

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.

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

Correct: Mrs. Shields has experienced a long hospital stay, over the 3-day time period to qualify for skilled nursing and rehabilitative care benefits under Medicare.

Anita Magri will turn age 65 in August 2020. Anita intends to enroll in Original Medicare Part A and Part B. She would also like to enroll in a Medicare Supplement (Medigap) plan. Anita's older neighbor Mel has told her about the Medigap Part F plan in which he is enrolled. It not only provides foreign travel emergency benefits but also covers his Medicare Part B deductible. Anita comes to you for advice. What should you tell her?

b. You are sorry to disappoint Anita but a Medigap Part F plan is no longer available to those who turn age 65 after January 1, 2020. Anita might instead consider other Medigap plans that offer foreign travel benefits but do not cover the Part B deductible. ✓

Correct: Individuals who attain age 65 on or after January 1, 2020 cannot purchase a Medigap plan that pays the Part B deductible. Generally, these are plans C, F, or high deductible F. Anita can still purchase a Medigap plan that provides foreign travel emergency benefits such as plan G.

Juan Perez, who is turning age 65 next month, intends to work for several more years at Smallcap, Incorporated. Smallcap has a workforce of 15 employees and offers employer-sponsored healthcare coverage. Juan is a naturalized citizen and has contributed to the Medicare system for over 20 years. Juan asks you if he will be entitled to Medicare and if he enrolls how that will impact his employer-sponsored healthcare coverage. How would you respond?

Choose one answer.

b. Juan is likely to be eligible for Medicare once he turns age 65 and if he enrolls Medicare would become the primary payor of his healthcare claims and Smallcap does not have to continue to offer him coverage comparable to those under age 65 under its

employer-sponsored group health plan. ✓

Mrs. Quinn recently turned 66 and decided after many years of work to begin receiving Social Security benefits. Shortly thereafter Mrs. Quinn 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 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% coinsurance for these services, in addition to an annual deductible. ✓

Correct: Medicare Part B primarily covers physician services. Enrollees pay a monthly premium based on their income level and have 20 percent coinsurance cost-sharing with the exception of preventive benefits.

Madeline Martinez was widowed several years ago. Her husband worked for many years and contributed into the Medicare system. He also left a substantial estate which provides Madeline with an annual income of approximately \$130,000. Madeline, who has only worked part-time for the last three years, will soon turn age 65 and hopes to enroll in Original Medicare. She comes to you for advice. What should you tell her?

Choose one answer.

d. You should tell Madeline that she will be able to enroll in Medicare Part A without paying monthly premiums due to her husband's long work record and participation in the Medicare system. You should also tell Madeline that she will pay Part B premiums at more than the standard lowest rate but less than the highest rate due her substantial income. ✓

Mr. Xi will soon turn age 65 and has come to you for advice as to what services are provided under Original Medicare. What should you tell Mr. Xi that best describes the health coverage provided to Medicare beneficiaries?

Choose one answer.

a. Beneficiaries under Original Medicare have no cost-sharing for most preventive services which

include immunizations such as annual flu shots. ✓

Mr. Moy'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. Moy?

Choose one answer.

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. ✓

Correct: Medicare Supplement Insurance (Medigap) helps to cover Part A and Part B cost-sharing in Original Medicare as well as possibly offering some services such as medical care when a beneficiary travels outside the United States.

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.

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

Correct: Individuals with coverage based on their own current employment are not subject to the late enrollment penalty.

Marks: 1

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

Choose one answer.

b. 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. ✓

Correct: Part D provides prescription drug coverage. Premiums, plan formularies, and cost-sharing, among other factors, may change from one plan year to another.

Mr. Singh would like drug coverage but does not want to be enrolled in a Medicare Advantage plan. What should you tell him?

Choose one answer.

a. Mr. Singh can enroll in a stand-alone prescription drug plan and continue to be covered for Part A and Part B

Correct: Prescription drug coverage is available to those who enroll in a stand-alone Part D

services through Original Fee-for-Service Medicare. ✓

prescription drug plan and continue coverage under Original Medicare Part A and Part B.

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.

c. After receiving such disability payments for 24 months, he will be automatically enrolled in Medicare, regardless of age. ✓

Correct: Individuals with disabilities who are under age 65 are automatically enrolled in Medicare Parts A and B the month after they have received Social Security or Railroad Retirement disability benefits for 24 months.

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 age 65 or older and those under age 65 with certain disabilities, end-stage renal disease, and Lou Gehrig's disease so she will be eligible for Medicare. ✓

Correct: Individuals that meet these criteria may be eligible to participate in Medicare. It is not based on income.

