicare will cover, at its allowable amount, as many stays as are needed throughout Mr. Rainey's life, as long as no single stay exceeds 190 days.
3. Medicare inpatient psychiatric coverage is limited to the same number of days covered for typical inpatient stays.
4. Inpatient psychiatric services are not covered under Original Medicare.

Source: Medicare Part A Benefits
Question 4

Mrs. Quigley has just turned 65 and received a letter informing her that she has been automatically enrolled in Medicare Part B. She wants to understand what this means. What should you tell Mrs. Quigley?

Choose one answer.

1. Part B will cover her dental and vision needs. ✗

2. She will need to pay no premiums for Part B as she qualifies for premium free coverage due to the number of quarters she has worked. ✗

3. Part B primarily covers physician services. She will be paying a monthly premium and, with the exception of many preventive and screening tests, generally will have 20% co-payments for these services, in addition to an annual deductible. ✓

4. She should disenroll if she does not want to pay the monthly premiums. There is no disadvantage to doing so.

Source: Medicare Part B Benefits; Medicare Part B Benefits - Preventive and Screening Tests

Question 5

Mr. Buck has several family members who died from different cancers. He wants to know if Medicare covers cancer screening. What should you tell him?

Choose one answer.

1. Medicare covers treatments for existing disease, injury and malformed limbs or body parts. As such, it does not cover any screening tests and these must be paid for by the beneficiary out of pocket. ✗

2. Medicare covers periodic performance of a range of screening tests that are meant to provide early detection of disease. Mr. Buck will need to check specific tests before obtaining them to see if they will be covered. 

3. Medicare covers some screening tests that must be performed within the first year after enrollment. Beyond that point expenses for screening tests are the responsibility of the beneficiary. ✗

4. Medicare covers all screening tests that have been approved by the FDA on a frequency determined by the treating physician. ✗
Source: Medicare Part B Benefits - Preventive and Screening Tests

**Question 6**

Mrs. Turner is comparing her employer’s retiree insurance to Original Medicare and would like to know which of the following services Original Medicare will cover if the appropriate criteria are met? What could you tell her?

Choose one answer.

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<table>
<thead>
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<tbody>
<tr>
<td>[ ]</td>
<td>1. Original Medicare covers therapeutic massage. ✗</td>
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<tr>
<td>[ ]</td>
<td>2. Original Medicare covers ambulance services. ✓</td>
</tr>
<tr>
<td>[ ]</td>
<td>3. Original Medicare covers cosmetic surgery. ✗</td>
</tr>
<tr>
<td>[ ]</td>
<td>4. Original Medicare covers orthopedic shoes. ✗</td>
</tr>
</tbody>
</table>

Source: Other Part B Items and Services

**Question 7**

Mrs. Badeau wears glasses and dentures and has enjoyed considerable pain relief from arthritis through acupuncture. She is concerned about whether or not Medicare will cover these items and services. What should you tell her?

Choose one answer.

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<tbody>
<tr>
<td>[ ]</td>
<td>1. Medicare does not cover acupuncture, or, in general, glasses or dentures. ✓</td>
</tr>
<tr>
<td>[ ]</td>
<td>2. Medicare covers glasses, but not dentures or acupuncture. ✗</td>
</tr>
<tr>
<td>[ ]</td>
<td>3. Medicare covers 50% of the cost of these three services. ✗</td>
</tr>
<tr>
<td>[ ]</td>
<td>4. Medicare covers 80% of the cost of these three services. ✗</td>
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Source: Not Covered by Medicare Part A & B
Mr. Singh would like drug coverage, but does not want to be enrolled into a health plan. What should you tell him?

Choose one answer.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
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<tbody>
<tr>
<td>1.</td>
<td>Part D prescription drug coverage can only be obtained by enrollment into a Medicare Health Plan that also covers Part A and Part B services. ✗</td>
</tr>
<tr>
<td>2.</td>
<td>Mr. Singh will have to enroll in Medicaid if he wishes to obtain prescription drug coverage other than a Medicare Health Plan. ✗</td>
</tr>
<tr>
<td>3.</td>
<td>Mr. Singh can enroll in a stand-alone prescription drug plan and continue to receive services through Original Fee-for-Service Medicare. ✓</td>
</tr>
<tr>
<td>4.</td>
<td>Mr. Singh must leave Original Medicare to receive drug coverage. ✗</td>
</tr>
</tbody>
</table>

Source: Part 1, Slide 26

Question 2

Mr. Alonso receives some help paying for his two generic prescription drugs from his employer’s retiree coverage, but he wants to compare it to a Part D prescription drug plan. He asks you what costs he would generally expect to encounter when enrolling into a standard Medicare Part D prescription drug plan. What should you tell him?

Choose one answer.

<table>
<thead>
<tr>
<th>Option</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>He generally would pay only a monthly premium. Medicare covers all other costs.</td>
</tr>
<tr>
<td>2.</td>
<td>He generally would pay only a monthly premium and deductible. Medicare covers all other costs.</td>
</tr>
<tr>
<td>3.</td>
<td>He generally would pay a monthly premium, annual deductible, and per-prescription co-payment. Medicare covers all other costs.</td>
</tr>
<tr>
<td>4.</td>
<td>He generally would pay only a per-prescription co-payment. Medicare covers all other costs.</td>
</tr>
</tbody>
</table>

Source: Original Medicare and Part D Prescription Drug Coverage
Mrs. Paterson is concerned about the deductibles and co-payments associated with Original Medicare. What can you tell her about Medigap as an option to address this concern?

Choose one answer.

1. Medigap plans are not sold by private companies and are a government insurance product.  
2. Medigap plans help beneficiaries cover coinsurance, co-payments, and/or deductibles for medically necessary services. ✓
3. All costs not covered by Medicare are covered by some Medigap plans. ✗
4. If Mrs. Paterson applies during the Medigap open enrollment period, she will determine if she has a pre-existing condition that would increase the premium for a Medigap policy.

Source: Further Information on Medigap (Medicare Supplement Insurance); Medigap Coverage

Question 2

Mrs. Schlick is enrolled in Original Medicare and has a Medigap policy as well, but it provides no drug coverage. She would like to keep the coverage she has, but replace her existing Medigap plan with one that provides drug coverage. What should you tell her?

Choose one answer.

1. Mrs. Schlick should purchase a K or L Medigap plan. ✗
2. Medigap is a replacement for Original Medicare and she has been paying for double coverage. She should simply drop her Medigap policy. ✗
3. Mrs. Schlick can purchase a Medigap plan that covers drugs, but it likely won't offer coverage that is equivalent to that provided under Part D. ✗
4. Mrs. Schlick cannot purchase a Medigap plan that covers drugs, but she could keep her Medigap policy and enroll in a Part D prescription drug plan. ✓

Source: Beneficiaries in Original Medicare with Medigap Drug Coverage; Medigap is NOT

Question 3
Mr. Capadona would like to purchase a Medicare Advantage (MA) plan and a Medigap plan to pick up costs not covered by that plan. What should you tell him?

Choose one answer.

1. Medigap policies designed to cover costs not paid for by a MA plan can be purchased, but only if the MA plan’s design is considered to be the “defined standard benefit.”
2. It is illegal for you to sell Mr. Capadona a Medigap plan if he is enrolled in an MA plan, and besides, Medigap only works with Original Medicare.
3. Medigap plans that cover costs not paid for by a MA plan are available only in Massachusetts, Minnesota, and Wisconsin.
4. Medigap plans are a form of Medicare Advantage, so purchasing both would be redundant coverage.

Source: Medigap is NOT

1

Mr. Meoni’s wife has a Medicare Advantage plan, but he wants to understand what coverage Medicare Supplemental Insurance provides since his health care needs are different from his wife’s needs. What could you tell Mr. Meoni?

Choose one answer.

a. Medicare Supplemental Insurance would cover his long-term care services.
b. Medicare Supplemental Insurance would cover his dental, vision and hearing services only.

c. Medicare Supplemental Insurance would help cover his Part A and Part B cost sharing in Original Fee-for-Service (FFS) Medicare as well as possibly some services that Medicare does not cover.
d. Medicare Supplemental Insurance would cover all of his IRS approved health care expenditures not covered under Original Fee-for-Service (FFS) Medicare.

Source: Medigap (Medicare Supplement Insurance)

Question 2

Mrs. Weems wants to know generally how the benefits under Original Medicare might compare to the benefit package of a Medicare Health Plan before she starts looking at specific plans. What could you tell her?
Choose one answer.

- a. Medicare Health Plans do not necessarily have to cover all of the Original Medicare Part A and Part B services, but must include a maximum out-of-pocket limit. ✗
- b. Medicare Health Plans are not permitted to offer any benefits beyond those available under the Original Medicare program and must have the same maximum out-of-pocket limit on Part A and Part B services as FFS Medicare.
- c. All Medicare Health Plans offer cost-sharing that is lower than Original Medicare for all Part A and Part B covered services, but the maximum out-of-pocket limit is higher than in Original Medicare.
- d. Medicare Health Plans may offer extra benefits that Original Medicare does not offer such as vision, hearing, and dental services and must include a maximum out-of-pocket limit on Part A and Part B services.

Source: Part C Medicare Health Plans

**Question 3**

Mr. Diaz continued working with his company and was insured under his employer’s group plan until he reached age 68. He has heard that there is a premium penalty for those who did not sign up for Part B when first eligible and wants to know how much he will have to pay. What should you tell him?

Choose one answer.

- a. Mr. Diaz will not pay any penalty because he had continuous coverage under his employer’s plan.
- b. Mr. Diaz will pay a penalty, which will be a flat amount each year, paid during the first month of coverage.
- c. During the first year he is covered under Part B, his premiums will be 10% higher than they otherwise would be, after which point they will return to normal. ✗
- d. The penalty will be a permanent 10% increase in his Part B premium for every 12 month period during which he could have enrolled and did not.

Source: Medicare Premium for Part B, cont'd.

**Question 4**

Ms. Moore plans to retire when she turns 65 in a few months. She is in excellent health and will have considerable income when she retires. She is concerned that her income will make it impossible for her to qualify for Medicare. What could you tell her to address her concern?

Choose one answer.
a. Medicare is a program for people who have incomes and assets below specific limits, so you will have to find out her exact financial situation before telling her whether she can obtain Medicare coverage.

b. Medicare is a program for people of all ages with specific mental health disabilities. Since she is in excellent health, she would not qualify, but should instead look into her state’s Medicaid program.

c. Medicare is a program for people age 65 or older and those under age 65 who have certain disabilities, end stage renal disease or Lou Gehrig’s disease, so she will be eligible for Medicare. ✔

d. Eligibility for Medicare is based on whether or not a person has ever been employed by the federal government. If she or her husband were ever employed by the federal government, she can enroll.

Source: Medicare Program Basics

Question5

Mrs. Wolf wears glasses and dentures and has enjoyed considerable pain relief from arthritis through acupuncture. She is concerned about whether or not Medicare will cover these items and services. What should you tell her?

Choose one answer.

a. Medicare does not cover acupuncture, or, in general, glasses or dentures. ✔

b. Medicare covers glasses, but not dentures or acupuncture. ✗

c. Medicare covers 50% of the cost of these three services. ✗

d. Medicare covers 80% of the cost of these three services. ✗

Not Covered by Medicare Part A&B.

Question6

Mr. Buck has several family members who died from different cancers. He wants to know if Medicare covers cancer screening. What should you tell him?

Choose one answer.

a. Medicare covers periodic performance of a range of screening tests that are meant to provide early detection of disease.
Mr. Buck will need to check specific tests before obtaining them to see if they will be covered.

b. Medicare covers treatments for existing disease, injury and malformed limbs or body parts. As such, it does not cover any screening tests and these must be paid for by the beneficiary out of pocket.

c. Medicare covers all screening tests that have been approved by the FDA on a frequency determined by the treating physician.

d. Medicare covers some screening tests that must be performed within the first year after enrollment. Beyond that point, expenses for screening tests are the responsibility of the beneficiary.

Medicare Part B Benefits - Preventive Services and Screenings

Question 7

Mrs. Gonzalez is enrolled in Original Medicare and has a Medigap policy as well, but it provides no drug coverage. She would like to keep the coverage she has, but replace her existing Medigap plan with one that provides drug coverage. What should you tell her?

Choose one answer.

- a. Mrs. Gonzalez can purchase a Medigap plan that covers drugs, but it likely won’t offer coverage that is equivalent to that provided under Part D.
- b. Mrs. Gonzalez should purchase a K or L Medigap plan.
- c. Medigap is a replacement for Original Medicare and she has been paying for double coverage. She should simply drop her Medigap policy.
- d. Mrs. Gonzalez cannot purchase a Medigap plan that covers drugs, but she could keep her Medigap policy and enroll in a Part D prescription drug plan.

Question 8

Mrs. Schmidt is covered by Original Medicare. She sustained a hip fracture and is being successfully treated for that condition. However, she and her physicians feel that after her lengthy hospital stay she will need a month or two of nursing and rehabilitative care. What should you tell them about Original Medicare’s coverage of care in a skilled nursing facility?

Choose one answer.

- a. Mrs. Schmidt will have to apply for Medicaid to have her skilled nursing services covered because Medicare does not provide such a benefit.
Medicare will cover an unlimited number of days in a skilled-nursing facility, as long as a physician certifies that such care is needed.

Medicare will cover Mrs. Schmidt’s skilled nursing services provided during the first 20 days of her stay, after which she would have a coinsurance until she has been in the facility for 100 days.

Once she has expended her liquid assets, Medicare will cover 80% of Mrs. Schmidt’s long-term care costs.

Mr. Singh would like drug coverage, but does not want to be enrolled into a health plan. What should you tell him?

Choose one answer.

- Mr. Singh must leave Original Medicare to receive drug coverage. ✗
- Mr. Singh can enroll in a stand-alone prescription drug plan and continue to receive services through Original Fee-for-Service Medicare. ✓
- Part D prescription drug coverage can only be obtained by enrollment into a Medicare Health Plan that also covers Part A and Part B services. ✗
- Mr. Singh will have to enroll in Medicaid if he wishes to obtain prescription drug coverage through some means other than a Medicare Health Plan. ✗

Mr. Davis is 49 years old and has been receiving disability benefits from the Social Security Administration for 12 months. Can you sell him a Medicare Advantage or Part D Prescription Drug policy?

Choose one answer.

- Yes, he can purchase such a policy because he is receiving disability payments. ✗
- Yes, he can purchase such a policy, as long as it is through his employer’s retiree group plan. ✓
c. No, he cannot purchase a Medicare Advantage or Part D policy because he has not received Social Security or Railroad Retirement disability benefits for 24 months. ✓

d. No, he cannot purchase a Medicare Advantage or Part D policy until he is 65 years of age.

Source: Medicare Entitlement-Part B; Medicare Eligibility-Part C/D

1

Mr. Lopez has heard that he can sign up for a product called “Medicare Advantage” but is not sure about what type of plan designs are available through this program. What should you tell him about the types of health plans that are available through the Medicare Advantage program?

Choose one answer.

- a. They are major medical policies, but are only for low-income beneficiaries with Medicare.
- b. They are Medigap Supplemental plans that fill in the gaps not covered by Medicare.
- c. They are Medicare health plans such as HMOs, PPOs, PFFS, SNPs, and MSAs.
- d. They are long-term care plans for people with Medicare. ❌

Source: Medicare Health Plans.

Question 2

Mr. Whalen is trying to understand the difference between Original Medicare and Medicare Advantage. What would be a correct description?

Choose one answer.

- a. Medicare Advantage is a way of covering all of the Original Medicare benefits through private health insurance companies.
- b. Medicare Advantage is designed to pick up where Original Medicare leaves off, covering those health care services that would not normally be covered by Original Medicare. ❌
- c. Medicare Advantage is a health insurance program operated jointly by the states with the Federal government.
- d. Medicare Advantage is a new name for the Original Medicare program. ❌
Question 3

During a sales presentation in Ms. Sully’s home, she tells you that she has heard about a type of Medicare health plan known as Private Fee-for-Service (PFFS). She wants to know if this would be available to her. What should you tell her about PFFS plans?

Choose one answer.

- a. PFFS plans are designed to cover only prescription drugs and if that is the type of coverage she wants, she may enroll in one if it is available in her area. ✗
- b. A PFFS plan is exactly the same as Original Medicare, only offered by a private company and she may enroll in one if it is available in her area. ✗
- c. A PFFS plan is one of various types of Medicare Advantage plans offered by private entities and she may enroll in one if it is available in her area. ✓
- d. A PFFS plan is a type of Medicare Supplement plan and she may enroll in one if it is available in her area. ✗

Source: Medicare Health Plans; MA Plan Types (PFFS); Medicare Advantage Eligibility.

Question 4

Mrs. Radford asks whether there are any special eligibility requirements for Medicare Advantage. What should you tell her?

Choose one answer.

- a. Mrs. Radford must be entitled to Part A and enrolled in Part B to enroll in Medicare Advantage. ✓
- b. Even if Mrs. Radford has end stage renal disease, she will be able to enroll in any Medicare Advantage plan in her service area. ✗
- c. Mrs. Radford must apply to the Medicare Advantage plan, which will include a medical review, prior to being accepted and enrolled. ✗
- d. Mrs. Radford can enroll in any Medicare Advantage plan that operates within the United States. ✗

Source: Medicare Advantage Eligibility.
Question 5

Ms. Bass lives on a limited fixed income and is concerned about the cost of healthcare. What should you tell her about the sort of help available to low income individuals under the Medicare program?

Choose one answer.

a. Medicare health plans must waive certain cost-sharing amounts for her if she is unable to pay due to limited income and she can prove the cost-sharing would be a financial hardship. ✗

b. The Federal government will pay the Medicare Advantage plan's monthly premium for her since she has limited income and resources. ✗

c. There is no help available for her if she enrolls in a Medicare health plan. ✗

d. As a Medicare beneficiary with limited income and resources she may contact her state Medicaid agency to apply for assistance paying for the Part B premium and cost sharing and Part D prescription drug coverage. ✓

Source: Help for Individuals with Limited Income.

1

Mr. Kumar is considering a Medicare Advantage HMO and has questions about his ability to access providers. What should you tell him?

Choose one answer.

a. With any Medicare Advantage HMO, Mr. Kumar will be able to see any provider he likes, so long as that provider participates in Original Medicare. ✗

b. In Medicare Advantage HMO plans, services provided by primary care physicians are covered at 100%, but those of specialists are covered at 80%. ✗

c. Mr. Kumar will be able to obtain routine care outside of the plan’s service area, but will pay a higher co-payment (except in an emergency). ✗

d. In most Medicare Advantage HMOs, Mr. Kumar must obtain his services only from providers who have a contractual relationship with the plan (except in an emergency). ✓

Source: MA Plan Types Coordinated Care Plans – HMOs

Question 2
Mrs. Ramos is considering a Medicare Advantage PPO and has questions about which providers she can go to for her health care. What should you tell her?

Choose one answer.

- a. Mrs. Ramos should be aware that generally plan providers can decide, on a case-by-case basis, whether they will treat her. ✗
- b. Mrs. Ramos can obtain care from any provider who participates in Original Medicare, but generally will be charged a lower co-payment if she goes to one of the plan’s preferred providers. ✓
- c. In general, Mrs. Ramos can obtain care from any provider who participates in Original Medicare, but will have to pay the difference between the plan’s allowed amount and the provider’s usual and customary charge. ✗
- d. In general, Mrs. Ramos will need a referral to see specialists. ✗

Source: MA Plan Types Coordinated Care Plans – PPOs.

Question 3

Mr. Sinclair has diabetes and heart trouble and is generally satisfied with the care he has received under Original Medicare, but he would like to know more about Medicare Advantage Special Needs Plans (SNPs). What could you tell him?

Choose one answer.

- a. SNPs have special programs for enrollees with chronic conditions, like Mr. Schumer, and they provide prescription drug coverage that could be very helpful as well. ✓
- b. SNPs are essentially the same as Original Medicare and are not likely to have a noticeable impact on how Mr. Schumer receives his care. ✗
- c. Since SNPs don’t cover prescription drugs Mr. Sinclair should consider a different option. ✗
- d. SNPs offer care from any doctor or hospital Mr. Sinclair would like to use and his costs will always be lower than in Original Medicare. ✗

Source: MA Plan Types Coordinated Care Plans SNPs.

Question 4
Mr. Greco is in excellent health, lives in his own home, and has a sizeable income from his investments. He has a friend enrolled in a Medicare Advantage Special Needs Plan (SNP). His friend has mentioned that the SNP charges very low cost-sharing amounts and Mr. Greco would like to join that plan. What should you tell him?

Choose one answer.

- a. SNPs limit enrollment to certain sub-populations of beneficiaries. Given his current situation, he is unlikely to qualify and would not be able to enroll in the SNP. ✓
- b. SNPs only serve individuals eligible for both Medicaid and Medicare, so he cannot enroll. ❌
- c. SNPs do not provide Part D prescription drug coverage, so if he does enroll, he should be aware that he will not have coverage for any medications he may need now or in the future. ❌
- d. SNPs only serve individuals in long-term care facilities, so he cannot enroll.

Source: MA Plan Types Coordinated Care Plans SNPs.

Mr. Gomez notes that a Private Fee-for-Service (PFFS) plan available in his area has an attractive premium. He wants to know if he must use doctors in a network like his current HMO plan requires him to do. What should you tell him?

Choose one answer.

- a. He may receive health care services from any doctor allowed to bill Medicare, provide he shows the doctor the plan’s identification card and the doctor agrees to accept the PFFS plan’s payment terms and conditions, which could include balance billing. ✓
- b. He may receive services from any physician, regardless of whether or not that physician participates in the plan or Original Medicare. ❌
- c. If he enrolls in the PFFS plan and shows his card to a doctor who participates in Original Medicare, then that doctor is required to accept the plan’s terms and conditions, which could include balance billing. ❌
- d. If he enrolls in the PFFS plan, he can go to any doctor anywhere as long as the doctor accepts Original Medicare.

Source: MA Plan Types Private Fee-for-Service (PFFS) Plans; MA Plan Types Private Fee-for Service Plans, cont’d.

Question2
Mrs. Lee is discussing with you the possibility of enrolling in a Private Fee-for-Service (PFFS) plan. As part of that discussion, what should you be sure to tell her?

Choose one answer.

- a. If she uses non-network providers, her doctors and hospital could decide whether to treat her on a visit-by-visit basis. ✓
- b. PFFS plans are not permitted to provide any benefits beyond what is covered under Original Medicare.
- c. If she uses non-network providers, she would not be permitted to obtain care outside of her plan’s service area.
- d. If she uses non-network providers, her cost sharing would be the same under a PFFS plan as it would be under Original Medicare. ✗

Source: MA Plan Types Private Fee-for-Service (PFFS) Plans

**Question 3**

Mr. McTaggart notes that a Private Fee-for-Service (PFFS) plan available in his area has an attractive premium. He wants to know what makes them different from an HMO or a PPO. What should you tell him?

Choose one answer.

- a. Enrollees in a PFFS plan can obtain care from any provider in the U.S. who accepts Original Medicare, as long as the provider has a reasonable opportunity to access the plan’s terms and conditions and agrees to accept them. ✓
- b. If offered, beneficiaries can select a stand-alone Part D prescription drug plan (PDP) with an HMO or a PPO, but not with a PFFS plan. ✗
- c. PFFS plans are the same as Medicare supplement plans and he may obtain care from any provider in the U.S. ✗
- d. If a PFFS enrollee shows his/her card when obtaining services from a provider who participates in Original Medicare, then that provider is required to accept the plan’s terms and conditions. ✗

Source: MA Plan Types Private Fee-for-Service (PFFS) Plans; MA Plan Types Private Fee-for-Service Plans, cont’d

**Question 4**

If Dr. Elizabeth Brennan does not contract with the PFFS plan, but accepts the plan’s terms and conditions for payment, how will she be paid?
Choose one answer.

a. Generally, Dr. Brennan can charge the beneficiary more than the cost sharing specified in the PFFS plan's benefits as long as she treats all beneficiaries the same. x

b. Generally, the PFFS plan will pay Dr. Brennan directly the same amount Original Medicare would pay her.

c. Dr. Brennan could charge the beneficiary the same cost sharing as Original Medicare as long as she sends the claim to Medicare and not the plan. x

d. If Dr. Brennan normally charges more than the beneficiary copayment and the plan payment combined, she has the choice to bill the beneficiary for the difference. x

Source: MA Plan Types Private Fee-for-Service Plans, cont'd.

1

Mrs. Lyons is in good health, uses a single prescription, and lives independently in her own home. She is attracted by the idea of maintaining control over a Medical Savings Account (MSA), but is not sure if the plan associated with the account will fit her needs. What specific piece of information about a Medicare MSA plan would it be important for her to know, prior to enrolling in such a plan?

Choose one answer.

a. All beneficiaries enrolled in an MSA pay a plan premium in addition to their Part B premium.

b. For enrollees in an MSA, after the annual deductible is met, the MSA plan generally pays 75% of covered services. x

c. MSA enrollees may only receive covered health care services from a limited panel of network providers because otherwise some providers may charge more than Original Medicare rates. x

d. All MSAs cover Part A and Part B benefits, but not Part D prescription drug benefits, which could be obtained by also enrolling in a separate prescription drug plan. v

Source: MA Plan Types Medicare Savings Account (MSA) Plans

Question 2

Mr. Davies is turning 65 next month. He would like to enroll in a Medicare health plan, but does not want to be limited in terms of where he obtains his care. What should you tell him about how a Medicare Cost Plan might fit his needs?
Choose one answer.

a. Cost plans do not offer optional supplemental benefits, but they also do not maintain networks of providers, so he can obtain services from any provider he wishes to see and the cost-sharing will be the same.

b. Cost plan enrollees can choose to receive Medicare covered services under the plan's benefits by going to plan network providers and paying plan cost sharing, or may receive services from non-network providers and pay cost sharing due under Original Medicare.

c. Cost plans do not offer Part D prescription drug coverage as an optional benefit, so regardless of which Cost plan he enrolls in, he will need to ensure that he obtains drug coverage in some other way.

d. Cost plan enrollees must receive all of their covered services from network providers.

Source: Other Health Plans: Medicare 1876 Cost Plans.

Question 3

Mr. Romero is 64, retiring soon, and considering enrollment in his employer-sponsored retiree group health plan that includes drug coverage with nominal copays. He heard about a neighbor’s MA-PD plan that you represent and because he takes numerous prescription drugs, he is considering signing up for it. What should you tell him?

Choose one answer.

a. When possible, it is always the best option to have both the employer’s plan and the MA-PD, so he would have no out-of-pocket expenses. ✗

b. It is always the best option to talk with his benefits administrator to see whether he needs both an employer sponsored plan and a private MA-PD and what might happen if he were to sign up for both.

c. Generally, employers prefer retirees to have both the retiree group plan and the MA-PD; he would be better off with just the MA-PD plan. ✗

d. Generally, employers prefer retirees to enroll in a stand-alone PDP, so he should consider that instead of the MA-PD. ✗

Source: Other Medicare Health Plans cont’d: Employer Union Plans.

Mrs. Walters is enrolled in her state’s Medicaid program in addition to Medicare. What should she be aware of when considering enrollment in a Medicare Health Plan?
Choose one answer.

a. If a provider accepts her Medicare Health Plan coverage, that provider is legally obligated to also accept her Medicaid coverage, so she does not need to worry about finding providers who participate in both Medicare and Medicaid. ❌

b. Medicaid will coordinate benefits only with Medicaid participating providers.

c. She can submit any bills she has for co-payments under Medicare to the state’s Medicaid program and they will always be fully covered. ❌

d. State Medicaid programs do not coordinate any of their coverage with Medicare Health Plans.

Source: MA Plans and Dual Eligible Beneficiaries.

Question 2

Mrs. Andrews asked how a Private Fee-for-Service (PFFS) plan might affect her access to services since she receives some assistance for her health care costs from the State. What should you tell her?

Choose one answer.

a. Medicaid beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state’s Medicaid program. ❌

b. If Mrs. Andrews joins a PFFS plan, the State will not cover any of her medical expenses because she will be using only Medicare providers. ❌

c. Medicaid will cover all of her PFFS out-of-pocket costs and Medicaid providers will accept amounts paid by the PFFS plan as payment in full. ❌

d. Medicaid may provide additional benefits, but Medicaid will coordinate benefits only with Medicaid participating providers. ✔

Source: MA Plans and Dual Eligible Beneficiaries

Mr. Lombardi is interested in a Medicare Advantage (MA) PPO plan that you represent. It is one of three plans operated by the same organization in Mr. Lombardi’s area. The MA PPO plan does not include drug coverage, but the other two plans do. Mr. Lombardi likes the PPO plan that does not include...
drug coverage and intends to obtain his drug coverage through a stand-alone Medicare prescription drug plan. What should you tell him about this situation?

Choose one answer.

a. He could enroll in the MA-only plan and purchase a Medigap plan with drug coverage.

b. He could enroll in one of the MA plans that include prescription drug coverage and a stand-alone Medicare prescription drug plan, but he cannot enroll in the MA-only PPO plan and a stand-alone Medicare prescription drug plan.

c. He could enroll in the MA-only PPO plan and a stand-alone Medicare prescription drug plan.

d. He cannot enroll in a stand-alone prescription drug plan because you do not represent such a plan.

Source: MA & Prescription Drugs, cont'd.

Question 2

Mrs. Chou likes a PFFS plan available in her area that does not offer drug coverage. She wants to enroll in the plan and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

a. She could enroll in a PFFS plan and a stand-alone Medicare prescription drug plan.

b. If she wants drug coverage and a PFFS plan, she could only enroll in a PFFS plan that includes Medicare prescription drug coverage.

c. She could enroll in a PFFS plan, but not in a stand-alone drug plan.

d. She could enroll in the PFFS plan and a Medigap plan that offers drug coverage, but not in a stand-alone Medicare prescription drug plan.

Source: MA & Prescription Drugs, cont'd.

Mr. Kumar is considering a Medicare Advantage HMO and has questions about his ability to access providers. What should you tell him?

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<thead>
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<th>a. With any Medicare Advantage HMO, Mr. Kumar will be able to see any provider he likes, so long as that provider participates in Original Medicare. ✗</th>
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<td>b. Mr. Kumar will be able to obtain routine care outside of the plan’s service area, but will pay a higher co-payment (except in an emergency). ✗</td>
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<td>c. In most Medicare Advantage HMOs, Mr. Kumar must obtain his services only from providers who have a contractual relationship with the plan (except in an emergency). ✓</td>
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<td></td>
<td>d. In Medicare Advantage HMO plans, services provided by primary care physicians are covered at 100%, but those of specialists are covered at 80%.  ✓</td>
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Source: MA Plan Types Coordinated Care Plans – HMOs

Question 2

Mr. Whalen is trying to understand the difference between Original Medicare and Medicare Advantage. What would be a correct description?

Choose one answer.

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Source: Medicare Health Plans.

Question 3

Mrs. Lyons is in good health, uses a single prescription, and lives independently in her own home. She is attracted by the idea of maintaining control over a Medical Savings Account (MSA), but is not sure if the plan associated with the account will fit her needs. What specific piece of information about a Medicare MSA plan would it be important for her to know, prior to enrolling in such a plan?

Choose one answer.
a. MSA enrollees may only receive covered health care services from a limited panel of network providers because otherwise some providers may charge more than Original Medicare rates. ✗

b. All beneficiaries enrolled in an MSA pay a plan premium in addition to their Part B premium.

c. For enrollees in an MSA, after the annual deductible is met, the MSA plan generally pays 75% of covered services. ✗

d. All MSAs cover Part A and Part B benefits, but not Part D prescription drug benefits, which could be obtained by also enrolling in a separate prescription drug plan. ✓

Source: MA Plan Types Medicare Savings Account (MSA) Plans

Question 4

Ms. Bass lives on a limited fixed income and is concerned about the cost of healthcare. What should you tell her about the sort of help available to low income individuals under the Medicare program?

Choose one answer.

a. Medicare health plans must waive certain cost-sharing amounts for her if she has limited income and resources and she can prove the cost-sharing would be a financial hardship. ✗

b. As a Medicare beneficiary with limited income and resources she may contact her state Medicaid agency to apply for assistance paying for the Part B premium and cost sharing and Part D prescription drug coverage. ✓

c. There is no help available for her if she enrolls in a Medicare health plan. ✗

d. The Federal government will pay the Medicare Advantage plan’s monthly premium for her since she has limited income and resources. ✗

Source: Help for Individuals with Limited Income.

Question 5

Mr. Davies is turning 65 next month. He would like to enroll in a Medicare health plan, but does not want to be limited in terms of where he obtains his care. What should you tell him about how a Medicare Cost Plan might fit his needs?

Choose one answer.
a. Cost plan enrollees can choose to receive Medicare covered services under the plan's benefits by going to plan network providers and paying plan cost sharing, or may receive services from non-network providers and pay cost-sharing due under Original Medicare.

b. Cost plans do not offer Part D prescription drug coverage as an optional benefit, so regardless of which Cost plan he enrolls in, he will need to ensure that he obtains drug coverage in some other way.

c. Cost plan enrollees must receive all of their covered services from network providers.

d. Cost plans do not offer optional supplemental benefits, but they also do not maintain networks of providers, so he can obtain services from any provider he wishes to see and the cost-sharing will be the same.

Source: Other Health Plans: Medicare 1876 Cost Plans.

Question 6

During a sales presentation in Ms. Sully's home, she tells you that she has heard about a type of Medicare health plan known as Private Fee-for-Service (PFFS). She wants to know if this would be available to her. What should you tell her about PFFS plans?

Choose one answer.

a. A PFFS plan is exactly the same as Original Medicare, only offered by a private entity and she may enroll in one if it is available in her area. ✗

b. A PFFS plan is a type of Medicare Supplement plan and she may enroll in one if it is available in her area. ✗

c. PFFS plans are designed to cover only prescription drugs and if that is the type of coverage she wants, she may enroll in one if it is available in her area. ✗

d. A PFFS plan is one of various types of Medicare Advantage plans offered by private entities and she may enroll in one if it is available in her area. ✓

Source: Medicare Health Plans; MA Plan Types (PFFS); Medicare Advantage Eligibility.

Question 7

Mrs. Chou likes a PFFS plan available in her area that does not offer drug coverage. She wants to enroll in the plan and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.
<p>| | | |</p>
<table>
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<td>a. She could enroll in the PFFS plan and a Medigap plan that offers drug coverage, but not in a stand-alone Medicare prescription drug plan. ⊗</td>
<td>b. She could enroll in a PFFS plan, but not in a stand-alone drug plan. ⊗</td>
<td>c. If she wants drug coverage and a PFFS plan, she could only enroll in a PFFS plan that includes Medicare prescription drug coverage. ⊗</td>
</tr>
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</table>

Source: MA & Prescription Drugs, cont’d.

**Question 8**

Mr. Lombardi is interested in a Medicare Advantage (MA) PPO plan that you represent. It is one of three plans operated by the same organization in Mr. Lombardi’s area. The MA PPO plan does not include drug coverage, but the other two plans do. Mr. Lombardi likes the PPO plan that does not include drug coverage and intends to obtain his drug coverage through a stand-alone Medicare prescription drug plan. What should you tell him about this situation?

Choose one answer.

a. He could enroll in the MA-only plan and purchase a Medigap plan with drug coverage. ⊗

b. He could enroll in the MA-only PPO plan and a stand-alone Medicare prescription drug plan. ⊗

c. He could enroll in one of the MA plans that include prescription drug coverage, a PFFS plan, and a stand-alone Medicare prescription drug plan, but he cannot enroll in the MA-only PPO plan and a stand-alone prescription drug plan because you do not represent such a plan. ⊗

d. He cannot enroll in a stand-alone prescription drug plan because you do not represent such a plan. ⊗

Source: MA & Prescription Drugs, cont’d

**Question 9**

Mrs. Andrews asked how a Private Fee-for-Service (PFFS) plan might affect her access to services since she receives some assistance for her health care costs from the State. What should you tell her?

Choose one answer.
Medicaid beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state’s Medicaid program. ✗

Medicaid will cover all of her PFFS out-of-pocket costs and Medicaid providers will accept amounts paid by the PFFS plan as payment in full. ✗

Medicaid may provide additional benefits, but Medicaid will coordinate benefits only with Medicaid participating providers. ✓

If Mrs. Andrews joins a PFFS plan, the State will not cover any of her medical expenses because she will be using only Medicare providers. ✗

Source: MA Plans and Dual Eligible Beneficiaries

Question 10

Mr. McTaggert notes that a Private Fee-for-Service (PFFS) plan available in his area has an attractive premium. He wants to know what makes them different from an HMO or a PPO. What should you tell him?

