

## **Medicare Advantage Review**

**1. Medicare Advantage was formerly known as:**

- a. Medigap
- b. Centers for Medicare and Medicaid Services (CMS)
- c. Medicare+Choice (M+C) program
- d. Medicare Part D

**2. Which of the following is *not* a type of coordinated care plan?**

- a. Preferred Provider Organization (PPO) plan
- b. Special Needs Plan (SNP)
- c. Health Maintenance Organization (HMO) plan
- d. Private-Fee-for-Service (PFFS) plan

**3. Mrs. Yellowstone is reasonably healthy and considering her options for joining a Medicare Advantage (MA) plan. She does not have a preference on her primary care physician (PCP), and her main concern is to be in a plan that would allow her the freedom to see specialists for non-routine services without needing a referral. Which of the following plans would best suit her preference?**

- a. Regional Preferred Provider Organization (RPPO) plan
- b. Special Needs Plan (SNP)
- c. Cost Plan
- d. Health Maintenance Organization (HMO) plan

**4. Which of the following Medicare Advantage (MA) plans allows beneficiaries to join a stand-alone Prescription Drug Plan (PDP) if their MA plan does not offer drug coverage?**

- a. Health Maintenance Organization (HMO) plans
- b. Private Fee-for-Service (PFFS) plans
- c. Special Needs Plans (SNPs)
- d. Preferred Provider Organization (PPO) plans

**5. Mr. Glendive is currently enrolled in a Medical Savings Account (MSA) plan and is wondering if he can use the deposit money from his plan's savings account to purchase groceries this month. Which of the following answers below is correct?**

- a. He can spend money from the deposit and it will count towards his deductible, but he will be subject to a high-tax penalty.

- b. He can spend the deposit money, but it will not count towards his deductible and he will have to pay a high-tax penalty.
- c. He cannot spend the deposit money to purchase groceries.
- d. He can spend the deposit money but it will not count towards his deductible and he will not have to pay a high-tax penalty for this purchase.

**6. Which of the following beneficiaries probably would *not* be eligible for a Private-Fee-for-Service (PFFS) plan?**

- a. A Medicare beneficiary enrolled in a stand-alone Prescription Drug Plan (PDP).
- b. A Medicare beneficiary with End Stage Renal Disease (ESRD).
- c. A Medicare beneficiary living in a PFFS plan's service area.
- d. A Medicare beneficiary enrolled in both Medicare Part A and Medicare Part B.

**7. Mrs. Billings' health has declined over the past year, and she wants your help with comparing MA plan options. Which of the following would be your best recommendation when assisting her?**

- a. Tell her to contact her local Division of Insurance for more information.
- b. Using the Medicare Compare Options web site tool, compare the plans available to her where she lives.
- c. Tell her to ask her daughter to call Humana and ask about their coverage of benefits since they offer such low monthly premium plans.
- d. Tell her that she should wait until later this year to shop around since she just missed the Open Enrollment Period (OEP).

**8. On February 3, Mr. Kalispell meets with you in your office. He tells you he saw a brochure at his local senior center about the current Open Enrollment Period (OEP) opportunity. He wants to know if he can switch his Private-Fee-for-Service (PFFS) plan without drug coverage to a Preferred Provider Organization (PPO) plan with drug coverage. Assuming Mr. Kalispell elected the PFFS plan during the most recent Annual Enrollment Period (AEP), would he be able to switch to the plan of his choice?**

- a. Yes. The OEP runs from January 1 to March 31 and allows beneficiaries one chance to make a change in plans.
- b. Yes. Medicare beneficiaries may switch plans at any time.
- c. No. The OEP does not allow beneficiaries to sign up for Medicare drug coverage if they do not already have it.
- d. No. The OEP does not allow beneficiaries to switch between MA plans. They can only return to Original Medicare during the OEP.

**9. While reviewing his plan benefits on August 12, Mr. Glacier, a 66-year-old beneficiary, calls to talk about Medigap. He asks if he can disenroll from his Health Maintenance Organization (HMO) plan and purchase a Medigap policy. Assuming the Medigap policy better suits his needs, which of the following questions is the best follow-up question?**

- a. Why do you want to change plans mid-year?
- b. When did you first enroll in the HMO?
- c. What were your reasons for joining the HMO?
- d. What does your wife think about Medigap?

