AHIP STUDY GUIDE 2018 – FOR STUDY PURPOSES ONLY

KEY WORD SEARCH – HOLD DOWN KEYS "CTRL + F"

1

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 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 if she wants further coverage. ✗
○	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 in Medicare. ✗

Source: Medicare Program Basics

Question**2**

Mr. Schmidt 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 D, which covers prescription drug services, is covered under Original Medicare. ✗
◉	b. Part A, which covers long term custodial care 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 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. ✓

Source: Different Ways to Get Medicare

Question**3**

Mr. Hernandez is concerned that if he signs up for a Medicare Advantage 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 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. ✗
○	b. 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. ✗
○	c. Medicare health plans must cover all benefits available under Medicare Part A and Part B. Many also cover Part D prescription drugs. ✓
○	d. 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. ✗

Source: Different Ways to Get Medicare, continued

Question**4**

Mrs. Raskin is a widow who will attain aged 65 and enroll in Medicare in just a few weeks. She concerned about having prescription drug coverage. Which of the following statements provides the best advice?

Choose one answer.

○	a. Prescription drug coverage can be obtained by purchasing a Medicare Supplement (Medigap) Plan F policy. ✗
◉	b. Comprehensive prescription drug coverage is now included under Part B of Medicare. ✗

	c. Prescription drug coverage can be obtained by enrolling in a Medicare Advantage plan that includes Part D coverage. ✓
	d. Comprehensive prescription drug coverage is offered by all Medicare Advantage Plans (Part C). ✗

Source: Overview of Different Ways to Get Medicare

Question**5**

Mrs. Willard 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 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. ✓
	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 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. ✗

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

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

Source: Medigap (Medicare Supplement Insurance)

1

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 are covered under Part A must pay a monthly premium for that coverage. ✗
○	d. Most individuals who are citizens and over age 65 and wish to be covered under Part A must enroll in a Medicare Health Plan. ✗

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. He became eligible for Medicare when his disability eligibility determination was first made. ✗
◉	b. After receiving such disability payments for 24 months, he will be automatically enrolled in Medicare, regardless of age. ✓

	c. Individuals who become eligible for such disability payments only have to wait 12 months before they can apply for coverage under Medicare. ✗
	d. 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. ✗

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. 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. ✓
●	b. No, he cannot purchase a Medicare Advantage or Part D policy until he is 65 years of age. ✗
	c. Yes, he can purchase such a policy, as long as it is through his employer's retiree group plan. ✗
	d. Yes, he can purchase such a policy because he is receiving disability payments from his employer. ✗

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. Medicare beneficiaries only pay a Part B premium if they are enrolled in a Medicare Health Plan. ✗
○	d. In order to obtain Part B coverage, she must pay a standard monthly premium, though it is higher for individuals with higher incomes. ✓

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. Mr. Diaz will pay a penalty, which will be a flat amount each year, paid during the first month of coverage. ✗
○	c. Mr. Diaz will not pay any penalty because he had continuous coverage under his employer's plan. ✓
◉	d. 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. ✗

Source: Medicare Premium for Part B, continued

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 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. ✗

○	c. She may only enroll in Part B during the general enrollment period whether she is retired or not. ✗
◉	d. She must wait at least 30 days after her employment terminates before she may enroll in Medicare Part B. ✗

Source: Medicare Premium for Part B, continued

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.

◉	a. 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. ✗
○	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. ✗
○	c. In order to join a Medicare health plan, she must be enrolled in Parts A, B and D. ✗
○	d. In order to join a Medicare health plan, she also must enroll in Part B. ✓

Source: Medicare Eligibility –Part C/D.

1

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

Choose one answer.

○	a. She should not sign up for a Medigap or Medicare Advantage plan. ✗
◉	b. 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. ✓
○	c. She can apply to the Medicare agency for lower premiums and cost-sharing. ✗
○	d. She should only seek help from private organizations to cover her Medicare costs. ✗

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.

- a. He might qualify for Medicaid, which will cover all IRS-approved health services. ✗
- b. 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. ✓
- c. 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 ✗
- d. 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 Office;

Help for Individuals with Limited Income/Resources, Continued

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.

- a. 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. ✗
- b. 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. ✗
- c. 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 ✓
	d. 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. ✗

Source: Medicare Part A Benefits.

Question**2**

Mrs. Shields 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. Medicare will cover an unlimited number of days in a skilled-nursing facility, as long as a physician certifies that such care is needed. ✗
	b. 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. ✓
	c. Mrs. Schmidt will have to apply for Medicaid to have her skilled nursing services covered because Medicare does not provide such a benefit. ✗
	d. Once she has expended her liquid assets, Medicare will cover 80% of Mrs. Schmidt's long-term care costs. ✗

Source: Medicare Part A Benefits, Continued

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.

	a. Medicare inpatient psychiatric coverage is limited to the same number of days covered for typical inpatient stays. ✗

○	b. Inpatient psychiatric services are not covered under Original Medicare. ✗
◉	c. Medicare will cover a total of 190 days of inpatient psychiatric care during Mr. Rainey's entire lifetime. ✓
○	d. 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. ✗

Source: Medicare Part A Benefits, Continued

Question**4**

Mrs. Quinn 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. Quinn?

Choose one answer.

○	a. Part B will cover her dental and vision needs. ✗
○	b. 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. ✗
○	c. She should disenroll if she does not want to pay the monthly premiums. There is no disadvantage to doing so. ✗
◉	d. 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. ✓

Source: Medicare Part B Benefits.

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.

○	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 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. ✗
○	d. 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 Services and Screenings

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.

○	a. Original Medicare covers cosmetic surgery. ✗
◉	b. Original Medicare covers ambulance services. ✓
○	c. Original Medicare covers orthopedic shoes. ✗
○	d. Original Medicare covers therapeutic massage. ✗

Source: Other Part B Items and Services (Parts 1 and 2). See also, Part 1

Question**7**

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 covers 50% of the cost of these three services. ✗
◉	b. Medicare does not cover acupuncture, or, in general, glasses or dentures. ✓
○	c. Medicare covers glasses, but not dentures or acupuncture. ✗
○	d. Medicare covers 80% of the cost of these three services. ✗

Source: Not Covered by Medicare Part A&B.

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.

◉	a. 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. ✗
○	b. Mr. Singh must leave Original Medicare to receive drug coverage. ✗
○	c. 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. ✓
○	d. 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. ✗

Source: Original Medicare and Part D Prescription Drug Coverage

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.

○	a. He generally would pay only a per-prescription co-payment. Medicare covers all other costs. ✗
◉	b. He generally would pay a monthly premium, annual deductible, and per-prescription cost sharing. ✓
○	c. He generally would pay only a monthly premium and deductible. Medicare covers all other costs. ✗
○	d. He generally would pay only a monthly premium. Medicare covers all other costs. ✗

Source: Original Medicare and Part D Prescription Drug Coverage, continued

Question**3**

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 physician and non-physician practitioner services and the deductible has not changed this year, but the physician charges may go up. ✗
○	b. Part D covers long-term care services and she shouldn't worry because there has been no change in coverage. ✗
○	c. Part D covers prescription drugs and she should look at her premiums, formulary, and cost sharing among other factors to see if they have changed. ✓
○	d. Part D covers hospital and home health services and the cost sharing has changed this year. ✗

Source: Original Medicare and Part D Prescription Drug Coverage

1

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.

◉	a. Medigap plans are not sold by private companies and are a government insurance product. ✗
○	b. 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. ✗
○	c. All costs not covered by Medicare are covered by some Medigap plans. ✗
○	d. Medigap plans help beneficiaries cover coinsurance, co-payments, and/or deductibles for medically necessary services. ✓

Source: Further Information on Medigap (Medicare Supplement Insurance)

Question**2**

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. Medigap is a replacement for Original Medicare and she has been paying for double coverage. She should simply drop her Medigap policy. ✗
◉	b. 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. ✗
○	c. Mrs. Gonzalez should purchase a K or L Medigap plan. ✗
○	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. ✓

Source: Beneficiaries in Original Medicare with Medigap Drug Coverage

Question**3**

Mr. Kelly has substantial financial means. He enrolled in Original Medicare and purchased a Medigap policy many years ago that offered prescription drug coverage. The prescription drug coverage has not been comparable to that offered by Medicare Part D for several years and despite notification, Mr. Kelly took no action. Which of the following statements best describes what will occur if Mr. Kelly now decides to enroll in Medicare Part D?

Choose one answer.

○	a. He will incur a one-time financial penalty equal to 30 percent of the annual Part D premium. ✗
○	b. He will avoid any financial penalty or late enrollment fee under the grandfathering provisions of Medicare Part D. ✗
◉	c. He will not be able to enroll in Part D unless he decides to also enroll in a Medicare Advantage plan. ✗
○	d. He will incur a late enrollment penalty. ✓

Source: Beneficiaries in Original Medicare with Medigap Drug Coverage; Beneficiaries in Orginal Medciare with Medigap Drug Coverage, continued

Question**4**

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.

○	a. Medigap plans that cover costs not paid for by a MA plan are available only in Massachusetts, Minnesota, and Wisconsin. ✗
○	b. Medigap plans are a form of Medicare Advantage, so purchasing both would be redundant coverage. ✗
◉	c. 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. ✓
○	d. 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." ✗

Source: Medigap is NOT.

Question**5**

What impact, if any, will the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) have upon Medigap plans?

Choose one answer.

○	a. MACRA provides funding to help individuals age 59 and above enroll in Medigap plans. ✗
○	b. The Part B deductible will no longer be covered for individuals newly eligible for Medicare starting January 1, 2020. ✓
○	c. The Part A deductible is no longer covered under Medigap plans for all enrollees staring January 1, 2020. ✗
◉	d. The Part A deductible will no longer be covered for individuals newly eligible for Medicare starting January 1, 2020. ✗

Source: Changes coming to Medigap

1

Mrs. Willard 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 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. ✓
○	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. 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. ✗
○	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**2**

Mr. Hernandez is concerned that if he signs up for a Medicare Advantage 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 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. ✗
○	b. 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. ✗
◉	c. Medicare health plans must cover all benefits available under Medicare Part A and Part B. Many also cover Part D prescription drugs. ✓
○	d. 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. ✗

Source: Different Ways to Get Medicare, continued

Question**3**

Mrs. Raskin is a widow who will attain aged 65 and enroll in Medicare in just a few weeks. She concerned about having prescription drug coverage. Which of the following statements provides the best advice?

Choose one answer.

- a. Comprehensive prescription drug coverage is offered by all Medicare Advantage Plans (Part C). ✗
- b. Prescription drug coverage can be obtained by enrolling in a Medicare Advantage plan that includes Part D coverage. ✓
- c. Prescription drug coverage can be obtained by purchasing a Medicare Supplement (Medigap) Plan F policy. ✗
- d. Comprehensive prescription drug coverage is now included under Part B of Medicare. ✗

Source: Overview of Different Ways to Get Medicare

Question**4**

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. Most individuals who are citizens and over age 65 and wish to be covered under Part A must enroll in a Medicare Health Plan. ✗
- b. All individuals who are citizens and over age 65 will be covered under Part A. ✗
- c. 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. ✓
- 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**5**

Mr. Schmidt 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 D, which covers prescription drug services, is covered under Original Medicare. ✗
○	b. Part C, which always covers dental and vision services, is covered under Original Medicare. ✗
○	c. Part A, which covers long term custodial care services, is covered under Original Medicare. ✗
◉	d. 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. ✓

Source: Different Ways to Get Medicare

Question**6**

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. Medicare beneficiaries only pay a Part B premium if they are enrolled in a Medicare Health Plan. ✗
○	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. 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. ✗

Source: Medicare Premiums for Part B.

