



SMP FOUNDATIONS: VOLUNTEER TRAINING ASSESSMENT

**Please do not write in this booklet.
Mark your answers on the answer sheet provided.**

1. **True or False? The goal of the SMP program is to empower seniors to prevent health care fraud through outreach and education.**
 - A. True
 - B. False

2. **Who is the government agency responsible for overseeing the SMP program?**
 - A. CMS
 - B. AoA
 - C. FBI
 - D. DOJ

3. **The DHHS Office of the Inspector General estimates the Medicare program loses how much each year due to errors, fraud and abuse:**
 - A. Thousands
 - B. Millions
 - C. Billions
 - D. Trillions

4. **Fraud and abuse affect healthcare by:**
 - A. Diminishing the quality of health care treatment
 - B. Reducing available funding for health care programs
 - C. Wasting tax money
 - D. All of the above

5. **Which of the following is NOT a role of the SMPs?**
 - A. Prosecuting cases of suspected health care fraud or abuse
 - B. Disseminating SMP fraud prevention and identification information
 - C. Assisting beneficiaries in resolving potential fraud-related inquiries and issues
 - D. Making referrals of suspected cases of fraud, error, and abuse to appropriate investigative entities

6. **Which of the following is NOT an SMP Strategic Program Objective?**
 - A. Help seniors choose the right Medicare plan(s) during enrollment season
 - B. Foster national and statewide program coverage
 - C. Target training and education to isolated and hard-to-reach populations
 - D. Improve beneficiary education and inquiry resolution for *other* areas of health care fraud

7. **What is the database called that is used to track SMP activity and report program outcomes to the OIG and AoA?**
 - A. NORS
 - B. SMART FACTS
 - C. SHIPTalk
 - D. Seniors Making Progress

8. **SMART FACTS captures and reports SMP program activity on:**
 - A. Complex issues
 - B. Outreach and education activities
 - C. Volunteer time and effort
 - D. All of the above

9. **True or False? Currently the numbers used by Medicare on beneficiaries' insurance cards contain social security numbers. The Medicare number is as important and valuable to thieves as a credit card.**
- A. True
 - B. False
10. **True or False? The Original Medicare Plan pays for 100% of all of your health care services and supplies.**
- A. True
 - B. False
11. **Which of the following agencies handles enrollment in Medicare Part A and B?**
- A. Social Security Administration
 - B. Centers for Medicare & Medicaid Services
 - C. Office of the Inspector General
12. **True or False? Everyone who turns 65 is enrolled automatically in Medicare.**
- A. True
 - B. False

Write the letter of the matching Medicare description beside each part of Medicare:

- 13. _____ Medicare Part A
- 14. _____ Medicare Part B
- 15. _____ Medicare Part C
- 16. _____ Medicare Part D
- 17. _____ Medicare Supplement Insurance

Description

- A. Not a Medicare sponsored plan; also known as Medigap; offered by private companies
- B. "Medical Insurance"; also covers durable medical equipment (DME), x-rays and lab services (outpatient), home health
- C. "Prescription Drugs"; run by private companies; helps with costs of medications
- D. "Hospital Insurance"; also covers skilled nursing facility stays, hospice, home health
- E. "Medicare Advantage"; may offer extra benefits not usually covered by Medicare; replaces A, B & Supplement

18. **When is the annual enrollment period for Part D?**
- A. Anytime of the year
 - B. January - March
 - C. October 15 – December 7th
19. **True or False? Part D is a mandatory program - everyone who receives Medicare must enroll in a Prescription Drug plan.**
- A. True
 - B. False
20. **The monthly amount a beneficiary must pay for Part D coverage is called a:**
- A. Premium
 - B. Deductible
 - C. Co-Payment
 - D. Coverage Gap

21. Medicare Part A does NOT cover (select all that apply):

- A. Most things medically necessary for a hospital stay
- B. Private hospital rooms that aren't medically necessary
- C. Hospice services for an individual with 6 months or less to live
- D. Someone to come to your house to clean
- E. Skilled home health care after a hospitalization

22. True or False? Beneficiaries are responsible for a Part B deductible each calendar year.

- A. True
- B. False

23. If a doctor opts out of Medicare AND does not take "assignment", the person with Medicare is responsible for paying what part of the bill?

