SMP Foundations Training Kit

Assessment

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Assessment Questions (50 points)

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

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1) SMPs teach beneficiaries to treat their Medicare cards and numbers like they would treat their credit cards, and to only share Medicare and other health care identification cards and numbers with trusted sources. These are examples of which part of the SMP mission?

   a. Prevent
   b. Detect
   c. Report
   d. All of the above

2) SMPs teach beneficiaries to call the health care provider, call the company that paid the bill, or contact the SMP. These are examples of which part of the SMP mission?

   a. Prevent
   b. Detect
   c. Report
   d. All of the above

3) SMPs teach beneficiaries to keep records of health care visits, save Medicare Summary Notices and Explanations of Benefits and review them for accuracy, and ask questions if they notice a discrepancy. These are examples of which part of the SMP mission?

   a. Prevent
   b. Detect
   c. Report
   d. All of the above

4) True or False? The Medicare program loses billions of dollars each year due to fraud, errors, and abuse.

   ❑ True ❑ False

5) Currently, Medicare cards and numbers contain Social Security numbers. Because of this, a Medicare number is as valuable to identity thieves as:

   a. A Personal Healthcare Journal
   b. A credit card
   c. An EOB
   d. An MSN

6) Which of the following can be used to cross-check services outlined on Medicare Summary Notices and Explanations of Benefits?

   a. A Personal Healthcare Journal
   b. A credit card
   c. An EOB
   d. An MSN

7) Which of the following is NOT a standard role for SMP volunteers?

   a. Distributing information
   b. Investigating suspected fraud and abuse
   c. Making group presentations
   d. Handling complex issues and referrals

8) Approximately how many Medicare beneficiaries are reached each year with the help of about 5,000 SMP volunteers nationwide?

   a. 100,000
   b. 500,000
   c. 1,000,000
   d. 2,000,000

9) Which of these is an agency of the U.S. Department of Health and Human Services?

   a. ACL
   b. CMS
   c. OIG
   d. All of the above

10) True or False? SMP volunteer time is included in OIG's annual report of SMP performance outcomes:

   ❑ True ❑ False

11) The national SMP program receives funding from which of the following sources?

   a. 100% from private foundations
   b. Older American's Fraud Control Act
   c. The Older American's Act
   d. The Office of Inspector General

12) As of 2013, how many people were covered by Medicare?

a. Around 2 million
b. Under 8.5 million
c. Around 42 million
d. Over 52 million

13) True or False? Medicare is the federal health insurance program intended only for people 65 or older.

❑ True ❑ False

14) In 2014, about 70 percent of Medicare beneficiaries were enrolled in this program:

a. Medicare Advantage
b. Medicare "Extra Help"
c. Original Medicare
d. Medicaid

15) Which part of Medicare is run by private companies, covers prescription drugs, and has a coverage gap that will be closed by 2020?

a. Part A
b. Part B
c. Part C
d. Part D

16) Which part of Medicare covers inpatient hospital care, skilled nursing facility care, home health care, and hospice care?

a. Part A
b. Part B
c. Part C
d. Part D

17) Which two parts of Medicare together are known as "Original Medicare"?

a. Parts A and B
b. Parts B and C
c. Parts C and D
d. Parts A and D

18) Which part of Medicare is run by private companies, is an alternative to Original Medicare, and may offer extra benefits not usually covered by Original Medicare?

a. Part A
b. Part B
c. Part C
d. Part D

19) True or False? Medicare Supplement Insurance, also known as "Medigap", is not a part of Medicare and is offered by private insurance companies.