Choose one answer.

Enrollees in a PFFS plan can obtain care from any provider in the U.S. who accepts Original Medicare, as long as the provider has a reasonable opportunity to access the plan’s terms and conditions and agrees to accept them. ✓

PFFS plans are the same as Medicare supplement plans and he may obtain care from any provider in the U.S. ✗

If offered, beneficiaries can select a stand-alone Part D prescription drug plan (PDP) with an HMO or a PPO, but not with a PFFS plan. ✗

If a PFFS enrollee shows his/her card when obtaining services from a provider who participates in Original Medicare, then that provider is required to accept the plan’s terms and conditions. ✗

Source: MA Plan Types Private Fee-for-Service (PFFS) Plans; MA Plan Types Private Fee-for-Service Plans, cont’d

Mr. Carlini has heard that Medicare prescription drug plans are only offered through private companies under a program known as Medicare Advantage (MA), not by the government. He likes Original Medicare and does not want to sign up for an MA product, but he also wants prescription drug coverage. What should you tell him?

Choose one answer.
a. Mr. Carlini can stay with Original Medicare and also enroll in a Medicare prescription drug plan through a private company that has contracted with the government to provide only such drug coverage to eligible Medicare beneficiaries.

b. Mr. Carlini can obtain drug coverage through the Federal government’s fallback plans, which are designed to provide an alternative to privately sponsored Medicare Advantage plans.

c. Mr. Carlini can keep Original Medicare, but if he does not sign up for an MA plan that includes prescription drug coverage, he will only be able to obtain prescription drug coverage through a Medigap plan.

d. In order to obtain prescription drug coverage, Mr. Carlini must enroll in an MA plan. The plan will cover his Part A and Part B services, as well as provide him with the desired prescription drug coverage.

Source: Medicare Part D Prescription Drug Program Basics

Question 2

Mrs. Mulcahy is concerned that she may not qualify for enrollment in a Medicare prescription drug plan because, although she is entitled to Part A, she is not enrolled under Medicare Part B. What should you tell her?

Choose one answer.

a. Everyone who is entitled to Part A or enrolled under Part B is eligible to enroll in a Medicare prescription drug plan. As long as Mrs. Mulcahy is entitled to Part A, she does not need to enroll under Part B before enrolling in a prescription drug plan.

b. To qualify for enrollment into a Medicare prescription drug plan, Mrs. Mulcahy must be entitled to Part A and enrolled under Part B. She should contact her local Social Security office and make arrangements to enroll in Part B prior to selecting a prescription drug plan.

c. Like all Medicare beneficiaries, Mrs. Mulcahy will be automatically enrolled into a Medicare prescription drug plan when she turns 65. She will have a six month window during which she can select a plan other than the one into which she has been automatically enrolled.

d. As long as Mrs. Mulcahy is 65, eligibility for a Medicare prescription drug plan is not dependent on entitlement to Part A or enrollment under Part B, so she should not be concerned.

Source: Medicare Part D Eligibility

1

All plans must cover at least the standard Part D coverage or its actuarial equivalent. What costs would a beneficiary incur for prescription drugs in 2014 under the standard coverage?
Choose one answer.

- a. Standard Part D coverage would require payment of fixed per-prescription co-payments in the coverage gap. ✗
- b. Standard Part D coverage would require payment of an annual deductible, 25% cost-sharing up to the coverage gap, a portion of costs for both generics and brand-name drugs in the coverage gap, and co-pays or co-insurance after the coverage gap. ✓
- c. Standard Part D coverage would require payment of only fixed per-prescription co-payments. ✗
- d. Standard Part D coverage would require payment of an annual deductible, fixed per-prescription co-payments, 25% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs. ✗

Source: Part D Plan Benefits Standard

Question 2

Mrs. Andrews was preparing a budget for next year because she takes quite a few prescription drugs, she will reach the coverage gap, and wants to be sure she has enough money set aside for those months. She received assistance calculating her projected expenses from her daughter who is a pharmacist, but she doesn’t think the calculations are correct because her out-of-pocket expenses would be lower than last year. She calls to ask if you can help. What might you tell her?

Choose one answer.

- a. It would not be unusual for her costs to be substantially less because a new requirement will result in generic drugs being automatically substituted for brand name drugs in the coverage gap. ✗
- b. It would not be unusual for her costs to be a bit less because each year until 2020, an enrollee’s share of the drug costs in the coverage gap are less. ✓
- c. There is likely an error because she will be paying 86 percent of the cost of generic drugs in the coverage gap in 2012. ✗
- d. There is likely an error in the calculations because prescription drug costs continue to rise, so her costs will probably be much higher next year. ✗

Source: Part D Plan Benefits Standard

Question 3
Mr. Jacob understands that there is a standard Medicare Part D prescription drug benefit, but when he looks at information on various plans available in his area, he sees a wide range in what they charge for deductibles, premiums and cost sharing. How can you explain this to him?

Choose one answer.

- a. The government allows Part D plans to adopt any benefit structure as long as the list of covered drugs meets their approval.

- b. Medicare Part D drug plans may have different benefit structures, but on average, they must all be at least as good as the standard model established by the government.

- c. The Part D standard model's importance is that it is the only type of plan into which low-income beneficiaries can enroll and still receive any extra help for which they may qualify.

- d. The government bases its payments to Part D plans on the standard benefit model. For government payment, they must offer the standard model, however, they can take a risk and revise their benefit structure to attract more beneficiaries.

Source: Part D Plan Benefits Standard for 2014

**1**

What types of tools can Medicare Part D prescription drug plans use that affect the way their enrollees can access medications?

Choose one answer.

- a. Part D plans do not have to cover all medications. As a result, their formularies, or lists of covered drugs, will vary from plan to plan. In addition, they can use cost containment techniques such as tiered co-payments and prior authorization.

- b. The Federal government establishes a set formulary, or list of covered drugs, each year that the Part D plans must use. Beneficiaries should consult the government's list prior to deciding whether they wish to enroll in a Part D plan during that year.

- c. Part D plans may use varying co-payments, but they are required to cover all prescription medications on the market.

- d. Part D plans may use varying co-payments for brand name and generic drugs, but they may not restrict access through prior authorization.

Source: Part D Drug Management Tools; Part D Drug Management Tools cont'd; – Covered Part D Drugs.

Question2
Mrs. Allen has a rare condition for which two different brand name drugs are the only available treatment. She is concerned that since no generic prescription drug is available and these drugs are very high cost, she will not be able to find a Medicare Part D prescription drug plan that covers either one of them. What should you tell her?

Choose one answer.

a. Medicare prescription drug plans are required to cover drugs in each therapeutic category. She should be able to enroll in a Medicare prescription drug plan that covers the medications she needs.

b. When medication costs exceed a certain threshold amount, which rises each year, Medicare prescription drug plans are permitted to exclude coverage for all but the least expensive of the medications in a given category. Mrs. Allen will need to encourage her physician to prescribe the least expensive of the two alternatives.

c. Medicare prescription drug plans are allowed to restrict their coverage to generic drugs. She will need to pay for her brand name medications out of pocket.

d. Medicare prescription drug plans are required to include only a certain percentage of brand name drugs among those they cover. It may be possible that plans available in her area have opted not to include in their formularies the brand name drugs she needs. She may need to pay for this particular medication out of pocket.

Source: Covered Drugs

Question 3

Mr. and Mrs. Vaughn both take a specialized multivitamin prescription each day. Mr. Vaughn takes a prescription for helping to regrow his hair. They are anxious to have their Medicare prescription drug plan cover these drug needs. What should you tell them?

Choose one answer.

a. Medicare prescription drug plans are permitted to cover vitamins, but not drugs for cosmetic purposes.

b. Medicare prescription drug plans are not permitted to cover the prescription medications the Vaughns are interested in under Part D coverage, however, plans may cover them as supplemental benefits and the Vaughns could look into that possibility.

c. The vitamins the Vaughns are taking will be covered under Part D, because their physician suggested they should take vitamins, but the hair loss medication cannot be covered.

d. Mr. Vaughn’s hair growth medication would only be covered under Part D if his balding resulted from an illness or was a side effect of a treatment such as chemotherapy.

Source: Drugs Excluded from Part D Coverage
### Question 4

Under what conditions can a Medicare prescription drug plan reduce its coverage for a given drug mid-way through the year?

Choose one answer.

<table>
<thead>
<tr>
<th></th>
<th>Answer</th>
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</table>
| 1 | a. If the Medicare prescription drug plan can show that reducing coverage midway through the year will result in savings for the Part D plan and the Medicare program, generally the plan may make such a change. | *
| 2 | b. When the Part D plan can demonstrate to CMS that no enrollee has accessed the medication in the past six months, generally the plan can remove the drug from its formulary. X |
| 3 | c. When a new generic drug for the same condition becomes available or when the drug is withdrawn from the market, a brand name drug can be replaced. ✔  |
| 4 | d. Under no conditions can a Medicare Part D prescription drug plan reduce its coverage for a given drug mid-way through the year. X |  

Source: Mid-year Formulary Changes

### Question 5

Mrs. Roswell is a new Medicare beneficiary and is interested in selecting a Medicare Part D prescription drug plan. She takes a number of medications and is concerned that she has not been able to identify a plan that covers all of her medications. She does not want to make an abrupt change to new drugs that would be covered and asks what she should do. What should you tell her?

Choose one answer.

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<tbody>
<tr>
<td>1</td>
<td>a. The Medicare Part D drug plan is required to offer her coverage of the exact same drugs she is currently stabilized on, so she does not need to be concerned about transitioning to any new medications. X</td>
</tr>
<tr>
<td>2</td>
<td>b. There is no possibility of obtaining coverage for her existing medications once coverage under the Medicare Part D plan begins. She will need to have her physician help her select a new drug that is covered.</td>
</tr>
<tr>
<td>3</td>
<td>c. She should use any existing prescription drug coverage to get as large a supply of her existing drugs as possible, and then pick new drugs that are covered under her Medicare plan's formulary. ✔</td>
</tr>
<tr>
<td>4</td>
<td>d. Every Part D drug plan is required to cover a 30 day supply of her existing medications sometime during a 90 day transition period. ✔</td>
</tr>
</tbody>
</table>

Source: Transition Requirements
Question 6

Mr. Zachow has a condition for which three drugs are available. He has tried two, but had an allergic reaction to them. Only the third drug works for him and it is not on his Part D plan’s formulary. What could you tell him to do?

Choose one answer.

- a. Mr. Zachow could immediately disenroll from the Part D plan and select a new Part D plan that covers the drug that works for him. X
- b. Mr. Zachow will need to enroll in a Special Needs Plan to obtain coverage for his medication.
- c. Mr. Zachow has a right to request a formulary exception to obtain coverage for his Part D drug. He or his physician could obtain the standardized request form on the plan’s website, fill it out, and submit it to his plan. ✓
- d. Mr. Zachow will have to wait until the Annual Election Period when he can switch Part D plans. In the meantime, he will have to pay for his drug out of pocket. X

Requesting Exceptions for Drugs

1

Mr. Katz reached the Part D coverage gap in August last year. His prescriptions have not changed, he is keeping the same Part D plan and the benefits, cost-sharing, and coverage of his drugs are all the same as last year. He asked what to expect for this year about his out-of-pocket costs. What could you tell him?

Choose one answer.

- a. Because he reached the coverage gap in August last year, he probably won’t reach it until much later this year. X
- b. Because he reached the coverage gap last year, he will not have to go through it again this year.
- c. Because he reached the coverage gap in August last year, he probably will reach it much earlier this year.
- d. Because he reached the coverage gap last year, he will probably reach it again this year close to the same time. ✓

Source: Part D Enrollee Costs: "True Out-of-Pocket" Costs (TrOOP)
Mrs. Grant uses several very expensive drugs and anticipates that she will enter catastrophic coverage at some point during the year. To help her determine when she is likely to qualify for catastrophic coverage, she asked which expenses count toward the out-of-pocket limit that qualifies her for catastrophic coverage. Which one of the following would count?

Choose one answer.

- a. Non-prescription, over-the-counter medications she purchases. ✗
- b. Prescription drugs she purchases when in the Part D coverage gap. ✓
- c. Prescription drugs she purchases on her vacation to Canada. ✗
- d. Prescription drugs she purchases on her own that are not on her Part D plan’s formulary.

Source: Part D Enrollee Costs: "True Out-of-Pocket" Costs (TrOOP)

Question 3

Mr. Shapiro gets by on a very small fixed income. He has heard there may be extra help paying for Part D prescription drugs for Medicare beneficiaries with limited income. He wants to know whether he might qualify. What should you tell him?

Choose one answer.

- a. He must apply for the extra help at the same time he applies for enrollment in a Part D plan. If he misses this opportunity, he will not be able to apply for the extra help again until the next annual enrollment period.
- b. The extra help is available to beneficiaries whose income and assets do not exceed annual limits specified by the government. ✓
- c. The government pays a per-beneficiary dollar amount to the Medicare Part D prescription drug plans for their low-income enrollees in accordance with the plan’s set criteria. Mr. Shapiro should check with his plan to see if he qualifies. ✗
- d. The extra help is available only to Medicare beneficiaries who are enrolled in Medicaid. He should apply for coverage under his state’s Medicaid program to access the extra help with his drug costs. ✗

Source: Help for Individuals with Limited Income and Limited Resources

Question 4
Mrs. Fields wants to know whether applying for the Part D low income subsidy will be worth the time to fill out the paperwork. What could you tell her?

Choose one answer.

- a. The Part D low income subsidy could substantially lower her overall costs. She can apply by contacting her state Medicaid office, or calling the Social Security Administration. ✓

- b. Those who qualify for the Part D low income subsidy pay nothing for any of their medications. She should definitely apply if she believes there is any chance of her qualifying. ✗

- c. The Part D low income subsidy will not help her once she reaches the coverage gap, so she need not take the time to apply. ✗

- d. The Part D low income subsidy is designed for Medicare beneficiaries who also qualify for Medicaid. If she does not qualify for Medicaid, she would likely not qualify for the extra help and therefore should not take the time to apply. ✗

Source: Encourage Individuals with Limited Income/Resources to Apply to the State Medicaid Office

Question 5

Mr. Fitzgerald did not quite qualify for the extra help low-income subsidy under the Medicare Part D Prescription Drug program and he is wondering if there is any other option he has for obtaining help with his considerable drug costs. What should you tell him?

Choose one answer.

- a. The only option available is to reduce his income so that he can qualify for the Part D extra help if the annual limits change. ✗

- b. He could check with the manufacturers of his medications to see if they offer an assistance program to help people with limited means obtain the medications they need. Alternatively, he could check to see whether his state has a pharmacy assistance program to help him with his expenses. ✓

- c. He should contact his neighbors and family members and let them know that any contributions they make toward his drug expenses will be tax deductible. ✗

- d. He should look into the possibility of purchasing his medications through the internet from offshore pharmacies. ✗

Source: Other Help for Low-Income - Pharmaceutical Assistance Programs
Mrs. Quinn has just turned 65, is in excellent health, and has a relatively high income. She uses no medications and sees no reason to spend money on a Medicare prescription drug plan if she does not need the coverage. What could you tell her about the implications of such a decision?

Choose one answer.

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<tbody>
<tr>
<td>a. If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, her premium will be permanently increased by 1% of the national average premium for every month that she was not covered.</td>
<td>✓</td>
</tr>
<tr>
<td>b. If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, she will be required to pay a higher premium during the first year that she is enrolled in the program. After that point, her premium will return to the normal amount.</td>
<td>✗</td>
</tr>
<tr>
<td>c. If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, she will have to pay a one-time penalty equal to 10% of the annual premium amount.</td>
<td></td>
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<tr>
<td>d. If she does not sign up for a Medicare prescription drug plan, she will incur no penalty, as long as she can demonstrate that she was in good health and did not take any medications.</td>
<td>✗</td>
</tr>
</tbody>
</table>

Source: Part D Late Enrollment Penalty; Part D Late Enrollment Penalty, cont’d

Question 2

Mr. Torres has a small savings account. He would like to pay for his monthly Part D premiums with an automatic monthly withdrawal from his savings account until it is exhausted, and then have his premiums withheld from his Social Security check. What should you tell him?

Choose one answer.

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<tr>
<td>a. As long as he fills out the paperwork to begin withholding from his Social Security check at least 63 days before such withholding should begin, he can change his method of Part D premium payment and withholding will begin the month after his savings account is exhausted.</td>
<td>✗</td>
</tr>
<tr>
<td>b. During 2006, many people experienced significant problems with deductions from their Social Security check for their Part D premium. As a result, this method of payment is no longer an option for Part D premium payments.</td>
<td></td>
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<tr>
<td>c. In general, to pay his Part D premium, he only can have automatic withdrawals made from a checking account, so he will need to transfer the funds prior to beginning such withdrawals.</td>
<td>✗</td>
</tr>
<tr>
<td>d. In general, he must select a single Part D premium payment mechanism that will be used throughout the year.</td>
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</table>

Source: Part D Premium Payment.
Mrs. Fiore was in the Army for 35 years and is now retired. She has drug coverage through the VA. What issues might she consider with regard to whether to enroll in a Medicare prescription drug plan?

Choose one answer.

- a. Costs under the VA are significantly higher than those under a Medicare Part D plan.
- b. The VA does not offer creditable coverage and Mrs. Fiore may incur a Part D premium penalty if she enrolls in a Medicare prescription drug plan at some point after her initial eligibility date.
- c. She could compare the coverage to see if the Medicare Part D plan offers better benefits and coverage than the VA for the specific medications she needs and whether any additional benefits are worth the Part D premium costs.
- d. The VA will not offer drug coverage to Mrs. Fiore once she qualifies for the Medicare Part D program.

Source: Employer/Union Coverage of Drugs

Question 2

Mr. Hutchinson has drug coverage through his former employer’s retiree plan. He is concerned about the Part D premium penalty if he does not enroll in a Medicare prescription drug plan, but does not want to purchase extra coverage that he will not need. What should you tell him?

Choose one answer.

- a. If the drug coverage he has is not expected to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay, then he will need to enroll in Medicare Part D during his initial eligibility period to avoid the late enrollment penalty.
- b. He will need to enroll in a Medicare prescription drug plan upon becoming eligible to avoid a premium penalty. To reduce his expenses, he should look for a plan with a zero premium.
- c. As long as he has any sort of employer coverage, regardless of the level of coverage, he will incur no penalty if he does not enroll in a Part D plan when first eligible.
- d. He should drop the employer coverage and enroll in a Medicare prescription drug plan. Employer plans are almost always more costly for beneficiaries and most do not cover the same range of drugs available from a Medicare prescription drug plan.
Source: Employer/Union Coverage of Drugs

Question 3

Mr. Jenkins has coverage for medical services and medications through his employer’s retiree plan. He is considering switching to a Medicare prescription drug plan because his retiree plan does not cover two important medications. What should he consider before making a change?

Choose one answer.

a. If Mr. Jenkins drops his drug coverage through the retiree plan, he may not be able to get it back and he also may lose his medical health coverage. ✓

b. Mr. Jenkins can only receive his prescription drug coverage through a Medicare Advantage plan, so he should drop his employer coverage. ❌

c. If his drug coverage through the retiree plan is “creditable” he should not switch, even so. ❌

d. Mr. Jenkins’ retiree plan is required to take him back if, within 63 days of having voluntarily quit the employer’s plan, he decides that he prefers it to his Medicare Part D plan. ❌

Source: Employer/Union Coverage of Drugs, cont’d.

Question 4

Since 1999, Mrs. Patel has had a Medigap policy that covers drugs. This year she received a letter from her Medigap insurer telling her that her Medigap drug coverage is not “creditable.” She wants you to explain what this means and what she should do. What should you tell her?

Choose one answer.

a. The letter is letting her know that the government is requiring that her Medigap drug coverage. ❌

b. The letter is letting her know that her Medigap drug coverage must be replaced with drug coverage through a Medicare prescription drug plan. ❌

c. The letter is letting her know that her Medigap drug coverage is coverage that does not expect to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay. If she signs up for a Medicare Part D plan now, she may have to pay a premium penalty. ✓

d. The letter is letting her know that the Medigap insurer will be converting its product into a Medicare prescription drug plan, so she will not have a premium penalty. ❌
Question 5

Mrs. McIntire is enrolled in her state’s Medicaid plan and has just become eligible for Medicare as well. What can she expect will happen with respect to her drug coverage?

Choose one answer.

- a. She will continue to obtain her drug coverage through Medicaid. ✗
- b. Medicaid will cover all drugs not covered under the Medicare Part D prescription drug plan into which Mrs. McIntire is enrolled. ✗
- c. She can change Medicare Part D prescription drug plans only during the annual election period. ✗
- d. Unless she chooses a Medicare Part D prescription drug plan on her own, she will be automatically enrolled in one available in her area. ✓

Source: Medicaid Drug Coverage.

Mrs. Fiore was in the Army for 35 years and is now retired. She has drug coverage through the VA. What issues might she consider with regard to whether to enroll in a Medicare prescription drug plan?

Choose one answer.

- a. Costs under the VA are significantly higher than those under a Medicare Part D plan. ✗
- b. The VA does not offer creditable coverage and Mrs. Fiore may incur a Part D premium penalty if she enrolls in a Medicare prescription drug plan at some point after her initial eligibility date. ✗
- c. She could compare the coverage to see if the Medicare Part D plan offers better benefits and coverage than the VA for the specific medications she needs and whether any additional benefits are worth the Part D premium costs. ✓
- d. The VA will not offer drug coverage to Mrs. Fiore once she qualifies for the Medicare Part D program. ✗

Source: Employer/Union Coverage of Drugs
Question 2

Mr. Hutchinson has drug coverage through his former employer’s retiree plan. He is concerned about the Part D premium penalty if he does not enroll in a Medicare prescription drug plan, but does not want to purchase extra coverage that he will not need. What should you tell him?

Choose one answer.

- a. If the drug coverage he has is not expected to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay, then he will need to enroll in Medicare Part D during his initial eligibility period to avoid the late enrollment penalty. ✅
- b. He will need to enroll in a Medicare prescription drug plan upon becoming eligible to avoid a premium penalty. To reduce his expenses, he should look for a plan with a zero premium. ✗
- c. As long as he has any sort of employer coverage, regardless of the level of coverage, he does not enroll in a Part D plan when first eligible. ✗
- d. He should drop the employer coverage and enroll in a Medicare prescription drug plan. Employer plans are almost always more costly for beneficiaries and most do not cover the same range of drugs available from a Medicare prescription drug plan. ✗

Source: Employer/Union Coverage of Drugs

Question 3

Mr. Jenkins has coverage for medical services and medications through his employer’s retiree plan. He is considering switching to a Medicare prescription drug plan because his retiree plan does not cover two important medications. What should he consider before making a change?

Choose one answer.

- a. If Mr. Jenkins drops his drug coverage through the retiree plan, he may not be able to get it back and he also may lose his medical health coverage. ✅
- b. Mr. Jenkins can only receive his prescription drug coverage through a Medicare Advantage prescription drug plan, so he should drop his employer coverage. ✗
- c. If his drug coverage through the retiree plan is “creditable” he should not switch, even though it is possible to do so. ✗
- d. Mr. Jenkins’ retiree plan is required to take him back if, within 63 days of having voluntarily quit the employer’s plan, he decides that he prefers it to his Medicare Part D plan. ✗
Since 1999, Mrs. Patel has had a Medigap policy that covers drugs. This year she received a letter from her Medigap insurer telling her that her Medigap drug coverage is not “creditable.” She wants you to explain what this means and what she should do. What should you tell her?

Choose one answer.

- a. The letter is letting her know that the government is requiring that her Medigap drug coverage must be replaced with drug coverage through a Medicare prescription drug plan. ✗
- b. The letter is letting her know that her Medigap drug coverage must be replaced with drug coverage through a Medicare prescription drug plan. ✗
- c. The letter is letting her know that her Medigap drug coverage is coverage that does not expect to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay. If she signs up for a Medicare prescription drug plan now, she may have to pay a premium penalty. ✓
- d. The letter is letting her know that the Medigap insurer will be converting its product into a Medicare prescription drug plan, so she will not have a premium penalty. ✗

Source: Beneficiaries in Original Medicare with Medigap Drug Coverage.

Mrs. McIntire is enrolled in her state’s Medicaid plan and has just become eligible for Medicare as well. What can she expect will happen with respect to her drug coverage?

Choose one answer.

- a. She will continue to obtain her drug coverage through Medicaid. ✗
- b. Medicaid will cover all drugs not covered under the Medicare Part D prescription drug plan to which Mrs. McIntire is enrolled. ✗
- c. She can change Medicare Part D prescription drug plans only during the annual election period. ✗
- d. Unless she chooses a Medicare Part D prescription drug plan on her own, she will be automatically enrolled in one available in her area. ✓
Mr. Prentice has many clients who are Medicare beneficiaries. He should review the Centers for Medicare & Medicaid Services’ Marketing Guidelines to ensure he is compliant for which type of products?

Choose one answer.

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<table>
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<tbody>
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<td></td>
<td>a. Long-Term Care policies for Medicare beneficiaries ✗</td>
</tr>
<tr>
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<td>b. Medicare Advantage (MA) and Prescription Drug (PDP) plans ✓</td>
</tr>
<tr>
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<td>c. Medicaid HMOs ✗</td>
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<tr>
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<td>d. Medigap plans ✗</td>
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Another agent working for your agency claims that because you are not employed by the Medicare Advantage plans that you represent, you are not subject to the same requirements as the plans themselves. How should you respond to such a statement?

Choose one answer.

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<td>c. Your coworker is correct. You may use any marketing techniques that do not involve providing misinformation to potential enrollees. ✗</td>
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You work for a company that has marketed Medigap products for many years. The company has added Medicare Advantage and Part D plans and you will begin marketing those plans this fall. You are planning what materials to use to easily show the differences in benefits, premiums and cost sharing for each of the products. What do you need to do with your materials before using them for marketing purposes?

Choose one answer.

- a. You do not need to get CMS approval of the materials, as long as the materials are not misleading or materially inaccurate. ✗
- b. You must submit your materials to the plan you represent, so CMS can review and approve the materials to ensure they are accurate. ✔
- c. Only scripts and marketing practices must be approved by CMS, so you do not need to do anything further with your marketing materials, as long as you make them available to anyone who attends the marketing event. ✗
- d. You need to include a statement that the plans you are marketing are approved by the Centers for Medicare & Medicaid Services and the Department of Health and Human Services. ✗

Source: Medicare Marketing Rules: Materials and Practices

Question 4

Which of the following is a correct statement about state laws as they pertain to marketing representatives?

Choose one answer.

- a. Medicare health plans must comply with requests for information from state insurance departments investigating complaints about a marketing representative. ✔
- b. State licensure laws are pre-empted and do not apply to marketing representatives marketing MA and Part D plans. ✗
- c. Plans must contract only with marketing representatives who reside in the state where they intend to work. ✗
- d. Plan sponsors can use any marketing representative, as long as they are licensed in at least one state. ✗

Source: Medicare Marketing Rules: Marketing Representatives – State Licensure

Question 5

You are seeking to represent an individual Medicare Advantage plan and an individual Part D plan in your state. You have completed the required training for each plan, but you did not achieve a passing score on the tests that came after the training. What can you do in this situation?
Choose one answer.

<table>
<thead>
<tr>
<th></th>
<th>a. You will have to attend one of several remedial training events sponsored by the Medicare agency before being allowed to retake the test. ✗</th>
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<tbody>
<tr>
<td></td>
<td>b. You will have to repeat the tests in three months, but may begin enrolling beneficiaries while waiting.</td>
</tr>
<tr>
<td></td>
<td>c. You will not be able to represent any Medicare Advantage or Part D plan until you complete the training and achieve an adequate score, although you will not have to take a test if you exclusively market employer/union group plans and the companies do not require testing. ✓</td>
</tr>
<tr>
<td></td>
<td>d. Your name will be registered with the Medicare agency by the plans you are seeking to represent and you will be unable to contract with any Medicare Advantage or Part D plan. ✗</td>
</tr>
</tbody>
</table>

Source: Medicare Marketing Rules: Marketing Representatives Training

**Question 6**

Your colleague works at a third party marketing organization (TMO) and she said she did not need to take the Medicare training for brokers and agents or pass a test to market Medicare plans since her contract is with the TMO, not the plans that have the products she sells. What could you say to her?

Choose one answer.

<table>
<thead>
<tr>
<th></th>
<th>a. You could tell her she was right, but new rules will require her to take the training and pass the test at least every other year.</th>
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<tbody>
<tr>
<td></td>
<td>b. You could tell her she is wrong, and that only agents selling employer/union group plans are permitted an exemption from testing, but some employer/union group plans may require testing to promote agent compliance with CMS marketing requirements.</td>
</tr>
<tr>
<td></td>
<td>c. You could tell her she is right and ask if you could get a contract with the TMO too. ✗</td>
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<td>d. You could tell her she is wrong and that only agents employed by the plans are exempt from training and testing requirements. ✗</td>
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Source: Medicare Marketing Rules: Marketing Representatives Training

**1**

You are mailing invitations to new Medicare beneficiaries for a marketing event. You want an idea of how many people to expect, so you would like to request RSVPs. What should you keep in mind?

Choose one answer.
1

You have set up an appointment for an in-home sales presentation with Mrs. Fowler, who expressed interest in the Medicare plans you represent. In preparation for the sales presentation, what must you do?

Choose one answer.

- a. Prior to arriving at her home, request approval from CMS to use special materials to explain the plan benefits instead of the plan’s materials, which you think are confusing. ✗
- b. Prior to conducting the presentation, obtain, and document having obtained her permission to visit, along with her interest in the specific products you will present. ✓
- c. Seven days prior to the appointment, you must notify the company(s) you represent regarding which products you will be presenting, so they can report the nature of your meeting to the Medicare agency.
- d. At the time you arrive for the appointment, let her know which products you will be going over.

Source: Required Practices: Scope of Appointment

2

Mrs. Lu is turning 65 in November and called to ask for your help deciding on a Medicare Advantage plan. She agreed to sign a scope of appointment form and meet with you October 15. During the appointment, what are you permitted to do?

Choose one answer.

- a. You may provide her with the required enrollment materials and take her completed enrollment application.
b. You may take her completed enrollment application and ask her to provide names of any friends interested in enrolling.

c. You may leave enrollment kits for several MA plans and offer to discuss a Medigap and Part D prescription drug plan she might like.

d. You may leave an enrollment kit and discuss a new life insurance product she might like.

Source: Medicare Marketing Rules Personal/Individual Marketing Appointments.

Question 3

While marketing Medicare Advantage and Part D plans, you collected a large number of scope of appointment forms from your clients, wherein they indicated their interest in specific products and their wish for you to provide information on those products in their homes. What should you do with those forms?

Choose one answer.

a. The scope of appointment forms must be retained for a period of ten (10) years.

b. Within three months of meeting with the client, you will need to turn the scope of appointment forms over to the Medicare agency for audit purposes.

c. You need to retain the scope of appointment forms until the clients have successfully enrolled in a plan of their choosing, at which time you may dispose of the forms.

d. The scope of appointment forms must be retained for 10 years or until you no longer work for the company that sponsored the Medicare Advantage or Part D plan you were representing, whichever comes first.

Source: Required Practices: Marketing Activities, cont’d

Question 4

A Medicare beneficiary has walked into your office and requested that you sit down with her and discuss her options under the Medicare Advantage program. Before engaging in such a discussion, what should you do?

Choose one answer.

a. Prior to speaking with the individual, you must inquire as to her eligibility for MA and complete a scope of appointment form for the plans for which she is eligible.
b. You do not have to do anything. You may proceed with the discussion and enroll the individual, if she so desires.

c. You must have her sign a scope of appointment form, indicating which products she wishes to discuss, and note on the form that she is a “walk in.” You may then proceed with the discussion. ✓

d. You must set an appointment for another time, at least 48 hours from the point when she walked into your office.

Source: Required Practices: Marketing Activities, cont’d

Question 5

You are meeting with Mrs. Hall in her home. On her scope of appointment form she asked to discuss Medicare Advantage plans. During the meeting, she asks to discuss a stand-alone prescription drug plan. She is leaving the next day to visit her family for a week in another state, so it is important to her to make a decision before she leaves. What must happen before that additional discussion can take place?

Choose one answer.

a. You must refer Mrs. Hall to another agent in order for her to be able to engage in such a discussion.

b. Since Mrs. Hall is leaving the state, you can immediately present her with information on the prescription drug plan so she can make a decision before it is too late. ✗

c. Since Mrs. Hall specifically asked that you discuss the stand-alone Part D plan, you must make her sign a new scope of appointment form first, indicating that she wants to discuss the Part D plan.

d. You must make a telephone call from a location outside Mrs. Hall’s home to ensure that the discussion of the prescription drug plan can take place. ✗

Source: Required Practices: Marketing Activities

1

Ordinarily, you obtain referrals from a third-party that initiates contact with potential clients and usually sets up appointments for you. How would the guidelines for marketing Medicare Advantage and Part D plans apply to this practice?

Choose one answer.

a. Third parties may only make initial contact with a beneficiary if they first obtain certification from the Medicare agency as an approved marketing entity and are licensed under applicable state law. ✗
b. Third parties may not make unsolicited calls, visits, or emails to Medicare beneficiaries in order to set up such appointments or for any other reason related to the marketing of Medicare Advantage or Part D plans. ✅

c. This is an acceptable practice, as long as the third party clearly states, during a call that it is calling on behalf of a Medicare Advantage or Part D plan, or the plan’s marketing representative. ✗

d. Third parties may make initial calls to a potential client, but they must then pass the name and phone number on to you and it will be your responsibility to set up the sales appointment and obtain a completed scope of appointment form.

Source: Outbound Calls, cont’d.

Question 2

You market many different types of insurance and ordinarily you spend time each evening calling potential clients. To be in compliance with requirements for marketing Medicare Advantage and Part D plans, what must you do about contacting potential clients to market those plans?

Choose one answer.

a. Because the Medicare health plans are important federal programs for beneficiaries, federal law regarding the “Do Not Call” registry is waived so you will be able to call and enroll beneficiaries over the telephone.

b. You only need to comply with requirements of federal and state “Do Not Call” registries.

c. You will have to avoid calling any potential client, unless he or she initiates contact with you and specifically asks that you give him or her a call. ✅

d. As long as you market only health-related products, you can make an initial call to any beneficiary, but then must honor “do not call again” requests. ✗

Source: Marketing to Establish a New Relationship vs to Current Clients

1

You have received an advertisement from a vendor who says they can provide you with an extensive list of publicly available e-mail addresses for individuals who are Medicare beneficiaries. In addition, one of your Medicare Advantage clients offered to share her e-mail address book with you so you could contact her Medicare-eligible friends. In considering these sources of leads, what rules must you be sure to abide by?

Choose one answer.

a. You may send an e-mail to a beneficiary about Medicare Advantage plan information if the beneficiary provides his/her email address to the plan and agrees to receive e-mails from the plan. ✅
b. You may use e-mail lists that you have purchased from a vendor or obtained from clients to distribute Medicare Advantage plan information to any beneficiary as a public service.

c. You may use any publicly available directory containing e-mail lists to contact potential enrollees about Medicare Advantage plan information, but you may not use your client’s personal e-mail address.

d. You may use e-mail as a method of initial contact with potential enrollees about Medicare Advantage plan information, but must not send additional email messages if the beneficiary does not give permission.

Source: Use of E-Mails to Market

1

During a sales presentation to Ms. Daley for a Medicare Advantage plan that has a 5-star rating in customer service and care coordination, and received an overall plan performance rating of a 4-star, which of the following would be the correct statement to say to her?

Choose one answer.

a. The Medicare Advantage plan received the best star rating in customer service and care coordination.

b. The Medicare Advantage plan received a 5-star rating in customer service and care coordination with an overall performance rating of 4-stars.

c. The Medicare Advantage plan is a top rated plan.

d. This Medicare Advantage plan is a 5-star rated plan due to its high rating in customer service.


Question 2

During a sales presentation for a Private Fee-for-Service (PFFS) plan, which of the following points should you explain?

Choose one answer.

a. That the PFFS plan provides exactly the same coverage as Original Medicare.

b. That the beneficiary, not the plan, is responsible for the entire cost for services not medically necessary.
c. That the PFFS plan will cover all costs not covered by Original Medicare.  

d. How the PFFS plan negotiates payment with providers in the plan's network.  

