

[Certification Portal](#)[Transcript](#)[Course \(RISK17Exam\)](#)

Risk Prevention Assessment

Review of attempt 1



[Finish review](#)

Started on	Wednesday, October 12, 2016, 01:10 PM
Completed on	Wednesday, October 12, 2016, 01:23 PM
Time taken	13 mins 6 secs
Marks	12/20
Grade	60 out of a maximum of 100 (60%)
Feedback	You have not successfully passed this assessment. Please revisit the material. You must re-take the assessment until a passing score is achieved.

1

Marks: 1

Disciplinary actions are not always required, depending on the outcome of the case.

Answer: True 
 False 

Correct
 Marks for this submission: 1/1.

2

Marks: 1

Brokers and agents can be the subject of an inquiry, but downstream contractors are not included in the definition of a "sales person" as used in the Medicare Marketing Guidelines.



Answer: True 
 False 

Correct
 Marks for this submission: 1/1.

3

Marks: 1



You MUST EXPLAIN the risk of late enrollment penalty: Be sure your clients understand that if they currently don't have Medicare prescription drug coverage or creditable prescription drug coverage (as good as or better than Medicare's), they may have to pay a late enrollment penalty if they delay their choice to enroll in Medicare prescription drug coverage. As their agent, you are responsible to explain this potential penalty and could be at-fault during an allegation, if you do not cover this information.

Answer: True 
 False 

Correct

Marks for this submission: 1/1.


4
Marks: 1
Regardless of specific type, the beneficiary can be in more than one Medicare Advantage plan at a time. For example, they can have an MA PPO plan (Medical), and sign up for a PDP plan (Drug) and have no problems at all.

Answer: True 
 False 

Incorrect
Marks for this submission: 0/1.



5
Marks: 1
If a complaint arrives and you are not at-fault for the exact complaint, you may still be required to complete additional training if other elements of the sales process are found to be incorrect. The types of disciplinary actions or re-education, might include:

Choose one answer.

- a. Re-Education with your manager, taking re-training modules in the online certification site, writing a policy for the office
- b. A verbal warning, a written warning, or re-education steps 
- c. A written assignment on Medicare Guidelines and a written warning

Correct
Marks for this submission: 1/1.

6
Marks: 1
If a beneficiary currently has drug coverage through another carrier, you must verify their prescriptions would be covered under our plan's formulary, too. The drugs that are actually covered may vary from one carrier to another or one plan to another.

Answer: True 
 False 

Correct
Marks for this submission: 1/1.

7
Marks: 1
When a beneficiary is trying to decide between plans during a sales appointment, it is okay to omit information critical to the beneficiary if they don't ask pointed questions.

Answer: True 
 False 

Correct
Marks for this submission: 1/1.

8
Marks: 1
When I ask my prospect to sign the scope of appointment, they must place their initials in the box alongside the products they want to discuss. I cannot, and they cannot, mark an X in the box. It **must** be populated the beneficiary's initials.

Answer:

- True ✓
- False ✗

Correct
Marks for this submission: 1/1.

9

Marks: 1

You receive a questionnaire regarding a sales misrepresentation inquiry. The questionnaire regarding the complaint must be completed and returned promptly. When must you return your response?

- Choose one answer.
- a. Within 48 hours
 - b. Within 30 days
 - c. Within 24 hours ✗
 - d. Within 5 business days (1 week)

Incorrect
Marks for this submission: 0/1.

10

Marks: 1

Which of the following is not a possible disciplinary action?

- Choose one answer.
- a. Re-education and training
 - b. Verbal warning
 - c. Written warning
 - d. Agent termination
 - e. All of these are possible actions ✓

Correct
Marks for this submission: 1/1.

11

Marks: 1

Individual appointments that are scheduled with a beneficiary, regardless of the intent, are considered sales appointments.

- Answer:
- True ✓
 - False ✗

Correct
Marks for this submission: 1/1.

12

Marks: 1

Agents/Brokers are allowed to mention gifts for referrals in solicitation letters.

- Answer:
- True ✗
 - False ✓

Incorrect
Marks for this submission: 0/1.


13

Marks: 1

If one of my clients calls me with a concern about my services, other services provided by the plan, or their benefits, I will refer them directly to Medicare. Medicare prefers to handle all of these inquiries because they are the official place to call.

Answer:

True 

False 

Correct
Marks for this submission: 1/1.


14

Marks: 1

If an agent allegation is evaluated and the investigation yields no fault or responsibility on the part of the agent/broker, the outcome is:

Choose one answer.

a. Founded/Substantiated

b. Unfounded/Unsubstantiated 

c. Inconclusive

d. Withdrawn


Correct
Marks for this submission: 1/1.


15

Marks: 1

Agents are permitted to call former members who have voluntarily disenrolled or current members in the process of disenrolling to market plans or products.

Answer:

True 

False 

Incorrect
Marks for this submission: 0/1.


16

Marks: 1

Which of the statements below give the purpose for the Agent review/Allegations process?

Choose one answer.

a. Clearly evaluate claims of potential sales misrepresentation

b. Ensure a positive beneficiary experience and that their best interests are protected 

c. Provide proper documentation of investigations through record retention of potential claims regarding agents

d. Ensure Agent and Broker compliance with CMS guidelines by reinforcing appropriate sales behavior and process, while offering opportunities to modify where necessary

e. All of the above are purposes for the process

Incorrect
Marks for this submission: 0/1.

17

Marks: 1

Failing to explain the level of coverage for out-of-network services and exact cost-sharing amounts for a beneficiary, ___ considered a misrepresentation on the part of the agent, and _____ result in the agent being "at-fault" during a case review.

- Choose one answer.
- a. Is, will ✓
 - b. Isn't, won't

Correct
Marks for this submission: 1/1.

18

Marks: 1

What is enrollment's role in the Allegations process? They provide support to the compliance investigation for _____ or eligibility discussions.

- Choose one answer.
- a. applications research
 - b. verifying commissions ✗
 - c. ordering ID cards
 - d. scanning documents

Incorrect
Marks for this submission: 0/1.

19

Marks: 1

An agent must obtain a completed 'Scope of Appointment' (SOA) when meeting with a prospect during a face to face appointment, while marketing a Medicare Advantage plan. When must an agent obtain the SOA?

- Choose one answer.
- a. Forty-eight (48) hours before the appointment (when practicable), unless meeting with the beneficiary immediately following an organized sales event. It must be signed and dated.
 - b. Before the application is processed, so long as it was signed and dated. ✗
 - c. During the appointment, before we begin discussing the plan.
 - d. At any time, just so it is signed, dated, and in my possession before I leave.

Incorrect
Marks for this submission: 0/1.

20

Marks: 1

My client is frustrated with her benefits. She's not sure if the plan is making a mistake, or if she should be mad at me for selling the plan. Rather than call the plan, she wants to call Medicare because that's what her friend said to do. I think I should have her call Medicare because if she calls the plan, I might get in trouble.

- Choose one answer.
- a. I will give her a number for the health plan; because that is the first place she should call. The health plan can resolve almost any inquiry and they will provide guidance for any additional steps if external help is needed.
 - b. I will have her call Medicare because she's probably right – they won't be as likely to express concern. ✗
 - c. I will call Medicare for her.

Incorrect
Marks for this submission: 0/1.

[Finish review](#)