What impact, if any, will recent regulatory changes have upon Medigap plans?

Choose one answer.

b. The Part B deductible will no longer be covered for individuals newly eligible for Medicare starting January 1, 2020. ✓

Correct: Starting January 1, 2020, Medigap plans sold to individuals who are newly eligible to Medicare will not be allowed to cover the Part B deductible. If an individual already had one of the plans before January 1, 2020, they will be able to keep their plan. If an individual was eligible for Medicare before January 1, 2020, but not yet enrolled, his or she may be able to purchase one of these plans.

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 A, which covers hospital, skilled nursing facility, hospice,

Correct: Original Medicare consists of Part A and Part B.

and home health services and Part B, which covers professional services such as those provided by a doctor are covered under Original Medicare. ✓

Agent John Miller is meeting with Jerry Smith, a new prospect. Jerry is currently enrolled in Medicare Parts A and B. Jerry has also purchased a Medicare Supplement (Medigap) plan which he has had for several years. However, the plan does not provide drug benefits. How would you advise Agent John Miller to proceed?

Choose one answer.

a. Tell prospect Jerry Smith that he should consider adding a standalone Part D prescription drug coverage policy to his present coverage. ✓

Correct: Agent John Miller can help prospect Jerry select a standalone Part D prescription drug plan that complements his current Original Medicare and Medigap coverage. Alternatively, Agent Miller can suggest that Jerry drop his Medigap coverage and enroll in a MA-PD plan.

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 help beneficiaries cover coinsurance, co-payments, and/or deductibles for medically necessary services. ✓

Correct: Medigap plans help beneficiaries cover coinsurance, co-payments, and/or deductibles when Original Medicare determines that a benefit is medically necessary.

Mr. Wu is eligible for Medicare. He has limited financial resources but failed to qualify for the Part D low-income subsidy. Where might he turn for help with his prescription drug costs?

Choose one answer.

a. Mr. Wu may still qualify for help in paying Part D costs through his State Pharmaceutical Assistance Program. ✓

Correct: A State Pharmaceutical Assistance Program may be able to provide assistance with prescription drug costs for those who are of limited means but do not qualify for the Part D low-income subsidy.

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.

d. Original Medicare covers ambulance services. ✓

Correct: Original Medicare does cover ambulance services.

Mr. Davis is 52 years old and has recently been diagnosed with end-stage renal disease (ESRD) and will soon begin dialysis. He is wondering if he can obtain coverage under Medicare. What should you tell him?

Choose one answer.

c. He may sign-up for Medicare at any time however coverage usually begins on the fourth month after dialysis treatments start. ✓

Correct: Individuals with ESRD may sign up for Medicare at any time. Coverage typically begins on the fourth month after dialysis treatments start, but it could be earlier if certain conditions are met.

Marks: 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.

b. Most individuals who are citizens and age 65 or over 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. ✓

Correct: Most individuals who are citizens and age 65 or older may qualify for coverage either because they pay a monthly premium or because they paid Medicare taxes while working for a specific duration.

Daniel is a middle-income Medicare beneficiary. He has chronic bronchitis, putting him at severe risk for pneumonia. Otherwise, he has no problems functioning. Which type of SNP is likely to be most appropriate for him?

Choose one answer.

a. C-SNP ✓

Correct: Because Daniel's bronchitis is a chronic condition, a Chronic condition SNP would be most appropriate for him to enroll in.

Marks: 1

Mrs. Kelly, age 65, is entitled to Part A but has not yet enrolled in Part B. She is considering enrollment in a Medicare Advantage plan (Part C). What should you advise her to do before she will be able to enroll in a Medicare Advantage plan?

Choose one answer.

a. In order to join a Medicare Advantage plan, she also must enroll in Part B. ✓

Correct: Eligibility to enroll in a Medicare Advantage plan requires entitlement to benefits under Part A and enrollment in Part B.

Marks: 1

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

Choose one answer.

d. Medicare Advantage 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. ✓

Correct: Some Medicare Advantage Plans offer extra benefits that Original Medicare does not cover. Also, Original Medicare does not have a maximum out-of-pocket limit.

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

Choose one answer.

a. SNPs limit enrollment to certain subpopulations of beneficiaries. Given his current situation, he is unlikely to qualify and would not be able to enroll in the SNP. ✓

Correct: Mr. Greco's circumstances would not meet the eligibility criteria to qualify him for any of the SNPs.