Source: Required Practices: PFFS Marketing Activities

Question 3

Mr. Valesquez asked if the Private Fee-for-Service plan you have discussed is like Original Medicare or a Medigap supplement plan. What should you say about a Private Fee-for-Service (PFFS) plan to explain it to Mr. Valesquez?

Choose one answer.

a. It is not Original Medicare and it works differently than a Medicare supplement plan.  

b. It is like a Medicare supplement or Medigap plan.  

c. It is a type of Medicare Advantage plan that allows you to go to any doctor anywhere.  

d. It is the same as Original Medicare, but offered by a private company.  

Source: Required Practices: PFFS Marketing Activities

1

During a sales presentation, your client asks you whether the Medicare agency recommends that she sign up for your plan or stay in Original Medicare. What should you tell her?

Choose one answer.

a. Tell her that Medicare recommends that beneficiaries enroll in a Medicare Advantage plan because it will serve her better than Original Medicare  

b. Tell her that Medicare or CMS (the Medicare agency) has approved and endorsed the plan.  

c. Tell her that, because you represent a Medicare health plan, you therefore work for Medicare, and the information you offer her is a good basis of any decision she makes.  

d. Tell her that the Medicare agency does not endorse or recommend any plan.
Question 2

By contacting plans available in your area, you have learned that the plan you represent has a significantly lower monthly premium than the others. Furthermore, you see that the plan you represent has a unique benefit package. What should you do to make sure your clients know about these pieces of information?

Choose one answer.

- a. You may present comparative information that has been created and approved by the Medicare agency (CMS), such as a print-out from the Medicare plan comparison website. ✓

- b. To obtain information about another plan’s benefits, you must refer clients to those other plans, because you may not provide comparative information, regardless of the source, to demonstrate any differences among the plans.

- c. You have clear evidence that your plan is the best and can say so to your clients.

- d. You may create a chart that lists each plan in the beneficiary’s service area along with the benefits of the plan you represent, compared to those of the other available plans. ✗

Source: Required Practices: Marketing Activities; Prohibited Practices: Marketing Activities, cont’d

Question 3

You have been providing a pre-Thanksgiving meal during sales presentations in November for many years and your clients look forward to attending this annual event. When marketing Medicare Advantage and Part D plans, what are you permitted to do with respect to meals?

Choose one answer.

- a. You may provide light snacks, but a Thanksgiving style meal would be prohibited, regardless of who provides or pays for the meal. ✓

- b. You may offer meals to existing enrollees of the plan(s) you represent, but potential enrollees may not have a meal.

- c. There is no limitation on meals. You may continue to provide your Thanksgiving style meal, to any individual, in any manner you see fit. ✗

- d. As long as the meal is paid for by another person or entity, you are permitted to invite your clients and their friends to partake of the meal at your sales presentation. ✗
Ordinarily, you provide clients who purchase various types of insurance products from you with a gift when they enroll and you let them know that they will receive it after their enrollment is complete. When you market Medicare Advantage and Part D plans, what may you offer as a gift to induce enrollment in a plan?

Choose one answer.

- a. You may give enrollees post-enrollment gifts to compensate them for their time.
- b. You may not provide any gift or prize as an inducement to enroll. ✗
- c. You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value.
- d. You may provide cash promotions or give-aways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public ✗

One of your colleagues argues that face-to-face meetings with potential enrollees should be required because they cannot make an appropriate decision with the minimal information that can be provided over the phone or in small brochures. How should you respond to this argument?

Choose one answer.

- a. This is incorrect. Brokers and agents cannot require face to face meetings in order to answer questions or enroll a Medicare beneficiary. ✗
- b. This is a reasonable argument, but requiring face to face meetings in order to answer questions or complete an enrollment application is not permitted unless an agent first communicates with the beneficiary via phone, email, or reply card.
- c. This is correct. In face the Medicare Agency requires potential enrollees to meet face to face with an agent, plan representative, or State health Insurance Assistance Program representative before permitting a beneficiary to enroll in a MA or Part D plan ✗
- d. Some states have agreed with your colleague and whether such a policy is required is based on state law. You should consult with your state insurance department to see what they say. ✗
Question 6

Mr. Moreno’s neighbor, Tom Smith, invited him to discuss Medicare Advantage (MA) and Part D plans that he sells at the regular Tuesday brunch the neighbors have for senior citizens. What should Mr. Moreno tell agent Tom Smith about the kinds of food that can be provided to potential enrollees who attend the sales presentation?

Choose one answer.

- a. Any meal is allowed, as long as it is valued at less than $15  
- b. Nothing may be provided to eat or drink during the sales presentation.  
- c. Any type of meal or food is allowed, as long as it is available to the general public and not just those who are eligible to enroll in the plans.  
- d. A meal cannot be provided, but light snacks would be permitted.


1

Ordinarily, you provide clients who purchase various types of insurance products from you with a gift when they enroll and you let them know that they will receive it after their enrollment is complete. When you market Medicare Advantage and Part D plans, what may you offer as a gift to induce enrollment in a plan?

Choose one answer.

- a. You may not provide any gift or prize as an inducement to enroll.  
- b. You may provide cash promotions or give-aways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public.  
- c. You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value.  
- d. You may give enrollees post-enrollment gifts to compensate them for their time.

Source: Prohibited Practice: Inducements; Promotional Activities: Nominal Gifts.
Question 2

Mr. Edwards, a marketing representative of the ACME Insurance Company, scheduled a marketing event and expects about 40 people to attend. He has hired a magician at a cost of $200 to entertain attendees. Can he do this in a way that complies with guidance from the Medicare agency?

Choose one answer.

- a. He cannot do this because the total value of the gift exceeds the maximum $15 retail gift value.
- b. He can do this because the ads for the event are distributed both to enrollees and non-enrollees, so no restrictions apply.
- c. He can do this because the gift is not a cash gift and is not readily converted to cash.
- d. He can do this, because the estimated number of attendees is based on the venue size and response rate and the value of the gift does not exceed $15.

Source: Promotional Activities: Nominal Gifts.

Question 3

You will be holding a sales event in the near future, at which you would like to offer door prizes to attendees. Under guidelines from the Medicare agency, what types of gifts or prizes would not be allowed in this situation?

Choose one answer.

- a. Gifts worth more than $15 but based on anticipated attendance will not exceed $15 per attendee.
- b. Gifts of nominal retail value ($15 or less).
- c. Gifts totaling more than $15 in retail value that are offered to the general public and are not awarded frequently.
- d. Gift cards or gift certificates of $15 or less that can be readily converted to cash.

Source: Promotional Activities: Nominal Gifts.

Question 4

You are scheduled to give a sales presentation at a local senior center. At the beginning of the presentation, which of the following must you do?
Choose one answer.

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a. Explain, in your own words, how the plan you represent compares to other plans.

b. Make sure that those present provide leads.

c. Determine whether the beneficiaries present are healthy enough for the plan.

d. Clearly state that no obligation exists to enroll if a gift or prize is being offered.

Source: Promotional Activities: Drawings, Prizes, Giveaways; Prohibited Practices: Marketing Activities, cont’d.

**Question 5**

Ordinarily, you ask your clients for referrals to people they think would benefit from the products you offer. When selling Medicare Advantage or Part D products, how might you solicit referrals?

Choose one answer.

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a. You may enter referring individuals in a drawing for substantial prizes as long as they are not told in advance of the drawing the value of the prize.

b. You may solicit referrals from current MA and Part D enrollees and offer one thank you gift per member per year of less than $15, based on retail purchase price for the item, although you may not inform enrollees of the availability of the gift in your letter soliciting referrals.

c. You may call current MA and Part D enrollees to solicit referrals and offer thank you gifts of less than $15 for each referral received.

d. You may send an e-mail to all current plan members who have given permission to email them asking for the names, e-mail addresses, and phone numbers of referrals.

Source: Promotional Activities: Referral Programs.

**Question 6**

When soliciting referrals from current members of an MA or Part D plan, what may you do?

Choose one answer.
You may offer gifts and prizes worth $15 or less in retail value for each individual on the list of referrals who chooses to enroll.

You may offer gifts or prizes worth $15 or less in retail value to obtain referrals.

You may request names and mailing addresses.

You may request names and phone numbers.

Source: Promotional Activities: Referral Programs.

Question 7

A health plan made a bulk order of items to be used as promotional prizes. Taking into account the discount they received for their bulk order, each item cost them $14.99. Can they use these items as promotional prizes?

Choose one answer.

- Yes, but only if they offer them after a beneficiary has enrolled. ✗
- Yes, because their cost to the plan was under $15.00. ✗
- No, promotional prizes are not permitted in marketing Medicare Advantage and Medicare Prescription Drug plans. ✗
- No, the retail cost of the items would be more than $15.00. ✓

Source: Part 4, Frequently Asked Questions,

Question 8

A broker plans to offer Visa gift cards that can be used anywhere, as if they were cash. Is this permissible?

Choose one answer.

- Yes, as long as they are offered after enrollment. ✗
- No, cash or cash equivalent prizes cannot be offered. ✓
Section 4, Frequently Asked Questions; Promotional Activities: Nominal Gifts

Question 9

Several agents you work with are planning sales events in your area. One plans on giving door prizes worth $5, refreshments valued at $8 per anticipated attendee, and coupon books with discounts worth $10. Since no gift or prize exceeds the $15 limit he believes his plan is acceptable. What should you tell him?

Choose one answer.

- a. He is correct. He can offer multiple prizes or give-aways at a single event, as long as no one item has a retail value that exceeds $15.
- b. Gifts and prizes are not permitted under the Marketing Guidelines promulgated by the Medicare agency.
- c. He can give away more than one gift during a single event, but the aggregate retail value cannot exceed $15.
- d. Only a single prize or give-away can be made at any one event, regardless of its value.

Source: Promotional Activities: Nominal Gifts.

1

You have approached a hospital administrator about marketing in her facility. The administrator is uncomfortable with the suggestion. How could you address her concerns?

Choose one answer.

- a. Tell her that Medicare guidelines allow you to conduct marketing activities in the common areas of a provider's facility.
- b. Tell her that Medicare guidelines only allow you to conduct marketing activities in areas of the facility where individuals are waiting to receive health care services, but not in places where they would be receiving health care such as an examining room.

Source: Promotional Activities: Nominal Gifts.
c. Tell her that if a plan obtains permission from CMS for a marketing event in a provider facility, the event may go forward, regardless of where it occurs in the facility.

d. Tell her that Medicare guidelines allow you to conduct marketing activities anywhere in the facility, as long as the affected providers agree to that event.

Source: Marketing Activities: Marketing in a Health Care Setting

Question 2

You would like to market an MA plan at a neighborhood pharmacy. What should you keep in mind to comply with the marketing requirements for MA plans?

Choose one answer.

- You must set up your table, make marketing presentations, and accept enrollment applications near the pharmacy counter where people wait for their prescriptions. ✗

- You must set up your table, make marketing presentations, and accept enrollment applications only in common areas outside of where the patient waits for services from the pharmacist. ✓

- You must set up your table and make marketing presentations only in common areas, but you may accept enrollment applications anywhere in the pharmacy. ✗

- You may not market in a pharmacy if you are not a pharmacist or do not have the pharmacist’s permission.

Source: Marketing Activities: Marketing in a Health Care Setting

Question 3

A large physician group in your area contracts with the plans you represent. You have an opportunity to work with them to market the plans, but want to be sure you follow the CMS requirements. What can you ask the physician group to do?

Choose one answer.

- Accept Part D enrollment applications from beneficiaries who prefer not to mail them to you. ✗

- Sponsor an event to promote enrollment in the plans. ✗

- Send marketing materials on your behalf if you pay a nominal fee to cover the costs.
d. Provide names of the plans they contract with along with information from the CMS website.

Question 4

Your friend’s mother just moved to an assisted living facility and he asked if you could present a program for the residents about the MA-PD plans you market. What could you tell him?

Choose one answer.

- a. You appreciate the opportunity and would be happy to schedule an appointment with anyone at their request.
- b. You appreciate the opportunity and would ask the facility to provide enrollment applications for the MA-PD plans you represent.
- c. You appreciate the opportunity and would just need to complete scope of appointment forms on behalf of all the residents who would like to attend.
- d. You appreciate the opportunity and will ask the facility to provide a plan brochure and enrollment application in every resident’s room prior to the meeting to promote interest in the event.

Question 5

You have sought permission from a hospital to place brochures for your product in their gift shop and cafeteria. The hospital administration expresses some hesitation about allowing marketing in a health care facility. What should you tell them?

Choose one answer.

- a. Marketing in health care facilities is an acceptable practice, regardless of where it takes place.
- b. So long as the hospital or its physician staff don’t object, marketing anywhere in the hospital is an acceptable practice.
- c. As long as the marketing activities are conducted in a way that does not target healthy beneficiaries, it does not matter where in the hospital these activities are carried out.
- d. Marketing in health care facilities is an acceptable practice, as long as it takes...
are not receiving or waiting to receive health care and as long as the hospital displays materials for all plans that provide them to the hospital.

Source: Marketing Activities: Marketing In a Health Care Setting

Question 6

One of your colleagues has a spouse that works in the records department of a large physician practice in your area. He suggests that she could ask the physicians to provide information about Medicare beneficiaries who could benefit from enrolling in the plan you represent. How should you respond?

Choose one answer.

- a. Under Federal rules, physicians are not permitted to release such information, nor are plans or their agents or brokers permitted to work with physicians to direct any beneficiaries to a specific plan.
- b. Releases of information by physicians to brokers or agents concerning their patients is permitted by state law, however, you should consult an attorney who specializes in your state privacy laws before proceeding.
- c. As long as the physicians agree to release the information, this approach is acceptable.
- d. Before taking this action, your plan must post a public notice in the physicians’ office and then the physicians can release information about Medicare beneficiaries with certain illness or diseases to agents.

Source: Marketing Activities: Rules for Providers, cont’d

Question 7

Plan sponsors may undertake the following marketing activities with current Medicare Advantage plan members?

Choose one answer.

- a. Market contact information lists of current member to third-party vendors as permitted by HIPAA Privacy Rules.
- b. Market non-Medicare health-related products, such as financial planning, to current members as permitted by HIPAA Privacy Rules.
- c. Market non-Medicare health-related products, such as dental insurance, to current members as permitted by HIPAA Privacy Rules.
This year you have decided to focus your efforts on marketing to employer group plans. One employer provides you with a list of their retirees and asks you to contact them to explain the characteristics of the plan they have selected. What should you do?

Choose one answer.

a. You may not make any unsolicited contact with Medicare beneficiaries. The employer will have to tell its retirees to call you. ✗

b. You may call them, but must record every call. ✗

c. You may only contact the retirees after the employer has notified them that they will be receiving a call. ✗

d. You may go ahead and call them. ✓

Next week you will be participating in your first “educational event.” In order to be sure that you do not violate any of the applicable guidelines, in what activities should you plan to engage?

Choose one answer.

a. You should plan to answer questions and accept enrollment forms. ✗

b. You should plan to conduct sales presentations, but must not accept enrollment forms. ✗

c. You should plan to ensure that the educational event is a social event, and must not conduct a sales presentation or distribute or accept enrollment forms at the event. ✓

d. You should plan to conduct sales presentations and accept enrollment forms. ✗
Question 2

If you are to be in compliance with Medicare’s guidance regarding educational events, which of the following would be acceptable activities?

Choose one answer.

- a. You may distribute business cards to individuals who request information on how to contact you for further details on the plan(s) you represent. ✓

- b. You may have a stack of enrollment forms on the table in your booth, but may only pass them out to individuals who request one. ✗

- c. You may ask passers-by to provide you with their names, addresses and phone numbers so that you could contact them later with information about the plan(s) you represent. ✗

- d. You may set up personal sales appointments with any beneficiary who expresses interest. ✗

Source: Educational Events, cont’d; Educational Events, cont’d

Question 3

You plan to participate in an educational event sponsored by a large regional health care system. One of your colleagues suggests that you do a presentation on one of the Medicare Health plans you market, and modify it to include information about preventive screening tests showcased at the event. How should you respond to your colleague’s suggestion?

Choose one answer.

- a. You should tell your colleague no, because marketing representatives are not permitted in an educational event. ✗

- b. As long as your sales presentation includes information that is about healthy living or clinically effective screening exams, you could talk about the Medicare plans in your presentation. ✗

- c. You should tell your colleague no because participation in an educational event may not include a sales presentation. ✗

- d. Whether or not a sales presentation is allowed at this educational event is entirely up to the sponsor of the event. ✓

Source: Educational Events, cont’d
Another agent you know has engaged in misconduct that has been verified by the plan she represented. What sort of penalty might the plan impose on this individual?

Choose one answer.

a. The plan may withhold commission, require retraining, report the misconduct to a state department of insurance or terminate the contract. ✓

b. Her name will be reported to a publicly accessible database and could be advertised in local newspapers.

c. Plans must immediately terminate their contracts with such individuals. ✗

d. Plans do not impose penalties. Instead, the Medicare agency has specific authority to fine such individuals for each violation. ✗

Source: Oversight and Enforcement: By Plans.

Question 2

The Medicare agency has requested a list of contracted representatives from a Private Fee-for-Service (PFFS) plan that you represent. In this situation, what will the plan do?

Choose one answer.

a. Under Federal privacy statutes, the plan is not obligated to provide this list unless the agency obtains a subpoena. ✓

b. Plans will only provide information on their contracted representatives when such representatives are the subject of a complaint to the Medicare agency. ✗

c. Plans will provide to the Medicare agency a complete list of all of their contracted representatives who are marketing PFFS products, and will authorize the agency to provide those names to state departments of insurance when they request it. ✗

d. Plans will provide a list of their representatives to the Medicare agency, but state departments of insurance cannot obtain such lists. ✗

Source: Oversight and Enforcement: By CMS

Question 3
With regard to the training you are currently taking, what involvement will CMS have in ensuring that it takes place?

Choose one answer.

- [ ] a. CMS will conduct oversight of plan training programs and plans must provide the agency to conduct such oversight. ✓
- [ ] b. Plans are solely responsible for ensuring that appropriate training of brokers and agents takes place.
- [ ] c. State licensing agencies will ensure that plans are appropriately training their brokers and agents, and CMS will depend on those agencies for appropriate oversight. ✗
- [ ] d. Oversight of plan training will be conducted by CMS credentialed entities, such as national trade associations.

Source: Oversight and Enforcement: By CMS

Question 4

The Medicare agency requires all Medicare health plans that contract with marketing representatives to ensure that contracts address which of the following?

Choose one answer.

- [ ] a. CMS does not have authority over plan contracts with respect to marketing representatives. ✗
- [ ] b. Medicare health plans must include in all marketing representative contracts requirements to abide by all guidance from the Federal agency overseeing Medicare and all applicable state laws. ✓
- [ ] c. Medicare health plans must include in all marketing representative contracts requirements to abide by all policies promulgated by the National Association of Insurance Commissioners. ✗
- [ ] d. Medicare health plans must include in all marketing representative contracts requirements to abide by all county codes and ordinances. ✗

Source: Oversight and Enforcement: By CMS, cont’d - Plan Contracts with Marketing Representatives.

Question 5

Medicare health plans establish provisions in marketing representative contracts to ensure compliance with applicable laws and policies. If non-compliance occurs, CMS can penalize a plan in which of the following ways?
Choose one answer.

a. CMS requires the dismissal of senior plan management. ✗

b. CMS requires plan sponsors to create and complete a corrective action plan and may terminate a sponsor's contract.

c. CMS cannot penalize the plan sponsor for marketing representative non-compliance. This is the role of the state.

d. CMS requires plan sponsors to publish in local newspapers the names and misdeeds of marketing representatives who have not complied with the terms of their contracts, so that potential clients can know whom to avoid.

Source: Oversight and Enforcement: By CMS, cont’d

**Question 6**

Mr. Quinn is a marketing representative who markets an MA plan. He is a very good speaker and was asked to make a presentation at a local event that was advertised as educational. He accepted the invitation and the MA plan reported the event to CMS. CMS’ secret shopper attended the event and heard Mr. Quinn’s sales presentation. Which of the following could CMS do?

Choose one answer.

a. Ask Mr. Quinn to attend more educational events to make presentations on MA plans.

b. Require Mr. Quinn to include information in his sales presentation about all types of plans, not just the MA plan he is representing. ✗

c. Commend Mr. Quinn for taking the time to share information with potential enrollees.

d. Require the MA plan to suspend marketing and enrollment for a period of time. ✓

Source: Oversight and Enforcement: By CMS, cont’d

**Question 7**

Mr. Lynn, an agent for Acme Insurance, Inc. thinks that, since state laws are preempted with regard to the marketing of Medicare health plans, he doesn’t have much to worry about. What might you, as his colleague, advise him concerning the type of scrutiny he will be under?

Choose one answer.
a. The Medicare agency conducts only complaint-based oversight and he can market the products he represents as he sees fit, as long as he does so in a manner that would be considered ethical by a reasonable lay person.

b. The state sets most requirements for marketing Medicare health plans, but each plan has different policies that he must adhere to.

c. Organizations sponsoring Medicare health plans are not responsible for enforcing compliance with applicable law and guidance. This job belongs solely to the Medicare agency.

d. Organizations sponsoring Medicare health plans are responsible for the behavior of their contracted representatives and will be conducting monitoring activities to ensure compliance with all applicable Federal law and guidance. State agent licensure laws are not preempted and he must abide by their requirements.

Source: Oversight and Enforcement by Plans, cont’d

Can marketing representatives request information from providers regarding Medicare beneficiaries with specific health conditions for marketing purposes?

Choose one answer.

a. Yes, as long as they do not encourage or discourage the Medicare beneficiary to enroll or disenroll from a plan based on their health condition. ❌

b. Yes, as long as they are marketing only Special Needs Plans. ❌

c. No, providers are legally prohibited from sharing such information. ✅

d. No, marketing representatives can only request information from providers on all beneficiaries, not just those with specific conditions. ❌

Source: Frequently Asked Questions

Mr. Valesquez asked if the Private Fee-for-Service plan you have discussed is like Original Medicare or a Medigap supplement plan. What should you say about a Private Fee-for-Service (PFFS) plan to explain it to Mr. Valesquez?

Choose one answer.
a. It is a type of Medicare Advantage plan that allows you to go to any doctor anywhere.

b. It is not Original Medicare and it works differently than a Medicare supplement plan.

c. It is like a Medicare supplement or Medigap plan.  

d. It is the same as Original Medicare, but offered by a private company.

Source: Required Practices: PFFS Marketing Activities

Question 2

You are mailing invitations to new Medicare beneficiaries for a marketing event. You want an idea of how many people to expect, so you would like to request RSVPs. What should you keep in mind?

Choose one answer.

a. You may not require RSVPs, but when people arrive, you may require completion of a sign-up sheet.

b. You are not permitted to request RSVPs, so you will need to find a different way to estimate how many people are coming.

c. You may request RSVPs, but you are not permitted to require contact information.

d. You may require RSVPs and an e-mail address so you can follow up in the event of a cancellation.

Source: Medicare Marketing Rules: Marketing or Sales Events, cont’d

Question 3

You would like to market an MA plan at a neighborhood pharmacy. What should you keep in mind to comply with the marketing requirements for MA plans?

Choose one answer.

a. You must set up your table, make marketing presentations, and accept enrollment applications only in common areas outside of where the patient waits for services from the pharmacist.
b. You must set up your table and make marketing presentations only in common areas, but you may accept enrollment applications anywhere in the pharmacy.

c. You may not market in a pharmacy if you are not a pharmacist or do not have the pharmacist’s permission.

d. You must set up your table, make marketing presentations, and accept enrollment applications near the pharmacy counter where people wait for their prescriptions.

Source: Marketing Activities: Marketing in a Health Care Setting

Question 4

Mr. Prentice has many clients who are Medicare beneficiaries. He should review the Centers for Medicare & Medicaid Services’ Marketing Guidelines to ensure he is compliant for which type of products?

Choose one answer.

- a. Medicaid HMOs
- b. Long-Term Care policies for Medicare beneficiaries
- c. Medigap plans
- d. Medicare Advantage (MA) and Prescription Drug (PDP) plans

Source: Medicare Marketing Rules

Question 5

A broker plans to offer Visa gift cards that can be used anywhere, as if they were cash. Is this permissible?

Choose one answer.

- a. Yes, as long as they are valued at $15.00 or less.
- b. No, cash or cash equivalent prizes cannot be offered.
- c. No, prizes of any kind can never be offered as a marketing tool for Medicare Advantage plans.
**Question 6**

The Medicare agency requires all Medicare health plans that contract with marketing representatives to ensure that contracts address which of the following?

Choose one answer.

- a. Medicare health plans must include in all marketing representative contracts requirements to abide by all county codes and ordinances. ✗
- b. CMS does not have authority over plan contracts with respect to marketing representatives.
- c. Medicare health plans must include in all marketing representative contracts requirements to abide by all guidance from the Federal agency overseeing Medicare and all applicable state laws. ✓
- d. Medicare health plans must include in all marketing representative contracts requirements to abide by all policies promulgated by the National Association of Insurance Commissioners. ✗

**Source:** Oversight and Enforcement: By CMS, cont’d - Plan Contracts with Marketing Representatives.

**Question 7**

Mr. Edwards, a marketing representative of the ACME Insurance Company, scheduled a marketing event and expects about 40 people to attend. He has hired a magician at a cost of $200 to entertain attendees. Can he do this in a way that complies with guidance from the Medicare agency?

Choose one answer.

- a. He cannot do this because the total value of the gift exceeds the maximum $15 retail gift value.
- b. He can do this because the ads for the event are distributed both to enrollees and non-enrollees, so no restrictions apply ✗
- c. He can do this because the gift is not a cash gift and is not readily converted to cash.
- d. He can do this, because the estimated number of attendees is based on the venue size and response rate and the value of the gift does not exceed $15. ✓
Question 8

You plan to participate in an educational event sponsored by a large regional health care system. One of your colleagues suggests that you do a presentation on one of the Medicare Health plans you market, and modify it to include information about preventive screening tests showcased at the event. How should you respond to your colleague’s suggestion?

Choose one answer.

a. You should tell your colleague no, because marketing representatives are not permitted to participate in any way in an educational event. ✗

b. You should tell your colleague no because participation in an educational event may not include a sales presentation. ✗

c. Whether or not a sales presentation is allowed at this educational event is entirely up to the sponsor of the event. ❌

d. As long as your sales presentation includes information that is about healthy living or clinically effective screening exams, you could talk about the Medicare plans in your presentation. ✓

Question 9

You are working with a number of plans and community organizations to sponsor an educational event. When putting together advertisements for this event, what should you do?

Choose one answer.

a. You must state in the advertisement that it will be an educational event and that the education will consist of specific information about the participating plans. ✗

b. Plans may not participate in advertising such an event. All advertising must be done by the community organizations. ✗

c. You must ensure that the advertisements include the required disclaimer informing the public that the event is for educational purposes only and that no plan-specific benefits or details will be shared. ✓

d. You must only ensure that the advertisement is factually accurate. ✗

Source: Educational Events, cont’d.
Another agent working for your agency claims that because you are not employed by the Medicare Advantage plans that you represent, you are not subject to the same requirements as the plans themselves. How should you respond to such a statement?

Choose one answer.

- a. Your coworker is correct. You are subject only to requirements issued by your state department of insurance.
- b. Your coworker is not correct. Marketing on behalf of a plan is considered marketing by the plan and requires that all contracted and employed agents comply with all Medicare marketing rules. ✓
- c. Your coworker is correct. You may use any marketing techniques that do not involve potential enrollees. ✗
- d. Your coworker is correct because employed agents have to follow a stricter set of rules than do independent agents, such as yourself. ✗

Source: Medicare Marketing Rules

Mrs. Weiss is entitled to Part A and has medical coverage without drug coverage through an employer retiree plan. She is not enrolled in Part B. Since the employer plan does not cover prescription drugs, she wants to enroll in a Medicare prescription drug plan. Will she be able to?

Choose one answer.

- a. Yes, but Mrs. Weiss must drop the employer coverage prior to enrolling in the Medicare prescription drug program.
- b. Yes. Mrs. Weiss must be entitled to Part A or enrolled in Part B to be eligible for coverage under the Medicare prescription drug program. ✓
- c. No. Mrs. Weiss will have to enroll in Part B in order to qualify for enrollment into the Medicare prescription drug program. ✗
- d. No. As long as her employer offers coverage that is equivalent to that available under Medicare, Mrs. Weiss cannot enroll in a Medicare prescription drug plan. ✗

Source: Who is Eligible to Enroll in MA or Part D Plans?
Mr. Saunders is entitled to Part A, but has not enrolled in Part B because he has coverage through an employer plan. If he wants to enroll in a Medicare Advantage plan, what will he have to do?

Choose one answer.

- a. He must wait until the next Annual Election Period, at which time he can enroll in a Medicare Advantage plan. ✗

- b. He will have to enroll in Part B. ✓

- c. He will not need to do anything. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗

- d. As long as his employer offers coverage that is equivalent to Medicare's, he cannot enroll in Part B.

Source: Who is Eligible to Enroll in MA or Part D Plans?

**Question 3**

Mr. Kelly wants to know whether he is eligible to sign up for a Private fee-for-service (PFFS) plan. What questions would you need to ask to determine his eligibility?

Choose one answer.

- a. You would need to ask Mr. Kelly if he is enrolled in Part A and Part B and if his doctor will accept the terms and conditions of payment of the PFFS plan ✗

- b. You would need to ask Mr. Kelly if he is enrolled in Part A and Part B, if he is healthy, and how often he expects to visit a doctor. ✗

- c. You would need to ask Mr. Kelly if he is enrolled in Part A and Part B and if he needs drug coverage. ✗

- d. You would need to ask Mr. Kelly if he is enrolled in Part A and Part B and if he lives in the PFFS plan's service area. ✓

Source: Enrollment Rules.

**Question 4**

Mr. Gonzalez is entitled to Part A, but has not yet enrolled in Part B. If he wants to enroll in a Private Fee-for-Service (PFFS) plan, what will he have to do?
Choose one answer.

- a. He will have to enroll in Part B prior to enrolling in the PFFS plan. ✓
- b. He will have to enroll in a Medicare prescription drug plan prior to enrolling in a PFFS plan.
- c. He will have to drop Part A and then will be eligible to enroll in a PFFS plan.
- d. He will need to do nothing. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗

Source: Who is Eligible to Enroll in MA or Part D Plans

Question 5

Mrs. Brown wants to enroll in a Medicare Advantage plan that does not include drug coverage and also enroll in a stand-alone Medicare prescription drug plan. Under what circumstances can she do this?

Choose one answer.

- a. Mrs. Brown can enroll in any Medicare Advantage plan, regardless of whether it offers drug coverage, and enroll in any stand-alone Medicare prescription drug plan. ✗
- b. If the Medicare Advantage plan is a Private Fee-for-Service (PFFS) plan that does not offer drug coverage or a Medical Savings Account, Mrs. Brown can do this. ✓
- c. This is not a possibility. If Mrs. Brown wants health coverage and drug coverage through a plan, she must purchase an MA-PD plan. ✗
- d. Mrs. Brown can apply for any Medicare Advantage plan and, if it offers drug coverage, ask to have that element of the coverage eliminated, after which she can enroll in a stand-alone Medicare prescription drug plan in her service area. ✗

Source: Enrollment Rules.

Question 6

Mrs. Roberts has Original Medicare and would like to enroll in a Private Fee-for-Service (PFFS) plan. All types of PFFS plans are available in her area. Which options could Mrs. Roberts consider before selecting a PFFS plan?

Choose one answer.
a. A Medicare Advantage Prescription Drug (MA-PD) PFFS plan that combines medical benefits and Part D prescription drug coverage, a PFFS plan offering only medical benefits, or a PFFS plan in combination with a stand-alone prescription drug plan. ✓

b. A PFFS plan offering only medical benefits or a PFFS Medigap Supplemental Insurance plan.

c. A stand-alone prescription drug plan in combination with a PFFS plan or a PFFS Medigap Supplemental Insurance plan. ✗

d. A Medicare Advantage Prescription Drug (MA-PD) PFFS plan that combines medical benefits and Part D prescription drug coverage, a PFFS plan offering only medical benefits, or PFFS Medigap Supplemental Insurance plan.

Source: Enrollment Rules.

1

Mr. and Mrs. Nunez attended one of your sales presentations. They’ve asked you to come to their home to clear up a few questions. During the presentation, Mrs. Nunez feels tired and tells you that her husband can finish things up. She goes to bed. At the end of your discussion, Mr. Nunez says that he wants to enroll both himself and his wife. What should you do?

Choose one answer.

a. You can countersign Mrs. Nunez’ application, along with her husband, indicating that she approved this choice verbally. This witness signature is sufficient to make the enrollment valid. ✗

b. You should sign the form for Mrs. Nunez yourself, since she informed you, as the plan’s representative, that she wanted to enroll. ✗

c. As long as she is able to do so, only Mrs. Nunez can sign her enrollment form. Mrs. Nunez will have to wake up to sign her form or do so at another time. ✓

d. Legal spouses can sign enrollment forms for one another. You may enroll both Mr. and Mrs. Nunez, as long as her husband signs on her behalf. ✗

Source: Who May Complete the Enrollment Form?

Question 2

You are visiting with Mr. Tully and his daughter at her request. He has advanced Alzheimer’s and is incapable of understanding the implications of choosing a Medicare Advantage or prescription drug plan. Can his daughter fill out the enrollment form and sign it for him?
Choose one answer.

- a. A signature is not necessary since Mr. Tully is not physically or mentally capable.
- b. Mr. Tully's daughter can do so because she is an immediate family member who is managing his care.
- c. If the enrollment form is countersigned by one of Mr. Tully's treating physicians, she can sign for him.
- d. Mr. Tully's daughter can do so only if she is authorized under state law as a court-appointed legal guardian, has durable power of attorney for health care decisions, or is authorized under state surrogate consent laws to make health decisions.

Source: Who May Complete the Enrollment Form?; Who May Complete the Enrollment Form? cont’d.

Question 3

You are meeting with Ms. Berlin and she has completed an enrollment form for a MA-PD plan you represent. You notice that her handwriting is illegible and as a result, the spelling of her street looks incorrect. She asks you to fill in the corrected street name. What should you do?

Choose one answer.

- a. Under no circumstances may you make corrections to information a beneficiary has provided. Review of enrollment forms is the sole responsibility of the plan sponsor.
- b. You may correct the information since it was a simple mistake. You do not need to do anything further to the application form.
- c. You may correct the information, but she will need to write a brief statement indicating she authorized you to make the change.
- d. You may correct this information as long as you add your initials and date next to the correction.

Source: Who May Complete the Enrollment Form? cont’d.

1

Mr. Block is currently enrolled in a Medicare Advantage plan that includes drug coverage. He found a stand-alone Medicare prescription drug plan in his area that offers better coverage than that available through his MA-PD plan and in addition has a low premium. It won’t cost him much more and, because he has the means to do so, he wishes to enroll in the stand-alone prescription drug plan in addition to his MA-PD plan. What should you tell him?
Choose one answer.

a. If Mr. Block wants to enroll in both a MA-PD and a stand-alone PDP, he may buy the extra coverage without any adverse effect. ✗

b. Mr. Block will have to wait until the annual election period, beginning October 15, to add stand-alone coverage to the MA-PD. ✗

c. If Mr. Block enrolls in a stand-alone Medicare prescription drug plan, he can request that his Medicare Advantage plan remove the drug benefit from the package they offer and reduce his premium accordingly. ✗

d. If Mr. Block enrolls in the stand-alone Medicare prescription drug plan, he will be disenrolled from the Medicare Advantage plan. ✓

Source: Beneficiary Acknowledgements when Enrolling; Enrollment Rules; Enrollment Rules, cont’d.

Question 2

You are doing a sales presentation for Mrs. Peck. You know that the Medicare marketing guidelines prohibit certain types of statements. Apply those guidelines to the following statements and identify which would be prohibited.

Choose one answer.

a. “How are you this morning, Mrs. Peck?” ✗

b. “Are you interested in a Medicare supplement plan or a Medicare health plan?” ✗

c. “A Private Fee-for-Service plan is not the same as a Medigap supplemental policy.” ✗

d. “If you’re not in very good health, you will probably do better with a different product.” ✓

Source: Enrollment Discrimination Prohibitions.

Question 3

You have come to Mrs. Brown’s home for a sales presentation. At the beginning of the presentation, Mrs. Brown tells you that she has a copy of her medical record available because she thinks this will help you understand her needs. She suggests that you will know which questions to ask her about her health status in order to best assist her in selecting a plan. What should you do?

