

ANSWER KEYS

**ANSWER KEY TO H-5, CHAPTER 1
SELF-CHECK/MATCHING EXERCISE**

1. e
2. f
3. a
4. b
5. d
6. c

Answers to Bonus Question:

- c. Beneficiaries: diminished quality of treatment
- d. Caregivers: decreased funding available for programs
- e. Taxpayers: billions of tax dollars wasted

ANSWER KEY TO H-3, CHAPTER 2
MATCHING EXERCISE: PARTS OF MEDICARE

Program	Description
Medicare Part A	Not a Medicare-sponsored plan; Also known as Medigap; offered by private companies
Medicare Part B	“Outpatient Insurance”; also covers durable medical equipment (DME), X-rays and lab services (outpatient), home health
Medicare Part C	“Prescription Drugs”; Run by private companies; helps with costs of medications
Medicare Part D	“Hospital Insurance”; also covers skilled nursing facility stays, hospice, home health
Medicare Supplement Insurance	“Medicare Advantage”; may offer extra benefits not usually covered by Medicare; Replaces Parts A, B, & Supplement

To Recap:

Program **Key Words**

Part A: Hospital Insurance

Part B: Outpatient Insurance

Part C: Medicare Advantage

Part D: Prescription Drugs

Medicare Supplement Insurance: Medigap; Not a Medicare-sponsored plan

ANSWER KEY TO H-5A-B, CHAPTER 2
FILL-IN-THE-BLANKS EXERCISE: MEDICARE PARTS

1. Part A Hospital Insurance covers inpatient hospital care, inpatient skilled nursing care, hospice care, and home health care.
2. Part A Hospital Insurance does not cover long-term care, custodial care, medically unnecessary stays, and private rooms, unless medically necessary.
3. The costs for Part A Hospital Insurance includes
 - a. A deductible for hospital services paid each benefit period;
 - b. In addition, daily co-payments for services may apply.
4. Medicare Part B Outpatient Insurance benefits include doctor services, home health care, X-rays and lab services, as well as
 - a. durable medical equipment (DME), and
 - b. outpatient services.
5. The costs for Part B Outpatient Insurance include a premium, deductibles, co-insurance, and excess charges if the supplier does not accept Part B assignment.
6. In the Original Medicare Plan, “assignment” means that the doctor or supplier agrees to accept
 - a. Medicare’s approved amount as payment in full.In cases of “assignment,” Medicare will pay
 - b. 80 percent of Medicare’s approved amount.
 - c. Doctors who do not take assignment may charge up to 15 percent above Medicare’s approved amount.
 - d. If a doctor **opts out** of Medicare altogether, the patient must pay the full amount charged by the doctor.
7. Part B Outpatient Insurance does not cover most routine physical examinations and related tests, most routine foot care, examinations for eyeglasses unless required by cataract surgery, most routine dental care or false teeth, cosmetic surgery, experimental medical procedures, and the following three services:
 - a. examinations for fitting a hearing aid,
 - b. acupuncture, and
 - c. custodial care.
8. An individual is eligible for Medicare Part C Medicare Advantage if he/she lives in the plan’s service area, is enrolled in
 - a. Medicare Part A as well as in
 - b. Medicare Part B, and if he/she does not have
 - c. End Stage Renal Disease (ESRD) at the time of enrollment.

9. Medicare Advantage plans are offered by private insurance companies that sign a contract with Medicare. The five types of plans include the following: Medicare Managed Care Plans (HMOs), Private Fee-for-Service Plans, Medicare Specialty Plans, and
 - a. Medicare Preferred Provider Organization Plans (PPOs), and
 - b. Medicare Medical Savings Account Plans.
10. Medicare Part C Medicare Advantage plans costs vary according to the plan selected. Some costs may include Part B premiums, and additional premium, and co-payments.
11. Medicare Part D (Medicare Prescription Drug Coverage) plans are provided by private companies that contract with the Centers for Medicare and Medicaid Services (CMS).
 - b. To be eligible, individuals must have Medicare Part A, Part B, or both.
 - c. Eligibility is not based on income.
12. People with Medicare can enroll in a Part D plan
 - a. During the initial seven-month enrollment period surrounding their 65th birthday, or
 - b. During the annual enrollment period from November 15th to December 31st each year,
or
 - c. In certain situations at other times.
13. Part D Medicare Prescription Drug Coverage plan costs include a premium, co-payments, as well as a
 - a. deductible, and costs in the Coverage gap, also known as the
 - b. donut hole.
14. Medicare Supplement Insurance, also called Medigap insurance, may be purchased by Medicare beneficiaries to fill in gaps in health care services and supplies. To qualify, beneficiaries generally must have both
 - a. Medicare Part A and
 - b. Medicare Part B.