Marks: 1

Mr. Barker enjoys a comfortable retirement income. He recently had surgery 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.

d. You can offer to review the plans appeal process to help him ask the plan to review the coverage decision. ✓

Correct: Medicare Advantage (MA) plan enrollees have a right to obtain a review (appeal) to certain decisions about health care payment, coverage of services, or prescription drug coverage. Medicare health plans must provide enrollees with a written description of the appeals process.

Marks: 1

Dr. Elizabeth Brennan does not contract with the ABC PFFS plan but accepts the plan's terms and conditions for payment. Mary Rodgers sees Dr. Brennan for treatment. How much may Dr. Brennan charge?

Choose one answer.

d. Dr. Brennan can charge Mary Rogers no more than the cost sharing specified in the PFFS plan's terms and condition of payment which may include balance billing up to 15%of the Medicare rate. ✓

Correct: Because Dr. Brennan accepts the plan's terms and conditions for payment, she is permitted to charge this amount.

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.

d. Mrs. Ramos can obtain care from any provider who participates in Original Medicare, but generally will have a higher cost-sharing amount if she sees a provider who/that is not a part of the PPO network. ✓

Correct: MA-PPO enrollees may seek care from any provider who accepts Medicare. However, enrollees are typically responsible for higher cost-sharing payments if their provider is out-of-network.

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.

b. In most Medicare Advantage HMOs, Mr. Kumar must generally obtain his services only from providers who have a contractual relationship with the plan (except in an emergency or where care is unavailable within the network). ✓

Correct: In most Medicare Advantage HMOs, as a general rule, an enrollee must obtain services only from providers who have a contractual relationship with the plan. An exception is made for emergency care.

Marks: 1

Mrs. Davenport enrolled in the ABC Medicare Advantage (MA) plan several years ago. In mid-February of 2021, her doctor confirms a diagnosis of end-stage renal disease (ESRD). What options will Mrs. Davenport have regarding her MA plan during the next open enrollment season?

Choose one answer.

b. She may remain in her ABC MA plan, enroll in another MA plan in her service area, or enroll in a Special Needs Plan (SNP) for individuals

Correct: Mrs. Davenport has three clear choices: (1) remain in the ABC MA plan, (2) enroll in another MA plan in her service area, or (3) enroll in a

suffering from ESRD if one is available in her area. ✓

Special Needs Plan (SPN) for persons suffering from ESRD if one is available in her area.

Marks: 1

Mrs. Chou likes a Private Fee-for-Service (PFFS) plan available in her area that does not include drug coverage. She wants to enroll in the plan and enroll in a stand-alone prescription drug plan. What should you tell her?

Choose one answer.

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

Correct: An individual enrolled in a MA PFFS plan that does not include a Part D benefit may enroll in a stand-alone Part D prescription drug plan. This is true even if the organization offers another PFFS plan under the same MA contract that includes a Part D benefit.

Marks: 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 Advantage (MA) plan?

Choose one answer.

a. She cannot enroll in an MA Medical Savings Account (MSA) plan. ✓

Correct: Mrs. Walters is a dual-eligible. Dual eligible beneficiaries may enroll in any type of MA plan except a MA Medical Savings Account (MSA) plan.

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

Choose one answer.

d. Medicare Advantage is a way of covering all the Original Medicare benefits through private health insurance companies. ✓

Correct: Medicare Advantage is a way of covering Original Medicare, Part A and Part B benefits, through private health insurance plans.

Mr. Castillo, a naturalized citizen, previously enrolled in Medicare Part B but has recently stopped paying his Part B premium. Mr. Castillo is still covered by Part A. 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.

d. He is not eligible to enroll in a Medicare Advantage plan until he re-enrolls in Medicare Part B. ✓

Correct: In order to enroll in a Medicare Advantage (MA) plan, an individual must be entitled to Part A and enrolled in Part B. Mr. Castillo is covered by Plan A but no longer enrolled in Medicare Part B so he cannot enroll in MA plan until he re-enrolls in Part B.

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.

b. 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. ✓

Correct: MSA enrollees must enroll in a stand-alone prescription drug plan (PDP) if they want prescription drug benefits.

Mrs. Burton is a retiree with substantial income. She is enrolled in an MA-PD plan and was disappointed with 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 would not have to put up with such poor access to care. What could you tell her?

Choose one answer.

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

Correct: Enrollees or their representatives may file a grievance if they experience problems with their health care services, such as timeliness, appropriateness, access to, and/or setting of a provided health service, procedure, or item.