Question**7**

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 who become eligible for such disability payments only have to wait 12 months before they can apply for coverage under Medicare. ✗
○	c. He became eligible for Medicare when his disability eligibility determination was first made. ✗
◉	d. 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. ✗

Source: Medicare Entitlement-Part B

Question**8**

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 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. ✗
○	b. 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. ✗
○	c. 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. ✗
○	d. 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. ✓

Source: Medicare Program Basics

Question**9**

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 because he is receiving disability payments from his employer. ✗
◉	b. No, he cannot purchase a Medicare Advantage or Part D policy until he is 65 years of age. ✗
○	c. Yes, he can purchase such a policy, as long as it is through his employer's retiree group plan. ✗
○	d. 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. ✓

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

Question**10**

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 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. ✓
○	c. Medicare Supplemental Insurance would cover his dental, vision and hearing services only. ✗
○	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)

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

Source: Medicare Advantage Plans

Question**2**

Mr. Wells 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 new name for the Original Medicare program. ✗
◉	b. Medicare Advantage is a health insurance program operated jointly by the states with the Federal government. ✗
○	c. 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. ✗
○	d. Medicare Advantage is a way of covering all of the Original Medicare benefits through private health insurance companies. ✓

Source: Medicare Advantage Plans.

Question**3**

During a sales presentation in Ms. Sullivan'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 a type of Medicare Supplement plan and she may enroll in one if it is available in her area. ✗
◉	c. 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. ✗
○	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 Advantage 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 apply to the Medicare Advantage plan, which will include a medical review, prior to being accepted and enrolled. ✗
○	b. Mrs. Radford must be entitled to Part A and enrolled in Part B to enroll in Medicare Advantage. ✓
◉	c. Even if Mrs. Radford has end stage renal disease, she will be able to enroll in any Medicare Advantage plan in her service area. ✗
○	d. Mrs. Radford can enroll in any Medicare Advantage plan that operates within the United States. ✗

Source: Medicare Advantage Eligibility.

Question**5**

Mr. Castillo, a naturalized citizen, previously enrolled in Medicare Part B but has recently stopped paying his Part B premium. He would like to enroll in a Medicare Advantage (MA) plan and is still covered by Part A. What should you tell him?

Choose one answer.

○	a. He can enroll in a Medicare Advantage plan but it will pay only the benefits associated with Medicare Part A. ✗

○	b. He is not eligible to enroll in a Medicare Advantage as a naturalized citizen. ✗
○	c. He is not eligible to enroll in a Medicare Advantage plan until he re-enrolls in Medicare Part B. ✓
◉	d. He can enroll in a Medicare Advantage plan if he has dropped Part B less than 90 days ago. ✗

Source: Medicare Advantage Eligibility.

Question**6**

Mrs. Billings enrolled in the ABC Medicare Advantage (MA) plan several years ago. Her doctor recently confirmed a diagnosis of end-stage renal disease (ESRD). What options does Mrs. Billings have in regard to her MA plan during the next open enrollment season?

Choose one answer.

◉	a. She must immediately drop her ABC MA plan and enroll in Original Medicare. ✗
○	b. She must immediately drop her ABC MA plan and enroll in a Special Needs Plan (SNP) for individuals suffering from ESRD if one is available in her area. ✗
○	c. She must remain enrolled in her ABC MA plan unless the plan terminates. ✗
○	d. She may remain in her ABC MA plan or enroll in a Special Needs Plan (SNP) for individuals suffering from ESRD if one is available in her area. ✓

Source: Medicare Advantage Eligibility, continued and Medicare Advantage Eligibility, continued

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. 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). ✗
○	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. 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. ✗

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. 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. ✗

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 will need a referral to see specialists. ✗

d. Mrs. Ramos should be aware that generally plan providers can decide, on a case-by-case basis, whether they will treat her. ✗

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 are essentially the same as Original Medicare and are not likely to have a noticeable impact on how Mr. Sinclair receives his care. ✗

b. 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. ✗

○	c. Since SNPs don't cover prescription drugs Mr. Sinclair should consider a different option. ✗
◉	d. SNPs have special programs for enrollees with chronic conditions, like Mr. Sinclair, and they provide prescription drug coverage that could be very helpful as well. ✓

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 only serve individuals in long-term care facilities, so he cannot enroll. ✗
○	b. SNPs only serve individuals eligible for both Medicaid and Medicare, so he cannot enroll. ✗
◉	c. 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. ✓
○	d. 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. ✗

Source: MA Plan Types Coordinated Care Plans SNPs.

1

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 services from any physician, regardless of whether or not that physician participates in the plan or Original Medicare. ✗
○	b. If he enrolls in the PFFS plan, he can go to any doctor anywhere as long as the doctor accepts Original Medicare. ✗

	c. 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. ✓
	d. 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. ✗

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

Question**2**

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

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

Question**3**

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.

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

◉	c. 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. ✓
○	d. 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. ✗

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

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. 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. ✗
○	b. Generally, the PFFS plan will pay Dr. Brennan directly the same amount Original Medicare would pay her. ✓
○	c. 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. ✗
○	d. 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. ✗

Source: MA Plan Types Private Fee-for-Service Plans, continued

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. ✗

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. ✗

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**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 plan enrollees must receive all of their covered services from network providers. ✗

d. 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. ✗

Source: Cost Plans.

Question**3**

Which statement best describes PACE plans?

Choose one answer.

○	a. It is an all-inclusive Medicare plan widely available throughout the United States. ✗
○	b. It is an all-inclusive publicly sponsored Medicaid plan for the elderly. ✗
◉	c. It allows enrollees to choose whether to receive Medicare service by going to plan network providers and paying plan cost-sharing, or receiving services from non-network providers and paying cost-sharing due under Original Medicare. ✗
○	d. It includes comprehensive medical and social service delivery systems using an interdisciplinary team approach in an adult day health center, supplemented by in-home and referral services. ✓

Source: PACE Plans.

Question**4**

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. Generally, employers prefer retirees to enroll in a stand-alone PDP, so he should consider that instead of the MA-PD. ✗
◉	b. Beneficiaries should check with their employer or union group benefits administrator before changing plans to avoid losing coverage they want to keep. ✓
○	c. 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. ✗
○	d. 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. ✗

Source: Employer/ Union Plans.

1

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. 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. ✗
○	b. Medicaid will coordinate benefits only with Medicaid participating providers. ✓
○	c. 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. ✗
○	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 may provide additional benefits, but Medicaid will coordinate benefits only with Medicaid participating providers. ✓
○	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 beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state's Medicaid program. ✗

Source: MA Plans and Dual Eligible Beneficiaries.

Question**3**

Mr. Rivera has QMB-Plus eligibility and is thus covered by both Medicare and Medicaid. He decides to enroll in a Medicare Advantage (MA) plan. Later in the year, Mr. Rivera needs dentures, a service only covered under Medicaid. What action would you recommend he take in order to have this cost covered?

Choose one answer.

◉	a. Obtain the dentures from his dentist of choice and submit the bill for payment to his MA plan since this is considered an essential health benefit. ✗
○	b. He should go to a Medicaid provider or obtain the services through a Medicaid manage care plan if he is enrolled in one. ✓
○	c. Refer to the MA plan provider list of dentists since dentures are required to be covered by all private health plans. ✗
○	d. He should utilize a special enrollment period to change plans if his current MA plan does not provide coverage for dentures. ✗

Source: MA Plans and Dual Eligible Beneficiaries, continued and Case Study

Finish review

1

During a sales presentation in Ms. Sullivan'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 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. ✓
○	b. 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. ✗
○	c. A PFFS plan is a type of Medicare Supplement plan and she may enroll in one if it is available in her area. ✗
○	d. 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. ✗

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

Question**2**

Mrs. Billings enrolled in the ABC Medicare Advantage (MA) plan several years ago. Her doctor recently confirmed a diagnosis of end-stage renal disease (ESRD). What options does Mrs. Billings have in regard to her MA plan during the next open enrollment season?

Choose one answer.

◉	a. She must immediately drop her ABC MA plan and enroll in Original Medicare. ✗
○	b. She must immediately drop her ABC MA plan and enroll in a Special Needs Plan (SNP) for individuals suffering from ESRD if one is available in her area. ✗
○	c. She must remain enrolled in her ABC MA plan unless the plan terminates. ✗
○	d. She may remain in her ABC MA plan or enroll in a Special Needs Plan (SNP) for individuals suffering from ESRD if one is available in her area. ✓

Source: Medicare Advantage Eligibility, continued and Medicare Advantage Eligibility, continued

Question**3**

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

Choose one answer.

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

Source: Medicare Advantage Eligibility.

Question**4**

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. In general, Mrs. Ramos will need a referral to see specialists. ✗

○	b. Mrs. Ramos should be aware that generally plan providers can decide, on a case-by-case basis, whether they will treat her. ✗
◉	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. 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. ✓

Source: MA Plan Types Coordinated Care Plans – PPOs.

Question**5**

Mr. Wells 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. ✗

Source: Medicare Advantage Plans.

Question**6**

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

Source: MA Plan Types Coordinated Care Plans – HMOs

Question**7**

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 are essentially the same as Original Medicare and are not likely to have a noticeable impact on how Mr. Sinclair receives his care. ✗
○	b. SNPs have special programs for enrollees with chronic conditions, like Mr. Sinclair, and they provide prescription drug coverage that could be very helpful as well. ✓
◉	c. 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. ✗
○	d. Since SNPs don't cover prescription drugs Mr. Sinclair should consider a different option. ✗

Source: MA Plan Types Coordinated Care Plans SNPs.

Question**8**

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

Source: Medicare Advantage Plans

Question**9**

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 only serve individuals in long-term care facilities, so he cannot enroll. ✗
○	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 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. ✓

Source: MA Plan Types Coordinated Care Plans SNPs.

Question**10**

Mr. Castillo, a naturalized citizen, previously enrolled in Medicare Part B but has recently stopped paying his Part B premium. He would like to enroll in a Medicare Advantage (MA) plan and is still covered by Part A. What should you tell him?

Choose one answer.

◉	a. He can enroll in a Medicare Advantage plan but it will pay only the benefits associated with Medicare Part A. ✗

○	b. He is not eligible to enroll in a Medicare Advantage plan until he re-enrolls in Medicare Part B. ✓
○	c. He is not eligible to enroll in a Medicare Advantage as a naturalized citizen. ✗
○	d. He can enroll in a Medicare Advantage plan if he has dropped Part B less than 90 days ago. ✗

Source: Medicare Advantage Eligibility.