Bonus Question

15. Medicare does not pay the costs for a Medigap policy.

ANSWER KEY TO H-6, CHAPTER 2
TRUE/FALSE EXERCISE: MEDICARE BASICS

1. No one under the age of 65 may participate in the federal health insurance program.	False. Some individuals with disabilities who are under age 65, as well as individuals with End-Stage Renal Disease, are eligible for Medicare.
2. Medicare is administered by the Centers for Medicare and Medicaid Services.	True
3. Medicare was created by Congress in 1965.	True
4. If you have lived in the US or have held a resident visa for three years, you may be eligible for Medicare.	False. Individuals who are permanent residents and have lived in the US continuously for 5 consecutive years may be eligible for Medicare.
5. Medicare is funded both by the Federal government and the states.	False. Medicare is funded entirely by the Federal government; Medicaid is funded both by the states and the federal government.
6. All Medicare recipients are automatically enrolled during a period beginning three months prior to, and extending three months following, each individual's 65 th birthday month.	False. Initial enrollment occurs during a seven-month period, starting three months prior to the individual's birthday month and continuing for three months following the birthday month, including the birthday month. By contrast, automatic enrollment applies only to individuals who have been receiving Social Security benefits prior to age 65 or to individuals with disabilities who have been receiving Social Security Disability Insurance (SSDI) for at least 24 months.
7. A special enrollment period is open to individuals who are working and have group health plan coverage through their employer or union.	True
8. Medicare pays a beneficiary's entire medical bills if he/she has End-Stage Renal Disease.	False. Medicare is not intended to pay 100 percent of medical bills.
9. Individuals who miss the initial or special enrollment periods for Original Medicare can enroll again before April 15 each year.	False. Individuals who miss initial or special enrollment periods for Medicare Part A and B may enroll between January and March of any subsequent year.
10. Individuals who delay enrollment may have to pay a Part B premium penalty for every year that they delay enrollment.	True

ANSWER KEY TO H-7, CHAPTER 2
EXAMINING THE MEDICARE SUMMARY NOTICE

1. Medicare number listed on the MSN is
111-11-1111-A
2. Dates of service that the beneficiary was in the continued care hospital are
May 9, 2008 – May 20, 2008
3. Note b, brief explanation of the services provided, indicates that
\$994 was applied to the inpatient deductible.
4. Name of the doctor listed for outpatient services is **Dr. Paul Jones.**
 - a. Amount the outpatient provider submitted for reimbursement is **\$2,253.**
 - b. Amount that patient may be billed is **\$450.60.**
5. Patient met the deductible for
Part A for this benefit period, Part B for 2008, and blood deductible for 2008.
6. Beneficiary's financial responsibility for inpatient services is **\$1024.**
7. Number that beneficiary should call if she or he has a concern about his/her MSN is
1-800-MEDICARE or 1-800-633-4227