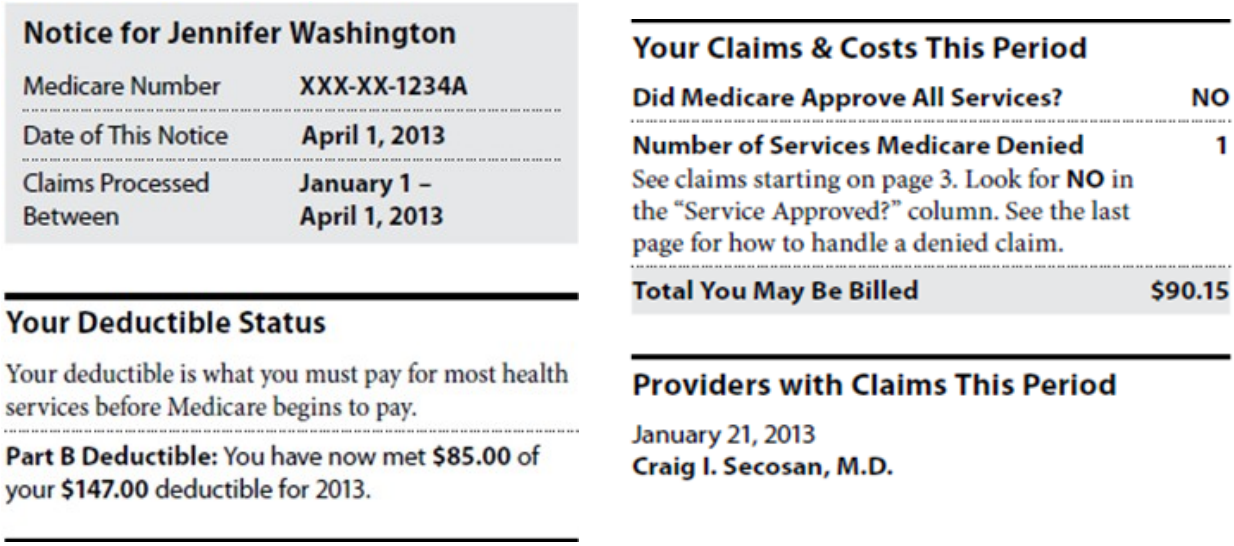
❑ True ❑ False

20) Which of the following is NOT true of those enrolled in Medicare Advantage Plans:

a. They are issued a Medicare number and card.
b. They receive a health plan identification card with a number that differs from the Medicare number and does not include a Social Security number.
c. They can buy a Medigap policy to help fill gaps in coverage.
d. They receive an EOB instead of an MSN.

21) Which of the following is true about the Medicare Part B MSN excerpted below?

a. This MSN shows claims processed between February 1 and April 1, 2013.
b. Medicare approved all of the services on this MSN.
c. The only provider with claims this period is Jennifer Washington
d. The total amount that the beneficiary may be billed is $90.15.



Notice for Jennifer Washington

Medicare Number	**XXX-XX-1234A**
Date of This Notice	**April 1, 2013**
Claims Processed Between	**January 1 – April 1, 2013**

Your Deductible Status

Your deductible is what you must pay for most health services before Medicare begins to pay.

Part B Deductible: You have now met **$85.00** of your **$147.00** deductible for 2013.

Your Claims & Costs This Period

Did Medicare Approve All Services?	**NO**
Number of Services Medicare Denied	**1**

See claims starting on page 3. Look for **NO** in the "Service Approved?" column. See the last page for how to handle a denied claim.

Total You May Be Billed	**$90.15**

Providers with Claims This Period

January 21, 2013
Craig I. Secosan, M.D.

22) On the Medicare Part B MSN excerpted below, what is the maximum amount the beneficiary may be billed for the eye and medical exam?

a. $21.59
b. $143.00
c. $86.38
d. $107.97

January 21, 2013
Craig I. Secosan, M.D., (555) 555-1234
Looking Glass Eye Center PA, 1888 Medical Park Dr, Suite C, Brevard, NC 28712-4187

Service Provided & Billing Code	Service Approved?	Amount Provider Charged	Medicare-Approved Amount	Amount Medicare Paid	Maximum You May Be Billed	See Notes Below
Eye and medical examination for diagnosis and treatment, established patient, 1 or more visits (92014)	Yes	$143.00	$107.97	$86.38	**$21.59**	
Destruction of skin growth (17000)	**NO**	68.56	0.00	0.00	**68.56**	**A**
Total for Claim #02-10195-592-390		$211.56	$107.97	$86.38	**$90.15**	**B**

23) In Question #22, why is the amount that Medicare approved for the eye and medical exam different than the amount that Medicare paid?

a. This is an error and needs to be corrected. The Medicare-approved amount should always be the same as the amount that Medicare pays.
b. The provider is fraudulent. The Medicare-approved amount should always be the same as the amount that Medicare pays.
c. Medicare Part B usually pays 80% of the approved amount (the beneficiary's 20% coinsurance is shown in the "maximum you may be billed" column).
d. The provider does not accept "assignment".