1

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. Medicaid will coordinate benefits only with Medicaid participating providers. ✓
○	b. State Medicaid programs do not coordinate any of their coverage with Medicare Health Plans. ✗
○	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. 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. ✗

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

	c. Medicaid beneficiaries are not eligible for enrollment into a PFFS plan. They must obtain their care through their state's Medicaid program. ✗
	d. 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. ✗

Source: MA Plans and Dual Eligible Beneficiaries.

Question**3**

Mr. Rivera has QMB-Plus eligibility and is thus covered by both Medicare and Medicaid. He decides to enroll in a Medicare Advantage (MA) plan. Later in the year, Mr. Rivera needs dentures, a service only covered under Medicaid. What action would you recommend he take in order to have this cost covered?

Choose one answer.

	a. He should go to a Medicaid provider or obtain the services through a Medicaid manage care plan if he is enrolled in one. ✓
	b. Obtain the dentures from his dentist of choice and submit the bill for payment to his MA plan since this is considered an essential health benefit. ✗
◉	c. He should utilize a special enrollment period to change plans if his current MA plan does not provide coverage for dentures. ✗
	d. Refer to the MA plan provider list of dentists since dentures are required to be covered by all private health plans. ✗

Source: MA Plans and Dual Eligible Beneficiaries, continued and Case Study

1

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 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. ✗

○	b. 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. ✗
○	c. 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. ✗
○	d. 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. ✓

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. 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. ✗
○	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. 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. ✓

Source: Medicare Part D Eligibility

Question**3**

Mrs. Lopez is enrolled in a Medicare Advantage cost plan. She has recently lost creditable coverage previously available through her husband's employer. She is interested in enrolling in a Medicare Part D prescription drug plan (PDP). What should you tell her?

Choose one answer.

○	a. Mrs. Lopez must first seek COBRA benefits under her husband's plan before she can apply for Part D coverage. ✗
◉	b. If a Part D benefit is offered through her plan she may choose in enroll in that plan or a standalone PDP. ✓
○	c. If a Part D benefit is offered through her plan she must enroll in this plan. ✗
○	d. Mrs. Lopez must enroll in either a HMO or PPO Medicare Advantage plan in order to obtain Part D coverage. ✗

Source: Medicare Part D Prescription Drug Program Basics, continued and Medicare Part D Prescription Drug Program Basics – Examples

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 2018 under the standard coverage?

Choose one answer.

◉	a. Standard Part D coverage would require payment of only fixed per-prescription co-payments. ✗
○	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 an annual deductible, fixed per-prescription co-payments, 35% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs. ✗
○	d. Standard Part D coverage would require payment of fixed per-prescription co-payments and 75% of the costs in the coverage gap. ✗

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 a bit less because each year until 2020, an enrollee's share of the drug costs in the coverage gap are less. ✓
◉	b. There is likely an error because she will be paying 86 percent of the cost of generic drugs in the coverage gap in 2012. ✗
○	c. 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. ✗
○	d. 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. ✗

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 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. ✗
○	b. 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. ✗
○	c. 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. ✓
◉	d. The government allows Part D plans to adopt any benefit structure as long as the list of covered drugs meets their approval. ✗

Source: Part D Plan Benefits Standard and Part D Benefits Alternative

Question**4**

Ms. Edwards is enrolled in a Medicare Advantage plan that includes prescription drug plan (PDP) coverage. She is traveling and wishes to fill two of her prescriptions hat she has lost. How would you advise her?

Choose one answer.

	a. She should wait to fill her prescriptions until she is back home since only her local pharmacy is likely to be in her plan's network. ✗
	b. She may fill both prescriptions and they will be fully covered at in-network pricing due the fact that she is traveling. ✗
●	c. She may fill one prescription out-of-network per year and it will be fully covered. Her second prescription will require her to pay the full cost out-of-pocket. ✗
	d. She may fill prescriptions for covered drugs at non-network pharmacies, but likely at a higher cost than paid at an in-network pharmacy. ✓

Source: Part D Pharmacy Networks

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 may use varying co-payments for brand name and generic drugs, but they may not restrict access through 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 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. ✓

Source: Part D Drug Management Tools; Part D Drug Management Tools continued; – Covered Part D Drugs.

Question**2**

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, 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. ✗
○	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. 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. ✗
◉	c. 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. ✗
○	d. 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 Vaughn's could look into that possibility. ✓

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.

◉	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. ✗
○	b. Under no conditions can a Medicare Part D prescription drug plan reduce its coverage for a given drug mid-way through the year. ✗
○	c. 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. ✓
○	d. 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. ✗

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.

◉	a. Every Part D drug plan is required to cover a 30 day supply of her existing medications sometime during a 90 day transition period. ✓
○	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. ✗
○	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. ✗

○	d. 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. ✗

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 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. ✗
○	b. 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. ✓
◉	c. 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. ✗
○	d. Mr. Zachow will need to enroll in a Special Needs Plan to obtain coverage for his medication. ✗

Source: 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 last year, he will probably reach it again this year close to the same time. ✓
○	b. Because he reached the coverage gap in August last year, he probably won't reach it until much later this year. ✗
○	c. Because he reached the coverage gap last year, he will not have to go through it again this year. ✗

d. Because he reached the coverage gap in August last year, he probably will reach it much earlier this year. ✗

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

Question**2**

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. Prescription drugs she purchases on her own that are not on her Part D plan's formulary. ✗

b. Prescription drugs she purchases on her vacation to Canada. ✗

c. Non-prescription, over-the-counter medications she purchases. ✗

d. Prescription drugs she purchases when in the Part D coverage gap. ✓

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

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 missed 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 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. ✗

d. 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. ✗

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 will not help her once she reaches the coverage gap, so she need not take the time to apply. ✗
○	b. 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. ✗
○	c. 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. ✓
◉	d. 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. ✗

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

Question**5**

Mr. Bickford 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. 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. ✓
○	b. 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. ✗
○	c. He should look into the possibility of purchasing his medications through the internet from off-shore pharmacies. ✗
◉	d. 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. ✗

Source: Other Help for Low-Income - Pharmaceutical Assistance Programs

1

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.

◉	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, she will have to pay a one-time penalty equal to 10% of the annual premium amount. ✗
○	b. 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. ✗
○	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, her premium will be permanently increased by 1% of the national average premium for every month that she was not covered. ✓
○	d. 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 prescription drug program. After that point, her premium will return to the normal amount. ✗

Source: Part D Late Enrollment Penalty; Part D Late Enrollment Penalty, continued

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.

○	a. 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. ✗
◉	b. 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. ✗

	c. In general, he must select a single Part D premium payment mechanism that will be used throughout the year. ✓
	d. 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. ✗

Source: Part D Premium Payment.

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.

	a. 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. ✗
●	b. Costs under the VA are significantly higher than those under a Medicare Part D plan. ✗
	c. The VA will not offer drug coverage to Mrs. Fiore once she qualifies for the Medicare Part D program. ✗
	d. 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. ✓

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. 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. ✗

◉	b. 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. ✗
○	c. 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. ✓
○	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. Mr. Jenkins can only receive his prescription drug coverage through a Medicare Advantage prescription drug plan so he should drop his employer coverage. ✗
○	b. 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. ✗
○	c. If his drug coverage through the retiree plan is "creditable" he should not switch, even though it is possible to do so. ✗
○	d. 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. ✓

Source: Employer/Union Coverage of Drugs, continued

Question**4**

Mr. Shultz was still working when he first qualified for Medicare. At that time, he had employer group coverage that was creditable. During his initial Part D eligibility period, he decided not to enroll because he was satisfied with his drug coverage. It is now a year later and Mr. Shultz has lost his employer group coverage. How would you advise him?

Choose one answer.

○	a. Mr. Schultz can wait up to 180 days after the loss of his creditable employer group coverage before enrolling in a Part D plan without worrying payment a premium penalty. ✗
○	b. Mr. Schultz should enroll in a Part D plan before he has a 63-day break in coverage in order to avoid a premium penalty. ✓
○	c. Mr. Schultz should seek to continue employer group coverage through COBRA because it is likely to have superior benefits at a more reasonable price. ✗
◉	d. Mr. Schultz should immediately enroll in a Part D plan but he can expect to pay a premium penalty because he failed to enroll when first eligible. ✗

Source: Employer Coverage of Drugs, continued and Employer/Union Coverage of Drugs: Examples.

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. Medicaid will cover all drugs not covered under the Medicare Part D prescription drug plan into which Mrs. McIntire is enrolled. ✗
○	b. She can change Medicare Part D prescription drug plans only during the annual election period. ✗
○	c. She will continue to obtain her drug coverage through Medicaid. ✗
○	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.

1

Ms. Edwards is enrolled in a Medicare Advantage plan that includes prescription drug plan (PDP) coverage. She is traveling and wishes to fill two of her prescriptions hat she has lost. How would you advise her?

Choose one answer.

○	a. She may fill one prescription out-of-network per year and it will be fully covered. Her second prescription will require her to pay the full cost out-of-pocket. ✗
◉	b. She may fill prescriptions for covered drugs at non-network pharmacies, but likely at a higher cost than paid at an in-network pharmacy. ✓
○	c. She may fill both prescriptions and they will be fully covered at in-network pricing due the fact that she is traveling. ✗
○	d. She should wait to fill her prescriptions until she is back home since only her local pharmacy is likely to be in her plan's network. ✗

Source: Part D Pharmacy Networks

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. 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. ✗
○	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. 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. ✓

Source: Medicare Part D Eligibility

Question**3**

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. 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. ✗
○	b. 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. ✗
◉	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. 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. ✓

Source: Part D Plan Benefits Standard

Question**4**

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. 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. ✗
○	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. 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. ✓

Source: Medicare Part D Prescription Drug Program Basics

Question**5**

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 may use varying co-payments, but they are required to cover all prescription medications on the market. ✗
○	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 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. ✓
○	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 continued; – Covered Part D Drugs.

Question**6**

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 2018 under the standard coverage?

Choose one answer.

◉	a. Standard Part D coverage would require payment of an annual deductible, fixed per-prescription co-payments, 35% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs. ✗
○	b. Standard Part D coverage would require payment of only fixed per-prescription co-payments. ✗
○	c. Standard Part D coverage would require payment of fixed per-prescription co-payments and 75% of the costs in the coverage gap. ✗
○	d. 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. ✓

Source: Part D Plan Benefits Standard

Question**7**

Mrs. Lopez is enrolled in a Medicare Advantage cost plan. She has recently lost creditable coverage previously available through her husband's employer. She is interested in enrolling in a Medicare Part D prescription drug plan (PDP). What should you tell her?

Choose one answer.

◉	a. Mrs. Lopez must first seek COBRA benefits under her husband's plan before she can apply for Part D coverage. ✗
○	b. If a Part D benefit is offered through her plan she must enroll in this plan. ✗
○	c. Mrs. Lopez must enroll in either a HMO or PPO Medicare Advantage plan in order to obtain Part D coverage. ✗
○	d. If a Part D benefit is offered through her plan she may choose in enroll in that plan or a standalone PDP. ✓

Source: Medicare Part D Prescription Drug Program Basics, continued and Medicare Part D Prescription Drug Program Basics – Examples

Question**8**

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 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. ✗
○	b. 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. ✗
◉	c. The government allows Part D plans to adopt any benefit structure as long as the list of covered drugs meets their approval. ✗
○	d. 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. ✓

Source: Part D Plan Benefits Standard and Part D Benefits Alternative

Question**9**

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. 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. ✗
○	b. 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. ✗
○	c. Medicare prescription drug plans are permitted to cover vitamins, but not drugs for cosmetic purposes. ✗
○	d. 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 Vaughn's could look into that possibility. ✓

Source: Drugs Excluded from Part D Coverage

Question**10**

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. 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. ✗
○	c. 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. ✗

d. 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. ✗

Source: Covered Drugs

1

Mrs. Lopez is enrolled in a Medicare Advantage cost plan. She has recently lost creditable coverage previously available through her husband's employer. She is interested in enrolling in a Medicare Part D prescription drug plan (PDP). What should you tell her?