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 as his current HMO plan requires him to do. What should you tell him?

Choose one answer.

a. He may receive health care services from any doctor allowed to bill Medicare, 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. ✓

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

a. Mrs. Radford must be entitled to Part A and enrolled in Part B to enroll in Medicare Advantage. ✓

Correct: To be eligible to enroll in Medicare Advantage, an individual must be entitled (not enrolled) to Part A and enrolled in Part B.

Which statement best describes PACE plans?

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. ✓

Correct: PACE is a program that helps people meet their healthcare needs in the community instead of going to a nursing home or other care facility. It accomplishes this through a comprehensive medical and social delivery system.

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?

a. They are Medicare health plans such as HMOs, PPOs, PFFS, and MSAs. ✓

Correct: There are coordinated care Medicare Advantage plans that include HMOs and PPOs. There are also Private-Fee-for-Service (PFFS), Medicare Savings Account (MSA), and Special Needs Plans (SNPs).

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?

c. 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. ✓

Correct: Chronic condition SNPs (C-SNPs) restrict enrollment and tailor services to individuals with chronic conditions, such as Mr. Sinclair. All SNPs include prescription drug coverage.

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?

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

All plans must cover at least the standard Part D coverage or its actuarial equivalent. Which of the following statements best describes some of the costs a beneficiary would incur for prescription drugs under the standard coverage?

c. Standard Part D coverage would require payment of an annual deductible, and once past the catastrophic coverage threshold, the beneficiary pays whichever is greater of either the co-pays for generic and brand name drugs or coinsurance of 5%. ✓

Choose one answer.

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 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. ✓

Correct: Form not on a Part formulary.

Marks: 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 the prescriptions that she has lost. How would you advise her?

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. ✓

Correct: There are pharmacies. However, enrollees.

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?

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. ✓

Which of the following statements about Medicare Part D are correct?

- I. Part D plans must enroll any eligible beneficiary who applies regardless of health status except in limited circumstances.
- II. Private fee-for-service (PFFS) plans are not required to use a pharmacy network but may choose to have one.
- III. Beneficiaries enrolled in a MA-Medical Savings Account (MSA) plan may only obtain Part D benefits through a standalone PDP.
- IV. Beneficiaries enrolled in a MA-PPO may obtain Part D benefits through a standalone PDP or through their plan.

b. I, II, and III only ✓

Choose one answer.

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. ✓

Marks: 1

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.

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. ✓

Marks: 1

One of your clients, Lauren Nichols, has heard about a Medicare concept from one of her neighbors called TrOOP. She asks you to explain it. What do you say?

Choose one answer.

d. TrOOP stands for true out-of-pocket expenses that count toward the Medicare Part D catastrophic limit and include not only expenses paid by a beneficiary but also in some instances drug manufacturer discounts. ✓

Marks: 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. She currently does not have creditable coverage. What could you tell her about the implications of such a decision?

- If she does not sign up for a Medicare prescription
- Drug plan as soon as she is eligible to do so, and 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. ✓

Choose one answer.

Marks: 1

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.

d. An individual 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. ✓

Question12

Marks: 1

Mrs. Roswell is a new Medicare beneficiary who has just retired from retail work. She 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.

b. Every Part D drug plan is required to cover a single one-month fill of her existing medications sometime during a 90-day transition

period. ✓

Question13

Marks: 1

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.

b. 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. ✓

Question14

Marks: 1

Mrs. Lopez is enrolled in a cost plan for her Medicare benefits. 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.

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

Question15

Marks: 1

Mr. Shapiro gets by on a very small amount of 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.

c. The extra help is available to beneficiaries whose income and assets do not exceed annual limits specified by the government. ✓

Question16

Marks: 1

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 within the last two weeks. How would you advise him?

Choose one answer.

d. 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. ✓

Question17

Marks: 1

Mr. Wingate is a newly enrolled Medicare Part D beneficiary and one of your clients. In addition to drugs on his plan's formulary he takes several other medications. These include a prescription drug not on his plan's formulary, over-the-counter medications for colds and allergies, vitamins, and drugs from an Internet-based Canadian pharmacy to promote hair growth and reduce joint swelling. His neighbor recently told him about a concept called TrOOP and he asks you if any of his other medications could count toward TrOOP should he ever reach the Part D catastrophic limit. What should you say?

Choose one answer.

b. None of the costs of Mr. Wingate's other medications would currently count toward TrOOP but he may wish to ask his plan for an exception to cover the prescription not on its formulary. ✓

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.

b. He could check with the manufacturers of his medications to see if they offer an assistance program to help people with limited means to 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. ✓

Question19

Marks: 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.