ANSWER KEY TO H-8, CHAPTER 2
MEDI-WHAT? KNOW THE DIFFERENCE BETWEEN MEDICARE AND MEDICAID

1. This is a federal health insurance program primarily for individuals who are 65 years of age or older.	Medicare
2. This program is for some individuals with disabilities who are under 65 years of age.	Medicare
3. This is a jointly sponsored federal and state needs-based program for some individuals with limited income and resources.	Medicaid
4. This is a federally administered program available for persons 65 years of age or older, for persons under age 65 who have certain disabilities, and for persons of any age with End Stage Renal Disease. <u>Hint</u> : Enrollment for this program is handled through the Social Security Administration or the Railroad Retirement Board.	Medicare
5. To be eligible for this program, individuals must meet income limits, which vary from state to state.	Medicaid
6. This program is administered by the Centers for Medicare and Medicaid (CMS).	Medicare
7. This is for individuals with End-Stage Renal Disease (ESRD) or for individuals approved for Social Security Disability with a diagnosis of ALS (Lou Gehrig's disease).	Medicare
8. There are four different types of enrollment for this program: (a) automatic enrollment, (b) initial enrollment, (c) special enrollment, and (d) general enrollment.	Medicare
9. For this program, a person can enroll during a seven-month period starting three months before and extending to three months following the person's birthday month the year that the person turns 65.	Medicare
10. The State Medical Assistance office is responsible for determining eligibility and enrollment.	Medicaid
11. This program is never based on how much money a beneficiary has.	Medicare
Bonus Question: Individuals who qualify for both Medicare and Medicaid are called this.	"Dual-eligibles"

ANSWER KEY TO H-9, CHAPTER 2
MATCHING EXERCISE: EXTRA HELP FOR MEDICARE BENEFICIARIES

Program	Description
1. Medicaid	<u>1</u> 1. Income limits vary from state to state
2. Medicare Savings Program	<u>3</u> 2. Benefits of this program provide cash to meet basic needs for food, clothing, and shelter
3. Supplemental Security Income (SSI)	<u>2</u> 3. Must be individual or married couple with monthly income of less than threshold set by Medicare
4. Program of All-Inclusive Care for the Elderly (PACE)	<u>3</u> 4. Benefits from this program are <u>not</u> the same as benefits from Social Security
5. Programs that help with Prescription Drug Costs	<u>4</u> 5. A joint Medicare and Medicaid program available in some states in lieu of nursing home care
	<u>5</u> 6. Helps with premiums, deductibles, and co-payments associated with a prescription drug plan

ANSWER KEY TO H-10, CHAPTER 2
SELF-CHECK/MATCHING EXERCISE

1. b
2. n
3. g
4. j
5. e
6. h
7. l
8. m
9. f
10. d
11. k
12. c
13. i
14. a

ANSWER KEY TO H-4A-B, CHAPTER 3
IS IT FRAUD, ABUSE, OR NOT A PROBLEM?

1. **Fraud.** When a service is “free,” there is no need to provide your Medicare number.
2. **Fraud.** The tests were never performed.
3. **Fraud.** Medicare does not cover acupuncture. The provider fraudulently billed Medicare for a service that Medicare would pay.
4. **Fraud.** It is fraud when a doctor routinely waives the Medicare coinsurance and deductible; This is permitted only when there is true financial hardship.
5. **May Not be a Problem.** This may or may not be valid. Oftentimes, to prescribe a course of treatment, a provider may legitimately call in a doctor to consult on a case or review charts, never actually seeing the patient.
6. **Fraud.** Medicare pays only for services that are actually performed. It does not pay for services when the patient is a “no-show” or cancels the appointment.
7. **Fraud.** Beneficiaries should always keep records of visits by the service, days, and amount of time spent and compare these to their MSNs.
8. **Abuse.** (Could be fraud if the doctor was aware and if this was systematic.)
9. **May Not be a Problem,** but the provider may be billing Medicare fraudulently. Did the beneficiary actually have the services provided? Is it possible that an out-of-state laboratory was used to provide this service?
10. **Fraud.** Medicare does not cover social group activities.
11. **Fraud.** This should be reported immediately to Medicare.
12. **Abuse.** The doctor may be ordering excessive tests so that the doctor receives additional reimbursement from Medicare. Medicare can question the need for repeated tests.
13. **Abuse.** The doctor should not order expensive and unnecessary tests such as an MRI when a less costly and routine test such as an X-ray would be adequate to determine the problem.