- A. None
- B. 20%
- C. 115%
- D. The full charge

24. Does Medicare pay any part of the cost for a Medigap (Medicare Supplement Insurance) policy?

- A. Yes
- B. No

25. Beneficiaries typically have how many days from receiving their MSN to appeal any charges appearing on a notice?

- A. 30
- B. 90
- C. 120
- D. 6 months

26. True or False? Medicare Advantage (Part C) plans are offered directly by Medicare.

- A. True
- B. False

27. Which of the following programs are available to help people with limited income pay for their health care costs?

- A. Medicaid
- B. Medicare Savings Programs
- C. Program of All-Inclusive Care for the Elderly (PACE)
- D. Programs that help with prescription drug costs
- E. All of the above



Medicare Summary Notice

BENEFICIARY NAME
STREET ADDRESS
CITY, STATE ZIP CODE

CUSTOMER SERVICE INFORMATION

Your Medicare Number: 111-11-1111A

If you have questions, write or call:

Medicare (#12345)
555 Medicare Blvd., Suite 200
Medicare Building
Medicare, US XXXXXX-XXXX

Call: 1-800-MEDICARE (1-800-633-4227)
Ask for Hospital Services
TTY for Hearing Impaired: 1-877-486-2048

BE INFORMED: Beware of "free" medical services or products. If it sounds too good to be true, it probably is.

This is a summary of claims processed from 04/1/2008 through 06/30/2008.

PART A HOSPITAL INSURANCE - INPATIENT CLAIMS

Dates of Service	Benefit Days Used	Non-Covered Charges	Deductible and Coinsurance	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556-45621 Cure Hospital, 213 Sick Lane, Dallas, TX 75555 Referred by: Paul Jones, M.D. 04/25/08 - 05/09/08	14 days	\$0.00	\$1024.00	\$1024.00	a b, c
Claim Number: 12435-84956-84556-45622 Continued Care Hospital, 124 Sick Lane, Dallas, TX 75555 Referred by: Paul Jones, M.D. 05/09/08 - 05/20/08	11 days	\$0.00	\$0.00	\$0.00	

28. In which hospital did the patient receive services on May 13, 2008?

- A. Cure Hospital
- B. Continued Care Hospital
- C. Neither

29. The patient says she was also in the hospital in March, but the charges don't show up on this MSN. What is the most likely reason that those charges are not on this statement?

- A. This must be due to a billing error by the Medicare contractor.
- B. This statement covers claims processed from 3/15-5/15 and may not cover those specific dates.
- C. This statement covers claims processed from 4/1-6/30 and does not cover March dates.



D. This is a clear case of fraud.

This is a summary of claims processed from 04/1/2008 through 06/30/2008.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim Number: 12435-84956-84556 Paul Jones, M.D., 123 West Street, Jacksonville, FL 33231-0024 Referred by: Scott Wilson, M.D.						a
04/19/08	1 Influenza immunization (90724)	\$5.00	\$3.88	\$3.88	\$0.00	b
04/19/08	1 Admin. flu vac (G0008)	5.00	3.43	3.43	0.00	b
Claim Total		\$10.00	\$7.31	\$7.31	\$0.00	
Claim Number: 12435-84956-84557 ABC Ambulance, P.O. Box 2149, Jacksonville, FL 33231						a
04/25/08	1 Ambulance, base rate (A0020)	\$289.00	\$249.78	\$199.82	\$49.96	
04/25/08	1 Ambulance, per mile (A0021)	21.00	16.96	13.57	3.39	
Claim Total		\$310.00	\$266.74	\$213.39	\$53.35	

PART B MEDICAL INSURANCE - UNASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid You	You May Be Billed	See Notes Section
William Newman, M.D., 362 North Street Claim Number: 12435-84956-84558 Jacksonville, FL 33231-0024						a
04/10/08	1 Office/Outpatient Visit, ES (99213)	\$47.00	\$33.93	\$27.15	\$39.02	c

30. Which health care provider does NOT accept Medicare “assignment”?

- A. Dr. Newman
- B. Dr. Jones
- C. Dr. Wilson
- D. ABC Ambulance

31. How much can the patient be billed for the flu vaccine they received?

- A. \$5.00
- B. \$7.31
- C. \$3.43
- D. \$0.00

32. True or False? The key difference between fraud and error or abuse is that fraud has to do with the provider *knowingly* or *intentionally* misrepresenting the facts to obtain payment.