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. ✓

Question20

Marks: 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.

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. ✓

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. ✓

Correct. Educational events must be explicitly advertised as educational

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.

d. You will not be able to represent any Medicare Advantage or Part D plan until you complete the training and achieve an adequate score. However, you will not have to take a test if you exclusively market employer/union group plans and the companies do not require testing. ✓

Correct: You are required to pass the test in order to represent any Medicare Advantage or Part D plans. There is no testing requirement for agents/brokers that only market employer/union group plans.

Question3

Marks: 1

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.

d. You may provide light snacks, but a Thanksgiving style meal would be prohibited, regardless

Correct: Presentations may include light snacks, but marketing representatives must

of who provides or pays for the meal. ✓

not provide full meals even if another entity provides or subsidizes the meal.

Question4

Marks: 1

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.

b. Gift cards or gift certificates of \$15 or less that can be readily converted to cash. ✓

Correct: This statement is correct because the question is looking for what is NOT allowed in sales event situation in regard to gifts. Marketing representatives may *not* offer gifts in the form of cash or that can easily be converted to cash.

Question5

Marks: 1

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

Choose one answer.

a. You must have her sign a scope of appointment form, indicating which products she wishes to discuss. You may then proceed with the discussion. ✓

Correct: A signed scope of appointment form describing the types of products she wishes to discuss must be completed before you begin your discussion.

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.

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

Correct: Centers for Medicare and Medicaid Services (CMS), the government agency responsible for Medicare, does not endorse or recommend any of the Medicare Advantage (MA) plans it approves. Medicare beneficiaries should choose either Original Medicare or a MA plan based on their particular needs and circumstances.

Question7

Marks: 1

ABC is a Medicare Advantage (MA) plan sponsor. It would like to use its enrollees' 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.

b. Authorization may be obtained by directing a beneficiary to a website to provide consent as long as the website includes a mechanism for an electronic signature that is valid under applicable law. ✓

Correct: A plan sponsor must obtain HIPAA authorization from an enrollee prior to using or disclosing the enrollee's information to market non-health related items such as life insurance. Authorization can be obtained by directing a beneficiary to a website to provided consent as long as the website contains a mechanism for an electronic signature that is valid under applicable law. Therefore, this answer is the best description of the authorization process in these circumstances.

Marks: 1

Agent Martinez wishes to solicit Medicare Advantage prospects through e-mail and asks you for advice as to whether this is possible. What should you tell her?

Choose one answer.

d. Marketing representatives may initiate electronic contact through e-mail but an opt-out process must be provided. ✓

Correct: A marketing representative may initiate electronic contact through e-mail since that is now considered general audience marketing similar to print media. Rules regarding unsolicited contact do not apply to marketing through these materials. However, use of electronic media must provide an opt-out process.

Marks: 1

Melissa Meadows is a marketing representative for Best Care which has recently introduced a Medicare Advantage plan offering comprehensive dental benefits for \$15 per month. Best Care has not submitted any potential posts to CMS for approval. Melissa would like to use the power of social media to reach potential prospects. What advice would you give her?

Choose one answer.

d. If permitted under the terms of her contract, Agent Meadows could post a tweet stating that "Best Care offers an array of Medicare Advantage

Correct: As long as Agent Meadows's contract with Best Care does not prohibit her from writing and posting

benefit packages. One might be right for you. Call me to find out more!" ✓

her own communications content, she could post this tweet because it does not contain any marketing content, such as plan-specific benefits, premiums, cost-sharing, or Star Ratings.

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 on October 15. During the appointment, what are you permitted to do?

Choose one answer.

d. You may provide her with the required enrollment materials and take her completed enrollment application. ✓

Correct: Because you are meeting for an individual marketing appointment, you are permitted to distribute plan materials and accept enrollment forms.

One of your colleagues argues that it is better to focus your time and energy exclusively in neighborhoods with single-family homes. He further argues that their older owners are more likely to have higher incomes and purchase the Medicare Advantage products you represent compared to those living in apartment complexes. How should you respond?

Choose one answer.

a. This could be considered discriminatory activity and a prohibited practice. ✓

Correct: Marketing representatives must not engage in any activity that would be considered discriminatory such as attempting to recruit Medicare beneficiaries from higher-income areas without making comparable efforts to recruit Medicare beneficiaries from lower-income areas.