Choose one answer.

a. Mrs. Lopez must first seek COBRA benefits under her husband's plan before she can apply for Part D coverage. ✗

b. If a Part D benefit is offered through her plan she may choose in enroll in that plan or a standalone PDP. ✓

c. Mrs. Lopez must enroll in either a HMO or PPO Medicare Advantage plan in order to obtain Part D coverage. ✗

d. If a Part D benefit is offered through her plan she must enroll in this plan. ✗

Source: Medicare Part D Prescription Drug Program Basics, continued and Medicare Part D Prescription Drug Program Basics – Examples

Question**2**

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 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. ✗

d. 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. ✗

Source: Part D Plan Benefits Standard and Part D Benefits Alternative

Question**3**

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. 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. ✗

b. There is likely an error because she will be paying 86 percent of the cost of generic drugs in the coverage gap in 2012. ✗

c. 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. ✓

d. 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. ✗

Source: Part D Plan Benefits Standard

Question**4**

Ms. Edwards is enrolled in a Medicare Advantage plan that includes prescription drug plan (PDP) coverage. She is traveling and wishes to fill two of her prescriptions hat she has lost. How would you advise her?

Choose one answer.

a. She should wait to fill her prescriptions until she is back home since only her local pharmacy is likely to be in her plan's network. ✗

b. She may fill one prescription out-of-network per year and it will be fully covered. Her second prescription will require her to pay the full cost out-of-pocket. ✗

c. She may fill both prescriptions and they will be fully covered at in-network pricing due the fact that she is traveling. ✗

d. She may fill prescriptions for covered drugs at non-network pharmacies, but likely at a higher cost than paid at an in-network pharmacy. ✓

Source: Part D Pharmacy Networks

Question**5**

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 allowed to restrict their coverage to generic drugs. She will need to pay for her brand name medications out of pocket. ✗

b. 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. ✓

c. 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. ✗

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**6**

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 may use varying co-payments, but they are required to cover all prescription medications on the market. ✗
○	b. 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. ✓
○	c. 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. ✗
◉	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 continued; – Covered Part D Drugs.

Question**7**

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 2018 under the standard coverage?

Choose one answer.

◉	a. Standard Part D coverage would require payment of fixed per-prescription co-payments and 75% of the costs in the coverage gap. ✗
○	b. Standard Part D coverage would require payment of only fixed per-prescription co-payments. ✗
○	c. Standard Part D coverage would require payment of an annual deductible, fixed per-prescription co-payments, 35% of the costs in the coverage gap, and once catastrophic coverage begins, the plan covers 100% of all costs. ✗
○	d. 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. ✓

Source: Part D Plan Benefits Standard

Question**8**

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 obtain drug coverage through the Federal government's fallback plans, which are designed to provide an alternative to privately sponsored Medicare Advantage plans. ✗
○	b. 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. ✗
○	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. 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. ✓

Source: Medicare Part D Prescription Drug Program Basics

Question**9**

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. 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. ✗
○	b. 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. ✗
◉	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. 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. ✓

Source: Medicare Part D Eligibility

Question**10**

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. 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. ✗
○	b. 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. ✗
◉	c. 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 Vaughn's could look into that possibility. ✓
○	d. Medicare prescription drug plans are permitted to cover vitamins, but not drugs for cosmetic purposes. ✗

Source: Drugs Excluded from Part D Coverage

1

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. Long-Term Care policies for Medicare beneficiaries ✗
○	b. Medicare Advantage (MA) and Prescription Drug (PDP) plans ✓
○	c. Medigap plans ✗
◉	d. Section 1332 waiver plans. ✗

Source: Medicare Marketing Rules

Question**2**

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 correct because employed agents have to follow a stricter set of rules than do independent agents, such as yourself. ✗
○	c. Your coworker is correct. You may use any marketing techniques that do not involve providing misinformation to potential enrollees. ✗
○	d. 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. ✓

Source: Medicare Marketing Rules:Plan Marketing Representatives

Question**3**

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. 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 ✗
◉	b. 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. ✗
○	c. You must submit your materials to the plan you represent, so CMS can review and approve the materials to ensure they are accurate. ✓
○	d. You do not need to get CMS approval of the materials, so long as the materials are not misleading or materially inaccurate. ✗

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. State licensure laws are pre-empted and do not apply to marketing representatives marketing MA and Part D plans ✗
○	b. Plans must contract only with marketing representatives who reside in the state where they intend to work. ✗
○	c. Medicare health plans must comply with requests for information from state insurance departments investigating complaints about a marketing representative. ✓
○	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.

○	a. You will have to attend one of several remedial training events sponsored by the Medicare agency before being allowed to retake the test. ✗
◉	b. You will have to repeat the tests in three months, but may begin enrolling beneficiaries while you are waiting. ✗
○	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. ✓
○	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. ✗

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.

○	a. You could tell her she is right and ask if you could get a contract with the TMO too. ✗
○	b. You could tell her she is wrong and that only agents employed by the plans are exempt from training and testing requirements. ✗
◉	c. 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. ✓
○	d. 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. ✗

Source: Medicare Marketing Rules: Marketing Representatives Training

Question**7**

Agent Armstrong is employed by XYZ Agency, which is under contract with ABC Health Plan, a Medicare Advantage (MA) plan that offers plans in multiple states. XYZ Agency maintains a website marketing the MA plans with which it has contracts. Agent Armstrong follows up with individuals who request more information about ABC MA plans via the website and tries to persuade them to enroll in ABC plans. What statement best describes the marketing and compliance rules that apply to Agent Armstrong?

Choose one answer.

○	a. Agent Armstrong needs to be licensed and appointed only in his state of residence. ✗
◉	b. Agent Armstrong needs to be licensed and appointed in every state in which beneficiaries to whom he markets ABC MA plans are located. ✓
○	c. Agent Armstrong needs to be licensed and appointed only in the state where ABC Health Plan is headquartered. ✗
○	d. Agent Armstrong needs to be licensed and appointed only in the state where XYZ Agency is headquartered. ✗

Source: Medicare Marketing Rules: Marketing Representatives – State Licensure and Marketing Representatives – State Licensure Case Study

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.

○	a. You may not require RSVPs, but when people arrive, you may require completion of contact information on a sign-up sheet. ✗
○	b. You may request RSVPs, but you are not permitted to require contact information. ✓
◉	c. You may require RSVPs and an e-mail address so you can follow up in the event of a cancellation. ✗
○	d. You are not permitted to request RSVPs, so you will need to find a different way to estimate how many people are coming. ✗

Source: Medicare Marketing Rules: Marketing or Sales Events, continued

Question**2**

Agent Antonio is preparing for a presentation on Medicare and Medicare Advantage before a local senior citizen civic group where he hopes to enroll some attendees. Which of the following steps should he take in order to be in compliance with Medicare marketing rules?

Choose one answer.

○	a. Antonio should include on the invitation that food will be served and alcoholic beverages will be available free of charge. ✗
○	b. Antonio should indicate that in order to attend the meeting, an e-mail address must be provided on the RSVP card. ✗
◉	c. Antonio should include on the invitation a statement that a salesperson will be present with information and applications. ✓
○	d. Antonio should include a statement that due to the venue limitations accommodations for persons with special needs will not be available. ✗

Source: Medicare Marketing Rules: Marketing: Marketing or Sales Events, continued

1

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

Choose one answer.

○	a. At the time you arrive for the appointment, let her know which products you will be going over. ✗
○	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. 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. ✗
○	d. 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. ✗

Source: Required Practices: Scope of Appointment

Question **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 take her completed enrollment application and ask her to provide names of any of her friends who may be interested in enrolling. ✗
○	b. You may leave enrollment kits for several MA plans and offer to discuss a Medigap and Part D prescription drug plan she might like. ✗
○	c. You may provide her with the required enrollment materials and take her completed enrollment application. ✓
○	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 and Medicare Marketing Rules Personal/Individual Marketing Appointments, continued.

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. 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. ✗
○	c. 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 ✗
○	d. 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. ✗

Source: Required Practices: Marketing Activities, continued

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 Part D plans and then complete a scope of appointment form for the plans for which she is eligible. ✗
○	b. 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. ✓
○	c. You must set an appointment for another time, at least 48 hours from the point when she walked into your office. ✗
◉	d. You do not have to do anything. You may proceed with the discussion and enroll the individual, if she so desires. ✗

Source: Required Practices: Marketing Activities, continued

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. 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. ✓
●	b. 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. ✗
	c. 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. ✗
	d. You must refer Mrs. Hall to another agent in order for her to be able to engage in such a discussion. ✗

Source: Required Practices: Marketing Activities

Question**6**

Which of the following statements best describes how business reply cards (BRCs) may be employed in the marketing of Medicare Advantage products?

Choose one answer.

	a. Since they are a common marketing technique, agents can simply send them to lists of prospects. ✗
	b. Since they are a common marketing technique, plan sponsors simply need to have them approved by their internal compliance departments. ✗
●	c. A BRC may be used to document a beneficiary's scope of appointment agreement provided it has been submitted to CMS for approval and includes a statement informing the beneficiary that a salesperson may call. ✓
	d. A BRC may be used to document a beneficiary's scope of appointment agreement provided it has been submitted to CMS for approval. ✗

Source: Required Practices: Scope of Appointment, continued

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. 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. ✗
◉	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. 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. ✗
○	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, continued

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. You only need to comply with requirements of federal and state "Do Not Call" registries. ✗
○	b. 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. ✗
◉	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. 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. ✗

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 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. ✗
○	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 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. ✓
○	d. 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. ✗

Source: Use of E-Mails and Social Media to Market

Question**2**

Agent Mark Andrews would like to employ technology to facilitate the growth of his Medicare Advantage (MA) practice. What step(s) would you recommend that Mark take?

Choose one answer.

○	a. Send e-mails to prospective enrollees at e-mail addresses obtained through friends or referrals. ✗
○	b. Rent an e-mail list to distribute information about a particular MA plan he represents. ✗
○	c. Reach out to individuals who are likely to be eligible for Medicare in his local community via e-mail, whether or not they had previously communicated with him. ✗
◉	d. Purchase Internet pop-up ads providing plan-specific information that have been reviewed and approved by CMS. ✓

Source: Use of E-mail and Social Media to Market

1

ABC is a Medicare Advantage (MA) plan sponsor. It would like to use its enrollees' protected health information to market non-health related products such as life insurance and annuities.

To do so it must obtain authorization from the enrollees. Which statement best describes the authorization process?