Choose one answer.
a. If she brings up the topic of her health, you can ask Mrs. Brown as many questions as she is willing to answer, so you can determine which plan is most suitable for her health needs. ✗

b. You can initiate detailed discussion of all of Mrs. Brown’s health conditions only to advise her to choose a different plan if she is experiencing significant health problems. ✓

c. You can only ask Mrs. Brown questions about conditions that affect eligibility, specifically, whether she has end stage renal disease or one of the conditions that would qualify her for a special needs plan. ✓

d. You cannot, under any circumstances, ask Mrs. Brown any health-related questions.

Source: Enrollment Discrimination Prohibition and Exceptions

1

Mr. Grant has just entered his MA Initial Coverage Election Period (ICEP). What action could you help him take during this time?

Choose one answer.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>He will have one opportunity to enroll in a Medicare Advantage plan ✓</td>
</tr>
<tr>
<td>b.</td>
<td>He may change or drop MA plans, but may not drop drug coverage. ✗</td>
</tr>
<tr>
<td>c.</td>
<td>If he has a disability, he may enroll in Original Fee-for-Service Medicare during the MA Initial Coverage Election Period. ✗</td>
</tr>
<tr>
<td>d.</td>
<td>He will have a three month period during which he may enroll in as many Medicare Advantage plans as he chooses, with the last enrollment being the effective one. ✗</td>
</tr>
</tbody>
</table>

Source: Enrollment Periods: MA Initial Coverage Election Period (ICEP).

Question2

Mrs. Kenny is six months away from turning 65. She wants to know what she will have to do to enroll in a Medicare Advantage (MA) plan as soon as possible. What could you tell her?

Choose one answer.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>MA plans are only available to those who have been enrolled in a Medigap plan for at least six months. Therefore, before enrolling in an MA plan, she must first use a Medigap plan to supplement her Original Medicare coverage. ✗</td>
</tr>
</tbody>
</table>

Source: Enrollment Periods: MA Initial Coverage Election Period (ICEP).
Mr. Ziegler is turning 65 next month and has asked you what he can do, and when he must do it, with respect to enrolling in Part D. What could you tell him?

Choose one answer.

- a. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may enroll in a Medigap plan that includes creditable coverage for prescription drugs. ✗
- b. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may only add stand-alone Medicare prescription drug coverage. ✗
- c. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may only enroll in an MA-PD plan. ✗
- d. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may make one Part D enrollment choice, including enrollment in a stand-alone Part D plan or an MA-PD plan. ✓

Source: Enrollment Periods: Part D Initial Enrollment Period (IEP)

Question 4

Ms. Claggett is sixty-six (66) years old. She has been covered under both Parts A and B of Original Medicare for the last six years due to her disability, has never been enrolled in a Medicare Advantage or a Part D plan before. She wants to enroll in a Part D plan. She knows that there is such a thing as the “Part D Initial Enrollment Period” and has concluded that, since she has never enrolled in such a plan before, she should be eligible to enroll under this period. What should you tell her about how the Part D Initial Enrollment Period applies to her situation?

Choose one answer.
a. The Part D Initial Enrollment Period occurs only when a beneficiary turns 65, so it cannot be used as the justification for allowing her to enroll at this point. ✗

b. It occurs three months before and three months after the month when a beneficiary meets the eligibility requirements for Part B, so she will not be able to use it as a justification for enrolling in a Part D plan now. ✗

c. It occurs from October 15 to December 7 of each year, so she will have to wait until that point to utilize that particular enrollment period. ✗

d. It occurs from January 1 to February 14 of each year, so she will have to wait until that point to utilize that particular enrollment period. ✗

Source: Enrollment Periods: Part D Initial Enrollment Period (IEP).

1

Mr. Ford enrolled in an MA-only plan in mid November. On December 1, he calls you up and says that he has changed his mind and would like to enroll into an MA-PD plan. What enrollment rules would apply in this case?

Choose one answer.

a. He should wait for at least six months into the plan year to be sure that he really wants to do so, he can make any sort of change he likes at that point. ✗

b. He can return to Original Medicare, but must then enroll into a Medicare Part D plan. ✗

c. He can only make a single enrollment change during the Annual Election Period, so he will not be able to change his enrollment. ✗

d. He can make as many enrollment changes as he likes during the Annual Election Period and the last choice made prior to the end of the period will be the effective one as of January 1. ✓

Source: Enrollment Periods: Annual Election Period.

Question 2

Mrs. Townsend would like her daughter, who lives in another state, to meet with you during the Annual Election Period to help her complete her enrollment in a Part D plan. She asked you when she should have her daughter plan to visit. What could you tell her?

Choose one answer.
Her daughter should come in November.

Her daughter should come during the three month period that begins on the first day of her birthday month and runs for three full months.

Her daughter should come sometime between January 1 and February 14.

Her daughter should come by September 1.

Source: Enrollment Periods: Annual Election Period.

Question 3

Mr. Anderson is a very organized individual and has filled out and brought to you an enrollment form on October 10 for a new plan available January 1 next year. What should you do?

Choose one answer.

a. Accept the form and immediately send it in to the plan for processing.

b. Tell Mr. Anderson that you cannot accept any enrollment forms until the annual election period begins.

c. If Mr. Anderson is a new Medicare beneficiary, you can accept the form for the current plan year, but if he is an existing Medicare beneficiary, he must wait until the Annual Election Period to submit his form to you.

d. Accept the form and wait until the Annual Election Period begins to send it to the plan for processing.

Source: Enrollment Periods: Annual Election Period, cont’d

Question 4

A client wants to give you an enrollment application prior to the beginning of the Annual Election Period because he is leaving on vacation for two weeks and does not want to forget about turning it in. What should you tell him?

Choose one answer.

a. You must tell him you are not permitted to take the form. If he sends the form directly to the plan, the plan will process the enrollment on the day the Annual Election Period begins.
You must accept the application, but hold it until the annual election period begins, after which you must send it to the plan for processing.  

You must tell him you are not permitted to take the form and if he sends it to the plan, the application will be rejected and he will need to fill out another form and submit it after the Annual Election Period begins.  

You must send it to the plan for immediate processing, although the enrollment will not become effective until January 1.  

Source: Enrollment Periods: Annual Election Period, cont’d

Question 5

Mrs. Goodman enrolled in an MA-PD plan during the Annual Election Period. In mid-January of the following year, she wants to switch back to Original Medicare and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

a. During the MA Disenrollment Period, from January 1 – February 14, she may only add or drop Part D coverage, so she cannot switch back to Original Medicare. ✗

b. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from the MA-PD plan into Original Medicare and also may add a stand-alone prescription drug plan. ✔

c. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from the MA-PD plan into Original Medicare, but she may only enroll in a stand-alone prescription drug plan if she also purchase a Medigap policy. ✗

d. During the MA Disenrollment Period, from January 1 – February 14, she may only disenroll from a MA or MA-PD plan, but cannot enroll in a stand-alone Part D plan. ✗

Source: Enrollment Periods: MA Disenrollment Period (MADP).

Question 6

Ms. Gardner is currently enrolled in an MA-PD plan. However, she wants to disenroll from the MA-PD plan and instead enroll in a Part D only plan and go back to Original Medicare. According to Medicare’s enrollment guidelines, when could she do this?

Choose one answer.
Mrs. Schmidt is moving and a friend told her she might qualify for a “Special Election Period” to enroll in a new Medicare Advantage plan. She contacted you to ask what a Special Election Period is. What could you tell her?

Choose one answer.

- a. It is a time period, outside of the Annual Election Period, when a Medicare beneficiary can select a new or different Medicare Advantage and/or Part D prescription drug plan. Typically the Special Election Period is beneficiary specific and results from events, such as when the beneficiary moves outside of the service area.
- b. It is a time period when only Medicare beneficiaries who have moved out of the area and are dually eligible for Medicaid may add, drop, or change their prescription drug coverage.
- c. It is a time period when beneficiaries who are newly eligible for Medicare may make their first choice of a Medicare prescription drug plan.
- d. It is a single time period from January 1 – February 14, created by statute, when any Medicare beneficiary who has moved out of the area of their Medicare Advantage or Part D plan can add, drop, or change their Medicare prescription drug coverage.

Source: Enrollment Periods: Annual Election Period; Enrollment Periods: MA Disenrollment Period (MADP)

Mrs. Schmidt is moving and a friend told her she might qualify for a “Special Election Period” to enroll in a new Medicare Advantage plan. She contacted you to ask what a Special Election Period is. What could you tell her?

Choose one answer.

- a. It is a time period, outside of the Annual Election Period, when a Medicare beneficiary can select a new or different Medicare Advantage and/or Part D prescription drug plan. Typically the Special Election Period is beneficiary specific and results from events, such as when the beneficiary moves outside of the service area.
- b. It is a time period when only Medicare beneficiaries who have moved out of the area and are dually eligible for Medicaid may add, drop, or change their prescription drug coverage.
- c. It is a time period when beneficiaries who are newly eligible for Medicare may make their first choice of a Medicare prescription drug plan.
- d. It is a single time period from January 1 – February 14, created by statute, when any Medicare beneficiary who has moved out of the area of their Medicare Advantage or Part D plan can add, drop, or change their Medicare prescription drug coverage.

Source: Enrollment Periods: Special Enrollment Periods (SEPs), cont’d.

Question 2

Mr. Grace was told he qualifies for a Special Election Period (SEP), but he lost the paper that explains what he could do during the SEP. What can you tell him?
Choose one answer.

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<table>
<thead>
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<tbody>
<tr>
<td>a.</td>
<td>If the SEP is for Part D coverage, he may only drop, but not add or change, his Part D coverage one time before the SEP expires. <strong>X</strong></td>
</tr>
<tr>
<td>b.</td>
<td>If the SEP is for MA coverage, he may make as many changes to his MSA enrollment as he wants and the last choice made before the end of the SEP period will be the effective one. <strong>X</strong></td>
</tr>
<tr>
<td>c.</td>
<td>He may only use the SEP to disenroll from his MA plan and return to Original Medicare. <strong>X</strong></td>
</tr>
<tr>
<td>d.</td>
<td>If the SEP is for MA coverage, he will have one opportunity to change his MA coverage. <strong>X</strong></td>
</tr>
</tbody>
</table>

Source: Enrollment Periods: Special Enrollment Periods (SEPs), cont’d.

**Question 3**

Mrs. Gunner thought she was enrolling in a stand-alone PDP, but when she received her plan materials, she found out she was enrolled in a Private Fee-for-Service (PFFS) plan with drug coverage. She called her marketing representative for help. What should the marketing representative tell her?

Choose one answer.

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<tr>
<td>a.</td>
<td>If she believes she received misleading information, she must contact 1-800-MEDICARE and, if she qualifies for a Special Enrollment Period, she can select a new option, which could include a different MA plan, a PDP, or Original Medicare.</td>
</tr>
<tr>
<td>b.</td>
<td>She should not tell anyone about her concern with her enrollment in a PFFS plan, because the marketing representative could lose his/her commission. <strong>X</strong></td>
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<tr>
<td>c.</td>
<td>She can drop the health coverage and just keep the PFFS plan’s drug coverage and then change next year during the Annual Election Period. <strong>X</strong></td>
</tr>
<tr>
<td>d.</td>
<td>She cannot change plans until the next Annual Election Period. <strong>X</strong></td>
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Source: SEP Contract Violations: Marketing Misrepresentation

**1**

Ms. Lee is enrolled in an MA-PD plan, but will be moving out of the plan’s service area next month. She is worried that she will not be able to enroll in another plan available in her new residence until the Annual Election Period. What should you tell her?

Choose one answer.
She will be able to enroll in a new plan, because she qualifies for a Special Election Period that begins 30 days after a plan’s written communications are returned by the United States Post Office with notification that the resident has moved. So, she should be sure to notify the Post Office immediately.

b. She is eligible for a Special Election Period that begins either the month before her permanent move, if the plan is notified in advance, or the month she provides notice of the move, and this period typically lasts an additional two months.

c. She may continue to keep her existing plan, because all Medicare health plans are required to provide coverage to anyone, no matter where they live.

d. She will have to wait until the next Annual Election Period to be able to enroll in a plan available in her new location.

Source: Typical SEPs – Change of Residence.

Question 2

Mr. Yoo’s employer has recently dropped comprehensive creditable prescription drug coverage that was offered to company retirees. The company told Mr. Yoo that, because he was affected by this change, he would qualify for a Special Election Period. Mr. Yoo contacted you to find out more about what this means. What can you tell him?

Choose one answer.

a. It means that he will be able to enroll into a state-funded pharmacy assistance program that covers 80 percent of his drug costs. ❌

b. It means that he will have a one time opportunity to enroll into a Medigap policy with drug coverage.

c. It means that he qualifies for a one-time opportunity to enroll into an MA-PD or Part D prescription drug plan.

d. It means that he will be able to purchase continued drug coverage from the insurer that had provided it to the company retirees, but that he will not have to pay the entire premium himself.

Source: Typical SEPs – Involuntary Loss of Creditable Drug Coverage

Question 3

Mrs. Steeley has Original Medicare Parts A and B and has just qualified for her state’s Medicaid program, so the state is now paying her Part B premium. Will gaining eligibility for this program affect her ability to enroll in a Medicare Advantage or Medicare Prescription Drug plan?

Choose one answer.
a. Yes. Qualifying for this state program gives Mrs. Steeley access to a Special Election Period that allows her to make changes to her MA and/or Part D enrollment at any time.

b. Yes. Individuals who enroll into any portion of their state Medicaid program cannot participate in either MA or Part D.

c. No. Mrs. Steeley must wait until the Annual Election Period to make any changes in her enrollment in an MA or Part D plan.

d. Yes. Mrs. Steeley has a Special Enrollment Period during which she can make a single change to her MA enrollment only.

Source: Typical SEPs – Exceptional Conditions: Gaining or Losing Medicaid Eligibility.

Question 4

If Mr. Johnson gains the Part D low-income subsidy, how does that affect his ability to enroll or disenroll in a Part D plan?

Choose one answer.

a. He can apply the subsidy amount to his existing plan immediately, but he cannot enroll in a different plan.

b. The subsidy will become effective next year when he can enroll in a different plan or disenroll from his current plan during the next Annual Election Period.

c. He can only enroll into or disenroll from an MA-PD plan.

d. He can enroll in or disenroll from a Part D plan at any time and the subsidy will apply to the plan he chooses.

Course: Typical SEPs – Exceptional Conditions: Gaining Eligibility for Part D Low Income Subsidy.

Question 5

Mr. Charles, who is enrolled in a stand-alone Part D plan, receives the Part D low-income subsidy and just received a letter from the Social Security Administration informing him that he will no longer qualify for the subsidy? He is wondering if he can switch to a lower cost Part D plan. What should you tell him?

Choose one answer.
He qualifies for a Special Election Period which begins the month he was notified of his loss and continues for two more months. This SEP allows him one opportunity to enroll into another PDP or an MA-PD.

b. He must wait until the next Annual Election Period to select a different Part D plan.

c. He will need to begin obtaining his drug coverage through his state’s Medicaid program.

d. The Medicare agency will automatically enroll him into another Part D plan.

Source: Typical SEPs – Exceptional Conditions: Losing Eligibility for Part D Low Income Subsidy.

Question 6

Mr. Chen is enrolled in his employer’s group health plan and will be retiring soon. He would like to know his options since he has decided to drop his retiree coverage and is eligible for Medicare. What should you tell him?

Choose one answer.

a. Mr. Chen can disenroll from his employer-sponsored coverage to elect a Medicare Advantage or Part D plan, but must wait until the next Annual Election Period. X

b. Mr. Chen can disenroll from the employer-sponsored plan and his only option is to choose a Medigap plan.

c. Mr. Chen must convert his current coverage to employer-sponsored retiree coverage and wait one year before enrolling in an MA or Part D plan. He must ensure he has no gap in coverage. X

d. Mr. Chen can disenroll from his employer-sponsored coverage to elect a Medicare Advantage or Part D plan within 2 months of his disenrollment, but he should reevaluate if he really wants to drop his employer coverage.


1

You are completing a PFFS plan sale to Mr. Schmidt who is new to Medicare, and as you are finishing up, what should you tell him about next steps in the enrollment process?

Choose one answer.

a. You need to get Mr. Schmidt’s phone number and include it on the enrollment form because the organization receives the enrollment form and will ask about the quality of your service.
with Mr. Schmidt to avoid influencing his answers. X

b. You need to get Mr. Schmidt’s phone number and include it on the enrollment form because you need to ensure that he understood the nature of the PFFS plan he selected and to verify his intent to enroll. X
c. You should not include Mr. Schmidt’s phone number on the enrollment form in case he is on the “Do Not Call” registry. X
d. You need to ask Mr. Schmidt a few final questions to ensure he understands the nature of the plan and really wants to enroll. You also should tell Mr. Schmidt that after you leave, he should not answer any questions about his enrollment in the plan because it could result in a disenrollment. X

Source: Post-Enrollment: Outbound Verification Calls

Question 2

Mrs. Johnson calls to tell you she has not received her new plan ID card yet, but she needs to see a doctor. What can she expect to receive from the plan after the plan has received her enrollment form?

Choose one answer.

a. A solicitation for friends who might be interested in enrolling in the plan, with a postcard for her to list their names, addresses, and phone numbers. X
b. Evidence of plan membership, information on how to obtain services, and the effective date of coverage. X
c. A $20 gift certificate thanking her for enrolling. X
d. She will not receive anything from the plan until her ID card arrives, so she should not expect the plan to cover her medical needs until then. X

Source: Post-Enrollment Materials for the Beneficiary

Question 3

After a sales presentation, Mr. Brooks announces that he is ready to enroll in the plan you represent. He would like to know if he can have his plan premiums deducted from his Social Security check. What should you tell him?

Choose one answer.
He must pay six months of the premium directly to the plan prior to receiving coverage, and thereafter he must pay every six months.

b. He may have the plan premium withheld from his Social Security check only if the amount of the premium is no greater than 25 percent of his total check.

c. He may choose withholding from his Social Security check when he completes the enrollment form.

d. Since the plan you represent prefers that he pay premiums directly to the plan, he may not have his premium deducted from his Social Security check.

Source: Post Enrollment Premium Payment.

Question 4

Mrs. Austin just signed up for a Medicare Advantage plan on the second of the month. She is leaving for vacation in two weeks and wants to know if her new coverage will start before she leaves. What should you tell her?

Choose one answer.

b. Typically her coverage would begin on the first day of the next month, so she should not expect her coverage to begin before she leaves.

c. Typically, coverage is effective on the date that the beneficiary completes the application, so her coverage will be in place before she leaves.

d. Coverage always begins on the first of July, or the first of January after a beneficiary enrolls, whichever comes first.

Source: Post-Enrollment: When does coverage begin?.

1

Mr. Pintok is interested in joining a MA-PD plan and wants advice on which type would allow him to select or change his personal primary care physician. What can you tell him?

Choose one answer.
a. He has a right to select or change his primary care provider from within the plan's network without interference.

b. Only MSA plans will allow him to select his primary care physician.

c. Only MA PFFS plans will allow him to select his primary care physician.

d. Any MA plan he joins will assign him to a primary care physician and he can request a change if he has a valid reason that the plan will approve.

Source: Enrollee Protections.

Question 2

Mrs. Burton is in an MA-PD plan and was disappointed in the service she received from her primary care physician because she was told she would have to wait five weeks to get an appointment when she was feeling ill. She called you to ask what she could do so she wouldn’t continue to have to put up with such poor access to care. What could you tell her?

Choose one answer.

a. She must write to the plan and wait for a response and then she could file a grievance.

b. She could file a grievance with her plan to complain about the lack of timeliness in getting an appointment.

c. She should call the doctor’s office to complain since the plan cannot do anything about the doctor’s schedule.

d. She should not expect to get in to see her doctor any more quickly since she is a Medicare patient.

Source: Enrollee Protections: Grievances

Question 3

Mr. Barker had surgery recently and expected that he would have certain services and items covered by the plan with minimal out-of-pocket costs because his MA-PD coverage has been very good. However, when he received the bill, he was surprised to see large charges in excess of his maximum out-of-pocket limit that included a number of services and items he thought would be fully covered. He called you to ask what he could do? What could you tell him?

Choose one answer.
1

Ms. O’Donnell learned about a new MA-PD plan that her neighbor suggested and that you represent. She plans to switch from her old MA HMO plan to the new MA-PD plan during the Annual Election Period. However, she wants to make sure she does not end up paying premiums for two plans. What can you tell her?

Choose one answer.

- a. She only needs to enroll in the new MA-PD plan and she will automatically be disenrolled from her old MA plan.
- b. She will need to complete a disenrollment form the month before she wants to submit her application for the new plan to ensure she does not end up with two plans.
- c. She must wait until the MA Disenrollment Period and then she will be able to disenroll from the MA HMO and select the MA PD plan.
- d. It is illegal for a marketing representative to sell her an MA-PD plan before she completes a voluntary disenrollment form and you can offer to help her do so before you assist with the new enrollment, but these must be during two separate appointments.

Source: Voluntary Disenrollment from MA or Part D Plans.

Question 2

Mr. Fera is selling his home to move into a retirement facility near his daughter in a neighboring state. He has a stand-alone prescription drug plan, and has learned it is not available where he is moving. He doesn’t know what he should do. What can you tell him?

Choose one answer.
Question 3

Mr. Robinson was quite ill recently and forgot to pay his monthly premium for his MA-PD plan. He is worried that he will lose his coverage now when he needs it the most. He is certain his plan will disenroll him because that is what happened to a friend of his in a similar type of plan. What can you tell Mr. Robinson about his situation?

Choose one answer.

a. Plan sponsors must disenroll members who do not pay their premiums, but they have the discretion to make exceptions for certain members, so he should ask for an exception for this special circumstance. ❌

b. Plan sponsors have the option to disenroll members who do not pay their premiums, but they must first provide each member with a grace period of not less than 2 months. ✔️

c. Plan sponsors must disenroll members who do not pay their premiums, but he will have a special enrollment period to sign up for a different MA-PD plan. ❌

d. Plan sponsors have the option to disenroll members, but if they choose to do so, they must act immediately and cannot permit a grace period. ❌

Source: Involuntary Disenrollment from MA, Part D, or Cost Plans – At Plan Option, cont’d.

Question 4

Mrs. Murphy has been very ill and has been in the hospital multiple times this year. She is concerned that her expenses have reached the maximum out-of-pocket costs and now her special needs plan (SNP) will disenroll her. What can you tell her?
Choose one answer.

- a. There is no limit on the expenses a plan can incur on behalf of any one beneficiary and a plan sponsor may not end a member’s enrollment just because of high costs, so she should not be concerned. ✓

- b. Qualification for her SNP membership was based on her good health, so she will be disenrolled, but will have a special election period to select a new plan. ✗

- c. There is no limit on the expenses any one beneficiary can incur, but a SNP can end a member’s enrollment at any time for any reason, so she should check with her plan to see if she will need to select a new plan. ✗

- d. She is correct that when she reaches the maximum out-of-pocket cost threshold, she will be automatically disenrolled. However, since she will have a special election period to select another plan, she should not worry. ✓

Source: Involuntary Disenrollment from MA, Part D, or Cost Plans – At Plan Option, cont’d.

1

Mrs. Kenny is six months away from turning 65. She wants to know what she will have to do to enroll in a Medicare Advantage (MA) plan as soon as possible. What could you tell her?

Choose one answer.

- a. She may enroll in an MA plan beginning three months immediately before her entitlement to both Medicare Part A and Part B. ✓

- b. She must first enroll in a Medicare Part D plan, before enrolling in a Medicare Advantage plan. ✗

- c. She must have previously been enrolled in Original Fee-for-Service Medicare for at least one year before she may enroll in an MA plan. ✗

- d. MA plans are only available to those who have been enrolled in a Medigap plan for at least six months. Therefore, before enrolling in an MA plan, she must first use a Medigap plan to supplement her Original Medicare coverage. ✗

Source:

Question 2

Ms. O’Donnell learned about a new MA-PD plan that her neighbor suggested and that you represent. She plans to switch from her old MA HMO plan to the new MA-PD plan during the Annual Election Period. However, she wants to make sure she does not end up paying premiums for two plans. What can you tell her?
Choose one answer.

- It is illegal for a marketing representative to sell her an MA-PD plan before she completes a voluntary disenrollment form and you can offer to help her do so before you assist with the new enrollment, but these must be during two separate appointments.
- She will need to complete a disenrollment form the month before she wants to submit her application for the new plan to ensure she does not end up with two plans.
- She must wait until the MA Disenrollment Period and then she will be able to disenroll from the MA-HMO and select the MA-PD plan.
- She only needs to enroll in the new MA-PD plan and she will automatically be disenrolled from her old MA plan.

Source: Voluntary Disenrollment from MA or Part D Plans.

**Question 3**

Mr. Yoo’s employer has recently dropped comprehensive creditable prescription drug coverage that was offered to company retirees. The company told Mr. Yoo that, because he was affected by this change, he would qualify for a Special Election Period. Mr. Yoo contacted you to find out more about what this means. What can you tell him?

Choose one answer.

- It means that he qualifies for a one-time opportunity to enroll into an MA-PD plan.
- It means that he will be able to enroll into a state-funded pharmacy assistance program for retirees that will cover 80 percent of his drug costs.
- It means that he will be able to purchase continued drug coverage from the insurer that had provided it to the company retirees, but that he will not have to pay the entire premium himself.
- It means that he will have a one time opportunity to enroll into a Medigap policy with drug coverage.

Source: Typical SEPs – Involuntary Loss of Creditable Drug Coverage

**Question 4**

You have come to Mrs. Brown’s home for a sales presentation. At the beginning of the presentation, Mrs. Brown tells you that she has a copy of her medical record available because she thinks this will help you understand her needs. She suggests that you will know which questions to ask her about her health status in order to best assist her in selecting a plan. What should you do?
Choose one answer.

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<td>a. If she brings up the topic of her health, you can ask Mrs. Brown as many questions as she is willing to answer, so you can determine which plan is most suitable for her health needs. <strong>✗</strong></td>
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<tr>
<td>b. You cannot, under any circumstances, ask Mrs. Brown any health-related questions. <strong>✓</strong></td>
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<tr>
<td>c. You can only ask Mrs. Brown questions about conditions that affect eligibility, specifically, whether she has end stage renal disease or one of the conditions that would qualify her for a special needs plan. <strong>✓</strong></td>
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<tr>
<td>d. You can initiate detailed discussion of all of Mrs. Brown’s health conditions only to better understand her situation and to advise her to choose a different plan if she is experiencing significant health problems. <strong>✗</strong></td>
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Source: Enrollment Discrimination Prohibition and Exceptions

**Question 5**

Mr. and Mrs. Nunez attended one of your sales presentations. They've asked you to come to their home to clear up a few questions. During the presentation, Mrs. Nunez feels tired and tells you that her husband can finish things up. She goes to bed. At the end of your discussion, Mr. Nunez says that he wants to enroll both himself and his wife. What should you do?

Choose one answer.

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<td>a. You can countersign Mrs. Nunez’ application, along with her husband, indicating that she approved this choice verbally. This witness signature is sufficient to make the enrollment valid. <strong>✗</strong></td>
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<td>b. As long as she is able to do so, only Mrs. Nunez can sign her enrollment form. Mrs. Nunez will have to wake up to sign her form or do so at another time. <strong>✓</strong></td>
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<tr>
<td>c. You should sign the form for Mrs. Nunez yourself, since she informed you, as the plan’s representative, that she wanted to enroll. <strong>✗</strong></td>
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<tr>
<td>d. Legal spouses can sign enrollment forms for one another. You may enroll both Mr. and Mrs. Nunez, as long as her husband signs on her behalf <strong>✗</strong></td>
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Source: Who May Complete the Enrollment Form?

**Question 6**

Mrs. Weiss is entitled to Part A and has medical coverage without drug coverage through an employer retiree plan. She is not enrolled in Part B. Since the employer plan does not cover prescription drugs, she wants to enroll in a Medicare prescription drug plan. Will she be able to?
Choose one answer.

a. Yes, but Mrs. Weiss must drop the employer coverage prior to enrolling in Medicare prescription drug plan.

b. No. Mrs. Weiss will have to enroll in Part B in order to qualify for enrollment in a Medicare prescription drug program.

c. Yes. Mrs. Weiss must be entitled to Part A or enrolled in Part B to be eligible for coverage under the Medicare prescription drug program.

d. No. As long as her employer offers coverage that is equivalent to that available through Medicare, Mrs. Weiss cannot enroll in a Medicare prescription drug plan.

Source: Who is Eligible to Enroll in MA or Part D Plans?

Question 7

Mr. Saunders is entitled to Part A, but has not enrolled in Part B because he has coverage through an employer plan. If he wants to enroll in a Medicare Advantage plan, what will he have to do?

Choose one answer.

a. As long as his employer offers coverage that is equivalent to Medicare Advantage, he cannot enroll in Part B.

b. He will have to enroll in Part B.✓

c. He must wait until the next Annual Election Period, at which time he can enroll in a Medicare Advantage plan. ✗

d. He will not need to do anything. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗

Source: Who is Eligible to Enroll in MA or Part D Plans?

Question 8

Mrs. Johnson calls to tell you she has not received her new plan ID card yet, but she needs to see a doctor. What can she expect to receive from the plan after the plan has received her enrollment form?

Choose one answer.
Question 9

Mrs. Goodman enrolled in an MA-PD plan during the Annual Election Period. In mid-January of the following year, she wants to switch back to Original Medicare and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

a. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from a MA or MA-PD plan, but cannot enroll in a stand-alone Part D plan. X

b. During the MA Disenrollment Period, from January 1 – February 14, she may only add or drop Part D coverage, so she cannot switch back to Original Medicare. X

c. During the MA Disenrollment Period, from January 1 – February 14, she may drop a MA or MA-PD plan and go back to Original Medicare, but she may only enroll in a stand-alone prescription drug plan if she also purchases a Medigap policy. X

d. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from the MA-PD plan into Original Medicare and also may add a stand-alone prescription drug plan. ✓

Source: Enrollment Periods: MA Disenrollment Period (MADP).

Question 10

Mr. Grace was told he qualifies for a Special Election Period (SEP), but he lost the paper that explains what he could do during the SEP. What can you tell him?

Choose one answer.
a. If the SEP is for MA coverage, he may make as many changes to his MSA enrollment as he wants and the last choice made before the end of the SEP period will be the effective one.

b. If the SEP is for Part D coverage, he may only drop, but not add or change, his Part D coverage one time before the SEP expires.

c. If the SEP is for MA coverage, he will have one opportunity to change his MA coverage.

d. He may only use the SEP to disenroll from his MA plan and return to Original Medicare.

Source: Enrollment Periods: Special Enrollment Periods (SEPs), cont’d.
Ms. Moore plans to retire when she turns 65 in a few months. She is in excellent health and will have considerable income when she retires. She is concerned that her income will make it impossible for her to qualify for Medicare. What could you tell her to address her concern?

Choose one answer.

1. Medicare is a program for people age 65 or older and those under age 65 with certain disabilities, end stage renal disease, Lou Gehrig’s disease, or exposed to certain environmental hazards, so she will be eligible for Medicare.

2. Eligibility for Medicare is based on whether or not a person has ever been employed by the federal government. If she or her husband were ever employed by the federal government, she can enroll in Medicare.

3. Medicare is a program for people who have incomes and assets below specific limits, so you will have to find out her exact financial situation before telling her whether she can obtain Medicare coverage.

4. Medicare is a program for people of all ages with specific mental health disabilities. Since she is in excellent health, she would not qualify, but should instead look into her state’s Medicaid program if she wants further coverage.

Mr. Styles would like to plan for retirement and has asked you what is covered under Original Fee-for-Service (FFS) Medicare? What could you tell him?

Choose one answer.

1. Part C, which always covers dental and vision services, is covered under Original Medicare.

2. Part A, which covers hospital, skilled nursing facility, hospice and home health services and Part B, which covers professional services such as those provided by a doctor are covered under Original Medicare.

3. Part D, which covers prescription drug services, is covered under Original Medicare.

4. Part A, which covers long term custodial care services, is covered under Original Medicare.

Mr. Hudson is concerned that if he signs up for a Medicare health plan, the health plan may, at some time in the future, reduce his benefits below what is available in Original Medicare. What should you tell him about his concern?
Choose one answer.

1. Medicare health plans have the option of deciding, each year, what services they will cover. He is correct that the health plan could eliminate some benefits covered by Medicare and he should think carefully before enrolling in a Medicare health plan.

2. He should not be concerned because Medicare health plans must cover all IRS-approved health care expenses, which means that all of them provide substantially greater benefits than are available under Medicare Part A and Part B.

3. Medicare health plans must cover all benefits available under Medicare Part A and Part B. Many also cover Part D prescription drugs.

4. Medicare health plans offer a menu of benefits, from which he may choose, so if he ever wants to increase his coverage, he need only contact the plan and select other options.

Question 4
Marks: 1

Mrs. Geisler's neighbor told her she should look at her Part D options during the annual Medicare enrollment period because features of Part D might have changed. Mrs. Geisler can't remember what Part D is so she called you to ask what her neighbor was talking about. What could you tell her?

Choose one answer.

1. Part D covers hospital and home health services and the cost sharing has changed this year.

2. Part D covers physician and non-physician practitioner services and the deductible has not changed this year, but the physician charges may go up.

3. Part D covers long-term care services and she shouldn't worry because there has been no change in coverage.

4. Part D covers prescription drugs and she should look at her premiums, formulary, and cost sharing to see if they have changed.

Question 5
Marks: 1

Mrs. Weems wants to know generally how the benefits under Original Medicare might compare to the benefit package of a Medicare Health Plan before she starts looking at specific plans. What could you tell her?

Choose one answer.

1. All Medicare Health Plans offer cost-sharing that is lower than Original Medicare for all Part A and Part B covered services, but the maximum out-of-pocket limit is higher than in Original Medicare.
2. Medicare Health Plans may offer extra benefits that Original Medicare does not offer such as vision, hearing, and dental services and must include a maximum out-of-pocket limit on Part A and Part B services.

3. Medicare Health Plans are not permitted to offer any benefits beyond those available under the Original Medicare program and must have the same maximum out-of-pocket limit on Part A and Part B services as FFS Medicare.

4. Medicare Health Plans do not necessarily have to cover all of the Original Medicare Part A and Part B services, but must include a maximum out-of-pocket limit.

Question 6
Marks: 1

Mr. Meoni's wife has a Medicare Advantage plan, but he wants to understand what coverage Medicare Supplemental Insurance provides since his health care needs are different from his wife's needs. What could you tell Mr. Meoni?

Choose one answer.

1. Medicare Supplemental Insurance would cover his long-term care services.

2. Medicare Supplemental Insurance would help cover his Part A and Part B cost sharing in Original Fee-for-Service (FFS) Medicare as well as possibly some services that Medicare does not cover.

3. Medicare Supplemental Insurance would cover his dental, vision and hearing services only.

4. Medicare Supplemental Insurance would cover all of his IRS approved health care expenditures not covered under Original Fee-for-Service (FFS) Medicare.

1 Marks: 1

Mrs. McNamara will be 65 soon, has been a citizen for twelve years, has been employed full time, and paid taxes during that entire period. She is concerned that she will not qualify for coverage under part A because she was not born in the United States. What should you tell her?

Choose one answer.

1. All individuals who are citizens and over age 65 will be covered under Part A.

2. Most individuals who are citizens and over age 65 are covered under Part A by virtue of having paid Medicare taxes while working, though some may be covered as a result of paying monthly premiums.

3. Most individuals who are citizens and over age 65 and are covered under Part A must pay a monthly premium for that coverage.
4. Most individuals who are citizens and over age 65 and wish to be covered under Part A must enroll in a Medicare Health Plan.

Question 2
Marks: 1

Mr. Nixon is 49 years old, but eighteen months ago he was declared disabled by the Social Security Administration and has been receiving disability payments. He is wondering whether he can obtain coverage under Medicare. What should you tell him?

Choose one answer.

1. Individuals receiving such disability payments from the Social Security Administration continue to receive those payments, but only become eligible for Medicare upon reaching age 65.

2. After receiving such disability payments for 24 months, he will be automatically enrolled in Medicare, regardless of age.

3. He became eligible for Medicare when his disability eligibility determination was first made.

4. Individuals who become eligible for such disability payments only have to wait 12 months before they can apply for coverage under Medicare.

