

Chapter Five Questions

1. “CMS” stands for the Centers for Medicare and Medicaid Services and is the new name for the Health Care Financing Administration.

T_____ F_____

2. Numerous pamphlets about Medicare can be downloaded from the web site www.medicare.gov.

T_____ F_____

3. People who are not yet 65 may be able to receive Medicare if they have received 24 months of Social Security disability benefits.

T_____ F_____

4. Even if a person age 65 does not have 40 Social Security credits, the person can still receive Medicare Part A by paying a premium.

T_____ F_____

5. Everyone who receives Medicare Part A must enroll in Medicare Part B; a person cannot get out of Medicare Part B.

T_____ F_____

6. Medicare Part A and Medicare Part B never require any payments by the beneficiary for co-insurance or deductibles.

T_____ F_____

7. Under Medicare, beneficiaries have no freedom to choose their doctors.

T_____ F_____

8. Under Medicare, there can be only one spell of illness per year.

T_____ F_____

9. Medicare provides coverage of hospital care.

T_____ F_____

10. Under certain terms, people who are not U.S. citizens can qualify for Medicare.

T_____ F_____

11. Persons who enroll in Medicare Part A because they have enough Social Security credits to receive Medicare Part A when they reach age 65, or have received 24 months of Social Security disability benefits, have end stage renal disease, or Lou Gherig's Disease are automatically enrolled in Medicare Part B, unless they decline Part B.

T_____ F_____

12. There is a group of persons for whom Medicare establishes a "special enrollment period related to coverage under group health plans." This allows certain persons who declined Medicare Part B coverage because they were covered by a group health plan (GHP) or a large group health plan (LGHP) to enroll in Medicare Part B when coverage under the GHP or LGHP ends.

T_____ F_____

13. As a general rule, Medicare has generous retroactive coverage. Thus, if a person decided never to enroll in Medicare because the person does not like "government programs" and the person later becomes injured, the person can enroll in Medicare when the hospital bill arrives and Medicare will always cover the bill.

T_____ F_____

14. Which one answer is correct?

If a person delays enrolling in Medicare Part B beyond the initial enrollment period, and does not fit within an exception to the late enrollment penalty, the late enrollment penalty will be:

(A). An increase in the premium by 25% per year of late enrollment.

(B). An increase in the Part B deductible to \$300 per year.

(C). An increase in the premium by 10% per year of late enrollment.

(D). a 20% increase in the Part A co-insurance for custodial care in a nursing home.

Answer: _____

15. Generally speaking, Medicare pays Part A benefits directly to Medicare-enrolled individuals.

T_____ F_____

16. Physicians who treat Medicare beneficiaries who are also Medicaid beneficiaries are required to (1) accept assignment; and (2) accept as payment in full the Medicare and Medicaid payment for covered services.

T _____ F _____

17. Even if a physician is not a participating provider or is not serving a Medicaid beneficiary, the physician generally cannot charge the beneficiary more than 115% of the Medicare allowable amount; only if the physician has opted to sign an affidavit opting out of Medicare coverage for his or her services for 2 years can a physician bill a Medicare beneficiary more than 115% of the Medicare allowable amount.

T _____ F _____

18. Which one statement is correct?

(A). Medicare participating physicians can only charge \$10 for submitting Medicare claim forms.

(B). Medicare participating physicians can charge 5% of the bill as their fee for submitting the Medicare claim form.

(C). Medicare participating physicians can require patients to file their own Medicare claim forms.

(D). Since 1990, physicians have been required to submit the Medicare claim forms without charge to the beneficiary for the submittal; only if the physician signs an affidavit opting out of Medicare coverage for his or her services for 2 years, can the physician avoid the requirement of submitting the claim forms.

Answer: _____

19. If Medicare covers a service and if the Medicare enrollee has a right to recover the cost of the service (in whole or in part) from workmen's compensation, auto, or liability insurance, or no fault insurance, the beneficiary must cooperate with Medicare to recover Medicare's costs from the other insurance.

T _____ F _____

20. The Medicare Savings Programs are means-tested programs that help eligible persons with some or all Medicare cost-shaving amounts.

T _____ F _____