Choose one answer.

	a. Authorization may be obtained by directing a beneficiary to a website to provide consent. ✓
●	b. It is not necessary for ABC to obtain an authorization to simply explain pending state or federal legislation, since there is no anticipation of selling a non-health related product in these circumstances. ✗
	c. Once a plan sends out a written request for consent, a beneficiary can authorize consent by simply failing to reply within 21 days. ✗
	d. The request for authorization may include a brief synopsis of non-health related content. ✗

Source: Required Practices: Marketing & Non-Health Activities

Question**2**

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 is a top rated plan. ✗
	b. This Medicare Advantage plan is a 5-star rated plan due to its high rating in customer service. ✗
●	c. The Medicare Advantage plan received the best star rating in customer service and care coordination. ✗
	d. The Medicare Advantage plan received a 5-star rating in customer service and care coordination with an overall performance rating of 4-stars. ✓

Source: Required Practices: Plan Ratings, continued

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 like a Medicare supplement or Medigap plan. ✗
○	b. It is not Original Medicare and it works differently than a Medicare supplement 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

Question **4**

Ajax Agency is targeting potential enrollees for MSA plans. Which of the following statements best describes the rules that apply to the MSA materials it distributes?

Choose one answer.

◉	a. The materials must make clear that beneficiaries are automatically enrolled in a prescription drug plan as part of the MSA. ✗
○	b. The materials must make clear that those who enroll must make monthly deposits into the custodial savings account associated with plan. ✗
○	c. The materials must make clear that Medicare MSA plans do not cover prescription drugs and that beneficiaries can join a separate Part D prescription drug plan. ✓
○	d. The materials must make clear that money in the MSA custodial account can be used for all medical expenses and both Medicare-covered and non-covered expenses count toward the beneficiary's deductible. ✗

Source: Required Practices: MSA materials and disclaimers

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, 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. ✗

○	b. Tell her that Medicare recommends that beneficiaries enroll in a Medicare Advantage plan because it will serve her better than Original Medicare ✗
○	c. Tell her that the Medicare agency does not endorse or recommend any plan. ✓
○	d. Tell her that Medicare or CMS (the Medicare agency) has approved and endorsed the plan. ✗

Source: Prohibited Practices: Marketing Activities, continued

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 have clear evidence that your plan is the best and can say so to your clients. ✗
○	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 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. ✗
○	d. 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. ✓

Source: Prohibited Practices: Marketing Activities, continued and Prohibited Practices: Marketing Activities, continued

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. There is no limitation on meals. You may continue to provide your Thanksgiving style meal, to any individual, in any manner you see fit. ✗
○	b. You may provide light snacks, but a Thanksgiving style meal would be prohibited, regardless of who provides or pays for the meal. ✓
◉	c. 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. ✗
○	d. You may offer meals to existing enrollees of the plan(s) you represent, but potential enrollees may not have a meal. ✗

Source: Prohibited Practices: Inducements and Light Snacks versus Prohibited Meals

Question**4**

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 provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value. ✗
◉	c. You may provide cash promotions or giveaways as long they are offered to everyone, whether they are a Medicare beneficiary or the general public. ✗
○	d. You may not provide any gift or prize as an inducement to enroll. ✓

Source: Prohibited Practices: Inducements

Question**5**

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. 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. ✗

b. This is incorrect. Brokers and agents cannot require face to face meetings in order to answer questions or enroll a Medicare beneficiary. ✓

c. 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 ✗

d. 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. ✗

Source: Prohibited Practices: Marketing Activities

Question**6**

Agent Harriet Walker has recently begun marketing Medicare Advantage and related products aimed at meeting the needs of senior citizens. Client Mildred Jones has expressed interest in a Medicare Advantage plan. It is now the beginning of September. If you were in Agent Walker's position, what would you do?

Choose one answer.

a. Solicit and complete the enrollment application in September and wait until the open enrollment date to submit it so that the client does not purchase a plan through another agent. ✗

b. Tell the client that she cannot speak to her until after open enrollment begins on January 1st of the following year. ✗

c. Inquire whether the client qualifies for a special enrollment period, and if not, solicit an enrollment application once the annual open enrollment election period begins on October 15th. ✓

d. Tell the client that she should also consider non-health products (such as cash value life insurance) to meet some of her health needs and offer to submit a life insurance application to see if client Jones is insurable. ✗

Source: Prohibited Practices: Marketing Activities

Question**7**

Mr. Murphy is an agent. A neighbor invited him to discuss the Medicare Advantage (MA) and Part D plans he sells at the regular Tuesday brunch the neighbors have for senior citizens. What

should Mr. Murphy tell his neighbor about the kinds of food that can be provided to potential enrollees who attend the sales presentation?

Choose one answer.

- a. 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. ✗
- b. The neighbors may not provide anything to either eat or drink during the sales presentation. ✗
- c. Any meal is allowed, as long as it is valued at less than $15. ✗
- d. The neighbors may not provide a meal, but light snacks would be permitted. ✓

Source: Prohibited Practices: Inducements and Light Snacks versus 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.

- a. 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 ✗
- b. You may not provide any gift or prize as an inducement to enroll. ✓
- c. You may give enrollees post-enrollment gifts to compensate them for their time. ✗
- d. You may provide any gift to induce enrollment, as long as its retail value does not exceed $15 in value. ✗

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 can do this because the ads for the event are distributed both to enrollees and non-enrollees, so no restrictions apply ✗
○	b. 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. ✓
○	c. He can do this because the gift is not a cash gift and is not readily converted to cash. ✗
○	d. He cannot do this because the total value of the gift exceeds the maximum $15 retail gift value. ✗

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

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.

○	a. Determine whether the beneficiaries present are healthy enough for the plan. ✗
○	b. Clearly state that no obligation exists to enroll if a gift or prize is being offered. ✓

◉	c. Make sure that those present provide leads. ✗
○	d. Explain, in your own words, how the plan you represent compares to other companies' plans. ✗

Source: Promotional Activities: Drawings, Prizes, Giveaways and Prohibited Practices: Marketing Activities, continued

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.

○	a. 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. ✗
○	b. 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. ✗
◉	c. 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. ✗
○	d. 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. ✓

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.

◉	a. You may offer gifts or prizes worth $15 or less in retail value to obtain referrals. ✗
○	b. You may request names and mailing addresses. ✓
○	c. You may request names and phone numbers. ✗
○	d. 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**

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. Gifts and prizes are not permitted under the Marketing Guidelines promulgated by the Medicare agency ✗
○	c. Only a single prize or give away can be made at any one event, regardless of its value ✗
○	d. 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 ✗

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 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. ✗
○	b. 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. ✗
○	c. Tell her that Medicare guidelines allow you to conduct marketing activities in common areas of a provider's facility. ✓
○	d. 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. ✗

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.

◉	a. You may not market in a pharmacy if you are not a pharmacist or do not have the pharmacist's permission. ✗
○	b. You must set up your table, make marketing presentations, and accept enrollment applications near the pharmacy counter where people wait for their prescriptions. ✗
○	c. You must set up your table and make marketing presentations only in common areas, but you may accept enrollment applications anywhere in the pharmacy. ✗
○	d. 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. ✓

Source: Marketing Activities: Marketing in a Health Care Setting

Question**3**

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 just need to complete scope of appointment forms on behalf of all the residents who would like to attend. ✗
◉	c. 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. ✗
○	d. You appreciate the opportunity and would ask the facility to provide enrollment applications for the MA-PD plans you represent. ✗

Source: Marketing Activities and Marketing in a Long-term Care Facility

Question**4**

ABC is a long-term care facility provider. What steps may it take to inform residents of the Medicare options available to them?

Choose one answer.

	a. ABC may provide residents that meet the I-SNP criteria an explanatory brochure, reply card, and phone number for additional information for each I-SNP with which it contracts. ✓
	b. ABC may set up appointment on their behalf with knowledgeable agents. ✗
	c. ABC may display posters about Medicare in their rooms. ✗
●	d. Since they are likely to be frail or suffer mental incapacity, ABC may choose plan coverages on their behalf. ✗

Source: Marketing Activities: 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.

	a. So long as the hospital or its physician staff don't object, marketing anywhere in the hospital is an acceptable practice. ✗
	b. 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. ✓
●	c. Marketing in health care facilities is an acceptable practice, regardless of where it takes place. ✗
	d. 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. ✗

Source: Marketing Activities: Marketing In a Health Care Setting

Question**6**

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 of ancillary health products as permitted by HIPAA Privacy Rules. ✗
○	b. Market non-health related products, such a life insurance, to current members without the need to consider HIPAA Privacy Rules. ✗
○	c. Market non-Medicare health-related products, such as financial planning, to current members as permitted by HIPAA Privacy Rules. ✗
◉	d. Market non-Medicare health-related products, such a dental insurance, to current members as permitted by HIPAA Privacy Rules. ✓

Source: Marketing Activities: Current Enrollees.

1

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 go ahead and call them. ✓
◉	b. You may only contact the retirees after the employer has notified them that they will be receiving a call. ✗
○	c. You may call them, but must record every call. ✗
○	d. You may not make any unsolicited contact with Medicare beneficiaries. The employer will have to tell its retirees to call you. ✗

Source: Marketing to Employer/Union Groups

1

Next week you will be participating in your first “educational event” for prospective enrollees. 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 conduct sales presentations and accept enrollment forms ✗
○	d. 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. ✓

Source: Prospective Enrollee Educational Events and Prospective Enrollee Educational Events continued

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 have a stack of enrollment forms on the table in your booth, but may only pass them out to individuals who request one. ✗
○	b. 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. ✗
○	c. You may distribute business cards to individuals who request information on how to contact you for further details on the plan(s) you represent. ✓
○	d. You may set up personal sales appointments with any beneficiary who expresses interest. ✗

Source: Prospective Enrollee Educational Events, continued[permissible activities] and Prospective Enrollee Educational Events, continued [impermissible activities].

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.

○	a. You must ensure that the advertisements indicate it is an educational event, otherwise it will be considered a marketing event. ✓
○	b. Plans may not participate in advertising such an event. All advertising must be done by the community organizations. ✗

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

Source: Educational Events and Prospective Enrollee 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. Whether or not a sales presentation is allowed at this educational event is entirely up to the sponsor of the event. ✗
○	b. You should tell your colleague no, because marketing representatives are not permitted to participate, in any way, in an educational event. ✗
○	c. You should tell your colleague no because participation in an educational event may not include a sales presentation. ✓
◉	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. ✗

Source: Educational Events, and Prospective Enrollee Educational Events

Question**5**

Agent Mary Jennings makes a presentation on Medicare advertised as an educational event. Agent Jennings distributes materials that are solely educational in nature. However, she gives a brief presentation that mentions plan-specific premiums. Is this a prohibited activity at an event that has been advertised as educational?

Choose one answer.