Question 3
Marks: 1

Mr. Bush is 49 years old and has been receiving disability benefits from the Social Security Administration for 12 months. Can you sell him a Medicare Advantage or Part D Prescription Drug policy?

Choose one answer.

1. Yes, he can purchase such a policy because he is receiving disability payments from his employer.

2. Yes, he can purchase such a policy, as long as it is through his employer’s retiree group plan.

3. No, he cannot purchase a Medicare Advantage or Part D policy because he has not received Social Security or Railroad Retirement disability benefits for 24 months.

4. No, he cannot purchase a Medicare Advantage or Part D policy until he is 65 years of age.
Ms. Henderson believes that she will qualify for Medicare coverage when she turns 65, without paying any premiums, because she has been working for 40 years and paying Medicare taxes. What should you tell her?

Choose one answer.

1. She is correct because she will be covered under Part A, without paying premiums and she has worked for 40 years so she will not have to pay Part B premiums.

2. In order to obtain Part B coverage, she must pay a standard monthly premium, though it is higher for individuals with higher incomes.

3. She is correct that she will not have to pay a premium because State programs cover the cost of Part B premiums for all Medicare beneficiaries.

4. Medicare beneficiaries only pay a Part B premium if they are enrolled in a Medicare Health Plan.

Question 5
Marks: 1

Mr. Froman continued working with his company and was insured under his employer's group plan until he reached age 68. He has heard that there is a premium penalty for those who did not sign up for Part B when first eligible and wants to know how much he will have to pay. What should you tell him?

Choose one answer.

1. Mr. Froman will not pay any penalty because he had continuous coverage under his employer’s plan.

2. The penalty will be a permanent 10% increase in his Part B premium for every 12 month period that passed during which he could have enrolled and did not.

3. During the first year he is covered under Part B, his premiums will be 10% higher than they otherwise would be, after which point they will return to normal.

4. Mr. Froman will pay a penalty, which will be a flat amount each year, paid during the first month of coverage.

Question 6
Marks: 1

Mrs. Peña is 66 years old, has coverage under an employer plan and will retire next year. She heard she must enroll in Part B at the beginning of the year to ensure no gap in coverage. What can you tell her?

Choose one answer.
Mrs. Kelly is entitled to Part A, but is not yet enrolled in Part B. She is considering enrollment in a Medicare health plan. What should you advise her to do before she will be able to enroll into a Medicare health plan?

Choose one answer.

1. In order to join a Medicare health plan, she must be enrolled in Parts A, B and D.

2. In order to join a Medicare health plan, she also must enroll in Part B.

3. To enroll in a Medicare health plan, she need only be entitled to Part A, so she does not need to take any further steps.

4. Since she is age 65 she may enroll in any Medicare health plan, regardless of whether she is entitled to Part A or Part B coverage.

Mrs. Toma has a low, fixed income. What could you tell her that might be of assistance?

Choose one answer.

1. She should contact her state Medicaid agency to see if she qualifies for one of several programs that can help with Medicare costs for which she is responsible.

2. She should only seek help from private organizations to cover her Medicare costs.
3. She can apply to the Medicare agency for lower premiums and cost-sharing. X

4. She should not sign up for a Medigap or Medicare Advantage plan. X

Source: Help for Individuals with Limited Income/Resources–Apply to State Medicaid Office

Question 2

Mr. Yu has limited income and resources so you have encouraged him to see if he qualifies for some type of financial assistance. Mr. Yu is not sure it is worth the trouble to apply and wants to know what the assistance could do for him if he qualifies. What could you tell him?

Choose one answer.

1. He might qualify for help with Part D prescription drug costs and help paying Part A and/or Part B premiums, deductibles, and/or cost sharing.✔

2. He might qualify for Medicaid, which will cover all IRS-approved health services. ✗

3. He might qualify for the Health Freedom program, which covers 80 percent of certain medical costs incurred by low-income individuals living within the counties that have adopted this program. ✗

4. He might qualify for the Supplemental Security Income program, which provides one-time cash grants to help low-income beneficiaries. ✗

Source: Help for Individuals with Limited Income/Resources–Apply to State Medicaid Office

Marks: 1

Mr. Patel is in good health and is preparing a budget in anticipation of his retirement when he turns 66. He wants to understand the health care costs he might be exposed to under Medicare if he were to require hospitalization as a result of an illness. In general terms, what could you tell him about his costs for inpatient hospital services under Original Medicare?
Choose one answer.

1. Under Original Medicare, the inpatient hospital co-payment is a flat per-day amount that remains the same throughout the first 60 days of a beneficiary’s stay. After day 60 the amount gradually increases until day 90. After 90 days he would pay the full amount of all costs.

2. Under Original Medicare, the inpatient hospital co-payment is a percentage of allowed charges. The percentage increases after 60 days and again after 90 days.

3. Under Original Medicare, if the inpatient hospital service is provided by a participating Medicare provider, the co-payment is waived. Co-payments are only charged when a beneficiary opts to receive care from a non-participating provider.

4. Under Original Medicare, there is a single deductible amount due for the first 60 days of any inpatient hospital stay, after which it converts into a per-day amount through day 90. After day 90, he would pay a daily amount up to 60 days over his lifetime, after which he would be responsible for all costs.

Question 2
Marks: 1

Mrs. Kanof is covered by Original Medicare. She sustained a hip fracture and is being successfully treated for that condition. However, she and her physicians feel that after her lengthy hospital stay she will need a month or two of nursing and rehabilitative care. What should you tell them about Original Medicare’s coverage of care in a skilled nursing facility?

Choose one answer.

1. Once she has expended her liquid assets, Medicare will cover 80% of Mrs. Kanof’s long-term care costs.

2. Mrs. Kanof will have to apply for Medicaid to have her skilled nursing services covered because Medicare does not provide such a benefit.

3. Medicare will cover Mrs. Kanof’s skilled nursing services provided during the first 20 days of her stay, after which she would have a copay until she has been in the facility for 100 days.

4. Medicare will cover an unlimited number of days in a skilled-nursing facility, as long as a physician certifies that such care is needed.

Question 3
Marks: 1
Mr. Rainey is experiencing paranoid delusions and his physician feels that he should be hospitalized. What should you tell Mr. Rainey (or his representative) about the length of an inpatient psychiatric hospital stay that Medicare will cover?

Choose one answer.

1. Medicare will cover a total of 190 days of inpatient psychiatric care during Mr. Rainey's entire lifetime.

2. Medicare will cover, at its allowable amount, as many stays as are needed throughout Mr. Rainey's life, as long as no single stay exceeds 190 days.

3. Medicare inpatient psychiatric coverage is limited to the same number of days covered for typical inpatient stays.

4. Inpatient psychiatric services are not covered under Original Medicare.

Question 4
Marks: 1

Mrs. Quigley has just turned 65 and received a letter informing her that she has been automatically enrolled in Medicare Part B. She wants to understand what this means. What should you tell Mrs. Quigley?

Choose one answer.

1. Part B will cover her dental and vision needs.

2. She will need to pay no premiums for Part B as she qualifies for premium free coverage due to the number of quarters she has worked.

3. Part B primarily covers physician services. She will be paying a monthly premium and, with the exception of many preventive and screening tests, generally will have 20% co-payments for these services with an annual deductible.

4. She should disenroll if she does not want to pay the monthly premiums. There is no disadvantage to doing so.

Question 5
Marks: 1
Mr. Buck has several family members who died from different cancers. He wants to know if Medicare covers cancer screening. What should you tell him?

Choose one answer.

1. Medicare covers treatments for existing disease, injury and malformed limbs or body parts. As such, it does not cover any screening tests and these must be paid for by the beneficiary out of pocket.

2. Medicare covers periodic performance of a range of screening tests that are meant to provide early detection of disease. Mr. Buck will need to check specific tests before obtaining them to see if they will be covered.

3. Medicare covers some screening tests that must be performed within the first year after enrollment. Beyond that point expenses for screening tests are the responsibility of the beneficiary.

4. Medicare covers all screening tests that have been approved by the FDA on a frequency determined by the treating physician.

Mrs. Turner is comparing her employer's retiree insurance to Original Medicare and would like to know which of the following services Original Medicare will cover if the appropriate criteria are met? What could you tell her?

Choose one answer.

1. Original Medicare covers therapeutic massage.

2. Original Medicare covers ambulance services.

3. Original Medicare covers cosmetic surgery.

4. Original Medicare covers orthopedic shoes.

Mrs. Badeau wears glasses and dentures and has enjoyed considerable pain relief from arthritis through acupuncture. She is concerned about whether or not Medicare will cover these items and services. What should you tell her?
Choose one answer.

1. Medicare does not cover acupuncture, or, in general, glasses or dentures.

2. Medicare covers glasses, but not dentures or acupuncture.

3. Medicare covers 50% of the cost of these three services.

4. Medicare covers 80% of the cost of these three services.

Mr. Singh would like drug coverage, but does not want to be enrolled into a health plan. What should you tell him?

Choose one answer.

1. Part D prescription drug coverage can only be obtained by enrollment into a Medicare Health Plan that also covers Part A and Part B services.

2. Mr. Singh will have to enroll in Medicaid if he wishes to obtain prescription drug coverage through some means other than a Medicare Health Plan.

3. Mr. Singh can enroll in a stand-alone prescription drug plan and continue to be covered for Part A and Part B services through Original Fee-for-Service Medicare.

4. Mr. Singh must leave Original Medicare to receive drug coverage.

Question 2
Marks: 1

Mr. Alonso receives some help paying for his two generic prescription drugs from his employer's retiree coverage, but he wants to compare it to a Part D prescription drug plan. He asks you what costs he would generally expect to encounter when enrolling into a standard Medicare Part D prescription drug plan. What should you tell him?

Choose one answer.

1. He generally would pay only a monthly premium. Medicare covers all other costs.

2. He generally would pay only a monthly premium and deductible. Medicare covers all other costs.
Mrs. Paterson is concerned about the deductibles and co-payments associated with Original Medicare. What can you tell her about Medigap as an option to address this concern?

1. Medigap plans are not sold by private companies and are a government insurance product.
2. Medigap plans help beneficiaries cover coinsurance, co-payments, and/or deductibles for medically necessary services.
3. All costs not covered by Medicare are covered by some Medigap plans.
4. If Mrs. Paterson applies during the Medigap open enrollment period, she will have to undergo a medical review to determine if she has a pre-existing condition that would increase the premium for a Medigap policy.

Mrs. Schlick is enrolled in Original Medicare and has a Medigap policy as well, but it provides no drug coverage. She would like to keep the coverage she has, but replace her existing Medigap plan with one that provides drug coverage. What should you tell her?

Choose one answer.

1. Mrs. Schlick should purchase a K or L Medigap plan.
2. Medigap is a replacement for Original Medicare and she has been paying for double coverage. She should simply drop her Medigap policy.
3. Mrs. Schlick can purchase a Medigap plan that covers drugs, but it likely won’t offer coverage that is equivalent to that provided under Part D.
4. Mrs. Schlick cannot purchase a Medigap plan that covers drugs, but she could keep her Medigap policy and enroll in a Part D prescription drug plan.
Mr. Capadona would like to purchase a Medicare Advantage (MA) plan and a Medigap plan to pick up costs not covered by that plan. What should you tell him?

Choose one answer.

1. Medigap policies designed to cover costs not paid for by a MA plan can be purchased, but only if the MA plan’s design is considered to be the “defined standard benefit.”

2. It is illegal for you to sell Mr. Capadona a Medigap plan if he is enrolled in an MA plan, and besides, Medigap only works with Original Medicare.

3. Medigap plans that cover costs not paid for by a MA plan are available only in Massachusetts, Minnesota, and Wisconsin.

4. Medigap plans are a form of Medicare Advantage, so purchasing both would be redundant coverage.

Mrs. Turner is comparing her employer's retiree insurance to Original Medicare and would like to know which of the following services Original Medicare will cover if the appropriate criteria are met? What could you tell her?

Choose one answer.

1. Original Medicare covers therapeutic massage.

2. Original Medicare covers ambulance services.

3. Original Medicare covers cosmetic surgery.

4. Original Medicare covers orthopedic shoes.

Mr. Hudson is concerned that if he signs up for a Medicare health plan, the health plan may, at some time in the future, reduce his benefits below what is available in Original Medicare. What should you tell him about his concern?

Choose one answer.
1. Medicare health plans have the option of deciding, each year, what services they will cover. He is correct that the health plan could eliminate some benefits covered by Medicare and he should think carefully before enrolling in a Medicare health plan.

2. He should not be concerned because Medicare health plans must cover all IRS-approved health care expenses, which means that all of them provide substantially greater benefits than are available under Medicare Part A and Part B.

3. Medicare health plans must cover all benefits available under Medicare Part A and Part B. Many also cover Part D prescription drugs.

4. Medicare health plans offer a menu of benefits, from which he may choose, so if he ever wants to increase his coverage, he need only contact the plan and select other options.

Mrs. Badeau wears glasses and dentures and has enjoyed considerable pain relief from arthritis through acupuncture. She is concerned about whether or not Medicare will cover these items and services. What should you tell her?

Choose one answer.

1. Medicare does not cover acupuncture, or, in general, glasses or dentures.

2. Medicare covers glasses, but not dentures or acupuncture.

3. Medicare covers 50% of the cost of these three services.

4. Medicare covers 80% of the cost of these three services.

Mrs. Geisler's neighbor told her she should look at her Part D options during the annual Medicare enrollment period because features of Part D might have changed. Mrs. Geisler can't remember what Part D is so she called you to ask what her neighbor was talking about. What could you tell her?

Choose one answer.

1. Part D covers hospital and home health services and the cost sharing has changed this year.
2. Part D covers physician and non-physician practitioner services and the deductible has not changed this year, but the physician charges may go up.

3. Part D covers long-term care services and she shouldn't worry because there has been no change in coverage.

4. Part D covers prescription drugs and she should look at her premiums, formulary, and cost sharing to see if they have changed.

Question 5
Marks: 1

Mr. Alonso receives some help paying for his two generic prescription drugs from his employer's retiree coverage, but he wants to compare it to a Part D prescription drug plan. He asks you what costs he would generally expect to encounter when enrolling into a standard Medicare Part D prescription drug plan. What should you tell him?

Choose one answer.

1. He generally would pay only a monthly premium. Medicare covers all other costs.

2. He generally would pay only a monthly premium and deductible. Medicare covers all other costs.

3. He generally would pay a monthly premium, annual deductible, and per-prescription cost sharing.

4. He generally would pay only a per-prescription co-payment. Medicare covers all other costs.

Question 6
Marks: 1

Mrs. Kelly is entitled to Part A, but is not yet enrolled in Part B. She is considering enrollment in a Medicare health plan. What should you advise her to do before she will be able to enroll into a Medicare health plan?

Choose one answer.

1. In order to join a Medicare health plan, she must be enrolled in Parts A, B and D.

2. In order to join a Medicare health plan, she also must enroll in Part B.

3. To enroll in a Medicare health plan, she need only be entitled to Part A, so she does not need to take any further steps.
4. Since she is age 65 she may enroll in any Medicare health plan, regardless of whether she is entitled to Part A or Part B coverage.

Question 7
Marks: 1

Mr. Capadona would like to purchase a Medicare Advantage (MA) plan and a Medigap plan to pick up costs not covered by that plan. What should you tell him?

Choose one answer.

1. Medigap policies designed to cover costs not paid for by a MA plan can be purchased, but only if the MA plan’s design is considered to be the “defined standard benefit.”

2. It is illegal for you to sell Mr. Capadona a Medigap plan if he is enrolled in an MA plan, and besides, Medigap only works with Original Medicare.

3. Medigap plans that cover costs not paid for by a MA plan are available only in Massachusetts, Minnesota, and Wisconsin.

4. Medigap plans are a form of Medicare Advantage, so purchasing both would be redundant coverage.

Question 8
Marks: 1

Mr. Singh would like drug coverage, but does not want to be enrolled into a health plan. What should you tell him?

Choose one answer.

1. Part D prescription drug coverage can only be obtained by enrollment into a Medicare Health Plan that also covers Part A and Part B services.

2. Mr. Singh will have to enroll in Medicaid if he wishes to obtain prescription drug coverage through some means other than a Medicare Health Plan.

3. Mr. Singh can enroll in a stand-alone prescription drug plan and continue to be covered for Part A and Part B services through Original Fee-for-Service Medicare.

4. Mr. Singh must leave Original Medicare to receive drug coverage.

Question 9
Marks: 1
Mr. Yu has limited income and resources so you have encouraged him to see if he qualifies for some type of financial assistance. Mr. Yu is not sure it is worth the trouble to apply and wants to know what the assistance could do for him if he qualifies. What could you tell him?

Choose one answer.

1. He might qualify for help with Part D prescription drug costs and help paying Part A and/or Part B premiums, deductibles, and/or cost sharing.
2. He might qualify for Medicaid, which will cover all IRS-approved health services.
3. He might qualify for the Health Freedom program, which covers 80 percent of certain medical costs incurred by low-income individuals living within the counties that have adopted this program.
4. He might qualify for the Supplemental Security Income program, which provides one-time cash grants to help low-income beneficiaries.

Mrs. Weems wants to know generally how the benefits under Original Medicare might compare to the benefit package of a Medicare Health Plan before she starts looking at specific plans. What could you tell her?

Choose one answer.

1. All Medicare Health Plans offer cost-sharing that is lower than Original Medicare for all Part A and Part B covered services, but the maximum out-of-pocket limit is higher than in Original Medicare.
2. Medicare Health Plans may offer extra benefits that Original Medicare does not offer such as vision, hearing, and dental services and must include a maximum out-of-pocket limit on Part A and Part B services.
3. Medicare Health Plans are not permitted to offer any benefits beyond those available under the Original Medicare program and must have the same maximum out-of-pocket limit on Part A and Part B services as FFS Medicare.
4. Medicare Health Plans do not necessarily have to cover all of the Original Medicare Part A and Part B services, but must include a maximum out-of-pocket limit.

Mr. Loper has heard that he can sign up for a product called "Medicare Advantage" but is not sure about what type of plan designs are available through this program. What should you tell him about the types of health plans that are available through the Medicare Advantage program?
Choose one answer.

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<td>1.</td>
<td>They are Medigap Supplemental plans that fill in the gaps not covered by Medicare.</td>
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<td>2.</td>
<td>They are Medicare health plans such as HMOs, PPOs, PFFS, SNPs, and MSAs.</td>
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<td>3.</td>
<td>They are long-term care plans for people with Medicare.</td>
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<td>4.</td>
<td>They are major medical policies, but are only for low-income beneficiaries with Medicare.</td>
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**Question 2**
**Marks: 1**

Mr. Biden is trying to understand the difference between Original Medicare and Medicare Advantage. What would be a correct description?

Choose one answer.

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<td>1.</td>
<td>Medicare Advantage is a health insurance program operated jointly by the states with the Federal government.</td>
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<td>2.</td>
<td>Medicare Advantage is a way of covering all of the Original Medicare benefits through private health insurance companies.</td>
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<td>3.</td>
<td>Medicare Advantage is designed to pick up where Original Medicare leaves off, covering those health care services that would not normally be covered by Original Medicare.</td>
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<td>4.</td>
<td>Medicare Advantage is a new name for the Original Medicare program.</td>
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**Question 3**
**Marks: 1**

During a sales presentation in Ms. Sully's home, she tells you that she has heard about a type of Medicare health plan known as Private Fee-for-Service (PFFS). She wants to know if this would be available to her. What should you tell her about PFFS plans?

Choose one answer.
A PFFS plan is a type of Medicare Supplement plan and she may enroll in one if it is available in her area.

A PFFS plan is exactly the same as Original Medicare, only offered by a private entity and she may enroll in one if it is available in her area.

A PFFS plan is one of various types of Medicare Advantage plans offered by private entities and she may enroll in one if it is available in her area.

PFFS plans are designed to cover only prescription drugs and if that is the type of coverage she wants, she may enroll in one if it is available in her area.

Mrs. Radford asks whether there are any special eligibility requirements for Medicare Advantage. What should you tell her?

Choose one answer.

1. Mrs. Radford must be entitled to Part A and enrolled in Part B to enroll in Medicare Advantage.

2. Mrs. Radford must apply to the Medicare Advantage plan, which will include a medical review, prior to being accepted and enrolled.

3. Mrs. Radford can enroll in any Medicare Advantage plan that operates within the United States.

4. Even if Mrs. Radford has end stage renal disease, she will be able to enroll in a Medicare Advantage plan.

Ms. Bass lives on a limited fixed income and is concerned about the cost of healthcare. What should you tell her about the sort of help available to low income individuals under the Medicare program?

Choose one answer.

1. The Medicare health plan must waive certain cost-sharing amounts for her if she has limited income and resources and she can prove the cost-sharing would be a financial hardship.
Mr. Bizzo is considering a Medicare Advantage HMO and has questions about his ability to access providers. What should you tell him?

Choose one answer.

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<tr>
<td>1. With any Medicare Advantage HMO, Mr. Bizzo will be able to see any provider he likes, so long as that provider participates in Original Medicare.</td>
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<td>2. In Medicare Advantage HMO plans, services provided by primary care physicians are covered at 100%, but those of specialists are covered at 80%.</td>
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<td>3. Mr. Bizzo will be able to obtain routine care outside of the plan’s service area, but will pay a higher co-payment (except in an emergency).</td>
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<tr>
<td>4. In most Medicare Advantage HMOs, Mr. Bizzo must obtain his services only from providers who have a contractual relationship with the plan (except in an emergency).</td>
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Mrs. Ramos is considering a Medicare Advantage PPO and has questions about which providers she can go to for her health care. What should you tell her?

Choose one answer.

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<tr>
<td>1. In general, Mrs. Ramos can obtain care from any provider who participates in Original Medicare, but will have to pay the difference between the plan's allowed amount and the provider's usual and customary charge.</td>
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<td>2. In general, Mrs. Ramos will need a referral to see specialists.</td>
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<td>3. Mrs. Ramos should be aware that generally plan providers can decide, on a case-by-case basis, whether they will treat her.</td>
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Mrs. Ramos can obtain care from any provider who participates in Original Medicare, but generally will be charged a lower co-payment if she goes to one of the plan’s preferred providers.

Mr. Schumer has diabetes and heart trouble and is generally satisfied with the care he has received under Original Medicare, but he would like to know more about Medicare Advantage Special Needs Plans (SNPs). What could you tell him?

Choose one answer.

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<tr>
<td>1. SNPs offer care from any doctor or hospital Mr. Schumer would like to use and his costs will always be lower than in Original Medicare.</td>
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<td>2. SNPs are essentially the same as Original Medicare and are not likely to have a noticeable impact on how Mr. Schumer receives his care.</td>
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<td>3. SNPs have special programs for enrollees with chronic conditions, like Mr. Schumer, and they provide prescription drug coverage that could be very helpful as well.</td>
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<td>4. Since SNPs don't cover prescription drugs Mr. Schumer should consider a different option.</td>
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Mr. Karathanos is in excellent health, lives in his own home, and has a sizeable income from his investments. He has a friend enrolled in a Medicare Advantage Special Needs Plan (SNP). His friend has mentioned that the SNP charges very low cost-sharing amounts and Mr. Karathanos would like to join that plan. What should you tell him?

Choose one answer.

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<td>1. SNPs limit enrollment to certain sub-populations of beneficiaries. Given his current situation, he is unlikely to qualify and would not be able to enroll in the SNP.</td>
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<td>2. SNPs only serve individuals in long-term care facilities, so he cannot enroll.</td>
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<td>3. SNPs only serve individuals eligible for both Medicaid and Medicare, so he cannot enroll.</td>
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<tr>
<td>4. SNPs do not provide Part D prescription drug coverage, so if he does enroll, he should be aware that he will not have coverage for any medications he may need now or in the future.</td>
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Mr. Gomez notes that a Private Fee-for-Service (PFFS) plan available in his area has an attractive premium. He wants to know if he must use doctors in a network like his current HMO plan requires him to do. What should you tell him?

Choose one answer.

1. If he enrolls in the PFFS plan, he can go to any doctor anywhere as long as the doctor accepts Original Medicare.

2. He may receive health care services from any doctor allowed to bill Medicare, as long as he shows the doctor the plan’s identification card and the doctor agrees to accept the PFFS plan’s payment terms and conditions, which could include balance billing.

3. If he enrolls in the PFFS plan and shows his card to a doctor who participates in Original Medicare, then that doctor is required to accept the plan’s terms and conditions, which could include balance billing.

4. He may receive services from any physician, regardless of whether or not that physician participates in the plan or Original Medicare.

Question 2
Marks: 1

Mrs. Lee is discussing with you the possibility of enrolling in a Private Fee-for-Service (PFFS) plan. As part of that discussion, what should you be sure to tell her?

Choose one answer.

1. If she uses non-network providers, her cost sharing would be the same under a PFFS plan as it would be under Original Medicare.

2. If she uses non-network providers, her doctors and hospital could decide whether to treat her on a visit-by-visit basis.

3. PFFS plans are not permitted to provide any benefits beyond what is covered under Original Medicare.

4. If she uses non-network providers, she would not be permitted to obtain care outside of her plan’s service area.

Question 3
Marks: 1

Mr. McTaggert notes that a Private Fee-for-Service (PFFS) plan available in his area has an attractive premium. He wants to know what makes them different from an HMO or a PPO. What should you tell him?

Choose one answer.
Enrollees in a PFFS plan can obtain care from any provider in the U.S. who accepts Original Medicare, as long as the provider has a reasonable opportunity to access the plan’s terms and conditions and agrees to accept them.

If a PFFS enrollee shows his/her card when obtaining services from a provider who participates in Original Medicare, then that provider is required to accept the plan’s terms and conditions.

PFFS plans are the same as Medicare supplement plans and he may obtain care from any provider in the U.S.

If offered, beneficiaries can select a stand-alone Part D prescription drug plan (PDP) with an HMO or a PPO, but not with a PFFS plan.

**Question 4**

**Marks: 1**

If Dr. Tavenner does not contract with the PFFS plan, but accepts the plan’s terms and conditions for payment, how will she be paid?

Choose one answer.

1. Generally, the PFFS plan will pay Dr. Tavenner directly the same amount Original Medicare would pay her.

2. Generally, Dr. Tavenner can charge the beneficiary more than the cost sharing specified in the PFFS plan’s benefits as long as she treats all beneficiaries the same.

3. If Dr. Tavenner normally charges more than the beneficiary copayment and the plan payment combined, she has the choice to bill the beneficiary for the difference.

4. Dr. Tavenner could charge the beneficiary the same cost sharing as Original Medicare as long as she sends the claim to Medicare and not the plan.

**Mrs. Lyons**

Mrs. Lyons is in good health, uses a single prescription, and lives independently in her own home. She is attracted by the idea of maintaining control over a Medical Savings Account (MSA), but is not sure if the plan associated with the account will fit her needs. What specific piece of information about a Medicare MSA plan would it be important for her to know, prior to enrolling in such a plan?

Choose one answer.

1. MSA enrollees may only receive covered health care services from a limited panel of network providers because otherwise some providers may charge more than Original Medicare rates.
2. All beneficiaries enrolled in an MSA pay a plan premium in addition to their Part B premium.

3. For enrollees in an MSA, after the annual deductible is met, the MSA plan generally pays 75% of covered services.

4. All MSAs cover Part A and Part B benefits, but not Part D prescription drug benefits, which could be obtained by also enrolling in a separate prescription drug plan.

---

**Question 2**

Mr. Thomas is turning 65 next month. He would like to enroll in a Medicare health plan, but does not want to be limited in terms of where he obtains his care. What should you tell him about how a Medicare Cost Plan might fit his needs?

Choose one answer.

1. Cost plans do not offer Part D prescription drug coverage as an optional benefit, so regardless of which Cost plan he enrolls in, he will need to ensure that he obtains drug coverage in some other way.

2. Cost plan enrollees can choose to receive Medicare covered services under the plan’s benefits by going to plan network providers and paying plan cost sharing, or may receive services from non-network providers and pay cost-sharing due under Original Medicare.

3. Cost plans do not offer optional supplemental benefits, but they also do not maintain networks of providers, so he can obtain services from any provider he wishes to see and the cost-sharing will be the same.

4. Cost plan enrollees must receive all of their covered services from network providers.

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**Question 3**

Mr. Grassley is 64, retiring soon, and considering enrollment in his employer-sponsored retiree group health plan that includes drug coverage with nominal copays. He heard about a neighbor’s MA-PD plan that you represent and because he takes numerous prescription drugs, he is considering signing up for it. What should you tell him?

Choose one answer.

1. When possible, it is always the best option to have both the employer’s plan and the MA-PD, so he would have no out-of-pocket expenses.

2. Generally, employers prefer retirees to have both the retiree group plan and the MA-PD plan to fill in the gaps, but he would be better off with just the MA-PD plan.

3. Generally, employers prefer retirees to enroll in a stand-alone PDP, so he should consider that instead of the MA-PD.
4. It is always the best option to talk with his benefits administrator to see whether he needs both an employer sponsored plan and a private MA-PD and what might happen if he were to sign up for both.

Mrs. McConnell is enrolled in her state's Medicaid program in addition to Medicare. What should she be aware of when considering enrollment in a Medicare Health Plan?

Choose one answer.

- Medicaid will coordinate benefits only with Medicaid participating providers.
- She can submit any bills she has for co-payments under Medicare to the state’s Medicaid program and they will always be fully covered.
- If a provider accepts her Medicare Health Plan coverage, that provider is legally obligated to also accept her Medicaid coverage, so she does not need to worry about finding providers who participate in both Medicare and Medicaid.
- State Medicaid programs do not coordinate any of their coverage with Medicare Health Plans.

Question 2

Mrs. Andrews asked how a Private Fee-for-Service (PFFS) plan might affect her access to services since she receives some assistance for her health care costs from the State. What should you tell her?

Choose one answer.

- If Mrs. Andrews joins a PFFS plan, the State will not cover any of her medical expenses because she will be using only Medicare providers.
- Medicaid beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state’s Medicaid program.
- Medicaid will cover all of her PFFS out-of-pocket costs and Medicaid providers will accept amounts paid by the PFFS plan as payment in full.
- Medicaid may provide additional benefits, but Medicaid will coordinate benefits only with Medicaid participating providers.
Mr. Lombardi is interested in a Medicare Advantage (MA) PPO plan that you represent. It is one of three plans operated by the same organization in Mr. Lombardi's area. The MA PPO plan does not include drug coverage, but the other two plans do. Mr. Lombardi likes the PPO plan that does not include drug coverage and intends to obtain his drug coverage through a stand-alone Medicare prescription drug plan. What should you tell him about this situation?

Choose one answer.

1. He could enroll in the MA-only PPO plan and a stand-alone Medicare prescription drug plan.
2. He could enroll in the MA-only plan and purchase a Medigap plan with drug coverage.
3. He could enroll in one of the MA plans that include prescription drug coverage or a Medigap plan and a stand-alone prescription drug plan, but he cannot enroll in the MA-only PPO plan and a stand-alone prescription drug plan.
4. He cannot enroll in a stand-alone prescription drug plan because you do not represent such a plan.

Mrs. McCain likes a PFFS plan available in her area that does not offer drug coverage. She wants to enroll in the plan and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

1. She could enroll in a PFFS plan, but not in a stand-alone drug plan.
2. She could enroll in a PFFS plan and a stand-alone Medicare prescription drug plan.
3. She could enroll in the PFFS plan and a Medigap plan that offers drug coverage, but not in a stand-alone Medicare prescription drug plan.
4. If she wants drug coverage and a PFFS plan, she could only enroll in a PFFS plan that includes Medicare prescription drug coverage.

Mrs. Jain wants to know if her co-payments as an enrollee in a PFFS plan would be much different than those she pays under Original Medicare. What should you tell her?
Choose one answer.

1. Cost sharing in a PFFS plan will, on average, be two percent lower than what she experiences in Original Medicare as specified in the PFFS plan's terms and conditions.

2. Cost sharing in a PFFS plan may include a deductible and copayments and providers are not permitted to charge the beneficiary more than the cost sharing specified in the PFFS plan's terms and conditions of payment.

3. Co-payments and deductibles under a PFFS plan are exactly the same as those under Original Medicare as specified in the PFFS plan's terms and conditions of payment.

4. PFFS plans do not charge co-payments for physician office visits as specified in the PFFS plan's terms and conditions of payment.

Question 2
Marks: 1

Mr. Schumer has diabetes and heart trouble and is generally satisfied with the care he has received under Original Medicare, but he would like to know more about Medicare Advantage Special Needs Plans (SNPs). What could you tell him?

Choose one answer.

1. SNPs offer care from any doctor or hospital Mr. Schumer would like to use and his costs will always be lower than in Original Medicare.

2. SNPs are essentially the same as Original Medicare and are not likely to have a noticeable impact on how Mr. Schumer receives his care.

3. SNPs have special programs for enrollees with chronic conditions, like Mr. Schumer, and they provide prescription drug coverage that could be very helpful as well.

4. Since SNPs don’t cover prescription drugs Mr. Schumer should consider a different option.

Question 3
Marks: 1

Mr. Karathanos is in excellent health, lives in his own home, and has a sizeable income from his investments. He has a friend enrolled in a Medicare Advantage Special Needs Plan (SNP). His friend has mentioned that the SNP charges very low cost-sharing amounts and Mr. Karathanos would like to join that plan. What should you tell him?

Choose one answer.

1. SNPs limit enrollment to certain sub-populations of beneficiaries. Given his current situation, he is unlikely to qualify and would not be able to enroll in the SNP.
2. SNPs only serve individuals in long-term care facilities, so he cannot enroll.

3. SNPs only serve individuals eligible for both Medicaid and Medicare, so he cannot enroll.

4. SNPs do not provide Part D prescription drug coverage, so if he does enroll, he should be aware that he will not have coverage for any medications he may need now or in the future.

Question 4
Marks: 1

Mr. Baucus and his neighbor are considering signing up for the same PFFS plan. What should Mr. Baucus know about selecting a hospital under the PFFS plan?

Choose one answer.

1. If a non-network hospital treats Mr. Baucus once, then it must accept him for treatment at his next visit.

2. If a non-network hospital decides to treat Mr. Baucus’ neighbor, then the hospital must treat Mr. Baucus too since the two of them would have the same PFFS plan.

3. Except in an emergency, Mr. Baucus must inform a non-network hospital before receiving services that he is a member of the PFFS plan so the hospital can decide whether to accept the plan’s terms and conditions.

4. If a hospital accepts Original Medicare, he will accept the plan’s terms and conditions and both Mr. Baucus and his neighbor will be able to receive treatment.

Question 5
Marks: 1

Mrs. McConnell is enrolled in her state’s Medicaid program in addition to Medicare. What should she be aware of when considering enrollment in a Medicare Health Plan?

Choose one answer.

1. Medicaid will coordinate benefits only with Medicaid participating providers.

2. She can submit any bills she has for co-payments under Medicare to the state’s Medicaid program and they will always be fully covered.

3. If a provider accepts her Medicare Health Plan coverage, that provider is legally obligated to also accept her Medicaid coverage, so she does not need to worry about finding providers who participate in both Medicare and Medicaid.
4. State Medicaid programs do not coordinate any of their coverage with Medicare Health Plans.

Mrs. McCain likes a PFFS plan available in her area that does not offer drug coverage. She wants to enroll in the plan and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

1. She could enroll in a PFFS plan, but not in a stand-alone drug plan.

2. She could enroll in a PFFS plan and a stand-alone Medicare prescription drug plan.

3. She could enroll in the PFFS plan and a Medigap plan that offers drug coverage, but not in a stand-alone Medicare prescription drug plan.

4. If she wants drug coverage and a PFFS plan, she could only enroll in a PFFS plan that includes Medicare prescription drug coverage.

Mr. Lombardi is interested in a Medicare Advantage (MA) PPO plan that you represent. It is one of three plans operated by the same organization in Mr. Lombardi’s area. The MA PPO plan does not include drug coverage, but the other two plans do. Mr. Lombardi likes the PPO plan that does not include drug coverage and intends to obtain his drug coverage through a stand-alone Medicare prescription drug plan. What should you tell him about this situation?

Choose one answer.

1. He could enroll in the MA-only PPO plan and a stand-alone Medicare prescription drug plan.

2. He could enroll in the MA-only plan and purchase a Medigap plan with drug coverage.

3. He could enroll in one of the MA plans that include prescription drug coverage or a Medigap plan and a stand-alone prescription drug plan, but he cannot enroll in the MA-only PPO plan and a stand-alone prescription drug plan.