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 ensure that the educational event is an informative event and must not conduct a sales presentation or distribute or accept enrollment forms at the event. ✓

Correct: Sales presentations and distribution or acceptance of enrollment forms are prohibited when an event is advertised as educational.

Marks: 1

Miguel Sanchez is a relatively new agent who has come to you for advice as to what he can do during the Medicare Advantage Open Enrollment Period (MA-OEP). What advice should you give Miguel?

Choose one answer.

c. During the MA-OEP, Miguel can have one-on-one meetings with beneficiaries who have requested such meetings. ✓

Correct: During the MA-OEP, those enrolled in a Medicare Advantage plan have the opportunity to change plans or enroll in Original Medicare. Marketing representatives may respond to beneficiary requests for one-on-one meetings.

Part 4, Slide – Open Enrollment Period - Marketing Prohibitions , and Slide - Promoting Health

Question14

Marks: 1

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.

d. Agent Armstrong needs to be licensed and appointed in every state in which beneficiaries to whom he markets ABC MA plans are located. ✓

Correct: State licensure and plan appointment applies to the states where the beneficiaries are being marketed to are located.

Question15

Marks: 1

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

Choose one answer.

c. 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. ✓

Correct: Marketing representatives may engage in marketing activities in a retail pharmacy in common areas. In a retail pharmacy, this would be areas away from the pharmacy counter where patients receive services from the pharmacist.

Question16

Marks: 1

Agent Lopez helps Ralph to enroll in Top Choice Medicare Advantage plan during the Annual Open Enrollment Period. Ralph's effective enrollment date is January 1st. Ralph disenrolls on February 12th because he discovers that the plan does not cover services furnished by several of his longtime providers. Which of the following statements best describes the impact of Ralph's action upon Agent Lopez's compensation?

Choose one answer.

d. Agent Lopez's entire compensation must be recouped because Ralph disenrolled within 3 months of enrollment. ✓

Correct: Agent Lopez's entire compensation must be recouped. If a beneficiary disenrolls within the first 3 months of enrollment (referred to as "rapid disenrollment"), the entire compensation amount must be recouped because Ralph's situation does not fall under any of the excepted circumstances such as becoming LIS eligible.

Question17

Marks: 1

Agent 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.

b. Yes. When an event has been advertised as "educational," discussing plan-specific premiums is impermissible. ✓

Correct: Discussion or distribution of plan-specific information is prohibited at any educational event.

Question18

Marks: 1

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

c. Medicare Advantage (MA) and Prescription Drug (PDP) plans. ✓

Correct: The CMS Communication and Marketing Guidelines apply to MA and PDP plans.

Question19

Marks: 1

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 must submit your materials to the plan you represent, so CMS can review and approve the materials to ensure they are accurate. ✓

Correct: CMS must review and approve the materials in order for you to use them. The approval process

requires that the plan you represent submit the materials.

Question20

Marks: 1

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.

d. Marketing in health care facilities is an acceptable practice, as long as it takes place in common areas where patients are not receiving health care services. ✓

Correct: Marketing representatives may engage in marketing activities in common areas in a health care setting.

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

Choose one answer.

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

Correct: Under a Medicare Advantage (MA) SEP, beneficiaries generally have one opportunity to change their MA coverage. Beneficiaries also have the opportunity to return to Original Medicare.

Mrs. Pierce would like to enroll in a Medicare Cost plan that offers Part D prescription drug coverage. She comes to you for advice about when she can enroll in a plan you have previously discussed. What should you tell her?

Choose one answer.

c. Enrollment in Cost plans offering Part D coverage is available only during enrollment periods under the Part D program, and Cost plans must accept enrollments during these periods. ✓

Correct: Cost plans offering Part D coverage may only make this benefit available during the enrollment periods available under the Part D program, and they are required to accept Part D enrollments during these periods.

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

Choose one answer.

b. He can make as many enrollment changes as he likes during the Annual Election

Correct: Beneficiaries may make more than one enrollment choice during the AEP, but the last one made prior to the end of the AEP, as

Period and the last choice made prior to the end of the period will be the effective one as of January 1. ✓

determined by the date the plan or marketing representative receives the completed enrollment form, will be the election that takes effect.

Question4

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.

b. During the MA Open Enrollment Period, from January 1 – March 31, she may disenroll from the MA-PD plan into Original Medicare and also may add a stand-alone prescription drug plan. ✓

Correct: During the MA OEP, as an MA-PD enrollee Mrs. Goodman may disenroll from her plan, return to Original Medicare and enroll in a stand-alone Part D prescription drug plan.