24) True or False? Medicare Advantage Plans are required to issue EOBs to Medicare beneficiaries, though it is optional for beneficiaries who are dually eligible for Medicare and Medicaid.

❑ True ❑ False

25) Which of the following assumes "criminal intent", with action taken knowingly and willfully in order to receive inappropriate payment from the Medicare program?

a. Medicare errors
b. Medicare abuse
c. Medicare fraud
d. Other situations that may not be fraud

26) True or False? Waste in the Medicare program includes only fraud and abuse, not errors.

❑ True ❑ False

27) What is the typical first step SMPs encourage beneficiaries to take if something doesn't look right on an MSN or EOB?

a. Nothing. It's probably fine.

b. Encourage the beneficiary to contact his or her provider or pharmacy with questions.

c. Use your best judgment to make a final determination about whether the situation is fraud or abuse based on the provider's intent.

d. Contact the authorities immediately – it must be fraud!

28) True or False? Any waiving of Medicare coinsurance or deductibles by providers is Medicare fraud or abuse.

❑ True ❑ False

29) A beneficiary is reviewing his MSN and sees a charge for a service from an anesthesiologist whose name he doesn't recognize. Which of the following would be an appropriate initial assessment of this situation?

a. It's definitely fraud or abuse. Billing for services or supplies that were not provided is a common example of Medicare fraud or abuse.

b. It's possible that the beneficiary was unconscious while in the presence of this provider or did not remember meeting the provider.

30) A beneficiary received a bill from a provider for supplies she never received. When she called the provider to ask them about it, they refused to help resolve the issue. Which of the following would be an appropriate initial assessment of this situation?

a. There is good cause to suspect fraud or abuse. Someone at your SMP who is responsible for handling complaints of suspected fraud and abuse should take a closer look at the situation.

b. This may be an error or other situation that may not be fraud. It sounds like it's just a misunderstanding.

31) What was the exact amount of Medicare Trust Fund losses in 2014 due to fraud, errors, and abuse?

a. $45.6 billion

b. $60 billion

c. $574.2 billion

d. Amounts lost each year due to fraud are above and beyond what can be measured, and can only be estimated.

32) Which of the following is a possible consequence to beneficiaries of Medicare fraud, errors, and abuse?

a. False diagnoses
b. Denial of needed Medicare benefits
c. Medical identity theft
d. All of the above

33) True or False? Any beneficiary whose Medicare number is compromised can receive a replacement number from the Social Security Administration (or the Railroad Retirement Board, if a railroad retiree)

❑ True ❑ False

34) Which of the following was designed to coordinate federal, state, and local law enforcement activities with respect to health care fraud and abuse?

a. ACA
b. ACL
c. HCFAC
d. HIPAA

35) Which of the following was enacted in 2010 and includes enhanced oversight of providers, data sharing, expanded recovery efforts, and tougher rules, investigations, and sentencing?

a. ACA
b. ACL
c. HCFAC
d. HIPAA

36) Which of these is a multi-agency team of federal, state, and local investigators who fight Medicare and Medicaid fraud, particularly in cities with high rates of fraud?

a. ACA
b. HCFAC
c. HEAT
d. HIPAA

37) Which of the following is NOT true about CMS' handling of Medicare complaints?

a. It varies based on whether a complaint involves Original Medicare, Medicare Advantage, or a Medicare Prescription Drug Plan.

b. If a complaint is determined to be a billing error, CMS ensures that the claim is adjusted to reflect the correct information.

c. When abuse is determined, CMS takes administrative action to address it, such as an order to return funds to Medicare, re-education, or a warning.

d. If patterns of abuse continue, or if criminal intent is suspected or identified, CMS refers cases to the SMP.