4. He cannot enroll in a stand-alone prescription drug plan because you do not represent such a plan.
Mrs. Andrews asked how a Private Fee-for-Service (PFFS) plan might affect her access to services since she receives some assistance for her health care costs from the State. What should you tell her?

Choose one answer.

1. If Mrs. Andrews joins a PFFS plan, the State will not cover any of her medical expenses because she will be using only Medicare providers.

2. Medicaid beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state’s Medicaid program.

3. Medicaid will cover all of her PFFS out-of-pocket costs and Medicaid providers will accept amounts paid by the PFFS plan as payment in full.

4. Medicaid may provide additional benefits, but Medicaid will coordinate benefits only with Medicaid participating providers.

Mrs. Lee is discussing with you the possibility of enrolling in a Private Fee-for-Service (PFFS) plan. As part of that discussion, what should you be sure to tell her?

Choose one answer.

1. If she uses non-network providers, her cost sharing would be the same under a PFFS plan as it would be under Original Medicare.

2. If she uses non-network providers, her doctors and hospital could decide whether to treat her on a visit-by-visit basis.

3. PFFS plans are not permitted to provide any benefits beyond what is covered under Original Medicare.

4. If she uses non-network providers, she would not be permitted to obtain care outside of her plan’s service area.

Mr. Bizzo is considering a Medicare Advantage HMO and has questions about his ability to access providers. What should you tell him?

Choose one answer.
1. With any Medicare Advantage HMO, Mr. Bizzo will be able to see any provider he likes, so long as that provider participates in Original Medicare.

2. In Medicare Advantage HMO plans, services provided by primary care physicians are covered at 100%, but those of specialists are covered at 80%.

3. Mr. Bizzo will be able to obtain routine care outside of the plan’s service area, but will pay a higher co-payment (except in an emergency).

4. In most Medicare Advantage HMOs, Mr. Bizzo must obtain his services only from providers who have a contractual relationship with the plan (except in an emergency).

Mr. Carlini has heard that Medicare prescription drug plans are only offered through private companies under a program known as Medicare Advantage (MA), not by the government. He likes Original Medicare and does not want to sign up for an MA product, but he also wants prescription drug coverage. What should you tell him?

Choose one answer.

1. In order to obtain prescription drug coverage, Mr. Carlini must enroll in an MA plan. The plan will cover his Part A and Part B services, as well as provide him with the desired prescription drug coverage.

2. Mr. Carlini can stay with Original Medicare and also enroll in a Medicare prescription drug plan through a private company that has contracted with the government to provide only such drug coverage to eligible Medicare beneficiaries.

3. Mr. Carlini can keep Original Medicare, but if he does not sign up for an MA plan that includes prescription drug coverage, he will only be able to obtain prescription drug coverage through a Medigap plan.

4. Mr. Carlini can obtain drug coverage through the Federal government’s fallback plans, which are designed to provide an alternative to privately sponsored Medicare Advantage plans.

Mrs. Mulcahy is concerned that she may not qualify for enrollment in a Medicare prescription drug plan because, although she is entitled to Part A, she is not enrolled under Medicare Part B. What should you tell her?

Choose one answer.

1. To qualify for enrollment into a Medicare prescription drug plan, Mrs. Mulcahy must be entitled to Part A and enrolled under Part B. She should contact her local Social Security office and make arrangements to enroll in Part B prior to selecting a prescription drug plan.
2. Everyone who is entitled to Part A or enrolled under Part B is eligible to enroll in a Medicare prescription drug plan. As long as Mrs. Mulcahy is entitled to Part A, she does not need to enroll under Part B before enrolling in a prescription drug plan.

3. As long as Mrs. Mulcahy is 65, eligibility for a Medicare prescription drug plan is not dependent on entitlement to Part A or enrollment under Part B, so she should not be concerned.

4. Like all Medicare beneficiaries, Mrs. Mulcahy will be automatically enrolled into a Medicare prescription drug plan when she turns 65. She will have a six month window during which she can select a plan other than the one into which she has been automatically enrolled.

All plans must cover at least the standard Part D coverage or its actuarial equivalent. What costs would a beneficiary incur for prescription drugs in 2013 under the standard coverage?

Choose one answer.

1. Standard Part D coverage would require payment of only fixed per-prescription co-payments.

2. Standard Part D coverage would require payment of fixed per-prescription co-payments and 75% of the costs in the coverage gap.

3. Standard Part D coverage would require payment of an annual deductible, 25% cost-sharing up to the coverage gap, a portion of costs for both generics and brand-name drugs in the coverage gap, and co-pays or co-insurance after the coverage gap.

4. Standard Part D coverage would require payment of an annual deductible, fixed per-prescription co-payments, 25% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs.

Mrs. Andrews was preparing a budget for next year because she takes quite a few prescription drugs, she will reach the coverage gap, and wants to be sure she has enough money set aside for those months. She received assistance calculating her projected expenses from her daughter who is a pharmacist, but she doesn’t think the calculations are correct because her out-of-pocket expenses would be lower than last year. She calls to ask if you can help. What might you tell her?

Choose one answer.

1. There is likely an error in the calculations because prescription drug costs continue to rise, so her costs will probably be much higher next year.
2. There is likely an error because she will be paying 86 percent of the cost of generic drugs in the coverage gap in 2012.

3. It would not be unusual for her costs to be substantially less because a new requirement will result in generic drugs being automatically substituted for brand name drugs in the coverage gap.

4. It would not be unusual for her costs to be a bit less because each year until 2020, an enrollee’s share of the drug costs in the coverage gap are less.

Question 3
Marks: 1

Mr. Jacob understands that there is a standard Medicare Part D prescription drug benefit, but when he looks at information on various plans available in his area, he sees a wide range in what they charge for deductibles, premiums and cost sharing. How can you explain this to him?

Choose one answer.

1. Medicare Part D drug plans may have different benefit structures, but on average, they must all be at least as good as the standard model established by the government.

2. The government allows Part D plans to adopt any benefit structure as long as the list of covered drugs meets their approval.

3. The Part D standard model’s importance is that it is the only type of plan into which low-income beneficiaries can enroll and still receive any extra help for which they may qualify.

4. The government bases its payments to Part D plans on the standard benefit model. For Part D plans to receive the full government payment, they must offer the standard model, however, they can take a risk and revise their benefit structure to attract more beneficiaries.

What types of tools can Medicare Part D prescription drug plans use that affect the way their enrollees can access medications?

Choose one answer.

1. Part D plans may use varying co-payments, but they are required to cover all prescription medications on the market.

2. Part D plans do not have to cover all medications. As a result, their formularies, or lists of covered drugs, will vary from plan to plan. In addition, they can use cost containment techniques such as tiered co-payments and prior authorization.

3. Part D plans may use varying co-payments for brand name and generic drugs, but they may not restrict access through prior authorization.
4. The Federal government establishes a set formulary, or list of covered drugs, each year that the Part D plans must use. Beneficiaries should consult the government’s list prior to deciding whether they wish to enroll in a Part D plan during that year.

Mrs. Allen has a rare condition for which two different brand name drugs are the only available treatment. She is concerned that since no generic prescription drug is available and these drugs are very high cost, she will not be able to find a Medicare Part D prescription drug plan that covers either one of them. What should you tell her?

Choose one answer.

1. Medicare prescription drug plans are allowed to restrict their coverage to generic drugs. She will need to pay for her brand name medications out of pocket.

2. Medicare prescription drug plans are required to include only a certain percentage of brand name drugs among those they cover. It may be possible that plans available in her area have opted not to include in their formularies the brand name drugs she needs. She may need to pay for this particular medication out of pocket.

3. Medicare prescription drug plans are required to cover drugs in each therapeutic category. She should be able to enroll in a Medicare prescription drug plan that covers the medications she needs.

4. When medication costs exceed a certain threshold amount, which rises each year, a Medicare prescription drug plan is permitted to exclude coverage for all but the least expensive of the medications in a given category. Mrs. Allen will need to encourage her physician to prescribe the least expensive of the two alternatives.

Mr. and Mrs. Vaughn both take a specialized multivitamin prescription each day. Mr. Vaughn takes a prescription for helping to regrow his hair. They are anxious to have their Medicare prescription drug plan cover these drug needs. What should you tell them?

Choose one answer.

1. Medicare prescription drug plans are permitted to cover vitamins, but not drugs for cosmetic purposes.

2. The vitamins the Vaughns are taking will be covered under Part D, because their physician suggested they should take vitamins, but the hair loss medication cannot be covered.

3. Mr. Vaughn’s hair growth medication would only be covered under Part D if his balding resulted from an illness or was a side effect of a treatment such as chemotherapy.
4. Medicare prescription drug plans are not permitted to cover the prescription medications the Vaughns are interested in under Part D coverage, however, plans may cover them as supplemental benefits and the Vaughns could look into that possibility.

Question 4
Marks: 1

Under what conditions can a Medicare prescription drug plan reduce its coverage for a given drug mid-way through the year?

Choose one answer.

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<td>1.</td>
<td>If the Medicare prescription drug plan can show that reducing coverage midway through the year will result in savings for the Part D plan and the Medicare program, generally the plan may make such a change.</td>
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<td>2.</td>
<td>When a new generic drug for the same condition becomes available or when the FDA or manufacturer withdraws the drug from the market, a brand name drug can be replaced.</td>
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<td>3.</td>
<td>When the Part D plan can demonstrate to CMS that no enrollee has accessed the medication in the past six months, generally the plan can remove the drug from its formulary.</td>
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<td>4.</td>
<td>Under no conditions can a Medicare Part D prescription drug plan reduce its coverage for a given drug mid-way through the year.</td>
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Question 5
Marks: 1

Mrs. Roswell is a new Medicare beneficiary and is interested in selecting a Medicare Part D prescription drug plan. She takes a number of medications and is concerned that she has not been able to identify a plan that covers all of her medications. She does not want to make an abrupt change to new drugs that would be covered and asks what she should do. What should you tell her?

Choose one answer.

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<td>1.</td>
<td>She should use any existing prescription drug coverage to get as large a supply of her existing drugs as possible, and then pick new drugs that are covered under her Medicare plan's formulary.</td>
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<tr>
<td>2.</td>
<td>The Medicare Part D drug plan is required to offer her coverage of the exact same drugs that she is currently stabilized on, so she does not need to be concerned about transitioning to any new medications.</td>
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<td>3.</td>
<td>Every Part D drug plan is required to cover a 30 day supply of her existing medications sometime during a 90 day transition period.</td>
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<tr>
<td>4.</td>
<td>There is no possibility of obtaining coverage for her existing medications once coverage under the Medicare Part D plan begins. She will need to have her physician help her select a new drug that is covered.</td>
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Mr. Zachow has a condition for which three drugs are available. He has tried two, but had an allergic reaction to them. Only the third drug works for him and it is not on his Part D plan's formulary. What could you tell him to do?

Choose one answer.

1. Mr. Zachow will have to wait until the Annual Election Period when he can switch Part D plans. In the meantime, he will have to pay for his drug out of pocket.

2. Mr. Zachow could immediately disenroll from the Part D plan and select a new Part D plan that covers the drug that works for him.

3. Mr. Zachow will need to enroll in a Special Needs Plan to obtain coverage for his medication.

4. Mr. Zachow has a right to request a formulary exception to obtain coverage for his Part D drug. He or his physician could obtain the standardized request form on the plan’s website, fill it out, and submit it to his plan.

1 Marks: 1

Mr. Katz reached the Part D coverage gap in August last year. His prescriptions have not changed, he is keeping the same Part D plan and the benefits, cost-sharing, and coverage of his drugs are all the same as last year. He asked what to expect for this year about his out-of-pocket costs. What could you tell him?

Choose one answer.

1. Because he reached the coverage gap last year, he will not have to go through it again this year.

2. Because he reached the coverage gap last year, he will probably reach it again this year close to the same time.

3. Because he reached the coverage gap in August last year, he probably won’t reach it until much later this year.

4. Because he reached the coverage gap in August last year, he probably will reach it much earlier this year.

Question2
Marks: 1

Mrs. Grant uses several very expensive drugs and anticipates that she will enter catastrophic coverage at some point during the year. To help her determine when she is likely to qualify for catastrophic coverage, she asked which expenses count toward the out-of-pocket limit that qualifies her for catastrophic coverage. Which one of the following would count?
**Question 3**

Mr. Shapiro gets by on a very small fixed income. He has heard there may be extra help paying for Part D prescription drugs for Medicare beneficiaries with limited income. He wants to know whether he might qualify. What should you tell him?

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<tr>
<td>1. The extra help is available only to Medicare beneficiaries who are enrolled in Medicaid. He should apply for coverage under his state’s Medicaid program to access the extra help with his drug costs.</td>
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<tr>
<td>2. The extra help is available to beneficiaries whose income and assets do not exceed annual limits specified by the government.</td>
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<tr>
<td>3. He must apply for the extra help at the same time he applies for enrollment in a Part D plan. If he missed this opportunity, he will not be able to apply for the extra help again until the next annual enrollment period.</td>
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<tr>
<td>4. The government pays a per-beneficiary dollar amount to the Medicare Part D prescription drug plans, to offset premiums for their low-income enrollees in accordance with the plan’s set criteria. Mr. Shapiro should check with his plan to see if he qualifies.</td>
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**Question 4**

Mrs. Fields wants to know whether applying for the Part D low income subsidy will be worth the time to fill out the paperwork. What could you tell her?

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<tr>
<td>1. The Part D low income subsidy could substantially lower her overall costs. She can apply by contacting her state Medicaid office, or calling the Social Security Administration.</td>
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<tr>
<td>2. The Part D low income subsidy is designed for Medicare beneficiaries who also qualify for Medicaid. If she does not qualify for Medicaid, she would likely not qualify for the extra help and therefore should not take the time to apply.</td>
</tr>
</tbody>
</table>
3. The Part D low income subsidy will not help her once she reaches the coverage gap, so she need not take the time to apply.

4. Those who qualify for the Part D low income subsidy pay nothing for any of their medications. She should definitely apply if she believes there is any chance of her qualifying.

**Question 5**

Marks: 1

Mr. Fitts did not quite qualify for the extra help low-income subsidy under the Medicare Part D Prescription Drug program and he is wondering if there is any other option he has for obtaining help with his considerable drug costs. What should you tell him?

Choose one answer.

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<tr>
<td>1.</td>
<td>The only option available is to reduce his income so that he can qualify for the Part D extra help or wait until next year to see if the annual limits change.</td>
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<tr>
<td>2.</td>
<td>He could check with the manufacturers of his medications to see if they offer an assistance program to help people with limited means obtain the medications they need. Alternatively, he could check to see whether his state has a pharmacy assistance program to help him with his expenses.</td>
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<tr>
<td>3.</td>
<td>He should look into the possibility of purchasing his medications through the internet from off-shore pharmacies.</td>
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<tr>
<td>4.</td>
<td>He should contact his neighbors and family members and let them know that any contributions they make toward his drug expenses will be tax deductible.</td>
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**Marks: 1**

Mrs. Tabe has just turned 65, is in excellent health, and has a relatively high income. She uses no medications and sees no reason to spend money on a Medicare prescription drug plan if she does not need the coverage. What could you tell her about the implications of such a decision?

Choose one answer.

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<tr>
<td>1.</td>
<td>If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, her premium will be permanently increased by 1% of the national average premium for every month that she was not covered.</td>
</tr>
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<td>2.</td>
<td>If she does not sign up for a Medicare prescription drug plan, she will incur no penalty, as long as she can demonstrate that she was in good health and did not take any medications.</td>
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<td>3.</td>
<td>If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, she will be required to pay a higher premium during the first year that she is enrolled in the Medicare</td>
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prescription drug program. After that point, her premium will return to the normal amount.

4. If she does not sign up for a Medicare prescription drug plan as soon as she is eligible to do so, if she does sign up at a later date, she will have to pay a one-time penalty equal to 10% of the annual premium amount.

Question 2
Marks: 1

Mr. Culotta has a small savings account. He would like to pay for his monthly Part D premiums with an automatic monthly withdrawal from his savings account until it is exhausted, and then have his premiums withheld from his Social Security check. What should you tell him?

Choose one answer.

1. As long as he fills out the paperwork to begin withholding from his Social Security check at least 63 days before such withholding should begin, he can change his method of Part D premium payment and withholding will begin the month after his savings account is exhausted.

2. In general, to pay his Part D premium, he only can have automatic withdrawals made from a checking account, so he will need to transfer the funds prior to beginning such withdrawals.

3. In general, he must select a single Part D premium payment mechanism that will be used throughout the year.

4. During 2006, many people experienced significant problems with deductions from their Social Security check for their Part D premium. As a result, this method of payment is no longer an option for Part D premium payments.

Question 2
Marks: 1

Mrs. Fiore was in the Army for 35 years and is now retired. She has drug coverage through the VA. What issues might she consider with regard to whether to enroll in a Medicare prescription drug plan?

Choose one answer.

1. The VA does not offer creditable coverage and Mrs. Fiore may incur a Part D premium penalty if she enrolls in a Medicare prescription drug plan at some point after her initial eligibility date.

2. She could compare the coverage to see if the Medicare Part D plan offers better benefits and coverage than the VA for the specific medications she needs and whether any additional benefits are worth the Part D premium costs.

3. Costs under the VA are significantly higher than those under a Medicare Part D plan.

4. The VA will not offer drug coverage to Mrs. Fiore once she qualifies for the Medicare Part D program.
Mr. Hutchinson has drug coverage through his former employer’s retiree plan. He is concerned about the Part D premium penalty if he does not enroll in a Medicare prescription drug plan, but does not want to purchase extra coverage that he will not need. What should you tell him?

Choose one answer.

1. He will need to enroll in a Medicare prescription drug plan upon becoming eligible for the program in order to avoid a premium penalty. To reduce his expenses, he should look for a plan with a zero premium.

2. As long as he has any sort of employer coverage, regardless of the level of coverage, he will incur no penalty if he does not enroll in a Part D plan when first eligible.

3. If the drug coverage he has is not expected to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay, then he will need to enroll in Medicare Part D during his initial eligibility period to avoid the late enrollment penalty.

4. He should drop the employer coverage and enroll in a Medicare prescription drug plan. Employer plans are almost always more costly for beneficiaries and most do not cover the same range of drugs available from a Medicare prescription drug plan.

Question 3
Marks: 1

Mr. Rice has coverage for medical services and medications through his employer's retiree plan. He is considering switching to a Medicare prescription drug plan because his retiree plan does not cover two important medications. What should he consider before making a change?

Choose one answer.

1. If Mr. Rice drops his drug coverage through the retiree plan, he may not be able to get it back and he also may lose his medical health coverage.

2. If his drug coverage through the retiree plan is “creditable” he should not switch, even though it is possible to do so.

3. Mr. Rice can only receive his prescription drug coverage through a Medicare Advantage prescription drug plan so he should drop his employer coverage.

4. Mr. Rice’s retiree plan is required to take him back if, within 63 days of having voluntarily quit the employer’s plan, he decides that he prefers it to his Medicare Part D plan.

Question 4
Marks: 1
Since 1999, Mrs. Pagel has had a Medigap policy that covers drugs. This year she received a letter from her Medigap insurer telling her that her Medigap drug coverage is not "creditable." She wants you to explain what this means and what she should do. What should you tell her?

Choose one answer.

1. The letter is letting her know that her Medigap drug coverage must be replaced with drug coverage through a Medicare prescription drug plan.

2. The letter is letting her know that her Medigap drug coverage is coverage that does not expect to pay, on average, at least as much as Medicare’s standard Part D coverage expects to pay. If she signs up for a Medicare prescription drug plan now, she may have to pay a premium penalty.

3. The letter is letting her know that the government is requiring that her Medigap insurer cease offering prescription drug coverage.

4. The letter is letting her know that the Medigap insurer will be converting its product into a Medicare prescription drug plan, so she will not have a premium penalty.

Mrs. Moon is enrolled in her state's Medicaid plan and has just become eligible for Medicare as well. What can she expect will happen with respect to her drug coverage?

Choose one answer.

1. She will continue to obtain her drug coverage through Medicaid.

2. Unless she chooses a Medicare Part D prescription drug plan on her own, she will be automatically enrolled in one available in her area.

3. Medicaid will cover all drugs not covered under the Medicare Part D prescription drug plan into which Mrs. Moon is enrolled.

4. She can change Medicare Part D prescription drug plans only during the annual election period.

Mr. and Mrs. Vaughn both take a specialized multivitamin prescription each day. Mr. Vaughn takes a prescription for helping to regrow his hair. They are anxious to have their Medicare prescription drug plan cover these drug needs. What should you tell them?
Choose one answer.

1. Medicare prescription drug plans are permitted to cover vitamins, but not drugs for cosmetic purposes.
2. The vitamins the Vaughns are taking will be covered under Part D, because their physician suggested they should take vitamins, but the hair loss medication cannot be covered.
3. Mr. Vaughn's hair growth medication would only be covered under Part D if his balding is a side effect of a treatment such as chemotherapy.
4. Medicare prescription drug plans are not permitted to cover the prescription medications the Vaughns are interested in under Part D coverage, however, plans may cover them as supplemental benefits and the Vaughns could look into that possibility.

Question 2
Marks: 1

Mrs. Fiore was in the Army for 35 years and is now retired. She has drug coverage through the VA. What issues might she consider with regard to whether to enroll in a Medicare prescription drug plan?

Choose one answer.

1. The VA does not offer creditable coverage and Mrs. Fiore may incur a Part D premium penalty if she enrolls in a Medicare prescription drug plan at some point after her initial eligibility date.
2. She could compare the coverage to see if the Medicare Part D plan offers better benefits and coverage than the VA for the specific medications she needs and whether any additional benefits are worth the Part D premium costs.
3. Costs under the VA are significantly higher than those under a Medicare Part D plan.
4. The VA will not offer drug coverage to Mrs. Fiore once she qualifies for the Medicare Part D program.

Question 3
Marks: 1

Under what conditions can a Medicare prescription drug plan reduce its coverage for a given drug mid-way through the year?

Choose one answer.
1. If the Medicare prescription drug plan can show that reducing coverage midway through the year will result in savings for the Part D plan and the Medicare program, generally the plan may make such a change.

2. When a new generic drug for the same condition becomes available or when the FDA or manufacturer withdraws the drug from the market, a brand name drug can be replaced.

3. When the Part D plan can demonstrate to CMS that no enrollee has accessed the medication in the past six months, generally the plan can remove the drug from its formulary.

4. Under no conditions can a Medicare Part D prescription drug plan reduce its coverage for a given drug midway through the year.

Mrs. Andrews was preparing a budget for next year because she takes quite a few prescription drugs, she will reach the coverage gap, and wants to be sure she has enough money set aside for those months. She received assistance calculating her projected expenses from her daughter who is a pharmacist, but she doesn’t think the calculations are correct because her out-of-pocket expenses would be lower than last year. She calls to ask if you can help. What might you tell her?

Choose one answer.

1. There is likely an error in the calculations because prescription drug costs continue to rise, so her costs will probably be much higher next year.

2. There is likely an error because she will be paying 86 percent of the cost of generic drugs in the coverage gap in 2012.

3. It would not be unusual for her costs to be substantially less because a new requirement will result in generic drugs being automatically substituted for brand name drugs in the coverage gap.

4. It would not be unusual for her costs to be a bit less because each year until 2020, an enrollee’s share of the drug costs in the coverage gap are less.
Mr. Carlini has heard that Medicare prescription drug plans are only offered through private companies under a program known as Medicare Advantage (MA), not by the government. He likes Original Medicare and does not want to sign up for an MA product, but he also wants prescription drug coverage. What should you tell him?

Choose one answer.

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<tr>
<td>1. In order to obtain prescription drug coverage, Mr. Carlini must enroll in an MA plan. The plan will cover his Part A and Part B services, as well as provide him with the desired prescription drug coverage.</td>
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<td>2. Mr. Carlini can stay with Original Medicare and also enroll in a Medicare prescription drug plan through a private company that has contracted with the government to provide only such drug coverage.</td>
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<td>3. Mr. Carlini can keep Original Medicare, but if he does not sign up for an MA plan that includes prescription drug coverage, he will only be able to obtain prescription drug coverage through a Medicare gap plan.</td>
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<td>4. Mr. Carlini can obtain drug coverage through the Federal government’s fallback plans, which are designed to provide an alternative to privately sponsored Medicare Advantage plans.</td>
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Question 6

Mr. Hutchinson has drug coverage through his former employer's retiree plan. He is concerned about the Part D premium penalty if he does not enroll in a Medicare prescription drug plan, but does not want to purchase extra coverage that he will not need. What should you tell him?

Choose one answer.

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<td>4. He should drop the employer coverage and enroll in a Medicare prescription drug plan. Employer plans are almost always more costly for beneficiaries and most do not cover the same range of drugs.</td>
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Mr. Shapiro gets by on a very small fixed income. He has heard there may be extra help paying for Part D prescription drugs for Medicare beneficiaries with limited income. He wants to know whether he might qualify. What should you tell him?

Choose one answer.

1. The extra help is available only to Medicare beneficiaries who are enrolled in Medicaid. He should apply for coverage under his state’s Medicaid program to access the extra help with his drug costs.

2. The extra help is available to beneficiaries whose income and assets do not exceed annual limits specified by the government.

3. He must apply for the extra help at the same time he applies for enrollment in a Part D plan. If he misses this opportunity, he will not be able to apply for the extra help again until the next annual enrollment period.

4. The government pays a per-beneficiary dollar amount to the Medicare Part D prescription drug plans, to offset premiums for their low-income enrollees in accordance with the plan’s set criteria. Mr. Shapiro should check with his plan to see if he qualifies.

Mrs. Roswell is a new Medicare beneficiary and is interested in selecting a Medicare Part D prescription drug plan. She takes a number of medications and is concerned that she has not been able to identify a plan that covers all of her medications. She does not want to make an abrupt change to new drugs that would be covered and asks what she should do. What should you tell her?

Choose one answer.

1. She should use any existing prescription drug coverage to get as large a supply of her existing drugs as possible, and then pick new drugs that are covered under her Medicare plan’s formulary.

2. The Medicare Part D drug plan is required to offer her coverage of the exact same drugs that she is currently stabilized on, so she does not need to be concerned about transitioning to any new medications.
3. Every Part D drug plan is required to cover a 30 day supply of her existing medications sometime during a 90 day transition period.

4. There is no possibility of obtaining coverage for her existing medications once coverage under the Medicare Part D plan begins. She will need to have her physician help her select a new drug that is covered.

**Question 9**
Marks: 1

Mr. Zachow has a condition for which three drugs are available. He has tried two, but had an allergic reaction to them. Only the third drug works for him and it is not on his Part D plan's formulary. What could you tell him to do?

Choose one answer.

1. Mr. Zachow will have to wait until the Annual Election Period when he can switch Part D plans. In the meantime, he will have to pay for his drug out of pocket.

2. Mr. Zachow could immediately disenroll from the Part D plan and select a new Part D plan that covers the drug that works for him.

3. Mr. Zachow will need to enroll in a Special Needs Plan to obtain coverage for his medication.

4. Mr. Zachow has a right to request a formulary exception to obtain coverage for his Part D drug. He or his physician could obtain the standardized request form on the plan’s website, fill it out, and submit it to his plan.

**Question 10**
Marks: 1

All plans must cover at least the standard Part D coverage or its actuarial equivalent. What costs would a beneficiary incur for prescription drugs in 2013 under the standard coverage?

Choose one answer.

1. Standard Part D coverage would require payment of only fixed per-prescription co-payments.

2. Standard Part D coverage would require payment of fixed per-prescription co-payments and 75% of the costs in the coverage gap.

3. Standard Part D coverage would require payment of an annual deductible, 25% cost-sharing up to the coverage limit.
gap, a portion of costs for both generics and brand-name drugs in the coverage gap, after the coverage gap.

4. Standard Part D coverage would require payment of an annual deductible, fixed per-prescription co-payments, 25% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs.

Mr. Berwick has many clients who are Medicare beneficiaries. He should review the Centers for Medicare & Medicaid Services' Marketing Guidelines to ensure he is compliant for which type of products?

Choose one answer.

1. Medicare Advantage (MA) and Prescription Drug (PDP) plans.

2. Medicaid HMOs.

3. Long-Term Care policies for Medicare beneficiaries.

4. Medigap plans.

Question 2

Marks: 1

Another agent working for your agency claims that because you are not employed by the Medicare Advantage plans that you represent, you are not subject to the same requirements as the plans themselves. How should you respond to such a statement?

Choose one answer.

1. Your coworker is correct. You are subject only to requirements issued by your state department of insurance.

2. Your coworker is correct. You may use any marketing techniques that do not involve providing misinformation to potential enrollees.

3. Your coworker is not correct. Marketing on behalf of a plan is considered marketing by the plan and requires that all contracted and employed agents comply with all Medicare marketing rules.

4. Your coworker is correct because employed agents have to follow a stricter set of rules than do independent agents, such as yourself.
You work for a company that has marketed Medigap products for many years. The company has added Medicare Advantage and Part D plans and you will begin marketing those plans this fall. You are planning what materials to use to easily show the differences in benefits, premiums and cost sharing for each of the products. What do you need to do with your materials before using them for marketing purposes?

Choose one answer.

1. You must submit your materials to the plan you represent, so CMS can review and approve the materials to ensure they are accurate.

2. You do not need to get CMS approval of the materials, as long as the materials are not misleading or materially inaccurate.

3. You need to include a statement that the plans you are marketing are approved by the Centers for Medicare & Medicaid Services and the Department of Health and Human Services.

4. Only scripts and marketing practices must be approved by CMS, so you do not need to do anything further with your marketing materials, as long as you make them available to anyone who attends the marketing event.

Which of the following is a correct statement about state laws as they pertain to marketing representatives?

Choose one answer.

1. State licensure laws are pre-empted and do not apply to marketing representatives marketing MA and Part D plans.

2. Medicare health plans must comply with requests for information from state insurance departments investigating complaints about a marketing representative.

3. Plans must contract only with marketing representatives who reside in the state where they intend to work.

4. Plan sponsors can use any marketing representative, as long as they are licensed in at least one state.
You are seeking to represent an individual Medicare Advantage plan and an individual Part D plan in your state. You have completed the required training for each plan, but you did not achieve a passing score on the tests that came after the training. What can you do in this situation?

Choose one answer.

1. You will have to repeat the tests in three months, but may begin enrolling beneficiaries while you are waiting.

2. Your name will be registered with the Medicare agency by the plans you are seeking to represent and you will be unable to contract with any Medicare Advantage or Part D plan.

3. You will not be able to represent any Medicare Advantage or Part D plan until you complete the training and achieve an adequate score, although you will not have to take a test if you exclusively market employer/union group plans and the companies do not require testing.

4. You will have to attend one of several remedial training events sponsored by the Medicare agency before being allowed to retake the test.

Your colleague works at a third party marketing organization (TMO) and she said she did not need to take the Medicare training for brokers and agents or pass a test to market Medicare plans since her contract is with the TMO, not the plans that have the products she sells. What could you say to her?

Choose one answer.

1. You could tell her she is right and ask if you could get a contract with the TMO too.

2. You could tell her she was right, but new rules will require her to take the training and pass the test at least every other year.

3. You could tell her she is wrong and that only agents employed by the plans are exempt from training and testing requirements.

4. You could tell her she is wrong, and that only agents selling employer/union group plans are permitted an exemption from testing, but some employer/union group plans may require testing to promote agent compliance with CMS marketing requirements.
You are mailing invitations to new Medicare beneficiaries for a marketing event. You want an idea of how many people to expect, so you would like to request RSVPs. What should you keep in mind?

Choose one answer.

1. You are not permitted to request RSVPs, so you will need to find a different way to estimate how many people are coming.

2. You may require RSVPs and email address so you can follow up in the event of a cancellation.

3. You may request RSVPs, but you are not permitted to require contact information.

4. You may not require RSVPs, but when people arrive, you may require completion of contact information on a sign-up sheet.

Question 2
Marks: 1

Mr. Mayhew accepted an invitation to present information on the MA plans he represents for a local Chamber of Commerce. The Chamber advertised the event in their monthly newsletter and asked anyone interested to call to RSVP. The sales event is now five days away, only three people responded, and the Chamber decided to cancel the event. What should Mr. Mayhew do?

Choose one answer.

1. Mr. Mayhew should report the cancellation to the plan with which he contracts immediately and must show up at the event and remain for 15 minutes in case an attendee shows up.

2. Mr. Mayhew should report the cancellation to the plan with which he contracts immediately, and he must make sure everyone who responded is called to inform them of the cancellation.

3. Mr. Mayhew does not need to do anything since he did not schedule or cancel the event.

4. Mr. Mayhew should schedule individual appointments with each person who responded to the invitation to discuss all of the MA and Part D plans he represents.

Question 3
Marks: 1

You have set up an appointment for an in-home sales presentation with Mrs. Fowler, who expressed interest in the Medicare plans you represent. In preparation for the sales presentation, what must you do?
Choose one answer.

1. Prior to conducting the presentation, obtain, and document having obtained her permission to visit, along with her interest in the specific products you will present.

2. At the time you arrive for the appointment, let her know which products you will be going over.

3. Prior to arriving at her home, request approval from CMS to use special materials that you developed to explain the plan benefits instead of the plan’s materials, which you think are confusing.

4. Seven days prior to the appointment, you must notify the company(s) you represent regarding which products you will be presenting, so they can report the nature of your meeting to the Medicare agency.

Question 2
Marks: 1

Mrs. Caplan is turning 65 in November and called to ask for your help deciding on a Medicare Advantage plan. She agreed to sign a scope of appointment form and meet with you October 15. During the appointment, what are you permitted to do?

Choose one answer.

1. You may provide her with the required enrollment materials and take her completed enrollment application.

2. You may take her completed enrollment application and ask her to provide names of any of her friends who may be interested in enrolling.

3. You may leave an enrollment kit and discuss a new life insurance product she might like.

4. You may leave enrollment kits for several MA plans and offer to discuss a Medigap and Part D prescription drug plan she may like.

Question 3
Marks: 1

While marketing Medicare Advantage and Part D plans, you collected a large number of scope of appointment forms from your clients, wherein they indicated their interest in specific products and their wish for you to provide information on those products in their homes. What should you do with those forms?

Choose one answer.

1. You need to retain the scope of appointment forms until the clients have successfully enrolled in a plan of their choosing, at which time you may dispose of the forms.
2. The scope of appointment forms must be retained for a period of ten (10) years.

3. Within three months of meeting with the client, you will need to turn the scope of appointment forms over to the Medicare agency for audit purposes.

4. The scope of appointment forms must be retained for 10 years or until you no longer work for the company that sponsored the Medicare Advantage or Part D plan you were representing, whichever comes first.

Question 4
Marks: 1

A Medicare beneficiary has walked into your office and requested that you sit down with her and discuss her options under the Medicare Advantage program. Before engaging in such a discussion, what should you do?

Choose one answer.

1. You do not have to do anything. You may proceed with the discussion and enroll the individual, if she so desires.

2. You must set an appointment for another time, at least 48 hours from the point when she walked into your office.

3. Prior to speaking with the individual, you must inquire as to her eligibility for MA and Part D plans and then complete a scope of appointment form for the plans for which she is eligible.

4. You must have her sign a scope of appointment form, indicating which products she wishes to discuss, and note on the form that she is a “walk in.” You may then proceed with the discussion.

Question 5
Marks: 1

You are meeting with Mrs. Hall in her home. On her scope of appointment form she asked to discuss Medicare Advantage plans. During the meeting, she asks to discuss a stand-alone prescription drug plan. She is leaving the next day to visit her family for a week in another state, so it is important to her to make a decision before she leaves. What must happen before that additional discussion can take place?

Choose one answer.

1. You must make a telephone call from a location outside Mrs. Hall’s home to ensure that the discussion of the prescription drug plan can take place.

2. Since Mrs. Hall is leaving the state, you can immediately present her with information on the prescription drug plan, so she can make a decision before it is too late.
3. Since Mrs. Hall specifically asked that you discuss the stand-alone Part D plan, you may do so, as long as she signs a new scope of appointment form first, indicating that she wants to discuss the Part D plan.

4. You must refer Mrs. Hall to another agent in order for her to be able to engage in such a discussion.

Ordinarily, you obtain referrals from a third party that initiates contact with potential clients and usually sets up appointments for you. How would the guidelines for marketing Medicare Advantage and Part D plans apply to this practice?

Choose one answer.

1. Third parties may not make unsolicited calls, visits, or emails to Medicare beneficiaries in order to set up such appointments, or for any other reason related to the marketing of Medicare Advantage or Part D plans.