Source: Part 5, Slide - Enrollment Periods: MA Open Enrollment Period (MA OEP)

Question5

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. ✓

Correct. Mary's admission to a rehabilitation hospital makes her eligible for an Open Enrollment Period for Institutionalized Individuals (OEPI). OEPI-eligible individuals are permitted to make unlimited MA enrollment requests and disenroll from their MA plan.

Question6

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 mechanism must advise each individual at the beginning of the process that he or she is completing an actual enrollment request.

IV. The mechanism must capture an accurate time and date stamp at the time the applicant enters the online site.

Choose one answer.

	b. II and III only ✓	Correct. All data elements necessary for an enrollment request must be captured, and the individual must be advised that he or she is completing an actual enrollment request.
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Source: Module 5, Slide – Formats of Enrollment Requests – Electronic Enrollment, continued

Question7

Mrs. Ridgeway enrolled in Original Medicare and Medigap coverage following her retirements several years ago. Four months ago, Mrs. Ridgeway dropped her Medigap policy to enroll in a Medicare Advantage (MA) plan for the first time. Unfortunately, Mrs. Ridgeway has found that many of her providers are not in the MA plan's network. She has come to you for advice? What should you tell her?

Choose one answer.

	c. She qualifies for a special enrollment period (SEP) that will allow her to make a one-time election to return to Original Medicare and she also has a guaranteed eligibility period to rejoin her Medigap plan. ✓	Correct. Individuals who drop their Medigap policy to enroll in a MA plan for the first time are eligible for a Special Enrollment Period in order to return to Original Medicare. This SEP also provides them with guaranteed eligibility to rejoin a Medigap plan.
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Source: Module 5, Slide – Typical SEPs – Individuals Who Dropped a Medigap Policy to Enroll for the First Time in a MA Plan

Question8

Which of the following individuals is most likely to be eligible to enroll in a Medicare Advantage (MA) or Part D Plan?

Choose one answer.

	b. Jose, a grandfather who was granted asylum and has worked in the United States for many years. ✓	Correct: Jose, having been granted asylum, is legally present in the United States thus meeting one of the criteria for MA and Part D eligibility.
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Source: Part 5, Slide 7 – Who is Eligible to Enroll in MA or Part D Plans?

Question9

Ms. Gonzales decided to remain in Original Medicare (Parts A and B) and Part D during the Annual Enrollment Period (AEP). At the beginning of January, her neighbor told her about the Medicare Advantage (MA) plan he selected. He also told her there was an open

enrollment period that she might be able to use to enroll in a MA plan. Ms. Gonzales comes to you for advice shortly after speaking to her neighbor. What should you tell her? Choose one answer.

b. There is a MA Open Enrollment Period (OEP) that takes place between January 1 and March 31, but Ms. Gonzales cannot use it because eligibility to use the OEP is available only to MA enrollees. ✓

Correct: The Medicare Advantage Open Enrollment Period (MA OEP) is only available to those who have enrolled in Medicare Advantage. It is not available to those who chosen coverage through Original Medicare. Since Ms. Gonzales chose to remain in Original Medicare, she cannot change plans during the MA OEP.

Source: Module 5, Slide – Enrollment Periods MA Open Enrollment Period (MA OEP) and Slide- Enrollment Periods MA OEP, Limitations

Question10

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

Choose one answer.

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

Correct. This statement may discourage Mrs. Pearson from enrollment due to her health status. Therefore, this type of statement would be prohibited.

Source: Module 5, Slide - Enrollment Discrimination Prohibitions, Slide - Enrollment Discrimination Prohibitions, cont’d

Question11

Ms. Claggett is sixty-six (66) years old. She has been covered under Original Medicare for the last six years due to her disability and 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” (IEP) 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.

d. 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. ✓

Correct: The Part D IEP begins three months before the month an individual meets the eligibility requirements for Part B and ends three months after the month of eligibility. Individuals eligible for

Medicare prior to age 65 due to disability have an initial enrollment period (IEP) when they first become eligible for Part B and a second IEP when attaining age 65. Mrs. Claggett is now 66 years old and her Part D IEP based on attaining age 65 has now expired so she will not be able to use it to enroll in Part D.

Source: Part 5, Slide - Enrollment Periods: Part D Initial Enrollment Period (IEP), Slide - Medicare Enrollment - Parts A and B (automatic enrollment for disabled)

Question12

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 and she is considered a dual eligible. Will gaining eligibility for this program affect her ability to enroll in a Medicare Advantage or Medicare Prescription Drug plan?