○	a. Yes. When an event has been advertised as "educational," discussing plan-specific premiums is impermissible. ✓
○	b. No. Attendees expect some "puffery" at any event on a product in which they may be potentially interested. ✗
○	c. No. This action is permissible. Handing out enrollment forms, on the other hand, would not be permissible. ✗

◉	d. Yes. Whether or not an event has been advertised as “educational” or a “sales presentation,” discussing plan-specific information is impermissible. ✗

Source: Prospective Enrollee Educational Events, continued (impermissible), Prospective Enrollee Educational Events, continued (examples)

1

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. Plans do not impose penalties. Instead, the Medicare agency has specific authority to fine such individuals for each violation. ✗
○	b. The plan may withhold commission, require retraining, report the misconduct to a state department of insurance or terminate the contract. ✓
○	c. Her name will be reported to a publicly accessible database and could be advertised in local newspapers. ✗
○	d. Plans must immediately terminate their contracts with such individuals. ✗

Source: Oversight and Enforcement: By Plans.

Question**2**

BestCare Health Plan has received a request from a state insurance department in connection with the investigation of several marketing representatives licensed by the state who sell Medicare Advantage plans. What action(s) should BestCare take in response?

Choose one answer.

○	a. Cooperate with the state and supply requested information. ✓
○	b. Immediately terminate all the agents involved as a precaution against potential legal liability. ✗
◉	c. Immediately meet with the marketing representatives and suggest they obtain licensing in another jurisdiction. ✗
○	d. Under Federal privacy statutes, BestCare is not obligated to provide information about marketing representatives to the state and should refuse to do so. ✗

Source: Oversight and Enforcement: By Plans, continued

Question**3**

ABC Health Plan has just learned that several individuals marketing their Medicare Advantage plans in a state are unlicensed. What actions must ABC take in response?

Choose one answer.

○	a. No action is necessary unless ABC receives complaints from beneficiaries who have purchases policies from these individuals. ✗
○	b. Among other steps, ABC must arrange for these individuals to stop selling policies while they enroll in training to obtain licensing. ✗
○	c. No action is necessary unless ABC receives a notice of investigation from CMS regarding marketing activities. ✗
◉	d. Among other steps, ABC must terminate these individuals and report to both the state and CMS incidences of submission of applications by unlicensed agents and or brokers. ✓

Source: Oversight and Enforcement: By Plans, continued

Question**4**

Roberta is a retiree who has just learned that she has purchased a Medicare Advantage (MA) plan from an unlicensed individual representing BestCare Health Plan. What are Roberta's options, if any?

Choose one answer.

○	a. Roberta must petition her state insurance department for a rarely granted special enrollment period if she wishes to change coverage. ✗
○	b. Roberta must either remain in the current plan or return to Original Medicare upon receiving notification of the agent's unlicensed status. ✗
◉	c. Roberta must retain coverage with BestCare until the next MA open enrollment period. ✗
○	d. Roberta may request to change plans upon receiving notification of the agent's unlicensed status. ✓

Source: Oversight and Enforcement: By Plans, continued

Question**5**

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. Organizations sponsoring Medicare health plans are not responsible for enforcing compliance with applicable law and guidance. This job belongs solely to the Medicare agency. ✗
◉	b. 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. ✓
○	c. The state sets most requirements for marketing Medicare health plans, but each plan has different policies that he must adhere to. ✗
○	d. 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. ✗

Source: Oversight and Enforcement by Plans, continued

Question**6**

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 cannot penalize the plan sponsor for marketing representative non-compliance. That is the role of the state. ✗
○	b. CMS requires plan sponsors to create and complete a corrective action plan and may terminate a sponsor's contract. ✓
○	c. 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. ✗
○	d. CMS requires the dismissal of senior plan management. ✗

Source: Oversight and Enforcement: By CMS

Finish review

1

Monica is an agent focused on serving seniors eligible for Medicare. As she reviews her records, she is trying to determine which of the following items are considered compensation. What do you tell her?

I. Commissions
II. Bonuses
III. Mileage reimbursement
IV. Referral fees

Choose one answer.

◉	a. I and II only ✗
○	b. I, II and III only ✗
○	c. I, II, and IV only ✓
○	d. I, II, III, and IV ✗

Source: Marketing Representative Compensation: Compensation Defined

Question**2**

Alice is a marketing representative employed by a health plan. Betty is a captive agent of a health plan who markets to multiple plans and sponsors. Carl is a captive agent who markets to only one plan/sponsor. Denise is an independent agent who markets to different types of groups. Edward is an independent agent who markets only to employer and union groups. CMS marketing representative compensation rules generally apply to:

Choose one answer.

○	a. All of these people except Alice, the employee. ✗
◉	b. Denise and Edward (the independent agents), but not Alice (the employee) or Betty or Carl (the captive agents). ✗
○	c. Betty and Denise, but not Alice (the employee) or Carl or Edward (to whom exceptions apply). ✓
○	d. All of these people. ✗

Source: Marketing Representative Compensation: Applicability of Rules

Question**3**

Wendy Park becomes eligible for Medicare for the first time in July. With the help of Agent James Chan, she enrolls in FeelBetter Medicare Advantage plan with an effective date of July 1st. How will Agent Chan be compensated under CMS rules?

Choose one answer.

○	a. FeelBetter will pay Agent Chan initial year compensation for the months July through December. Renewal amounts will be paid starting in January if Ms. Park remains enrolled the following year. ✓
○	b. FeelBetter will pay Agent Chan initial year compensation for the period July 1 through October 15th -(the date open enrollment begins). If Ms. Park remains enrolled in the plan, renewal amounts will be paid. ✗
◉	c. FeelBetter will pay Agent Chan initial year compensation for the 12 months of July through July. Renewal amount will be paid thereafter if Ms. Park remains enrolled. ✗
○	d. FeelBetter will pay Agent Chan a bonus equal to three months initial year compensation since he has successfully enrolled Ms. Park in a MA plan when she is both first eligible and a younger, and likely healthier, enrollee. ✗

Source: Marketing Representative Compensation: Rules Regarding Compensation

1

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

Choose one answer.

◉	a. 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. ✗
○	b. 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. ✗
○	c. 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. ✓
○	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

Question**2**

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.

○	a. 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. ✓
○	b. You could tell her she is right and ask if you could get a contract with the TMO too. ✗
◉	c. 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. ✗
○	d. You could tell her she is wrong and that only agents employed by the plans are exempt from training and testing requirements. ✗

Source: Medicare Marketing Rules: Marketing Representatives Training

Question**3**

Agent Antonio is preparing for a presentation on Medicare and Medicare Advantage before a local senior citizen civic group where he hopes to enroll some attendees. Which of the following steps should he take in order to be in compliance with Medicare marketing rules?

Choose one answer.

○	a. Antonio should include a statement that due to the venue limitations accommodations for persons with special needs will not be available. ✗
◉	b. Antonio should include on the invitation a statement that a salesperson will be present with information and applications. ✓
○	c. Antonio should include on the invitation that food will be served and alcoholic beverages will be available free of charge. ✗
○	d. Antonio should indicate that in order to attend the meeting, an e-mail address must be provided on the RSVP card. ✗

Source: Medicare Marketing Rules: Marketing: Marketing or Sales Events, continued

Question**4**

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

Choose one answer.

○	a. Plans must contract only with marketing representatives who reside in the state where they intend to work. ✗
○	b. Medicare health plans must comply with requests for information from state insurance departments investigating complaints about a marketing representative. ✓
○	c. State licensure laws are pre-empted and do not apply to marketing representatives marketing MA and Part D plans ✗
◉	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 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, so long as the materials are not misleading or materially inaccurate. ✗
○	b. 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 ✗
◉	c. You must submit your materials to the plan you represent, so CMS can review and approve the materials to ensure they are accurate. ✓
○	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**6**

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.

○	a. 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. ✗
◉	b. You will have to repeat the tests in three months, but may begin enrolling beneficiaries while you are waiting. ✗
○	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. ✓
○	d. You will have to attend one of several remedial training events sponsored by the Medicare agency before being allowed to retake the test. ✗

Source: Medicare Marketing Rules: Marketing Representatives Training

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.

◉	a. 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. ✓
○	b. Your coworker is correct. You may use any marketing techniques that do not involve providing misinformation to potential enrollees. ✗
○	c. Your coworker is correct because employed agents have to follow a stricter set of rules than do independent agents, such as yourself. ✗
○	d. Your coworker is correct. You are subject only to requirements issued by your state department of insurance. ✗

Source: Medicare Marketing Rules:Plan Marketing Representatives

Question**8**

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 require RSVPs and an e-mail address so you can follow up in the event of a cancellation. ✗
○	b. You may not require RSVPs, but when people arrive, you may require completion of contact information on a sign-up sheet. ✗
○	c. You are not permitted to request RSVPs, so you will need to find a different way to estimate how many people are coming. ✗
◉	d. You may request RSVPs, but you are not permitted to require contact information. ✓

Source: Medicare Marketing Rules: Marketing or Sales Events, continued

Question**9**

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. Section 1332 waiver plans. ✗
○	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**10**

Agent Armstrong is employed by XYZ Agency, which is under contract with ABC Health Plan, a Medicare Advantage (MA) plan that offers plans in multiple states. XYZ Agency maintains a website marketing the MA plans with which it has contracts. Agent Armstrong follows up with individuals who request more information about ABC MA plans via the website and tries to persuade them to enroll in ABC plans. What statement best describes the marketing and compliance rules that apply to Agent Armstrong?

Choose one answer.

◉	a. Agent Armstrong needs to be licensed and appointed only in the state where XYZ Agency is headquartered. ✗
○	b. Agent Armstrong needs to be licensed and appointed in every state in which beneficiaries to whom he markets ABC MA plans are located. ✓

	c. Agent Armstrong needs to be licensed and appointed only in the state where ABC Health Plan is headquartered. ✗
	d. Agent Armstrong needs to be licensed and appointed only in his state of residence. ✗

Source: Medicare Marketing Rules: Marketing Representatives – State Licensure and Marketing Representatives – State Licensure Case Study

1

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

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

Question**2**

Mr. Sanchez 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 will have to enroll in Part B. ✓
	b. As long as his employer offers coverage that is equivalent to Medicare's, he cannot 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**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 D and if he needs drug coverage. ✗

b. 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 ✗

c. 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. ✓

d. 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. ✗

Source: Enrollment Rules and Who Is Eligible to Enroll in MA or Part D Plans?

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 need to do nothing. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗

b. He will have to drop Part A and then will be eligible to enroll in a PFFS plan. ✗

c. He will have to enroll in a Medicare prescription drug plan prior to enrolling in a PFFS plan. ✗

d. He will have to enroll in Part B prior to enrolling in the PFFS plan. ✓

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

Question**5**

Mrs. Berkowitz 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. Berkowitz 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. ✗
◉	b. This is not a possibility. If Mrs. Berkowitz wants health coverage and drug coverage through a plan, she must purchase an MA-PD plan. ✗
○	c. Mrs. Berkowitz can enroll in any Medicare Advantage plan, regardless of whether it offers drug coverage, and enroll in any stand-alone Medicare prescription drug plan. ✗
○	d. 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. Berkowitz can do this. ✓

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 PFFS plan offering only medical benefits or a PFFS Medigap Supplemental Insurance plan. ✗
○	b. 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. ✗
○	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 a PFFS plan in combination with a stand-alone prescription drug 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. 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. ✓
○	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. 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. ✗
○	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. Mr. Tully's daughter can do so because she is an immediate family member who has taken responsibility for her father's care. ✗
○	b. A signature is not necessary since Mr. Tully is not physically or mentally capable of filling out and signing the form. ✗
◉	c. If the enrollment form is countersigned by one of Mr. Tully's treating physicians, she can sign it 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? and Who May Complete the Enrollment Form? Continued.