2. This is an acceptable practice, as long as the third party clearly states, during a call that it is calling on behalf of a Medicare Advantage or Part D plan, or the plan’s marketing representative.

3. Third parties may make initial calls to a potential client, but they must then pass the name and phone number on to you and it will be your responsibility to set up the sales appointment and obtain a completed scope of appointment form.

4. Third parties may only make initial contact with a beneficiary if they first obtain certification from the Medicare agency as an approved marketing entity and are licensed under applicable state law.

Question2

Ordinarily, you obtain referrals from a third party that initiates contact with potential clients and usually sets up appointments for you. How would the guidelines for marketing Medicare Advantage and Part D plans apply to this practice?

Choose one answer.

1. You will have to avoid calling any potential client, unless he or she initiates contact with you and specifically asks that you give him or her a call.

2. Because the Medicare health plans are important federal programs for beneficiaries, federal law regarding the “Do Not Call” registry is waived so you will be able to call and enroll beneficiaries over the telephone.

3. You only need to comply with requirements of federal and state Do-Not Call registries.

4. As long as you market only health-related products, you can make an initial call to any beneficiary, but then must honor “do not call again” requests.
You have received an advertisement from a vendor who says they can provide you with an extensive list of publicly available e-mail addresses for individuals who are Medicare beneficiaries. In addition, one of your Medicare Advantage clients offered to share her e-mail address book with you so you could contact her Medicare-eligible friends. In considering these sources of leads, what rules must you be sure to abide by?

1. You may use e-mail lists that you have purchased from a vendor or obtained from clients to distribute Medicare Advantage plan information to any beneficiary as a public service. ✗

2. You may use e-mail as a method of initial contact with potential enrollees about Medicare Advantage plan information, but must not send additional email messages if the beneficiary does not give permission. ✗

3. You may use any publicly available directory containing e-mail lists to contact potential enrollees about Medicare Advantage plan information, but you may not use your client's personal e-mail address book. ✗

4. You may send an e-mail to a beneficiary about Medicare Advantage plan information if the beneficiary provides his/her email address to the plan and agrees to receive e-mails from the plan. ✓

During a sales presentation to Ms. Daley for a Medicare Advantage plan that has a 5-star rating in customer service and care coordination, and received an overall plan performance rating of a 4-star, which of the following would be the correct statement to say to her?

Choose one answer.

a. The Medicare Advantage plan received a 5-star rating in customer service and care coordination with an overall performance rating of 4-stars. ✓

b. The Medicare Advantage plan received the best star rating in customer service and care coordination. ✗

c. The Medicare Advantage plan is a top rated plan. ✗

d. This Medicare Advantage plan is a 5-star rated plan due to its high rating in customer service. ✗

Source: Required Practices: Plan Ratings

Question 2

During a sales presentation for a Private Fee-for-Service (PFFS) plan, which of the following points must you explain?

Choose one answer.
1. How the PFFS plan negotiates payment with providers in the plan’s network. ✗

2. That the PFFS plan will cover all costs not covered by Original Medicare. ✗

3. That the PFFS plan provides exactly the same coverage as Original Medicare. ✗

4. That the beneficiary, not the plan, is responsible for the entire cost for services she obtains that are not medically necessary. ✓

Mr. Wilder asked if the Private Fee-for-Service plan you have discussed is like Original Medicare or a Medigap supplement plan. What should you say about a Private Fee-for-Service (PFFS) plan to explain it to Mr. Wilder?

Choose one answer.

a. It is the same as Original Medicare, but offered by a private company. ✗

b. It is a type of Medicare Advantage plan that allows you to go to any doctor anywhere. ✗

c. It is like a Medicare supplement or Medigap plan. ✗

d. It is not Original Medicare and it works differently than a Medicare supplement plan. ✓

Source: Required Practices: PFFS Marketing Activities

Question 2

During a sales presentation, your client asks you whether the Medicare agency recommends that she sign up for your plan or stay in Original Medicare. What should you tell her?

Choose one answer.

1. Tell her that Medicare recommends that beneficiaries enroll in a Medicare Advantage plan because it will serve her better than Original Medicare. ✗

2. Tell her that, because you represent a Medicare health plan, you therefore work for Medicare, and the information you offer her is a good basis of any decision she makes. ✗
Question 3

By contacting plans available in your area, you have learned that the plan you represent has a significantly lower monthly premium than the others. Furthermore, you see that the plan you represent has a unique benefit package. What should you do to make sure your clients know about these pieces of information?

Choose one answer.

1. To obtain information about another plan’s benefits, you must refer clients to those other plans, because you may not provide comparative information, regardless of the source, to demonstrate any differences among the plans. ✗

2. You may create a chart that lists each plan in the beneficiary’s service area along with the benefits of the plan you represent, compared to those of the other available plans. ✗

3. You have clear evidence that your plan is the best and can say so to your clients. ✗

4. You may present comparative information that has been created and approved by the Medicare agency (CMS), such as a print-out from the Medicare plan comparison website. ✓

Question 4

You have been providing a pre-Thanksgiving meal during sales presentations in November for many years and your clients look forward to attending this annual event. When marketing Medicare Advantage and Part D plans, what are you permitted to do with respect to meals?

Choose one answer.

1. You may provide light snacks, but a Thanksgiving style meal would be prohibited, regardless of who provides or pays for the meal. ✓

2. As long as the meal is paid for by another person or entity, you are permitted to invite your clients and their friends to partake of the meal at your sales presentation. ✗

3. You may offer meals to existing enrollees of the plan(s) you represent, but potential enrollees may not have a meal. ✗

4. There is no limitation on meals. You may continue to provide your Thanksgiving style meal, to any individual, in any manner you see fit. ✗
### Question 5

Ordinarily, you provide clients who purchase various types of insurance products from you with a gift when they enroll and you let them know that they will receive it after their enrollment is complete. When you market Medicare Advantage and Part D plans, what may you offer as a gift to induce enrollment in a plan?

Choose one answer.

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<td>2.</td>
<td>You may not provide any gift or prize as an inducement to enroll. ✓</td>
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<tr>
<td>3.</td>
<td>You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value. ✗</td>
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<tr>
<td>4.</td>
<td>You may provide cash promotions or give-aways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public ✗</td>
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### Question 6

One of your colleagues argues that face-to-face meetings with potential enrollees should be required because they cannot make an appropriate decision with the minimal information that can be provided over the phone or in small brochures. How should you respond to this argument?

Choose one answer.

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<td>a.</td>
<td>This is a reasonable argument, but requiring face-to-face meetings in order to answer questions or complete an enrollment application is not permitted unless an agent first communicates with the beneficiary via phone, e-mail or reply card. ✗</td>
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<tr>
<td>b.</td>
<td>Some states have agreed with your colleague and whether such a policy is required is based on state law. You should consult with your state insurance department to see what they say. ✗</td>
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<tr>
<td>c.</td>
<td>This is correct. In fact, the Medicare agency requires potential enrollees to meet face-to-face with an agent, plan representative, or State Health Insurance Assistance Program representative before permitting a beneficiary to enroll in a MA or Part D plan. ✗</td>
</tr>
<tr>
<td>d.</td>
<td>This is incorrect. Brokers and agents cannot require face-to-face meetings in order to answer questions or complete an enrollment application. ✓</td>
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### Question 7

Mr. Moreno’s neighbor invited him to discuss Medicare Advantage (MA) and Part D plans that he sells at the regular Tuesday brunch the neighbors have for senior citizens. What should Mr. Moreno tell his neighbor about the kinds of food that can be provided to potential enrollees who attend the sales presentation?

Choose one answer.  

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<td>a</td>
<td>Any type of meal or food is allowed, as long as it is available to the general public and not just to those who are eligible to enroll in the plans.</td>
<td>✗</td>
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<td>b</td>
<td>The neighbors may not provide anything to either eat or drink during the sales presentation.</td>
<td>✗</td>
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<td>c</td>
<td>The neighbors may not provide a meal, but light snacks would be permitted.</td>
<td>✓</td>
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<tr>
<td>d</td>
<td>Any meal is allowed, as long as it is valued at less than $15.</td>
<td>✗</td>
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Source: Light Snacks vs. Prohibited Meals

### 1

Ordinarily, you provide clients who purchase various types of insurance products from you with a gift when they enroll and you let them know that they will receive it after their enrollment is complete. When you market Medicare Advantage and Part D plans, what may you offer as a gift to induce enrollment in a plan?

Choose one answer.  

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<tr>
<td>1</td>
<td>You may provide cash promotions or giveaways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public.</td>
<td>✗</td>
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<tr>
<td>2</td>
<td>You may give enrollees post-enrollment gifts to compensate them for their time.</td>
<td>✗</td>
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<tr>
<td>3</td>
<td>You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value.</td>
<td>✗</td>
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<tr>
<td>4</td>
<td>You may not provide any gift or prize as an inducement to enroll.</td>
<td>✓</td>
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Source: Promotional Activities: Drawings, Prizes, Giveaways
Question 2

Mr. Eiting, a marketing representative of the ACME Insurance Company, scheduled a marketing event and expects about 40 people to attend. He has hired a magician at a cost of $200 to entertain attendees. Can he do this in a way that complies with guidance from the Medicare agency?

Choose one answer.

1. He can do this, because the estimated number of attendees is based on the venue size and response rate and the value of the gift does not exceed $15. ✓

2. He cannot do this because the total value of the gift exceeds the maximum $15 retail gift value. ✗

3. He can do this because the ads for the event are distributed both to enrollees and non-enrollees, so no restrictions apply. ✗

4. He can do this because the gift is not a cash gift and is not readily converted to cash. ✗

Source: Promotional Activities: Nominal Gifts

Question 3

You will be holding a sales event in the near future, at which you would like to offer door prizes to attendees. Under guidelines from the Medicare agency, what types of gifts or prizes would not be allowed in this situation?

Choose one answer.

1. Gifts of nominal retail value ($15 or less). ✗

2. Gifts totaling more than $15 in retail value that are offered to the general public and are not awarded frequently. ✗

3. Gifts of $15 or less offered to all eligible individuals regardless of whether they enroll. ✗

4. Gift cards or gift certificates of $15 or less that can be readily converted to cash. ✓
Source: Promotional Activities: Nominal Gifts

Question 4

You are scheduled to give a sales presentation at a local senior center. At the beginning of the presentation, which of the following must you do?

Choose one answer.

- Clearly state that no obligation exists to enroll if a gift or prize is being offered. ✓
- Determine whether the beneficiaries present are healthy enough for the plan. ✗
- Explain, in your own words, how the plan you represent compares to other companies’ plans. ✗
- Make sure that those present provide leads. ✗

Source: Promotional Activities: Drawings, Prizes, Giveaways

Question 5

Ordinarily, you ask your clients for referrals to people they think would benefit from the products you offer. When selling Medicare Advantage or Part D products, how might you solicit referrals?

Choose one answer.

- You may solicit referrals from current MA and Part D enrollees and offer one thank you gift per member per year of less than $15, based on retail purchase price for the item, although you may not inform enrollees of the availability of the gift in your letter soliciting referrals. ✓
- You may call current MA and Part D enrollees to solicit referrals and offer thank you gifts of less than $15 for each referral received. ✗
- You may send an e-mail to all current plan members who have given permission to email them asking for the names, e-mail addresses, and phone numbers of referrals. ✗
4. You may enter referring individuals in a drawing for substantial prizes as long as they are not told in advance of the drawing the value of the prize. ✗

Source: Promotional Activities: Referral Programs

Question 6

When soliciting referrals from current members of an MA or Part D plan, what may you do?

Choose one answer.

1. You may request names and mailing addresses. ✓
2. You may offer gifts or prizes worth $15 or less in retail value to obtain referrals. ✗
3. You may request names and phone numbers. ✗
4. You may offer gifts and prizes worth $15 or less in retail value for each individual on the list of referrals who chooses to enroll. ✗

Source: Promotional Activities: Referral Programs

Question 7

A health plan made a bulk order of items to be used as promotional prizes. Taking into account the discount they received for their bulk order, each item cost them $14.99. Can they use these items as promotional prizes?

Choose one answer.

1. Yes, because their cost to the plan was under $15.00. ✗
2. Yes, but only if they offer them after a beneficiary has enrolled. ✗
3. No, the retail cost of the items would be more than $15.00. ✓
4. No, promotional prizes are not permitted in marketing Medicare Advantage and Medicare Prescription Drug plans. ✗

Source: Frequently Asked Questions

Question 8

A broker plans to offer Visa gift cards that can be used anywhere, as if they were cash. Is this permissible?

Choose one answer.

1. Yes, as long as they are valued at $15.00 or less. ✗

2. Yes, as long as they are offered after enrollment. ✗

3. No, cash or cash equivalent prizes cannot be offered. ✓

4. No, prizes of any kind can never be offered as a marketing tool for Medicare Advantage or Medicare Prescription Drug plans. ✗

Source: Frequently Asked Questions

Question 9

Several agents you work with are planning sales events in your area. One plans on giving door prizes worth $5, refreshments valued at $8 per anticipated attendee, and coupon books with discounts worth $10. Since no gift or prize exceeds the $15 limit he believes his plan is acceptable. What should you tell them?

Choose one answer.

a. He can give away more than one gift during a single event, but the aggregate retail value cannot exceed $15. ✓

b. He is correct. He can offer multiple prizes or give-aways at a single event, as long as no one item has a retail value that exceeds $15. ✗

c. Only a single prize or give away can be made at any one event, regardless of its value. ✗
d. Gifts and prizes are not permitted under the Marketing Guidelines promulgated by the Medicare agency. 

You have approached a hospital administrator about marketing in her facility. The administrator is uncomfortable with the suggestion. How could you address her concerns?

Choose one answer.

1. Tell her that Medicare guidelines allow you to conduct marketing activities in common areas of a provider’s facility. ✓

2. Tell her that Medicare guidelines allow you to conduct marketing activities anywhere in the facility, so long as the affected providers agree to that event. ✗

3. Tell her that Medicare guidelines only allow you to conduct marketing activities in areas of the facility where individuals are waiting to receive health care services, but not in places where they would be receiving health care such as an examining room. ✗

4. Tell her that if a plan obtains permission from CMS for a marketing event in a provider facility, the event may go forward, regardless of where it occurs in the facility. ✗

Source: Marketing Activities: Marketing in a Health Care Setting

Question 2

You would like to market an MA plan at a neighborhood pharmacy. What should you keep in mind to comply with the marketing requirements for MA plans?

Choose one answer.

1. You must set up your table, make marketing presentations, and accept enrollment applications near the pharmacy counter where people wait for their prescriptions. ✗

2. You must set up your table, make marketing presentations, and accept enrollment applications only in common areas outside of where the patient waits for services from the pharmacist. ✓

3. You may not market in a pharmacy if you are not a pharmacist or do not have the pharmacist’s permission. ✗
4. You must set up your table and make marketing presentations only in common areas, but you may accept enrollment applications anywhere in the pharmacy.

Source: Marketing Activities: Marketing in a Health Care Setting

Question 3

A large physician group in your area contracts with the plans you represent. You have an opportunity to work with them to market the plans, but want to be sure you follow the CMS requirements. What can you ask the physician group to do?

Choose one answer.

1. Sponsor an event to promote enrollment in the plans.
2. Send marketing materials on your behalf if you pay a nominal fee to cover the costs.
3. Provide names of the plans they contract with along with information from the CMS website.
4. Accept Part D enrollment applications from beneficiaries who prefer not to mail them to you.

Source: Marketing Activities: Rules for Providers

Question 4

Your friend's mother just moved to an assisted living facility and he asked if you could present a program for the residents about the MA-PD plans you market. What could you tell him?

Choose one answer.

1. You appreciate the opportunity and would just need to complete scope of appointment forms on behalf of all the residents who would like to attend.
2. You appreciate the opportunity and would be happy to schedule an appointment with anyone at their request.
3. You appreciate the opportunity and would ask the facility to provide enrollment applications for the MA-PD plans you represent. 

4. You appreciate the opportunity and will ask the facility to provide a plan brochure and enrollment application in every resident’s room prior to the meeting to promote interest in the event.

**Source:** Marketing Activities: Rules for Providers Marketing in a Long-term Care Facility

**Question 5**

You have sought permission from a hospital to place brochures for your product in their gift shop and cafeteria. The hospital administration expresses some hesitation about allowing marketing in a health care facility. What should you tell them?

Choose one answer.

- Marketing in health care facilities is an acceptable practice, as long as it takes place in common areas where patients are not receiving or waiting to receive health care and as long as the hospital displays materials for all plans that provide them to the hospital.

- As long as the marketing activities are conducted in a way that does not target healthy beneficiaries, it does not matter where in the hospital these activities are carried out.

- So long as the hospital or its physician staff don’t object, marketing anywhere in the hospital is an acceptable practice.

- Marketing in health care facilities is an acceptable practice, regardless of where it takes place.

**Source:** Marketing Activities to Current Members/In a Health Care Setting

**Question 6**

One of your colleagues has a spouse that works in the records department of a large physician practice in your area. He suggests that she could ask the physicians to provide information about Medicare beneficiaries who could benefit from enrolling in the plan you represent. How should you respond?

Choose one answer.

- As long as the physicians agree to release the information, this approach is acceptable.

- Releases of information by physicians to brokers or agents concerning their patients is permitted by state law, however, you should consult an attorney who specializes in your state privacy laws before proceeding.
Under Federal rules, physicians are not permitted to release such information, nor are plans or their agents or brokers permitted to work with physicians to direct any beneficiaries to a specific plan.

d. Before taking this action, your plan must post a public notice in the physicians’ office and then the physicians can release information about Medicare beneficiaries with certain illness or diseases to agents.

Source: Marketing Activities: Rules for Providers

This year you have decided to focus your efforts on marketing to employer group plans. One employer provides you with a list of their retirees and asks you to contact them to explain the characteristics of the plan they have selected. What should you do?

Choose one answer.

1. You may not make any unsolicited contact with Medicare beneficiaries. The employer will have to tell its retirees to call you.

2. You may only contact the retirees after the employer has notified them that they will be receiving a call.

3. You may go ahead and call them.

4. You may call them, but must record every call.

Source: Marketing to Employer/Union Groups

Next week you will be participating in your first "educational event." In order to be sure that you do not violate any of the applicable guidelines, in what activities should you plan to engage?

Choose one answer.

1. You should plan to conduct sales presentations and accept enrollment forms.
### Question 2

If you are to be in compliance with Medicare's guidance regarding educational events, which of the following would be acceptable activities?

Choose one answer.

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<td>1. You may have a stack of enrollment forms on the table in your booth, but may only pass them out to individuals who request one.</td>
<td>✗</td>
</tr>
<tr>
<td>2. You may ask passers-by to provide you with their names, addresses and phone numbers so that you could contact them later with information about the plan(s) you represent.</td>
<td>✗</td>
</tr>
<tr>
<td>3. You may set up personal sales appointments with any beneficiary who expresses interest.</td>
<td>✗</td>
</tr>
<tr>
<td>4. You may distribute business cards to individuals who request information on how to contact you for further details on the plan(s) you represent.</td>
<td>✓</td>
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### Source: Educational Events

### Question 3

You are working with a number of plans and community organizations to sponsor an educational event. When putting together advertisements for this event, what should you do?

Choose one answer.

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</table>
1. You must only ensure that the advertisement is factually accurate. ✗

2. You must ensure that the advertisements include the required disclaimer informing the public that the event is for educational purposes only and that no plan-specific benefits or details will be shared. ✓

3. Plans may not participate in advertising such an event. All advertising must be done by the community organizations. ✗

4. You must state in the advertisement that it will be an educational event and that the education will consist of specific information about the participating plans. ✗

Source: Educational Events

Question 4

You plan to participate in an educational event sponsored by a large regional health care system. One of your colleagues suggests that you do a presentation on one of the Medicare Health plans you market, and modify it to include information about preventive screening tests showcased at the event. How should you respond to your colleague's suggestion?

Choose one answer.

a. You should tell your colleague no because participation in an educational event may not include a sales presentation. ✓

b. Whether or not a sales presentation is allowed at this educational event is entirely up to the sponsor of the event. ✗

c. As long as your sales presentation includes information that is about healthy living or clinically effective screening exams, you could talk about the Medicare plans in your presentation. ✗

d. You should tell your colleague no, because marketing representatives are not permitted to participate, in any way, in an educational event. ✗

Another agent you know has engaged in misconduct that has been verified by the plan she represented. What sort of penalty might the plan impose on this individual?

Choose one answer.

1. Her name will be reported to a publicly accessible database and could be advertised in local newspapers. ✗
### Question 2

The Medicare agency has requested a list of contracted representatives from a Private Fee-for-Service (PFFS) plan that you represent. In this situation, what will the plan do?

Choose one answer.

1. Under Federal privacy statutes, the plan is not obligated to provide this list unless the agency obtains a subpoena. ✗
2. Plans will provide to the Medicare agency a complete list of all of their contracted representatives who are marketing PFFS products, and will authorize the agency to provide those names to state departments of insurance when they request it. ✓
3. Plans will provide a list of their representatives to the Medicare agency, but state departments of insurance cannot obtain such lists. ✗
4. Plans will only provide information on their contracted representatives when such representatives are the subject of a complaint to the Medicare agency. ✗

Source: Oversight and Enforcement: By CMS

### Question 3

With regard to the training you are currently taking, what involvement will CMS have in ensuring that it takes place?

Choose one answer.

1. Plans are solely responsible for ensuring that appropriate training of brokers and agents takes place. ✗
2. State licensing agencies will ensure that plans are appropriately training their brokers and agents, and CMS will depend on those agencies for appropriate oversight. ✗

3. Oversight of plan training will be conducted by CMS credentialed entities, such as national trade associations. ✗

4. CMS will conduct oversight of plan training programs and plans must provide the agency with any information necessary for the agency to conduct such oversight. ✓

Source: Oversight and Enforcement: By CMS

Question 4

The Medicare agency requires all Medicare health plans that contract with marketing representatives to ensure that contracts address which of the following?

Choose one answer.

1. CMS does not have authority over plan contracts with respect to marketing representatives. ✗

2. Medicare health plans must include in all marketing representative contracts requirements to abide by all policies promulgated by the National Association of Insurance Commissioners. ✗

3. Medicare health plans must include in all marketing representative contracts requirements to abide by all county codes and ordinances. ✗

4. Medicare health plans must include in all marketing representative contracts requirements to abide by all guidance from the Federal agency overseeing Medicare and all applicable state laws. ✓

Source: Oversight and Enforcement: By CMS, Plan Contracts with Marketing Representatives

Question 5

Medicare health plans establish provisions in marketing representative contracts to ensure compliance with applicable laws and policies. If non-compliance occurs, CMS can penalize a plan in which of the following ways?

Choose one answer.
1. CMS requires plan sponsors to publish in local newspapers the names and misdeeds of the marketing representatives who have not complied with the terms of their contracts, so that potential clients can know whom to avoid. ✗

2. CMS requires plan sponsors to create and complete a corrective action plan and may terminate a sponsor’s contract. ✓

3. CMS requires the dismissal of senior plan management. ✗

4. CMS cannot penalize the plan sponsor for marketing representative non-compliance. That is the role of the state. ✗

Source: Oversight and Enforcement: By CMS

Question 6

Mr. McConnell is a marketing representative who markets an MA plan. He is a very good speaker and was asked to make a presentation at a local event that was advertised as educational. He accepted the invitation and the MA plan reported the event to CMS. CMS’ secret shopper attended the event and heard Mr. McConnell’s sales presentation. Which of the following could CMS do?

Choose one answer.

1. Commend Mr. McConnell for taking the time to share information with potential enrollees. ✗

2. Ask Mr. McConnell to attend more educational events to make presentations on MA plans. ✗

3. Require Mr. McConnell to include information in his sales presentation about all types of plans, not just the MA plan he is representing. ✗

4. Require the MA plan to suspend marketing and enrollment for a period of time. ✓

Source: Oversight and Enforcement: By CMS

Question 7
Mr. Lincoln, an agent for Acme Insurance, Inc. thinks that, since state laws are preempted with regard to the marketing of Medicare health plans, he doesn't have much to worry about. What might you, as his colleague, advise him concerning the type of scrutiny he will be under?

Choose one answer.

- a. The Medicare agency conducts only complaint-based oversight and he can market the products he represents as he sees fit, as long as he does so in a manner that would be considered ethical by a reasonable lay person. ✗
- b. Organizations sponsoring Medicare health plans are not responsible for enforcing compliance with applicable law and guidance. This job belongs solely to the Medicare agency. ✗
- c. Organizations sponsoring Medicare health plans are responsible for the behavior of their contracted representatives and will be conducting monitoring activities to ensure compliance with all applicable Federal law and guidance and plan policies. Furthermore, state agent licensure laws are not preempted and he must abide by their requirements. ✔
- d. The state sets most requirements for marketing Medicare health plans, but each plan has different policies that he must adhere to. ✗

Can marketing representatives request information from providers regarding Medicare beneficiaries with specific health conditions for marketing purposes?

Choose one answer.

- 1. No, providers are legally prohibited from sharing such information. ✔
- 2. Yes, as long as they do not encourage or discourage the Medicare beneficiary to enroll or disenroll from a plan based on their health condition. ✗
- 3. Yes, as long as they are marketing only Special Needs Plans. ✗
- 4. No, marketing representatives can only request information from providers on all beneficiaries, not just those with specific conditions. ✗

Source: Frequently Asked Questions
During a sales presentation to Ms. Daley for a Medicare Advantage plan that has a 5-star rating in customer service and care coordination, and received an overall plan performance rating of a 4-star, which of the following would be the correct statement to say to her?

Choose one answer.

a. The Medicare Advantage plan received a 5-star rating in customer service and care coordination with an overall performance rating of 4-stars. ✓

b. The Medicare Advantage plan received the best star rating in customer service and care coordination. ❌

c. The Medicare Advantage plan is a top rated plan. ❌

d. This Medicare Advantage plan is a 5-star rated plan due to its high rating in customer service. ❌

Source: Required Practices: Plan Ratings

Question 2

You have received an advertisement from a vendor who says they can provide you with an extensive list of publicly available e-mail addresses for individuals who are Medicare beneficiaries. In addition, one of your Medicare Advantage clients offered to share her e-mail address book with you so you could contact her Medicare-eligible friends. In considering these sources of leads, what rules must you be sure to abide by?

Choose one answer.

1. You may use e-mail lists that you have purchased from a vendor or obtained from clients to distribute Medicare Advantage plan information to any beneficiary as a public service. ❌

2. You may use e-mail as a method of initial contact with potential enrollees about Medicare Advantage plan information, but must not send additional email messages if the beneficiary does not give permission. 3. You may use any publicly available directory containing e-mail lists to contact potential enrollees about Medicare Advantage plan information, but you may not use your client’s personal e-mail address book. ❌

3. You may send an e-mail to a beneficiary about Medicare Advantage plan information if the beneficiary provides his/her email address to the plan and agrees to receive e-mails from the plan. ✓

Question 3

Ordinarily, you ask your clients for referrals to people they think would benefit from the products you offer. When selling Medicare Advantage or Part D products, how might you solicit referrals?
Choose one answer.

1. You may solicit referrals from current MA and Part D enrollees and offer one thank you gift per member per year of less than $15, based on retail purchase price for the item, although you may not inform enrollees of the availability of the gift in your letter soliciting referrals. ✔

2. You may call current MA and Part D enrollees to solicit referrals and offer thank you gifts of less than $15 for each referral received. ✗

3. You may send an e-mail to all current plan members who have given permission to email them asking for the names, e-mail addresses, and phone numbers of referrals. ✗

4. You may enter referring individuals in a drawing for substantial prizes as long as they are not told in advance of the drawing the value of the prize. ✗

Source: Promotional Activities: Referral Programs

Question 4

Several agents you work with are planning sales events in your area. One plans on giving door prizes worth $5, refreshments valued at $8 per anticipated attendee, and coupon books with discounts worth $10. Since no gift or prize exceeds the $15 limit he believes his plan is acceptable. What should you tell them?

Choose one answer.

a. He can give away more than one gift during a single event, but the aggregate retail value cannot exceed $15. ✔

b. He is correct. He can offer multiple prizes or give-aways at a single event, as long as no one item has a retail value that exceeds $15. ✗

c. Only a single prize or give away can be made at any one event, regardless of its value. ✗

d. Gifts and prizes are not permitted under the Marketing Guidelines promulgated by the Medicare agency. ✗

Source: Promotional Activities: Nominal Gifts

Question 5

A Medicare beneficiary has walked into your office and requested that you sit down with her and discuss her options under the Medicare Advantage program. Before engaging in such a discussion, what should you do?
Choose one answer.

1. You do not have to do anything. You may proceed with the discussion and enroll the individual, if she so desires. 

2. You must set an appointment for another time, at least 48 hours from the point when she walked into your office.

3. Prior to speaking with the individual, you must inquire as to her eligibility for MA and Part D plans and then complete a scope of appointment form for the plans for which she is eligible.

4. You must have her sign a scope of appointment form, indicating which products she wishes to discuss, and note on the form that she is a “walk in.” You may then proceed with the discussion.

Source: Required Practices: Marketing Activities

Question 6

Ordinarily, you provide clients who purchase various types of insurance products from you with a gift when they enroll and you let them know that they will receive it after their enrollment is complete. When you market Medicare Advantage and Part D plans, what may you offer as a gift to induce enrollment in a plan?

Choose one answer.

1. You may provide cash promotions or give-aways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public.

2. You may give enrollees post-enrollment gifts to compensate them for their time.

3. You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value.

4. You may not provide any gift or prize as an inducement to enroll.

Source: Promotional Activities: Drawings, Prizes, Giveaways

Question 7
Another agent working for your agency claims that because you are not employed by the Medicare Advantage plans that you represent, you are not subject to the same requirements as the plans themselves. How should you respond to such a statement?

Choose one answer.

1. Your coworker is correct. You are subject only to requirements issued by your state department of insurance.  
2. Your coworker is correct. You may use any marketing techniques that do not involve providing misinformation to potential enrollees.  
3. Your coworker is not correct. Marketing on behalf of a plan is considered marketing by the plan and requires that all contracted and employed agents comply with all Medicare marketing rules.  
4. Your coworker is correct because employed agents have to follow a stricter set of rules than do independent agents, such as yourself.

Source: Medicare Marketing Rules

Question 8

Another agent you know has engaged in misconduct that has been verified by the plan she represented. What sort of penalty might the plan impose on this individual?

Choose one answer.

1. Her name will be reported to a publicly accessible database and could be advertised in local newspapers.  
2. Plans do not impose penalties. Instead, the Medicare agency has specific authority to fine such individuals for each violation.  
3. Plans must immediately terminate their contracts with such individuals.  
4. The plan may withhold commission, require retraining, report the misconduct to a state department of insurance or terminate the contract.

Source: Oversight and Enforcement: By Plans
Question 9

George just became eligible for Medicare and asked you to call to discuss Medicare Advantage and Part D plans that you market. What are you permitted to say during your conversation with him?

Choose one answer.

1. You may say that one of the plans you represent is the best plan available and encourage him to enroll. ✕

2. You must disclose to him that the plan you represent is endorsed by Medicare. ✕

3. You must ask for his Social Security number, Medicare number, and credit card number or bank account information in order to complete his enrollment. ✕

4. You must disclose to him that he does not have to provide you with any information. ✓

Source: Outbound Calls

Question 10

Mr. Eiting, a marketing representative of the ACME Insurance Company, scheduled a marketing event and expects about 40 people to attend. He has hired a magician at a cost of $200 to entertain attendees. Can he do this in a way that complies with guidance from the Medicare agency?

Choose one answer.

1. He can do this, because the estimated number of attendees is based on the venue size and response rate and the value of the gift does not exceed $15. ✓

2. He cannot do this because the total value of the gift exceeds the maximum $15 retail gift value. ✕

3. He can do this because the ads for the event are distributed both to enrollees and non-enrollees, so no restrictions apply. ✕

4. He can do this because the gift is not a cash gift and is not readily converted to cash. ✕
Mrs. Weiss is entitled to Part A and has medical coverage without drug coverage through an employer retiree plan. She is not enrolled in Part B. Since the employer plan does not cover prescription drugs, she wants to enroll in a Medicare prescription drug plan. Will she be able to?

Choose one answer.

1. No. Mrs. Weiss will have to enroll in Part B in order to qualify for enrollment into the Medicare prescription drug program. ✗

2. Yes, but Mrs. Weiss must drop the employer coverage prior to enrolling in a Medicare prescription drug plan. ✗

3. No. As long as her employer offers coverage that is equivalent to that available through Medicare, Mrs. Weiss cannot enroll in a Medicare prescription drug plan. ✗

4. Yes. Mrs. Weiss must be entitled to Part A or enrolled in Part B to be eligible for coverage under the Medicare prescription drug program. ✓

Source: Who is Eligible to Enroll in MA or Part D Plans?

Mr. Saunders is entitled to Part A, but has not enrolled in Part B because he has coverage through an employer plan. If he wants to enroll in a Medicare Advantage plan, what will he have to do?

Choose one answer.

1. He will have to enroll in Part B. ✓

2. As long as his employer offers coverage that is equivalent to Medicare’s, he cannot enroll in Part B. ✗

3. He will not need to do anything. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗
4. He must wait until the next Annual Election Period, at which time he can enroll in a Medicare Advantage plan. X

Source: Who is Eligible to Enroll in MA or Part D Plans?

Question 3

Mr. Klasen wants to know whether he is eligible to sign up for a Private fee-for-service (PFFS) plan. What questions would you need to ask to determine his eligibility?

Choose one answer.

1. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B, if he is healthy, and how often he expects to visit a doctor. X

2. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if he needs drug coverage. X

3. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if his doctor will accept the terms and conditions of payment of the PFFS plan. X

4. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if he lives in the PFFS plan's service area. ✓

Source: Beneficiary Acknowledgements when Enrolling; Enrollment Discrimination Prohibitions

Question 4

Mr. Gonzalez is entitled to Part A, but has not yet enrolled in Part B. If he wants to enroll in a Private Fee-for-Service (PFFS) plan, what will he have to do?

Choose one answer.

1. He will have to enroll in Part B prior to enrolling in the PFFS plan. ✓

2. He will need to do nothing. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. X
3. He will have to enroll in a Medicare prescription drug plan prior to enrolling in a PFFS plan. ✗

4. He will have to drop Part A and then will be eligible to enroll in a PFFS plan. ✗

Source: Who is Eligible to Enroll in MA or Part D Plans?; Enrollment Rules

Question 5

Mrs. Brown wants to enroll in a Medicare Advantage plan that does not include drug coverage and also enroll in a stand-alone Medicare prescription drug plan. Under what circumstances can she do this?

Choose one answer.

- 1. If the Medicare Advantage plan is a Private Fee-for-Service (PFFS) plan that does not offer drug coverage or a Medical Savings Account, Mrs. Brown can do this. ✓

- 2. This is not a possibility. If Mrs. Brown wants health coverage and drug coverage through a plan, she must purchase an MA-PD plan. ✗

- 3. Mrs. Brown can apply for any Medicare Advantage plan and, if it offers drug coverage, ask to have that element of the coverage eliminated, after which she can enroll in a stand-alone Medicare prescription drug plan in her service area. ✗

- 4. Mrs. Brown can enroll in any Medicare Advantage plan, regardless of whether it offers drug coverage, and enroll in any stand-alone Medicare prescription drug plan. ✗

Source: Enrollment Rules

Question 6

Mrs. Roberts has Original Medicare and would like to enroll in a Private Fee-for-Service (PFFS) plan. All types of PFFS plans are available in her area. Which options could Mrs. Roberts consider before selecting a PFFS plan?

Choose one answer.

- 1. A Medicare Advantage Prescription Drug (MA-PD) PFFS plan that combines medical benefits and Part D prescription drug coverage, a PFFS plan offering only medical benefits, or a PFFS plan in combination with a stand-alone prescription drug coverage. ✓
Mr. Block is currently enrolled in a Medicare Advantage plan that includes drug coverage. He found a stand-alone Medicare prescription drug plan in his area that offers better coverage than that available through his MA-PD plan and in addition has a low premium. It won't cost him much more and, because he has the means to do so, he wishes to enroll in the stand-alone prescription drug plan in addition to his MA-PD plan. What should you tell him?

Choose one answer.

