

Chapter Six
Questions

1. Which of the following are considered Medicare gaps or out-of-pocket cost?
 - A. _____ Medicare Part A and Part B Premium.
 - B. _____ Copayments and Coinsurance
 - C. _____ Deductibles
 - D. _____ Cost of services that Medicare does not cover
 - E. _____ All of the Above

2. Medicare + Choice refers to any Medicare plan option that is a contract between a private insurance company or corporation and the Medicare program. If a person joins an M+C plan, they are considered to be out of Original Medicare.

True _____ False _____

3. Which is true of Medigap policies?
 - A. _____ There are 10 plans.
 - B. _____ There are two high deductible plans
 - C. _____ Medigap is sold by County and ZIP Code
 - D. _____ All of the above.

4. The Medicare supplement high deductible plans require that the beneficiary first pay the annual deductible (\$1,620 in 2002) before Medicare pays any of the costs?

True _____ False _____

5. What are the Medicare deductibles?
 - A. _____
 - B. _____
 - C. _____

6. Which beneficiary would have an out of pocket cost if they accessed a service that is now billed under the Medicare Part B Prospective Payment System?

- A. _____ A person with a Medigap Plan A
- B. _____ A person without a Medigap plan.
- C. _____ A person who has Medicare and a retirement group plan.

7. Only Medicare supplement plans H, I and J offer prescription coverage.

True _____ False _____

8. Where would a complaint about a Medigap company's failure to pay a claim be submitted?

- A. _____ to the Medicare carrier that pays the claims
- B. _____ to the Center for Medicare & Medicaid Services
- C. _____ to the Medigap company
- D. _____ to the Texas Department of Insurance

9. Before buying a Medicare supplement policy, the beneficiary should

- A. _____ Make sure that they have Medicare Part A and Part B
- B. _____ Review if they are entitled to group insurance through their employer or as a retirement plan from their former employer.
- C. _____ Find out if they might qualify for the Medicare savings programs.
- D. _____ Find out if there is a Medicare + Choice option available.

10. In Texas, a person with disabilities under age 65 has a six-month open enrollment period just like persons over 65, and can buy any Medicare supplement plan and the company must sell it to them regardless of their pre-existing condition?

True _____ False _____

11. Guaranteed Issue Protection refers to a special right to buy one of four Medicare supplement policies (Plans A, B, C or F) outside an initial enrollment period. The company if they sell the plan must sell it to the applicant. There are numerous circumstances when a person could have this right.

True _____ False _____

12. Which of the following apply to Medigap insurance plans.

- A. _____ Premiums are approved by CMS.
- B. _____ The only reasons for canceling a policy after it has been issued, is for fraud or non-payment of premium.
- C. _____ The agent or company selling the policy has the responsibility for verifying that there is no duplication of coverage.
- D. _____ The company can impose an elimination period for pre-existing conditions.
- E. _____ All of the Above

13. Employer group plans or retirement plans are not regulated by either the Texas Department of Insurance or CMS. Therefore someone with one of these plans does not have recourse should the group plan not pay a claim.

True _____ False _____

14. A person, who is still working at the point that they become eligible for Medicare, can delay enrollment in Medicare if their employer allows them to.

True _____ False _____

15. Which do not apply to employer group plans?

- A. _____ The benefits will coordinate with Medicare and a person will not need any other coverage.
- B. _____ There is usually an option to cover a dependent spouse that may not be eligible for Medicare at the same time as the policyholder.
- C. _____ A person has the right to try another Medicare options such as a Medicare HMO with the right to get their group plan back either at the annual enrollment or if they decide they want out of the HMO or Medigap plan.

16. Medicare + Choice plans, if they are available are probably the best option for most beneficiaries. They provide more benefits and cost nothing in comparison to a Medigap policy.

True _____ False _____

17. Name at least three sources for where a benefits counselor can seek information about which M+C plans are available in their service area.

A. _____

B. _____

C. _____

18. The appeals process in an M+C plan is the same as with Original Medicare.

True _____ False _____

19. Which do not apply within a Medicare+ Choice managed care plan.

A. _____ A person must have Medicare Part A + Part B to enroll

B. _____ An enrollee must use the plans network of providers and needs a referral to see a specialist.

C. _____ A person must disenroll from the plan in writing.

D. _____ A person should use the Medicare Summary Notice send by the Medicare carrier to review if charges were correctly billed.

E. _____ All of the above.

20. In a M+C plan the appeals process includes an independent review process, outside the HMO.

True _____ False _____

21. Number the steps to handling a Medicare HMO complaint?

- A. _____ Contact the provider to address the problem
- B. _____ File a written complaint and submit it to the HMO
- C. _____ Review the member handbook for filing complaints
- D. _____ Determine if the issue is a complaint or denial of service or payment of service.

22. The M+C Private Fee-for-Service (PFFS) has the same eligibility requirements as an M+C managed care plan.

True _____ False _____

23. Which of the following individuals would not be a good candidate for the PFFS plan?

- A. _____ Newly enrolled beneficiary who is very healthy, does not have access to employer or group insurance, and is budgeting because there is a spouse who is not yet Medicare eligible.
- B. _____ A beneficiary who has frequent hospitalizations and has difficulty remembering even who his regular doctor is.

24. The new rules for changing Medicare plans, apply only to Medicare + Choice plans and are a way of stopping beneficiaries from enrolling and disenrolling from one HMO to try another.

True _____ False _____

25. All providers that accept reimbursement from Medicare, must accept the PFFS plan.

True _____ False _____