Tools for Compliant Selling Assessment

Review of attempt 2

Finish review

Started on	Friday, October 14, 2016, 08:03 AM
Completed on	Friday, October 14, 2016, 08:37 AM
Time taken	34 mins 38 secs
Marks	15/15
Grade	**100** out of a maximum of 100 (**100**%)
Feedback	You have successfully passed this assessment.

1
Marks: 1

A provider who is not in the plan's network may refuse to treat a patient, except in emergency situations.

Answer:

- (selected) True ✓
- False ✗

Correct
Marks for this submission: 1/1.

2
Marks: 1

The Summary of Benefits will list:

Choose one answer.

- a. The plan name and where it is available
- b. If a provider network is required
- c. If Part B or Part D drugs are covered on the plan
- d. The premium required for the plan
- (selected) e. All of the above ✓

Correct
Marks for this submission: 1/1.

3
Marks: 1

Enrollment into a Medicare Supplement plan will not cause an automatic disenrollment from a Medicare Advantage Plan.

Answer:

- (selected) True ✓
- False ✗

Correct

Marks for this submission: 1/1.

4
Marks: 1

If a beneficiary is enrolled in an MA-only HMO or MA-only PPO plan and they also sign up for a PDP plan, they will be **automatically dropped** from their MA plan.

Answer:
- (•) True ✓
- ( ) False ✗

Correct
Marks for this submission: 1/1.

5
Marks: 1

Different formulary tiers require different copayments or may be subject to deductible or even coinsurance. However, member cost sharing amounts may differ depending upon eligibility for Low Income Subsidy.

Answer:
- (•) True ✓
- ( ) False ✗

Correct
Marks for this submission: 1/1.

6
Marks: 1

The Late Enrollment Penalty for Part D equals _____ of the national average premium for every month of eligibility that the member does not enroll and is applied to the member's premium as long as they are enrolled in a Part D plan. This does not apply to Low-Income Subsidy (LIS) members or members with creditable coverage.

Choose one answer.
- ( ) a. 5%
- ( ) b. 10%
- ( ) c. 2%
- (•) d. 1% ✓

Correct
Marks for this submission: 1/1.

7
Marks: 1

It's very important that you keep notes about the providers you look up for your clients, and that you accurately confirm whether they are in the network. If a beneficiary uses providers that are out of the network, what can happen?

Choose one answer.
- ( ) a. The beneficiary will receive a higher bill than expected, because they have to pay more when they use out-of-network providers.
- ( ) b. The beneficiary might not receive coverage on their services at all when they use out-of-network providers, depending on the type of plan they have and/or the services they receive.
- ( ) c. The beneficiary may complain that you misquoted their provider's network status.
- ( ) d. The beneficiary may complain that you did not properly check their provider's network status – and then you may experience an allegation of 'marketing misrepresentation' resulting in a full investigation of both your performance and the beneficiary's complaint.
- (•) e. ALL of the above. ✓

Correct

Marks for this submission: 1/1.

8
Marks: 1

One of the most common questions a client will ask when they are considering enrolling into a plan will be for you to explain their own costs for using services. You will need to know exactly where to find this information in the Summary of Benefits, and which services result in a patient expense. While you must explain ALL of the costs associated with being in a plan, please indicate below the items which are the most commonly asked.

Choose one answer.

- a. Copay (set amount for a service)
- b. Deductible (amount a beneficiary must pay before the plan begins payment of services
- c. Coinsurance (usually a percentage of an allowable charge)
- d. Premium (amount the beneficiary pays for their plan membership)
- e. Out-of-Network expenses (additional costs for using non-network providers)
- f. ALL of the above ✓

Correct
Marks for this submission: 1/1.

9
Marks: 1

You can discuss all plan types (Medicare Advantage, Medicare Supplement, Stand-alone Part D) when meeting with a beneficiary, even if the Scope of Appointment only has one type documented.

Answer:

- True ✗
- False ✓

Correct
Marks for this submission: 1/1.

10
Marks: 1

What do we require for you to be considered qualified or "ready to sell?"

Choose one answer.

- a. A current license in the state in which you plan to sell
- b. Appointment with the insurance carrier (in all markets) whose plans you intend to sell
- c. Successful completion of the carrier's annual certification program for Medicare Advantage and Prescription Drug Plans, including any required Product, Compliance or Fraud, Waste & Abuse training (this includes PDP training in addition to MA training to be considered for MAPD plans)
- d. All of the above ✓

Correct
Marks for this submission: 1/1.

11
Marks: 1

If you are meeting with an existing member about their plan needs for the coming year, you may want to review their ANOC letter. Reviewing this information with your clients, will help them decide whether or not they may need to change plans based upon their needs. ANOC stands for:

Choose one answer.

- a. Annual Notice of Changes ✓
- b. Annual News of Coverage
- c. Assistance – New or Continuing

d. None of the above

Correct
Marks for this submission: 1/1.

12
Marks: 1

Explain your role as an agent that you are a representative of Medicare.

Answer:

- True ✗
- False ✓

Correct
Marks for this submission: 1/1.

13
Marks: 1

How would you explain the term “coinsurance” to a beneficiary?

Choose one answer.

- a. It is the amount you may be required to pay for services after any plan deductibles are paid. This is a percentage (like 20%) of the Medicare approved amount. ✓
- b. It’s when you have more than one insurance coverage at the same time, like employer group coverage and a Medicare Supplement.
- c. It is if you have additional coverage after Medicare
- d. None of the above are correct

Correct
Marks for this submission: 1/1.

14
Marks: 1

What types of services are NOT covered under Medicare Part A?

Choose one answer.

- a. Skilled nursing facility
- b. Ambulance ✓
- c. Hospice
- d. Inpatient hospital

Correct
Marks for this submission: 1/1.

15
Marks: 1

If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plans, and are not paid for under Original Medicare.

Answer:

- True ✓
- False ✗

Correct
Marks for this submission: 1/1.

Finish review

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