Choose one answer.

b. Yes. Qualifying for this state program gives Mrs. Schneider access to a Special Enrollment Period that allows her to make changes to her MA and/or Part D enrollment during the first 9 months of each calendar year. ✓

Correct: Mrs. Schneider is entitled to a Special Enrollment Period (SEP) because, in addition to having Parts A and B, she is now receiving Medicaid assistance through her state's program. As a dual eligible, her SEP takes place during the first 9 months of the year.

Source: Module 5, Slide – Typical SEPs – Beneficiaries who are dual eligible or who have LIS eligibility

Question13

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

Correct: Mrs. Walters is eligible to enroll in Part D because she is entitled to Part A. An individual is eligible to enroll in Part D if the individual is entitled to Part A or enrolled in Part B.

Source: Part 5, Slide #6 - Who is Eligible to Enroll in MA or Part D Plans?

Question14

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.

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

Correct: Eligibility to enroll in a PFFS plan is based on entitlement to Medicare Part A and enrollment in Part B. In addition, in order to enroll in a specific PFFS plan, the individual must permanently reside in the plan's service area.

Source: Module 5, Slide – Who Is Eligible to Enroll in MA and Slide – Who Is Eligible to Enroll in MA or Part D Plans? Continued

Question15

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 a durable power of attorney for health care decisions, or is authorized under state surrogate consent laws to make health decisions. ✓

Correct: CMS will permit someone to sign on behalf of a beneficiary if they are a legal representative or individual authorized under state law, such as a court-appointed legal guardian, someone with a durable power of attorney for health care decisions, or someone authorized to make health care decisions under state surrogate consent laws.

Source: Module 5, Slide – Who May Complete the Enrollment Form? and Slide – Who May Complete the Enrollment Form? continued.

Question16

Which of the following individuals are likely to qualify for a special enrollment period (SEP) for either a MA and/or 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 now a Part D plan available to him from a service area where no Part D plan was available.
- IV. Henry makes a permanent move to a new state providing him with new MA and Part D options.

Choose one answer.

a. II, III, and IV only ✓

Correct: Edward is not likely to qualify for either a MA or Part D SEP because he has moved within his

existing plan's service area. Fiona is likely to qualify for both a MA and Part D SEP due to her move across country outside her current plan's service area. Gilbert is likely to qualify for a Part D SEP because he has gained the opportunity to enroll in Part D prescription drug coverage. And, Henry also is likely to qualify for both a MA and Part D SEP since he has moved to a new state which is likely to be outside his current plan's service area.

Source: Module 5, Slide - Typical SEPs – Change of Residence

Question17

Mrs. Kendrick is in good health, has worked for many years and 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.

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

Correct: Mrs. Kendrick will soon enter her MA Initial Coverage Election Period (ICEP) which begins three months immediately before the individual's first entitlement to both Medicare Part A and Part B. Mrs. Kendrick will become eligible for Part A and Part B upon turning age 65. Therefore, she may enroll in a MA plan three months before her 65th birthday.

Source: Part 5, Slide - Enrollment Periods: MA Initial Coverage Election Period (ICEP) and Slide – Enrollment Periods MA ICEP, continued

Question18

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.

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. ✓

Correct: Ms. Lee's move is a change in residence, which makes her eligible for a Special Election Period (SEP) that begins either the month before the move, if she gives her plan advanced notice, or the month she provides notice of the move. The SEP continues for two months either after it begins or

the month of the move, whichever is later.

Module 5, Slide – Typical SEPs – Change of Residence, Slide – Change of Residence, continued

Question19

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.

b. If the Medicare Advantage plan is a Private Fee-for-Service (PFFS) plan that does not offer drug coverage or a Medical Savings Account plan, Mrs. Berkowitz can do this. ✓

Correct: An individual may enroll in a stand-alone Medicare Part D prescription drug plan (PDP) if they are enrolled in a PFFS plan that does not include Part D drug coverage or a MSA plan.

Source: Module 5, Slide – Enrollment Rules

Question20

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. He is currently enrolled in Original Medicare. What should you do?

Choose one answer.

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

Correct: You cannot accept the enrollment at this juncture. October 10th is prior to the start of the Annual Election Period (AEP), which begins October 15th and ends December 7th. Marketing representatives may not accept enrollment forms before October 15th for enrollment under the AEP.

Source: Part 5, Slide -Enrollment Periods: Annual Election Period, Timeframe for Submitting Enrollment Forms