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. You may correct the information since it was a simple mistake. You do not need to do anything further to the application form. ✗
○	b. You may correct this information as long as you add your initials and date next to the correction ✓
○	c. You may correct the information, but she will need to write a brief statement indicating she authorized you to make the change. ✗
○	d. 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. ✗

Source: Who May Complete the Enrollment Form? continued

Question**4**

Phiona works in the IT Department of BestCare Health Plan. Phiona is placed in charge of BestCare's efforts to facilitate electronic enrollment in its Medicare Advantage plans. In setting up the enrollment site, which of the following must Phiona consider?

I. If a legal representative is completing an electronic enrollment request, he or she must first upload proof of his or her authority.
II. All data elements required to complete an enrollment request must be captured.
III. The process must include a clear and distinct step that requires the applicant to activate an "Enroll Now" or "I Agree" type of button or tool.
IV. The mechanism must capture an accurate time and date stamp at the time the applicant enters the online site.

Choose one answer.

○	a. I and II only ✗
○	b. II and III only ✓
○	c. II, III, and IV only ✗

◉	d. I, II, III, and IV ✗

Source:Formats of Enrollment Requests – Electronic Enrollment, continued

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. If Mr. Block enrolls in the stand-alone Medicare prescription drug plan, he will be disenrolled from the Medicare Advantage plan. ✓
◉	c. 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. ✗
○	d. 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: Beneficiary Acknowledgements when Enrolling and Enrollment Rules; Enrollment Rules, continued

Question**2**

You are doing a sales presentation for Mrs. Pearson. 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. "If you're not in very good health, you will probably do better with a different product." ✓
○	b. "A Private Fee-for-Service plan is not the same as a Medigap supplemental policy." ✗
○	c. "Are you interested in a Medicare supplement plan or a Medicare health plan?" ✗
○	d. "How are you this morning, Mrs. Pearson?" ✗

Source: Enrollment Discrimination Prohibitions.

Question**3**

You have come to Mrs. Midler's home for a sales presentation. At the beginning of the presentation, Mrs. Midler 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. You cannot, under any circumstances, ask Mrs. Midler any health-related questions. ✗
○	b. If she brings up the topic of her health, you can ask Mrs. Midler as many questions as she is willing to answer, so you can determine which plan is most suitable for her health needs. ✗
◉	c. You can initiate detailed discussion of all of Mrs. Midler'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. ✗
○	d. You can only ask Mrs. Midler 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. ✓

Source: Enrollment Discrimination Prohibition and Exceptions

Question**4**

Willard works as a representative focused on the senior marketplace. What would be considered prohibited activity by Willard?

Choose one answer.

○	a. Discouraging Mrs. Johnson from enrolling in a Medicare Advantage plan that does not service her area. ✗
◉	b. Implying that only seniors can enroll in a Medicare Advantage plan when meeting with Mr. Hernandez, who is 58 but qualifies for Medicare because she is disabled. ✓
○	c. Setting an appointment with Mrs. McLaughlin without first asking about her financial health to determine whether she can afford a plan offering Willard the best commission. ✗
○	d. Asking health questions to determine whether Mr. Ryan would be eligible to enroll in an SNP because he has a chronic condition. ✗

Source: Enrollment Discrimination Prohibitions and Enrollment Discrimination Prohibition and Exceptions

1

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

Choose one answer.

○	a. If he has a disability, he may enroll in Original Fee-for-Service Medicare during the MA Initial Coverage Election Period. ✗
◉	b. He will have one opportunity to enroll in a Medicare Advantage plan ✓
○	c. He may change or drop MA plans, but may not drop drug coverage. ✗
○	d. 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. ✗

Source: Enrollment Periods: MA Initial Coverage Election Period (ICEP) and Enrollment Periods MAICEP, continued

Question**2**

Mrs. Kendrick 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. 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. ✗
◉	b. She may enroll in an MA plan beginning three months immediately before her first entitlement to both Medicare Part A and Part B. ✓
○	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. 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) and Enrollment Periods MAICEP, continued

Question**3**

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 only enroll in an MA-PD plan. ✗
○	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 make one Part D enrollment choice, including enrollment in a stand-alone Part D plan or an MA-PD plan. ✓
○	d. 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 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. It occurs from October 15 to December 7of each year, so she will have to wait until that point to utilize that particular enrollment period. ✗
○	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. 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. ✗
◉	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).

Question**5**

When Myra first became eligible for Medicare, she enrolled in Original Medicare (Parts A and B). She is now 67 and will turn 68 on July 1. She would now like to enroll in a Medicare Advantage (MA) plan and approaches you about her options. What advice would you give her?

Choose one answer.

○	a. She could immediately enroll in MA plan based on the one-time special enrollment period available to those 70 and younger. ✗
◉	b. She should remain in Original Medicare until the annual election period running from October 15 to December 7, during which she can select an MA plan. ✓
○	c. She should wait until the new year to disenroll from Original Medicare and select an MA plan between January 1 and February 14. ✗
○	d. She could enroll in an MA plan during the period including the three months before, the month of, and up to three months after turning 68. ✗

Source: Roadmap to Enrollment Periods

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 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. ✓
◉	b. 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. ✗
○	c. He can return to Original Medicare, but must then enroll into a Medicare Part D plan. ✗
○	d. He can only make a single enrollment change during the Annual Election Period, so he will not be able to change his enrollment. ✗

Source: Enrollment Periods: Annual Election Period.

Question**2**

Mrs. Kumar 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.

- a. 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. ✗
- b. Her daughter should come in November. ✓
- c. Her daughter should come sometime between January 1 and February 14. ✗
- d. 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 wait until the Annual Election Period begins to send it to the plan for processing. ✗
- b. 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. ✗
- c. Tell Mr. Anderson that you cannot accept any enrollment forms until the annual election period begins. ✓
- d. Accept the form and immediately send it in to the plan for processing. ✗

Source: Enrollment Periods: Annual Election Period, continued

Question**4**

A client wants to give you an enrollment application on October 1 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 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. ✗
○	b. 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. ✗
○	c. 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. ✓
○	d. 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, continued

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 disenroll from a MA or MA-PD plan, but cannot enroll in a stand-alone Part D plan. ✗
○	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. ✗
○	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. ✗
○	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**6**

Mrs. Young is currently enrolled in Original Medicare (Parts A and B), but she has been working with Agent Neil Adams in the selection of a Medicare Advantage (MA) plan. It is mid-September, and Mrs. Young is going on vacation. Agent Adams is considering suggesting that he and Mrs. Young complete the application together before she leaves. He will then submit the paper

application prior the start of the annual enrollment period (AEP). What would you say If you were advising Agent Adams?

Choose one answer.

○	a. This is a good idea. This locks Mrs. Young into a plan and protects Agent Adams' commission. ✗
◉	b. This is a bad idea. Agents are generally prohibited from soliciting or accepting an enrollment form prior to the start of the AEP. ✓
○	c. This is a bad idea. Mrs. Young should complete an online application now so that Agent Adams will be given immediate credit for his work once the AEP begins. ✗
○	d. This is a good idea. The plan will retain Mrs. Young's application and process it when the AEP begins. ✗

Source: Enrollment Periods Annual Election Period, continued

1

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 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. ✗
○	b. 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. ✗
○	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 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. ✓

Source: Enrollment Periods: Special Enrollment Periods (SEPs), continued

Question**2**

Mr. Garcia 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. He may only use the SEP to disenroll from his MA plan and return to Original Medicare. ✗
○	b. If the SEP is for MA coverage, he will generally have one opportunity to change his MA coverage. ✓
○	c. 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. ✗
◉	d. 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. ✗

Source: Enrollment Periods: Special Enrollment Periods (SEPs), continued

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.

○	a. 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. ✗
○	b. If she believes she received misleading information, she must contact 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. ✓
○	c. She cannot change plans until the next Annual Election Period. ✗
◉	d. She should not tell anyone about her concern with her enrollment in a PFFS plan, because the marketing representative could lose his/her commission. ✗

Source: SEP Contract Violations: Marketing Misrepresentation

1

Which of the following individuals are likely to qualify for a special enrollment period (SEP) for both MA and Part D due to a change of residence?

I. Edward (enrolled in MA and Part D) moves to a new home within the same neighborhood in his existing plan's service area.
II. Fiona (enrolled in MA and Part D) moves cross-country to an area outside her existing plan's service area.
III. Gilbert moves into a plan service area where there is no Part D plan available.
IV. Henry makes a permanent move providing him with new MA and Part D options.

Choose one answer.

○	a. I and II only ✗
◉	b. II and III only ✗
○	c. II and IV only ✓
○	d. I, II, III and IV ✗

Source: Change of Residence

Question**2**

Mr. Rockwell, age 67, is enrolled in Medicare Part A, but because he continues to work and is covered by an employer health plan, he has not enrolled in Part B or Part D. He receives a notice that his employer is cutting back on prescription drug benefits, and as of June his coverage will no longer be creditable. He has come to you for advice. What advice would you give Mr. Rockwell about special enrollment periods (SEPs)?

Choose one answer.

○	a. Mr. Rockwell must wait until the next annual election period (AEP) to sign up for Part D prescription drug coverage. ✗
◉	b. Mr. Rockwell is eligible for a SEP due to his involuntary loss of creditable drug coverage; the SEP begins in June and ends two months later. ✓
○	c. Mr. Rockwell is eligible for a SEP that begins three months before the month in which he receives notice of loss of creditable coverage and ends three months after that month. ✗
○	d. Mr. Rockwell is eligible for a SEP that begins in June and ends three months later, during which he may enroll, disenroll, and reenroll in Part D plans, with his last selection considered binding. ✗

Source: Typical SEPs – Involuntary Loss of Creditable Drug Coverage

Question**3**

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.

○	a. 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. ✗
○	b. 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. ✗
○	c. She will have to wait until the next Annual Election Period to be able to enroll in a plan available in her new location. ✗
◉	d. 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. ✓

Source: Typical SEPs – Change of Residence, continued

Question**4**

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 have a one time opportunity to enroll into a Medigap policy with drug coverage. ✗
◉	b. 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. ✗
○	c. 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. ✗
○	d. 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**5**

Mrs. Schneider 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. Schneider access to a Special Election Period that allows her to make changes to her MA and/or Part D enrollment at any time. ✓
○	b. No. Mrs. Schneider must wait until the Annual Election Period to make any changes in her enrollment in an MA or Part D plan. ✗
○	c. Yes. Mrs. Schneider has a Special Enrollment Period during which she can make a single change to her MA enrollment only. ✗
◉	d. Yes. Individuals who enroll into any portion of their state Medicaid program cannot participate in either MA or Part D. ✗

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

Question**6**

If Mr. Johannsen 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. 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. ✗
○	b. He can only enroll into or disenroll from an MA-PD plan. ✗
○	c. He can enroll in or disenroll from a Part D plan at any time and the subsidy will apply to the plan he chooses. ✓
○	d. He can apply the subsidy amount to his existing plan immediately, but he cannot enroll in a different plan. ✗

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

Question**7**

Mr. Carter, 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.