1. If Mr. Block wants to enroll in both a MA-PD and a stand-alone PDP, he may buy the extra coverage without any adverse effect. ✗

2. If Mr. Block enrolls in the stand-alone Medicare prescription drug plan, he will be disenrolled from the Medicare Advantage plan. ✓

3. Mr. Block will have to wait until the annual election period, beginning October 15, and then he can add the stand-alone coverage to the MA-PD. ✗

4. If Mr. Block enrolls in a stand-alone Medicare prescription drug plan, he can request that his Medicare Advantage plan remove the drug benefit from the package they offer and reduce his premium accordingly. ✗

Source: Enrollment Rules

Mr. and Mrs. Nunez attended one of your sales presentations. They've asked you to come to their home to clear up a few questions. During the presentation, Mrs. Nunez feels tired and tells you that her husband can finish things up. She goes to bed. At the end of your discussion, Mr. Nunez says that he wants to enroll both himself and his wife. What should you do?
Choose one answer.

1. As long as she is able to do so, only Mrs. Nunez can sign her enrollment form. Mrs. Nunez will have to wake up to sign her form or do so at another time. ✓

2. Legal spouses can sign enrollment forms for one another. You may enroll both Mr. and Mrs. Nunez, as long as her husband signs on her behalf. ❌

3. You can countersign Mrs. Nunez' application, along with her husband, indicating that she approved this choice verbally. This witness signature is sufficient to make the enrollment valid. ❌

4. You should sign the form for Mrs. Nunez yourself, since she informed you, as the plan’s representative, that she wanted to enroll. ❌

Source: Who May Complete the Enrollment Form?

Question 3

You are visiting with Mr. Thomas and his daughter at her request. He has advanced Alzheimer's and is incapable of understanding the implications of choosing a Medicare Advantage or prescription drug plan. Can his daughter fill out the enrollment form and sign it for him?

Choose one answer.

1. Mr. Thomas' daughter can do so because she is an immediate family member who has taken responsibility for her father's care. ❌

2. Mr. Thomas' daughter can do so only, if she is authorized under state law as a court-appointed legal guardian, has durable power of attorney for health care decisions, or is authorized under state surrogate consent laws to make health decisions. ✓

3. If the enrollment form is countersigned by one of Mr. Thomas' treating physicians, she can sign it for him. ❌

4. A signature is not necessary since Mr. Thomas is not physically or mentally capable of filling out and signing the form. ❌
You are meeting with Ms. Blum and she has completed an enrollment form for a MA-PD plan you represent. You notice that her handwriting is illegible and as a result, the spelling of her street looks incorrect. She asks you to fill in the corrected street name. What should you do?

Choose one answer.

1. Under no circumstances may you make corrections to information a beneficiary has provided. Review of enrollment forms is the sole responsibility of the plan sponsor. ❌

2. You may correct the information since it was a simple mistake. You do not need to do anything further to the application form. ❌

3. You may correct the information, but she will need to write a brief statement indicating she authorized you to make the change. ❌

4. You may correct this information as long as you add your initials and date next to the correction. ✓

Source: Who May Complete the Enrollment Form?

Question 2

You are doing a sales presentation for Mrs. Pitowski. You know that the Medicare marketing guidelines prohibit certain types of statements. Apply those guidelines to the following statements and identify which would be prohibited.

Choose one answer.

1. “How are you this morning, Mrs. Pitowski?” ❌

2. “Are you interested in a Medicare supplement plan or a Medicare health plan?” ❌

3. “If you’re not in very good health, you will probably do better with a different product.” ✓

4. “A Private Fee-for-Service plan is not the same as a Medigap supplemental policy.” ❌

Source: Enrollment Discrimination Prohibitions
Question 3

You have come to Mrs. Brown's home for a sales presentation. At the beginning of the presentation, Mrs. Brown tells you that she has a copy of her medical record available because she thinks this will help you understand her needs. She suggests that you will know which questions to ask her about her health status in order to best assist her in selecting a plan. What should you do?

Choose one answer.

1. If she brings up the topic of her health, you can ask Mrs. Brown as many questions as she is willing to answer, so you can determine which plan is most suitable for her health needs. ✗

2. You can only ask Mrs. Brown questions about conditions that affect eligibility, specifically, whether she has end stage renal disease or one of the conditions that would qualify her for a special needs plan. ✓

3. You cannot, under any circumstances, ask Mrs. Brown any health-related questions. ✗

4. You can initiate detailed discussion of all of Mrs. Brown's health conditions only to better understand her situation and to advise her to choose a different plan if she is experiencing significant health problems. ✗

Source: Enrollment Discrimination Prohibitions; Enrollment Discrimination Prohibition and Exceptions

1

Mr. Grant has just entered his MA Initial Coverage Election Period (ICEP). What action could you help him take during this time?

Choose one answer.

1. He will have one opportunity to enroll in a Medicare Advantage plan. ✓

2. He will have a three month period during which he may enroll in as many Medicare Advantage plans as he chooses, with the last enrollment being the effective one. ✗

3. He may change or drop MA plans, but may not drop drug coverage. ✗

4. If he has a disability, he may enroll in Original Fee-for-Service Medicare during the MA Initial Coverage Election Period.
Mrs. Kilbourne is six months away from turning 65. She wants to know what she will have to do to enroll in a Medicare Advantage (MA) plan as soon as possible. What could you tell her?

Choose one answer.

1. She must have previously been enrolled in Original Fee-for-Service Medicare for at least one year before she may enroll in an MA plan.

2. She may enroll in an MA plan beginning three months immediately before her first entitlement to both Medicare Part A and Part B.

3. MA plans are only available to those who have been enrolled in a Medigap plan for at least six months. Therefore, before enrolling in an MA plan, she must first use a Medigap plan to supplement her Original Medicare coverage.

4. She must first enroll in a Medicare Part D plan, before enrolling in a Medicare Advantage plan.

Source: Enrollment Periods MA Initial Coverage Election Period (ICEP); Enrollment Periods Part D Initial Enrollment Period (IEP)

Mr. Zigmund is turning 65 next month and has asked you what he can do, and when he must do it, with respect to enrolling in Part D. What could you tell him?

Choose one answer.

1. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may make one Part D enrollment choice, including enrollment in a stand-alone Part D plan or an MA-PD plan.

2. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may only enroll in an MA-PD plan.
3. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may only add stand-alone Medicare prescription drug coverage. ✖

4. He is currently in the Part D Initial Enrollment Period (IEP) and, during this time, he may enroll in a Medigap plan that includes creditable coverage for prescription drugs. ✖

Source: Enrollment Periods Part D Initial Enrollment Period (IEP)

Question 4

Ms. Claggett, who has been covered under Original Medicare for the last six years due to her disability, has never been enrolled in a Medicare Advantage or a Part D plan before. She wants to enroll in a Part D plan. She knows that there is such a thing as the "Part D Initial Enrollment Period" and has concluded that, since she has never enrolled in such a plan before, she should be eligible to enroll under this period. What should you tell her about how the Part D Initial Enrollment Period applies to her situation?

Choose one answer.

1. The Part D Initial Enrollment Period occurs only when a beneficiary turns 65, so it cannot be used as the justification for allowing her to enroll at this point. ✖

2. It occurs from October 15 to December 7 of each year, so she will have to wait until that point to utilize that particular enrollment period. ✖

3. It occurs from January 1 to February 14 of each year, so she will have to wait until that point to utilize that particular enrollment period. ✖

4. It occurs three months before and three months after the month when a beneficiary meets the eligibility requirements for Part B, so she will not be able to use it as a justification for enrolling in a Part D plan now. ✔

Source: Enrollment Periods Part D Initial Enrollment Period (IEP)

1

Mr. Fiore enrolled in an MA-only plan in mid November. On December 1, he calls you up and says that he has changed his mind and would like to enroll into an MA-PD plan. What enrollment rules would apply in this case?
Choose one answer.

1. He can only make a single enrollment change during the Annual Election Period, so he will not be able to change his enrollment. ❌

2. He can make as many enrollment changes as he likes during the Annual Election Period and the last choice made prior to the end of the period will be the effective one as of January 1. ✅

3. He can return to Original Medicare, but must then enroll into a Medicare Part D plan. ❌

4. He should wait for at least six months into the plan year to be sure that he really wants to make the change. If he still wants to do so, he can make any sort of change he likes at that point. ❌

Source: Enrollment Periods Annual Election Period

Question 2

Mrs. Townsend would like her daughter, who lives in another state, to meet with you during the Annual Election Period to help her complete her enrollment in a Part D plan. She asked you when she should have her daughter plan to visit. What could you tell her?

Choose one answer.

1. Her daughter should come sometime between January 1 and February 14. ❌

2. Her daughter should come during the three month period that begins on the first day of her birthday month and runs for three full months. ❌

3. Her daughter should come in November. ✅

4. Her daughter should come by September 1. ❌

Source: Enrollment Periods Annual Election Period

Question 3
Mr. Anderson, who is currently covered under Medicare fee-for-service, has filled out and brought to you an enrollment form on October 10 for a new plan available January 1 next year. What should you do?

Choose one answer.

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<tr>
<td>1. Accept the form and immediately send it in to the plan for processing.</td>
<td>✗</td>
</tr>
<tr>
<td>2. Accept the form and wait until the Annual Election Period begins to send it to the plan for processing.</td>
<td>✗</td>
</tr>
<tr>
<td>3. Tell Mr. Anderson that you cannot accept any enrollment forms until the annual election period begins.</td>
<td>✓</td>
</tr>
<tr>
<td>4. Tell Mr. Anderson that you can only accept the form if he gives his written permission for you to accept it prior to the beginning of the annual election period.</td>
<td>✗</td>
</tr>
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</table>

Source: Enrollment Periods Annual Election Period

A client wants to give you an enrollment application prior to the beginning of the Annual Election Period because he is leaving on vacation for two weeks and does not want to forget about turning it in. What should you tell him?

Choose one answer.

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<tr>
<td>1. You must accept the application, but hold it until the annual election period begins, after which you must send it to the plan for processing.</td>
<td>✗</td>
</tr>
<tr>
<td>2. You must send it to the plan for immediate processing, although the enrollment will not become effective until January 1.</td>
<td>✗</td>
</tr>
<tr>
<td>3. You must tell him you are not permitted to take the form and if he sends it to the plan, the application will be rejected and he will need to fill out another form and submit it after the Annual Election Period begins.</td>
<td>✗</td>
</tr>
<tr>
<td>4. You must tell him you are not permitted to take the form. If he sends the form directly to the plan, the plan will process the enrollment on the day the Annual Election Period begins.</td>
<td>✓</td>
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</table>

Source: Enrollment Periods Annual Election Period

Question5
Mrs. Goldstein enrolled in an MA-PD plan during the Annual Election Period. In mid-January of the following year, she wants to switch back to Original Medicare and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

1. During the MA Disenrollment Period, from January 1 – February 14, she may only add or drop Part D coverage, so she cannot switch back to Original Medicare. ✗

2. During the MA Disenrollment Period, from January 1 – February 14, she may only disenroll from a MA or MA-PD plan, but cannot enroll in a stand-alone Part D plan. ✗

3. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from the MA-PD plan into Original Medicare and also may add a stand-alone prescription drug plan. ✓

4. During the MA Disenrollment Period, from January 1 – February 14, she may drop a MA or MA-PD plan and go back to Original Medicare, but she may only enroll in a stand-alone prescription drug plan if she also purchases a Medigap policy. ✗

Source: Enrollment Periods MA Disenrollment Period (MADP)

Question 6

Ms. Gardner is currently enrolled in an MA-PD plan. However, she wants to disenroll from the MA-PD plan and instead enroll in a Part D only plan and go back to Original Medicare. According to Medicare's enrollment guidelines, when could she do this?

Choose one answer.

1. She may do it only during the MA Disenrollment Period, which runs from January 1 to February 14 of each year. ✗

2. She may only make such a change during her “initial coverage election period,” which occurred when the she first became entitled to Medicare. ✗

3. She may make such a change during the Annual Election Period that runs from Oct. 15 to December 7, or during the MA Disenrollment Period that runs from January 1 to February 14 of each year. ✓

4. Any time that she is dissatisfied with the plan’s network coverage or customer service she may make such a change. ✗
Mrs. Stovall is moving and a friend told her she might qualify for a “Special Election Period” to enroll in a new Medicare Advantage plan. She contacted you to ask what a Special Election Period is. What could you tell her?

Choose one answer.

1. It is a single time period from January 1 – February 14, created by statute, when any Medicare beneficiary who has moved out of the area of their Medicare Advantage or Part D plan can add, drop, or change their Medicare prescription drug coverage.

2. It is a time period when only Medicare beneficiaries who have moved out of the area and are dually eligible for Medicaid may add, drop, or change their prescription drug coverage.

3. It is a time period, outside of the Annual Election Period, when a Medicare beneficiary can select a new or different Medicare Advantage and/or Part D prescription drug plan. Typically the Special Election Period is beneficiary specific and results from events, such as when the beneficiary moves outside of the service area.

4. It is a time period when beneficiaries who are newly eligible for Medicare may make their first choice of a Medicare prescription drug plan.

Mr. Grace was told he qualifies for a Special Election Period (SEP), but he lost the paper that explains what he could do during the SEP. What can you tell him?

Choose one answer.

1. He may only use the SEP to disenroll from his MA plan and return to Original Medicare.

2. If the SEP is for Part D coverage, he may only drop, but not add or change, his Part D coverage one time before the SEP expires.

3. If the SEP is for MA coverage, he will have one opportunity to change his MA coverage.
4. If the SEP is for MA coverage, he may make as many changes to his MSA enrollment as he wants and the last choice made before the end of the SEP period will be the effective one.

Source: Enrollment Periods Special Enrollment Periods (SEP)

1

Mrs. Gunner thought she was enrolling in a stand-alone PDP, but when she received her plan materials, she found out she was enrolled in a Private Fee-for-Service (PFFS) plan with drug coverage. She called her marketing representative for help. What should the marketing representative tell her?

Choose one answer.

1. She cannot change plans until the next Annual Election Period.

2. She should not tell anyone about her concern with her enrollment in a PFFS plan, because the marketing representative could lose his/her commission.

3. She can drop the health coverage and just keep the PFFS plan's drug coverage and then change next year during the Annual Election Period.

4. If she believes she received misleading information, she must contact 1-800-MEDICARE and, if she qualifies for a Special Enrollment Period, she can select a new option, which could include a different MA plan, a PDP, or Original Medicare.

Source: SEP - Exceptional Conditions MA Marketing Misrepresentation

Question 2

Ms. Lowman is enrolled in an MA-PD plan, but will be moving out of the plan's service area next month. She is worried that she will not be able to enroll in another plan available in her new residence until the Annual Election Period. What should you tell her?

Choose one answer.

1. She is eligible for a Special Election Period that begins either the month before her permanent move, if the plan is notified in advance, or the month she provides notice of the move, and this period typically lasts an additional two months.
2. She will have to wait until the next Annual Election Period to be able to enroll in a plan available in her new location. ✗

3. She will be able to enroll in a new plan, because she qualifies for a Special Election Period that begins 30 days after a plan's written communications are returned by the United States Post Office with notification that the resident has moved. So, she should be sure to notify the Post Office immediately. ✗

4. She may continue to keep her existing plan, because all Medicare health plans are required to provide coverage to anyone, no matter where they live. ✗

Source: Enrollment Periods Special Enrollment Periods (SEP); Typical SEPs Change of Residence

Question 3

Mr. Yoo's employer has recently dropped comprehensive creditable prescription drug coverage that was offered to company retirees. The company told Mr. Yoo that, because he was affected by this change, he would qualify for a Special Election Period. Mr. Yoo contacted you to find out more about what this means. What can you tell him?

Choose one answer.

1. It means that he will be able to purchase continued drug coverage from the insurer that had provided it to the company retirees, but that he will not have to pay the entire premium himself. ✗

2. It means that he will have a one time opportunity to enroll into a Medigap policy with drug coverage. ✗

3. It means that he will be able to enroll into a state-funded pharmacy assistance program for retirees that will cover 80 percent of his drug costs. ✗

4. It means that he qualifies for a one-time opportunity to enroll into an MA-PD or Part D prescription drug plan. ✓

Source: Typical SEPs - Involuntary Loss of Creditable Drug Coverage

Question 4

Mrs. Steeley has Original Medicare Parts A and B and has just qualified for her state's Medicaid program, so the state is now paying her Part B premium. Will gaining eligibility for this program affect her ability to enroll in a Medicare Advantage or Medicare Prescription Drug plan?
Choose one answer.

1. No. Mrs. Steeley must wait until the Annual Election Period to make any changes in her enrollment in an MA or Part D plan. ✗

2. Yes. Qualifying for this state program gives Mrs. Steeley access to a Special Election Period that allows her to make changes to her MA and/or Part D enrollment at any time. ✓

3. Yes. Individuals who enroll into any portion of their state Medicaid program cannot participate in either MA or Part D. ✗

4. Yes. Mrs. Steeley has a Special Enrollment Period during which she can make a single change to her MA enrollment only. ✗

Source: Typical SEPs - Exceptional Conditions Gaining or Losing Medicaid Eligibility

Question 5

If Mr. Johnson gains the Part D low-income subsidy, how does that affect his ability to enroll or disenroll in a Part D plan?

Choose one answer.

1. He can apply the subsidy amount to his existing plan immediately, but he cannot enroll in a different plan. ✗

2. The subsidy will become effective next year when he can enroll in a different plan or disenroll from his current plan during the next Annual Election Period. ✗

3. He can enroll in or disenroll from a Part D plan at any time and the subsidy will apply to the plan he chooses. ✓

4. He can only enroll into or disenroll from an MA-PD plan. ✗

Source: Typical SEPs - Exceptional Conditions Losing Eligibility for Part D LIS

Question 6
Mr. Creighton, who is enrolled in a stand-alone Part D plan, receives the Part D low-income subsidy and just received a letter from the Social Security Administration informing him that he will no longer qualify for the subsidy. He is wondering if he can switch to a lower cost Part D plan. What should you tell him?

Choose one answer.

<table>
<thead>
<tr>
<th>Choice</th>
<th>Description</th>
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<tbody>
<tr>
<td>✅️</td>
<td>1. He qualifies for a Special Election Period which begins the month he was notified of his loss and continues for two more months. This SEP allows him one opportunity to enroll into another PDP or an MA-PD.</td>
</tr>
<tr>
<td>✗️</td>
<td>2. He must wait until the next Annual Election Period to select a different Part D plan.</td>
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<tr>
<td>✗️</td>
<td>3. The Medicare agency will automatically enroll him into another Part D plan.</td>
</tr>
<tr>
<td>✗️</td>
<td>4. He will need to begin obtaining his drug coverage through his state’s Medicaid program.</td>
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</tbody>
</table>

Source: Typical SEPs - Exceptional Conditions Losing Eligibility for Part D LIS

Question 7

Mr. Cotter is enrolled in his employer's group health plan and will be retiring soon. He would like to know his options since he has decided to drop his retiree coverage and is eligible for Medicare. What should you tell him?

Choose one answer.

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<tr>
<th>Choice</th>
<th>Description</th>
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<tbody>
<tr>
<td>✅️</td>
<td>1. Mr. Cotter can disenroll from his employer-sponsored coverage to elect a Medicare Advantage or Part D plan within 2 months of his disenrollment, but he should reevaluate if he really wants to drop his employer coverage.</td>
</tr>
<tr>
<td>✗️</td>
<td>2. Mr. Cotter can disenroll from his employer-sponsored coverage to elect a Medicare Advantage or Part D plan, but must wait until the next Annual Election Period.</td>
</tr>
<tr>
<td>✗️</td>
<td>3. Mr. Cotter must convert his current coverage to employer-sponsored retiree coverage and wait one year before enrolling in an MA or Part D plan. He must ensure he has no gap in coverage.</td>
</tr>
<tr>
<td>✗️</td>
<td>4. Mr. Cotter can disenroll from the employer-sponsored plan and his only option is to choose a Medigap plan.</td>
</tr>
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</table>

Source: Typical SEPs - Exceptional Conditions Employer/Union Group Coverage
You are completing a PFFS plan sale to Mr. Schmidt who is new to Medicare, and as you are finishing up, what should you tell him about next steps in the enrollment process?

Choose one answer.

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<tbody>
<tr>
<td>1. You need to get Mr. Schmidt's phone number and include it on the enrollment form because the plan must call him after you leave to ensure that he understood the nature of the PFFS plan he selected and to verify his intent to enroll.</td>
<td>✅</td>
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<tr>
<td>2. You need to ask Mr. Schmidt a few final questions to ensure he understands the nature of the plan and really wants to enroll. You also should tell Mr. Schmidt that after you leave, he should not answer any questions about his enrollment in the plan because it could result in a disenrollment.</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>3. You need to get Mr. Schmidt's phone number and include it on the enrollment form because the PFFS plan will contact him once the organization receives the enrollment form and will ask about the quality of your service. You should not discuss the phone call with Mr. Schmidt to avoid influencing his answers.</td>
<td>✗</td>
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<tr>
<td>4. You should not include Mr. Schmidt's phone number on the enrollment form in case he is on the “Do Not Call” registry.</td>
<td>✗</td>
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</tbody>
</table>

Source: Post-Enrollment: Outbound Verification Calls

Question 2

Mrs. Johnson calls to tell you she has not received her new plan ID card yet, but she needs to see a doctor. What can she expect to receive from the plan after the plan has received her enrollment form?

Choose one answer.

<p>| | | |</p>
<table>
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<td>1. A $20 gift certificate thanking her for enrolling.</td>
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<td>2. She will not receive anything from the plan until her ID card arrives, so she should not expect the plan to cover her medical needs until then.</td>
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<td>3. Evidence of plan membership, information on how to obtain services, and the effective date of coverage.</td>
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<tr>
<td>4. A solicitation for friends who might be interested in enrolling in the plan, with a postcard for her to list their names, addresses, and phone numbers.</td>
<td>✗</td>
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Question 3

After a sales presentation, Mr. Buffet announces that he is ready to enroll in the plan you represent. He would like to know if he can have his plan premiums deducted from his Social Security check. What should you tell him?

Choose one answer.

1. Since the plan you represent prefers that he pay premiums directly to the plan, he may not have his premium deducted from his Social Security check. 🔴

2. He must pay six months of the premium directly to the plan prior to receiving coverage, and thereafter he must pay every six months. 🔴

3. He may have the plan premium withheld from his Social Security check only if the amount of the premium is no greater than 25 percent of his total check. ❌

4. He may choose withholding from his Social Security check when he completes the enrollment form. ✅

Source: Post-Enrollment: Materials for the Beneficiary

Question 4

Mrs. Austin just signed up for a Medicare Advantage plan on the second of the month. She is leaving for vacation in two weeks and wants to know if her new coverage will start before she leaves. What should you tell her?

Choose one answer.

1. Coverage always begins on the first of July, or the first of January after a beneficiary enrolls, whichever comes first. 🔴

2. Typically her coverage would begin on the first day of the next month, so she should not expect her coverage to begin before she leaves. ✅

3. Typically, coverage is effective on the date that the beneficiary completes the application form, so her coverage will be in place before she leaves. ❌

Source: Post-Enrollment: Premium Payment
4. Typically her coverage would begin 30 days after she submits the application form, so she should not expect the coverage to begin until after she leaves. ✗

Source: Post-Enrollment: When does coverage begin?

1

Mr. Pintok is interested in joining a MA-PD plan and wants advice on which type would allow him to select or change his personal primary care physician. What can you tell him?

Choose one answer.

Choose one answer.

1. Any MA plan he joins will assign him to a primary care physician and he can request a change if he has a valid reason that the plan will approve. ✗

2. Any MA plan he joins will allow him to select his primary care physician. ✓

3. Only MSA plans will allow him to select his primary care physician. ✗

4. Only MA PFFS plans will allow him to select his primary care physician. ✗

Source: Enrollee Protections

Question 2

Mrs. Burton is in an MA-PD plan and was disappointed in the service she received from her primary care physician because she was told she would have to wait five weeks to get an appointment when she was feeling ill. She called you to ask what she could do so she wouldn't continue to have to put up with such poor access to care. What could you tell her?

Choose one answer.

1. She could file a grievance with her plan to complain about the lack of timeliness in getting an appointment. ✓

2. She should call the doctor's office to complain since the plan cannot do anything about the doctor's schedule. ✗
3. She should not expect to get in to see her doctor any more quickly since she is a Medicare patient. ✗

4. She must write to the plan and wait for a response and then she could file a grievance if she is still dissatisfied. ✗

Source: Enrollee Protections: Complaints, Grievances, Coverage Decisions, Appeals; Enrollee Protections: Grievances

Question 3

Mr. Bublitz had surgery recently and expected that he would have certain services and items covered by the plan with minimal out-of-pocket costs because his MA-PD coverage has been very good. However, when he received the bill, he was surprised to see large charges in excess of his maximum out-of-pocket limit that included a number of services and items he thought would be fully covered. He called you to ask what he could do? What could you tell him?

Choose one answer.

1. You could reassure him that such charges are typical, but if he needs assistance in paying, he should apply to the state. ✗

2. You could remind him that he cannot do anything until the next Annual Election Period when he will have an opportunity to change plans. ✗

3. You could suggest he call the doctor who performed the surgery to complain about the costs and ask for a discount on the charges. ✗

4. You can offer to review the plans appeal process to help him ask the plan to review the coverage decision. ✓

Source: Enrollee Protections: Complaints, Grievances, Coverage Decisions, Appeals; Enrollee Protections: Appeals of Coverage Decisions

1

Ms. O'Donnell learned about a new MA-PD plan that her neighbor suggested and that you represent. She plans to switch from her old MA HMO plan to the new MA-PD plan during the Annual Election Period. However, she wants to make sure she does not end up paying premiums for two plans. What can you tell her?
Choose one answer.

1. She will need to complete a disenrollment form the month before she wants to submit her application for the new plan to ensure she does not end up with two plans. ✗

2. It is illegal for a marketing representative to sell her an MA-PD plan before she completes a voluntary disenrollment form and you can offer to help her do so before you assist with the new enrollment, but these must be during two separate appointments. ✗

3. She only needs to enroll in the new MA-PD plan and she will automatically be disenrolled from her old MA plan. ✓

4. She must wait until the MA Disenrollment Period and then she will be able to disenroll from the MA-HMO and select the MA-PD plan. ✗

Source: Disenrollment from MA or Part D Plans

Question 2

Mr. Fera is selling his home to move into a retirement facility near his daughter in a neighboring state. He has a stand-alone prescription drug plan, and has learned it is not available where he is moving. He doesn't know what he should do. What can you tell him?

Choose one answer.

1. Since he is moving before the Annual Election Period, he will need to continue using the prescription drug plan, but should get his prescriptions filled through the plan’s mail order service. ✗

2. Since he is moving before the Annual Election Period, he should request an exception to continue using the plan for several more months until the AEP when he can enroll in a new plan. ✗

3. Because he is moving outside of the service area, the plan must automatically disenroll him. He will have a special election period to select a new plan. ✓

4. He can keep his plan indefinitely because prescription drug plan’s must be available to all beneficiary’s regardless of where they live. ✗

Source: Involuntary Disenrollment from MA or Part D Plans

Question 3
Mr. Robinson was quite ill recently and forgot to pay his monthly premium for his MA-PD plan. He is worried that he will lose his coverage now when he needs it the most. He is certain his plan will disenroll him because that is what happened to a friend of his in a similar type of plan. What can you tell Mr. Robinson about his situation?

Choose one answer.

1. Plan sponsors must disenroll members who do not pay their premiums, but he will have a special enrollment period to sign up for a different MA-PD plan. ✗

2. Plan sponsors must disenroll members who do not pay their premiums, but they have the discretion to make exceptions for certain members, so he should ask for an exception for this special circumstance. ✗

3. Plan sponsors have the option to disenroll members, but if they choose to do so, they must act immediately and cannot permit a grace period. ✗

4. Plan sponsors have the option to disenroll members who do not pay their premiums, but they must first provide each member with a grace period of not less than 2 months. ✓

Source: Involuntary Disenrollment from MA or Part D Plans – At Plan Option

Question 4

Mrs. Murphy has been very ill and has been in the hospital multiple times this year. She is concerned that her expenses have reached the maximum out-of-pocket costs and now her special needs plan (SNP) will disenroll her. What can you tell her?

Choose one answer.

1. There is no limit on the expenses a plan can incur on behalf of any one beneficiary and a plan sponsor may not end a member’s enrollment just because of high costs, so she should not be concerned. ✓

2. She is correct that when she reaches the maximum out-of-pocket cost threshold, she will be automatically disenrolled. However, since she will have a special election period to select another plan, she should not worry. ✗

3. There is no limit on the expenses any one beneficiary can incur, but a SNP can end a member’s enrollment at any time for any reason, so she should check with her plan to see if she will need to select a new plan. ✗

4. Qualification for her SNP membership was based on her good health, so she will be disenrolled, but will have a special election period to select a new plan. ✗
Mrs. Goldstein enrolled in an MA-PD plan during the Annual Election Period. In mid-January of the following year, she wants to switch back to Original Medicare and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

1. During the MA Disenrollment Period, from January 1 – February 14, she may only add or drop Part D coverage, so she cannot switch back to Original Medicare. ✗

2. During the MA Disenrollment Period, from January 1 – February 14, she may only disenroll from a MA or MA-PD plan, but cannot enroll in a stand-alone Part D plan. ✗

3. During the MA Disenrollment Period, from January 1 – February 14, she may disenroll from the MA-PD plan into Original Medicare and also may add a stand-alone prescription drug plan. ✓

4. During the MA Disenrollment Period, from January 1 – February 14, she may drop a MA or MA-PD plan and go back to Original Medicare, but she may only enroll in a stand-alone prescription drug plan if she also purchases a Medigap policy. ✗

Mrs. Johnson calls to tell you she has not received her new plan ID card yet, but she needs to see a doctor. What can she expect to receive from the plan after the plan has received her enrollment form?

Choose one answer.

1. A $20 gift certificate thanking her for enrolling. ✗

2. She will not receive anything from the plan until her ID card arrives, so she should not expect the plan to cover her medical needs until then. ✗

3. Evidence of plan membership, information on how to obtain services, and the effective date of coverage. ✓
4. A solicitation for friends who might be interested in enrolling in the plan, with a postcard for her to list their names, addresses, and phone numbers.

Source: Post-Enrollment: Materials for the Beneficiary

Question 3

Mr. Grant has just entered his MA Initial Coverage Election Period (ICEP). What action could you help him take during this time?

Choose one answer.

1. He will have one opportunity to enroll in a Medicare Advantage plan. ✓

2. He will have a three month period during which he may enroll in as many Medicare Advantage plans as he chooses, with the last enrollment being the effective one. ✗

3. He may change or drop MA plans, but may not drop drug coverage. ✗

4. If he has a disability, he may enroll in Original Fee-for-Service Medicare during the MA Initial Coverage Election Period. ✗

Source: Enrollment Periods Brief Summary; Enrollment Periods MA Initial Coverage Election Period (ICEP)

Question 4

Mrs. Murphy has been very ill and has been in the hospital multiple times this year. She is concerned that her expenses have reached the maximum out-of-pocket costs and now her special needs plan (SNP) will disenroll her. What can you tell her?

Choose one answer.

1. There is no limit on the expenses a plan can incur on behalf of any one beneficiary and a plan sponsor may not end a member's enrollment just because of high costs, so she should not be concerned. ✓

2. She is correct that when she reaches the maximum out-of-pocket cost threshold, she will be automatically disenrolled. However, since she will have a special election period to select another plan, she should not worry. ✗
There is no limit on the expenses any one beneficiary can incur, but a SNP can end a member’s enrollment at any time for any reason, so she should check with her plan to see if she will need to select a new plan.

Qualification for her SNP membership was based on her good health, so she will be disenrolled, but will have a special election period to select a new plan.

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**Source:** Involuntary Disenrollment from MA or Part D Plans – At Plan Option

**Question 5**

Mr. Fiore enrolled in an MA-only plan in mid November. On December 1, he calls you up and says that he has changed his mind and would like to enroll into an MA-PD plan. What enrollment rules would apply in this case?

Choose one answer.

1. He can only make a single enrollment change during the Annual Election Period, so he will not be able to change his enrollment.
2. He can make as many enrollment changes as he likes during the Annual Election Period and the last choice made prior to the end of the period will be the effective one as of January 1.
3. He can return to Original Medicare, but must then enroll into a Medicare Part D plan.
4. He should wait for at least six months into the plan year to be sure that he really wants to make the change. If he still wants to do so, he can make any sort of change he likes at that point.

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**Source:** Enrollment Periods Annual Election Period

**Question 6**

Mrs. Weiss is entitled to Part A and has medical coverage without drug coverage through an employer retiree plan. She is not enrolled in Part B. Since the employer plan does not cover prescription drugs, she wants to enroll in a Medicare prescription drug plan. Will she be able to?

Choose one answer.
1. No. Mrs. Weiss will have to enroll in Part B in order to qualify for enrollment into the Medicare prescription drug program. ✗

2. Yes, but Mrs. Weiss must drop the employer coverage prior to enrolling in a Medicare prescription drug plan. ✗

3. No. As long as her employer offers coverage that is equivalent to that available through Medicare, Mrs. Weiss cannot enroll in a Medicare prescription drug plan. ✗

4. Yes. Mrs. Weiss must be entitled to Part A or enrolled in Part B to be eligible for coverage under the Medicare prescription drug program. ✓

Source: Who is Eligible to Enroll in MA or Part D Plans?

Question 7

Mr. Klasen wants to know whether he is eligible to sign up for a Private fee-for-service (PFFS) plan. What questions would you need to ask to determine his eligibility?

Choose one answer.

1. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B, if he is healthy, and how often he expects to visit a doctor. ✗

2. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if he needs drug coverage. ✗

3. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if his doctor will accept the terms and conditions of payment of the PFFS plan. ✗

4. You would need to ask Mr. Klasen if he is enrolled in Part A and Part B and if he lives in the PFFS plan’s service area. ✓

Source: Beneficiary Acknowledgements when Enrolling; Enrollment Discrimination Prohibitions

Question 8

Mrs. Roberts has Original Medicare and would like to enroll in a Private Fee-for-Service (PFFS) plan. All types of PFFS plans are available in her area. Which options could Mrs. Roberts consider before selecting a PFFS plan?
Choose one answer.

1. A Medicare Advantage Prescription Drug (MA-PD) PFFS plan that combines medical benefits and Part D prescription drug coverage, a PFFS plan offering only medical benefits, or a PFFS plan in combination with a stand-alone prescription drug plan. ✓

2. A PFFS plan offering only medical benefits or a PFFS Medigap Supplemental Insurance plan. ✗

3. A stand-alone prescription drug plan in combination with a PFFS plan or a PFFS Medigap Supplemental Insurance plan. ✗

4. A Medicare Advantage Prescription Drug (MA-PD) PFFS plan that combines medical benefits and Part D prescription drug coverage, a PFFS plan offering only medical benefits, or PFFS Medigap Supplemental Insurance plan. ✗

Source: Enrollment Rules

Question 9

Mr. Bublitz had surgery recently and expected that he would have certain services and items covered by the plan with minimal out-of-pocket costs because his MA-PD coverage has been very good. However, when he received the bill, he was surprised to see large charges in excess of his maximum out-of-pocket limit that included a number of services and items he thought would be fully covered. He called you to ask what he could do? What could you tell him?

Choose one answer.

1. You could reassure him that such charges are typical, but if he needs assistance in paying, he should apply to the state. ✗

2. You could remind him that he cannot do anything until the next Annual Election Period when he will have an opportunity to change plans. ✗

3. You could suggest he call the doctor who performed the surgery to complain about the costs and ask for a discount on the charges. ✗

4. You can offer to review the plans appeal process to help him ask the plan to review the coverage decision. ✓

Source: Enrollee Protections: Complaints, Grievances, Coverage Decisions, Appeals; Enrollee Protections: Appeals of Coverage Decisions
Mr. Yoo's employer has recently dropped comprehensive creditable prescription drug coverage that was offered to company retirees. The company told Mr. Yoo that, because he was affected by this change, he would qualify for a Special Election Period. Mr. Yoo contacted you to find out more about what this means. What can you tell him?

Choose one answer.

1. It means that he will be able to purchase continued drug coverage from the insurer that had provided it to the company retirees, but that he will not have to pay the entire premium himself. ❌

2. It means that he will have a one time opportunity to enroll into a Medigap policy with drug coverage. ❌

3. It means that he will be able to enroll into a state-funded pharmacy assistance program for retirees that will cover 80 percent of his drug costs. ❌

4. It means that he qualifies for a one-time opportunity to enroll into an MA-PD or Part D prescription drug plan. ✓

Source: Typical SEPs - Involuntary Loss of Creditable Drug Coverage