- A. True
- B. False

- 33. What are the possible outcomes if a health care provider is convicted of fraud:**
- A. Prison
 - B. Fines
 - C. Restitution (repayment of stolen funds)
 - D. Exclusion from Medicare
 - E. Loss of license
 - F. All of the above
- 34. Which of the following entities play a role in preventing and detecting fraud, error and abuse?**
- A. SMPs
 - B. Office of Inspector General (OIG)
 - C. Federal Bureau of Investigations (FBI)
 - D. Center for Medicare & Medicaid Services (CMS)
 - E. All of the above
- 35. Which CMS contractor type is responsible for investigating allegations of fraud in the Medicare Prescription Drug program?**
- A. PSC
 - B. MEDIC
 - C. FBI
- 36. Which of the following is NOT a fraud-fighting tool provided by the Affordable Care Act?**
- A. HIPAA
 - B. Enhanced oversight of providers
 - C. Expanded sharing of data among federal agencies
 - D. Additional funding
- 37. True or False? If your Medicare number is stolen and used to bill fraudulent charges, you will receive a new Medicare number.**
- A. True
 - B. False
- 38. Which of the following is NOT a way that a scammer might attempt to get a consumer's Medicare number?**
- A. Door-to-door solicitations, i.e. milk and grocery scheme.
 - B. Telemarketing, i.e. claiming to be from Medicare/Medicaid/ SSA
 - C. Being required to provide a Medicare card during a scheduled doctor's visit.
 - D. Complete a form for a "free test."
 - E. Kickbacks and/or \$299/399 Prescription drug scams.
- 39. For the following scenario, what is the most likely explanation? A doctor pays patients for their Medicare number and bills for services he doesn't actually provide.**
- A. Fraud
 - B. Abuse
 - C. Error
 - D. Likely Not A Problem

- 40. For the following scenario, what is the most likely explanation? Several patients were seen by Dr. Jones for a common cold, but the medical diagnoses for all of them were accidentally coded by his medical secretary as pneumonia.**
- A. Fraud
 - B. Abuse
 - C. Error
 - D. Likely Not A Problem
- 41. For the following scenario, what is the most likely explanation? A patient went for an x-ray and later received an MSN that lists the x-ray, but shows a doctor's name for that x-ray that she doesn't recognize.**
- A. Fraud
 - B. Abuse
 - C. Error
 - D. Likely Not A Problem
- 42. For the following scenario, what is the most likely explanation? A durable medical equipment company offers to help a patient get equipment not covered by Medicare, by billing for a medical condition that is different than what she really has.**
- A. Fraud
 - B. Abuse
 - C. Error
 - D. Likely Not A Problem
- 43. Which three-word message is typically used by SMPs during group educational sessions and other types of outreach activities?**
- A. Protect, Defend, Promise
 - B. Prevent, Deter, and Arrest
 - C. Protect, Detect, and Report
 - D. Promote, Avoid, and Reward
- 44. Which action(s) can be taken by a beneficiary who suspects fraud or abuse?**
- A. Review notes from your Personal Healthcare Journal, and/or other information available from the visit
 - B. Call the health care provider or company and ask them to correct the problem
 - C. Contact Medicare
 - D. Contact the SMP for assistance
 - E. All of the above
- 45. The website that beneficiaries can use to sign up for access to their Medicare billing statements is:**
- A. www.smpresource.org
 - B. www.mymedicare.gov
 - C. www.cms.hhs.gov
 - D. www.smartfacts.org

46. Which of the following are common fraud schemes in the home health industry – select all that apply:

- A. Billing for more visits than are provided
- B. Billing housekeeping services as skilled nursing
- C. Billing for services to patients that do not meet the definition of homebound
- D. Billing for occupational therapy
- E. Billing for medical supplies (other than drugs and biologicals)
- F. Billing for physical therapy

47. Which of the following is / are reason(s) why durable medical equipment (DME) is a high risk area for fraud and abuse:

- A. No professional licensing requirements. Business license is all that is needed to obtain a supplier number.
- B. Medicare contractors have not verified existence or location of suppliers.
- C. High potential for quick profit.
- D. Suppliers find it easy to obtain beneficiaries' Medicare numbers.
- E. All of the above

48. In the Medicare Advantage program, capitated payment means:

- A. Insurance plans pay health care providers for whatever they bill.
- B. Health care providers are paid a fixed amount of money for all of their patients.
- C. Health care providers are able to negotiate for the removal of any billing limits.

49. Why is hospice care especially subject to fraud? (select all that apply)

- A. Hospice services are not covered by Medicare
- B. Beneficiaries are often not aware of items billed to Medicare and Medicaid.
- C. End-of-life issues create a particularly vulnerable environment.
- D. Beneficiaries may have died by the time billing is completed.

50. Which of the following activities does Medicare prohibit Part D plans and any affiliated agents from doing (select all that apply):

- A. Door-to-door sales calls
- B. Unsolicited telemarketing
- C. Unsolicited emails
- D. Using licensed insurance agents