○	a. 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. The Medicare agency will automatically enroll him into another Part D plan. ✗
○	d. He will need to begin obtaining his drug coverage through his state's Medicaid program. ✗

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

Question **8**

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 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. ✗
○	b. Mr. Chen can disenroll from the employer-sponsored plan and his only option is to choose a Medigap plan. ✗
○	c. 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. ✗
◉	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 revaluate if he really wants to drop his employer coverage. ✓

Source: Typical SEPs – Exceptional Conditions: Employer/Union Group Coverage.

Mary Samuels recently suffered a stroke while visiting her daughter and grandchildren. As a result, Mary has been admitted to a rehabilitation hospital where she is expected to reside for several months. The rehabilitation hospital is located outside the geographic area served by her current Medicare Advantage (MA) plan. What options are available to Mary regarding her health plan coverage?

Choose one answer.

○	a. Mary may make an unlimited number of MA enrollment requests and may disenroll from her current MA plan. ✓
◉	b. Mary may make one change to either Original Medicare or another MA under the special enrollment period available to institutionalized individuals. ✗
○	c. Mary may enroll in another MA plan coupled with a Medigap plan under the special enrollment period available to institutionalized individuals. ✗
○	d. Mary's only option in this situation is to return to Original Medicare. ✗

Source: MA Open Enrollment Period for Institutionalized Individuals (OEPI) Part D SEP for Institutionalized Individuals

Question**2**

Mr. Roberts is enrolled in an MA plan. He recently suffered complications following hip replacement surgery. As a result, he has spent the last three months in Resthaven, a skilled nursing facility. Mr. Roberts is about to be discharged. What advice would you give him regarding his health coverage options?

Choose one answer.

○	a. His open enrollment period as an institutionalized individual will continue for two months after the month he moves out of the facility. ✓
○	b. His open enrollment period as an institutionalized individual will continue for 12 months following his date of discharge. ✗
◉	c. Mr. Roberts must return to Original Medicare within two months of discharge, but he may continue to enroll and disenroll in Part D for 12 months following discharge. ✗
○	d. Mr. Roberts has two months following his discharge to continue under his current MA plan before he must return to Original Medicare for the remainder to the calendar year. ✗

Source: MA Open Enrollment Period for Institutionalized Individuals (OEPI) Part D SEP for Institutionalized Individuals

Question**3**

Mrs. Lenard is enrolled in a Medicare Cost plan. Recently the cost plan has transitioned to a Medicare Advantage (MA) contract, and Mrs. Lenard has been told that she has been subject to "deemed enrollment." What does this mean?

Choose one answer.

	a. The Cost plan has terminated, and Mrs. Lenard has been automatically enrolled in Original Medicare (Parts A and B) and a Part D plan. ✗
	b. Mrs. Lenard will be automatically enrolled in an MA plan offered by the same organization as the cost plan, with an option to change at the next annual enrollment period (AEP). ✗
●	c. The Cost plan has terminated, and Mrs. Lenard has been automatically enrolled in Original Medicare (Parts A and B). ✗
	d. Mrs. Leonard will be automatically enrolled in an MA plan offered by the same organization as the cost plan, notified by CMS, and given the opportunity to choose another option. ✓

Source:Cost Plan Enrollment Periods, continued

1

You are completing a PFFS plan sale to Mr. West 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 should not include Mr. West's phone number on the enrollment form in case he is on the "Do Not Call" registry. ✗
●	b. You need to get Mr. West'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. West to avoid influencing his answers. ✗
	c. You need to ask Mr. West 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. ✗
	d. You need to get Mr. West'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. ✓

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. 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. ✗
◉	b. 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. ✗
○	c. A $20 gift certificate thanking her for enrolling. ✗
○	d. Evidence of plan membership, information on how to obtain services, and the effective date of coverage. ✓

Source:Post-Enrollment Request: Beneficiary Notifications, continued, and Post-Enrollment Request: Beneficiary Notifications, continued

Question**3**

Mrs. Reynolds 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.

○	a. 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. ✓
○	b. 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. ✗
◉	c. Coverage always begins on the first of July, or the first of January after a beneficiary enrolls, whichever comes first. ✗
○	d. 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: When does coverage begin?

Question**4**

You meet with Mrs. Wilson to complete her enrollment in a Medicare Advantage plan. You tell her that there will be an enrollment verification process to confirm that she is enrolled in the plan

that she requested and understands the plan features and rules. What should Mrs. Wilson expect regarding the verification process?

Choose one answer.

- a. Mrs. Wilson will be contacted by you within one week for a follow-up appointment to handle the verification process. ✗
- b. Mrs. Wilson will be contacted by the plan sponsor within 15 calendar days of receipt of the enrollment request. ✓
- c. You will contact Mrs. Wilson within 10 calendar days to set up a joint call with the plan's home office to verify that she has enrolled in a plan of her choice and understands its features and rules. ✗
- d. Your assistant will contact Mrs. Wilson within seven calendar days to set up a joint call with the plan's home office to verify that she has enrolled in a plan of her choice and understands its features and rules. ✗

Source: Post-Enrollment Request: Outbound Verification Calls

1

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 should not expect to get in to see her doctor any more quickly since she is a Medicare patient. ✗
- b. She must write to the plan and wait for a response and then she could file a grievance if she is still dissatisfied. ✗
- c. She should call the doctor's office to complain since the plan cannot do anything about the doctor's schedule. ✗
- d. She could file a grievance with her plan to complain about the lack of timeliness in getting an appointment. ✓

Source: Enrollee Protections: Grievances

Question**2**

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.

◉	a. You could suggest he call the doctor who performed the surgery to complain about the costs and ask for a discount on the charges. ✗
○	b. You can offer to review the plans appeal process to help him ask the plan to review the coverage decision. ✓
○	c. You could remind him that he cannot do anything until the next Annual Election Period when he will have an opportunity to change plans. ✗
○	d. You could reassure him that such charges are typical, but if he needs assistance in paying, he should apply to the state. ✗

Source: Enrollee Protections: Coverage Decisions and Enrollee Protections: Appeals of Coverage Decisions.

1

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 have the option to disenroll members, but if they choose to do so, they must act immediately and cannot permit a grace period. ✗
○	b. 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. ✗
○	c. 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. ✓
○	d. 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. ✗

Source: Optional Involuntary Disenrollment from MA, Part D, or Cost Plans – Failure to Pay Premium and Optional Involuntary Disenrollment from MA, Part D, or Cost Plans, continued

Question**2**

Mrs. Valentino is currently enrolled in a Medicare Cost plan. This plan is no longer meeting her needs, but it is now mid-year and past the annual election period (AEP). What would you say to Mrs. Valentino regarding her options?

Choose one answer.

◉	a. Mrs. Valentino must remain enrolled in the Medicare Cost plan until the next AEP. ✗
○	b. Mrs. Valentino can call Medicare, request to be disenrolled from the Cost plan, and enroll in Original Medicare. ✗
○	c. Mrs. Valentino qualifies for a special enrollment period, which will allow her to immediately enroll in a MA-PD plan of her choice. ✗
○	d. Mrs. Valentino can submit a written request to Medicare to be disenrolled from the Cost plan and enroll in Original Medicare. ✓

Source: Voluntary Disenrollment from Cost Plans

Question**3**

Mr. Fitzgerald is selling his home to permanently 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.

○	a. He can keep his plan indefinitely because prescription drug plan's must be available to all beneficiary's regardless of where they live. ✗
○	b. 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. ✗
◉	c. 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. ✗
○	d. 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. ✓

Source: Required Involuntary Disenrollment from MA or Part D Plans

Question**4**

Mrs. Murdock 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 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. ✗
○	b. 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. ✓
◉	c. 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. ✗
○	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, continued

Question**5**

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 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 ✗
○	b. She only needs to enroll in the new MA-PD plan and she will automatically be disenrolled from her old MA plan. ✓
◉	c. 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. ✗
○	d. 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. ✗

Source: Voluntary Disenrollment from MA or Part D Plans.

1

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 stand-alone prescription drug plan in combination with a PFFS plan or a PFFS Medigap Supplemental Insurance plan. ✗
○	c. 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. ✗
○	d. A PFFS plan offering only medical benefits or a PFFS Medigap Supplemental Insurance plan. ✗

Source: Enrollment Rules.

Question**2**

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. You may correct the information, but she will need to write a brief statement indicating she authorized you to make the change. ✗
◉	b. 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. ✗
○	c. You may correct the information since it was a simple mistake. You do not need to do anything further to the application form. ✗
○	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? continued

Question**3**

Mr. Sanchez 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 not need to do anything. His entitlement to Part A makes him eligible to enroll in any Medicare Advantage plan. ✗
○	c. As long as his employer offers coverage that is equivalent to Medicare's, he cannot enroll in Part B. ✗
○	d. He will have to enroll in Part B. ✓

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

Question**4**

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. 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. ✓
○	b. If the enrollment form is countersigned by one of Mr. Tully's treating physicians, she can sign it for him. ✗
○	c. A signature is not necessary since Mr. Tully is not physically or mentally capable of filling out and signing the form. ✗
◉	d. Mr. Tully's daughter can do so because she is an immediate family member who has taken responsibility for her father's care. ✗

Source: Who May Complete the Enrollment Form? and Who May Complete the Enrollment Form? Continued.

Question**5**

Phiona works in the IT Department of BestCare Health Plan. Phiona is placed in charge of BestCare's efforts to facilitate electronic enrollment in its Medicare Advantage plans. In setting up the enrollment site, which of the following must Phiona consider?

I. If a legal representative is completing an electronic enrollment request, he or she must first upload proof of his or her authority.
II. All data elements required to complete an enrollment request must be captured.
III. The process must include a clear and distinct step that requires the applicant to activate an "Enroll Now" or "I Agree" type of button or tool.
IV. The mechanism must capture an accurate time and date stamp at the time the applicant enters the online site.

Choose one answer.

	a. I and II only ✗
	b. II and III only ✓
●	c. II, III, and IV only ✗
	d. I, II, III, and IV ✗

Source:Formats of Enrollment Requests – Electronic Enrollment, continued

Question**6**

Mrs. Berkowitz 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. This is not a possibility. If Mrs. Berkowitz wants health coverage and drug coverage through a plan, she must purchase an MA-PD plan. ✗
●	b. Mrs. Berkowitz 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. ✗
	c. Mrs. Berkowitz can enroll in any Medicare Advantage plan, regardless of whether it offers drug coverage, and enroll in any stand-alone Medicare prescription drug plan. ✗
	d. 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. Berkowitz can do this. ✓

Source: Enrollment Rules.

Question**7**

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 should sign the form for Mrs. Nunez yourself, since she informed you, as the plan's representative, that she wanted to enroll. ✗
○	b. 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 ✗
◉	c. 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. ✗
○	d. 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. ✓

Source: Who May Complete the Enrollment Form?

Question**8**

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 D and if he needs drug coverage. ✗
○	b. 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. ✓
◉	c. 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. ✗
○	d. 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 ✗

Source: Enrollment Rules and Who Is Eligible to Enroll in MA or Part D Plans?

Question**9**

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

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

Question**10**

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

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