SMP JEOPARDY! GAME BOARD

ABOUT SMPs	MEDICARE OVERVIEW	MEDICARE PROGRAMS	FRAUD AND ABUSE	MISCELLANEOUS
\$200	\$200	\$200	\$200	\$200
\$400	\$400	\$400	\$400	\$400
\$600	\$600	\$600	\$600	\$600
\$800	\$800	\$800	\$800	\$800
\$1000	\$1000	\$1000	\$1000	\$1000

SMP JEOPARDY! QUESTIONS AND ANSWERS

About SMPs	\$200	According to a Senate report, <u>these</u> make up the best front line defense against loss from health care fraud and abuse.	What are senior citizens?
	\$400	The acronym AoA stands for <u>this</u> agency, which funds the SMP program.	What is the Administration on Aging? (an agency of the U.S. Department of Health and Human Services)
	\$600	<u>These</u> are the <u>two</u> agencies to which SMPs report their performance data.	What are 1. The Administration on Aging (AoA), and 2. The Office of the Inspector General (OIG)?
	\$800	SMPs enter data into <u>this</u> computer database, which then is reviewed by AoA and the OIG.	What is SMART FACTS?
	\$1000	<u>These</u> are <u>three</u> of the five AoA SMP program strategic objectives.	What are 1. Foster national and statewide program coverage; 2. Improve beneficiary education and inquiry resolution rates for other areas of health care fraud; 3. Foster national program visibility and consistency; 4. Improve the efficiency of the SMP program while increasing results; and 5. Target training and education to isolated and hard-to-reach populations?
Medicare Overview	\$200	Medicare, a federally funded program, was created by Congress in <u>this</u> year.	What is 1965?
	\$400	Individuals who are eligible for both Medicare and Medicaid are called <u>this</u> .	What are dual-eligibles?
	\$600	<u>This</u> is a Web site that SMPs encourage beneficiaries to sign up for and use.	What is www.MyMedicare.gov ?
	\$800	<u>This</u> is the full name of the agency responsible for administering the Medicare program.	What is the Centers for Medicare and Medicaid Services (CMS)?
	\$1000	<u>This</u> type of Medicare enrollment is for individuals who have been receiving Social Security benefits or Disability benefits prior to age 65.	What is Automatic Enrollment?

Medicare Programs	\$200	<u>These</u> are the four main areas covered by Medicare Parts A, B, C, and D.	What are A. Hospital Insurance; B. Outpatient Insurance; C. Medicare Advantage; and D. Prescription Drugs?
	\$400	<u>These</u> are the type of Medicare plans that may cover services such as vision or dental.	What are Medicare Advantage Plans (Part C)?
	\$600	Beneficiaries who do not enroll in Medicare part B when they first become eligible may have to pay <u>this</u> .	What is a 10-percent penalty for each year that enrollment is delayed?
	\$800	<u>This</u> is the percentage of the bill paid by Medicare when a doctor accepts assignment.	What is 80 percent?
	\$1000	Many individuals who receive Medicare Part A do not have to pay <u>this</u> for hospital services, but they do have to pay <u>this</u> for each benefit period in which they receive hospital services.	What are a premium and a deductible?
Fraud and Abuse	\$200	Consumers with billing questions or problems should review one or both of <u>these</u> documents and compare these with their personal health care journals or calendars.	What are the Medicare Summary Notice (MSN) and/or Explanation of Benefits (EOB)?
	\$400	<u>This</u> number is part of a beneficiary's Medicare number.	What is a Social Security Number?
	\$600	Billing for services or equipment not provided is potentially either of <u>these</u> .	What is fraud or error?
	\$800	Intentionally billing twice for the same service is <u>this</u> .	What is fraud?
	\$1000	Home health services are often a target of fraud because consumers receiving these services do not have either <u>this</u> or <u>this</u> .	What are co-pays or deductibles?
Miscellaneous	\$200	The acronym MSN stands for <u>this</u> .	What is Medicare Summary Notice?
	\$400	<u>This</u> is as important and valuable to thieves as a credit card.	What is a beneficiary's Medicare number?
	\$600	<u>This</u> state and federally funded program helps pay medical costs for some individuals with limited income and resources.	What is Medicaid?
	\$800	Billing social activities as psychotherapy is an example of <u>this</u> .	What is fraud?
	\$1000	<u>These</u> CMS plans are not required to provide MSNs to clients.	What are Medicare Advantage, part C, or Managed Care Plans?