38) How do SMPs help beneficiaries with complaints of fraud and abuse?

a. They keep a database of compromised Medicare numbers.

b. They serve as "eyes and ears" in their communities, educating beneficiaries to be the first line of defense against Medicare fraud and abuse.

c. They investigate suspected fraud and abuse.

d. They answer calls to 1-800-Medicare and refer them as appropriate.

39) For which of the following agencies is criminal activity and fraud in the Medicare system their primary concern?

a. ACL

b. CMS

c. SMP

d. OIG

40) Which of the following is an accurate statement regarding consumer scams that target Medicare beneficiaries?

a. These scams only take place over the phone, never by mail or in person.

b. If beneficiaries experience these scams, they should give their Medicare number to the caller in order to get them off the phone as soon as possible.

c. Common scams include the Medicare card scam, the Obamacare scam, and the Medicare "changes" scam.

d. Medicare calls beneficiaries each year to confirm personal identifying information in order to issue a new card.

41) True or False? One fraud scheme in nursing facilities is placing a patient on "observation status" in the hospital, which results in high out-of-pocket expenses for beneficiaries who are unaware of their exact inpatient status.

❑ True ❑ False

42) Which of the following is NOT a common fraud scheme in ambulance services?

a. Billing for more miles than actually traveled

b. Billing non-emergency trips as emergency trips

c. Billing Medicare for transport in vehicles that do not meet the definition of an ambulance

d. Billing the beneficiary instead of Medicare if the trip did not meet Medicare's coverage criteria

43) Under which of the following circumstances may marketing for Medicare-covered equipment and supplies legitimately take place?

a. Any direct contact with beneficiaries is allowed, even if it's unsolicited.

b. The beneficiary has given written permission to be contacted.

c. The supplier has provided a Medicare-covered item within the last 3 years.

d. None of these is allowed.

44) True or False? One fraud scheme in hospice care is inflating the level of care beyond what the patient actually needs, such as falsely documenting the patient needs crisis care to receive the highest reimbursement rates.

❑ True ❑ False

45) True or False? Part C and Part D plan representatives may give their business card to beneficiaries upon request, as long as cards meet CMS guidelines, but they may not otherwise display their cards at educational events.

❑ True ❑ False

46) Which of the following is NOT true of home health coverage and fraud schemes?

a. Stopping home health fraud and abuse was stated as a top priority of the OIG in 2014.

b. The patient must be homebound and skilled care services must be reasonable and necessary to the patient's treatment.

c. Medicare beneficiaries must be charged co-payments, coinsurance, and deductibles for Medicare-covered home health care.

d. One fraud scheme is asking beneficiaries to sign forms falsely verifying that Medicare home health services were provided.

47) Which of the following is true of Medicare Advantage and Medicare Prescription Drug Plan marketing guidelines?

a. Marketing is never allowed to take place for Medicare Advantage and Medicare Prescription Drug Plans.

b. An unsolicited outbound call may be made to beneficiaries currently enrolled in a Part C or Part D plan to conduct normal business, such as a call to confirm an appointment

c. It's ok for agents to request Social Security numbers at events, as long as it's only for tracking purposes.

d. Plans are never allowed to offer food or promotional items at an event.

48) True or False? Beneficiaries who are already enrolled in Medicare Advantage Plans may legitimately receive calls from plans or plan representatives about wellness benefits or coordination of Medicare and Medicaid benefits.

❑ True ❑ False

49) Which of the following is NOT a prescription drug fraud scheme?

a. Offering a year's supply of prescription drugs for a set fee and a request for the beneficiary's bank account number

b. A prescription forged by a provider or supplier

c. Offers of prescription drug discount cards, as long as they do not involve deception or theft

d. Drug diversion of Oxycodone tablets at up to 12 times the normal price of a legally filled script

50) True or False? The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

❑ True ❑ False