**10. Which of the following scenarios would *not* be an example of a Special Enrollment Period (SEP) allowed to Mrs. Flathead as an MA plan enrollee?**

- a. Mrs. Flathead is moving from her residence outside of her current plan's service area later this month.
- b. On October 9, Mrs. Flathead receives a notice from her plan that they will not be renewing their contract for the upcoming plan year.
- c. Mrs. Flathead lost her dual-eligibility status one month ago.
- d. Recently hospitalized, Mrs. Flathead realizes she needs to join another MA plan that actually offers an out-of-pocket cost spending limit.

**11. Ms. Ekalaka recently became eligible for the Part D low income subsidy (LIS). She was already enrolled in an MA coordinated care plan, but her plan did not have drug coverage. If she does nothing, how will Ms. Ekalaka receive the Part D drug benefit?**

- a. CMS will facilitate Ms. Ekalaka's enrollment into an MA plan with drug coverage (MA-PD).
- b. Ms. Ekalaka will receive a notice from CMS that she must join a stand-alone PDP.
- c. Ms. Ekalaka will not have drug coverage until after the next Annual Enrollment Period.
- d. Ms. Ekalaka cannot receive the LIS as long as she is enrolled in an MA plan.

**12. Which of the following is *not* an example of a mandatory supplemental benefit in a Medicare Advantage (MA) plan?**

- a. Coverage for emergencies outside of the United States
- b. Acupuncture
- c. Annual physical examination
- d. Dental care

**13. Mrs. Bowdoin is shopping around for a Medicare Advantage (MA) plan that suits her current needs. She strongly prefers a plan that will include and provide drug coverage (MA-PD). Which of the following plans would *not* be a likely option for Mrs. Bowdoin to consider?**

- a. Health Maintenance Organization (HMO) plan
- b. Medical Savings Account (MSA) plan
- c. Preferred Provider Organization (PPO) plan
- d. Regional Preferred Provider Organization (RPPO) plan

**14. For which of the following costs can Medicare Advantage (MA) plans *not* use their rebate dollars?**

- a. To reduce costs of optional supplemental benefits.
- b. To reduce Part B premiums.
- c. To reduce the plan's monthly premiums (aka Part C premium).
- d. To lower cost-sharing amounts.

**15. Mr. Moose is currently enrolled in a Health Maintenance Organization (HMO) plan and was recently diagnosed with cancer. Considering he will have to undergo chemotherapy treatments fairly soon, Mr. Moose is wondering if he should change MA plans during the upcoming Annual Open Enrollment Period (AEP). Which of the following responses below best addresses his concern?**

- a. Mr. Moose should stick with the plan that he is in now because no other MA plan will accept him due to his pre-existing health condition.
- b. Mr. Moose should consider using the Medicare Options Compare tool to calculate and compare approximately how other plans would cover his treatment costs.
- c. Mr. Moose will need to wait until Open Enrollment Period (OEP) to change plans.
- d. Most MA plans provide similar coverage for the same cost, so it does not matter which MA plan he chooses.

**16. Mrs. Sitting-Bull was told by her physician that her Preferred Provider Organization (PPO) plan will not cover an upcoming cosmetic, but medically necessary, procedure. Mrs. Sitting-Bull calls the plan and they concur that the service is not within their coverage of benefits. Since Mrs. Sitting-Bull has no other coverage options, she does not have the procedure. Which of these responses is most accurate?**

- a. Mrs. Sitting-Bull can only get coverage according to the plan's outline of coverage benefits.
- b. An MA plan's original decision to cover a medical service is always final.
- c. MA plans never cover cosmetic procedures.

- d. Mrs. Sitting-Bull can appeal to her plan with more information from her physician to meet the plan's coverage requirements.

**17. Enrollees in Medicare Advantage plans do *not* pay the Part B premium.**

- a. True
- b. False

**18. Qualified Medicare Beneficiaries (QMBs) receive assistance from their State Medicaid program to cover all of the following costs associated with their Medicare Advantage plans *except*:**

- a. Part D drug copayments
- b. Part A deductible
- c. Part B coinsurance
- d. Part B monthly premium

**19. After September, Medicare Advantage plans may begin enrolling potential members for the coming year. Which of these responses to this statement is most accurate?**

- a. True. As stated in the CMS Marketing Guidelines, MA plans can begin to mail enrollment forms to potential members as long as they don't process the enrollment form before October 1.
- b. False. As stated in the CMS Marketing Guidelines, MA plans are not allowed to market with the intent to enroll potential members prior to the marketing period that begins October 1.
- c. True. Actually, MA plans can market to all potential members at any time of year.
- d. False. Beneficiaries may not enroll in an MA plan until January 1 (the Open Enrollment Period).

**20. Mr. Bitterroot is currently enrolled in a Health Maintenance Organization (HMO) plan. During a home visit in September, Mr. Bitterroot tells you he received a call from a very nice gentleman the week before who helped him sign him up for a Private-Fee-for-Service (PFFS) plan for the upcoming year. Mr. Bitterroot was hoping you could tell him more about his benefits. Which of the answers below best responds to his inquiry?**

- a. Advise Mr. Bitterroot to call the PFFS plan for answers to his specific coverage questions.
- b. Advise Mr. Bitterroot to await his enrollment packet in the mail from the PFFS plan.

- c. Assist Mr. Bitterroot to call 1-800-Medicare and report this. Let him know you will also be contacting the CMS Regional Office to report this inappropriate marketing.
- d. Congratulate him for choosing a new plan.

**21. What is a grievance?**

- a. A formal complaint by CMS against an MA plan.
- b. The complaint a beneficiary files to their plan letting them know that they were dissatisfied with some form of service under the plan.
- c. The first step in the appeals process.
- d. The decision letter sent by the Independent Review Entity (IRE) to the beneficiary.

**22. Ms. Custer is receiving hospice care and her physician has requested an expedited appeal decision regarding the request for the need for her Health Maintenance Organization (HMO) plan to cover a specific service. How long does the Quality Improvement Organization (QIO) have to make a decision?**

- a. 48 hours
- b. 72 hours
- c. 14 days
- d. 24 hours

**23. Which of the following demonstrates the correct sequence in the appeals process for Medicare Advantage (MA) plans?**

- a. Grievance, Judicial Review, Administrative Law Judge (ALJ) Hearings, Independent Review Entity (IRE), Reconsideration.
- b. Reconsideration, Independent Review Entity (IRE), Administrative Law Judge (ALJ) Hearings, Medicare Appeals Council (MAC) Review, Judicial Review.
- c. Reconsideration, Organization Determination, Administrative Law Judge (ALJ) Hearings, Medicare Appeals Council (MAC) Review, Judicial Review.
- d. Call 1-800-Medicare to follow-up after filing a grievance.

**24. "Supplemental benefits" offered by an MA plan are the same as "Medicare (Medigap) supplement insurance." Which of these responses to this statement is most accurate?**

- a. True. The term supplemental benefit always refers to the insurance benefits seen in Medigap policies, which cover cost-sharing gaps in MA coverage such as deductible, coinsurance, and copayments.
- b. False. Supplemental benefits exist in MA plans though they are not required by CMS. There are two kinds of supplemental benefits in MA plans - mandatory and optional.

**25. Which of the following is *not* an option upon becoming eligible to enroll in a Medicare Advantage (MA) plan?**

- a. Remain in Original Medicare and join a stand-alone Prescription Drug Plan (PDP).
- b. Enroll in a Preferred Provider Organization (PPO) plan and join a stand-alone Prescription Drug Plan (PDP).
- c. Remain in Original Medicare and purchase a Medigap policy.
- d. Enroll in a Private-Fee-for-Service (PFFS) plan and join a stand-alone Prescription Drug Plan (PDP).

**Answer Key**

1. C
2. D
3. A
4. B
5. B
6. B
7. B
8. C
9. B
10. D
11. A
12. D
13. B
14. A
15. B
16. D
17. B
18. A
19. B
20. C
21. B
22. B
23. B
24. B
25. B