

Assessment Questions

- 1) In your role as an SMP complex interactions specialist, in which of the following ways will you help the SMP and Medicare beneficiaries?
 - a. As a messenger, reporting suspected fraud, errors, and abuse to government organizations
 - b. As an investigator, investigating suspected fraud and abuse to make a legal determination about the case
 - c. As a complaint manager, helping beneficiaries understand and resolve the consequences of becoming victims of fraud, error, or abuse
 - d. All of the above
 - e. A and C only
- 2) Complaints of potential Medicare fraud, errors, and abuse, consumer scams that seek Medicare and Social Security numbers, and other potential health care fraud aimed at Medicare beneficiaries are deemed “basic interactions” in the SMP program.
 - a. True
 - b. False
- 3) When the term “referral” is used in conjunction with complex interactions, it means that the SMP is reporting a complaint to outside entities on behalf of the complainant.
 - a. True
 - b. False
- 4) Consumer scams that are not within the scope of the SMP mission but are complicated to resolve are considered to be SMP complex interactions.
 - a. True
 - b. False
- 5) To determine how to handle each complex interaction, including whether you should suspect an error versus fraud or abuse, you will need to collect a lot of information. Which of the following information would be useful to collect?
 - a. Beneficiary name, Medicare number, and contact information
 - b. Type of service, provider information, and type of coverage
 - c. Information about any appeals or ABNs
 - d. All of the above
 - e. A and B only

- 6) An inadequate response from a health care provider, Medicare Advantage Plan, or Medicare Prescription Drug Plan may point to a pattern, leading to suspected abuse or fraud. In this situation, you should make a referral on behalf of the complainant.
- True
 - False
- 7) As an SMP complex interactions specialist, you can use your SMP Unique ID to call 1-800-Medicare on the beneficiary's behalf without having the beneficiary by your side. You don't even need a signed release of information form from the beneficiary.
- True
 - False
- 8) If a beneficiary signs an ABN:
- He may be responsible for all or part of the entire claim.
 - If she accepts service on the ABN, the provider is allowed to immediately begin collecting payment and can even request payment up-front.
 - He may be later owed a refund.
 - All of the above.
 - A and B only.
- 9) If you will enter your own complex interactions into SIRS (the SMP Information and Reporting System), no additional training is needed after you complete this SMP Complex Interactions Training.
- True
 - False
- 10) Scenario: A beneficiary noticed some suspicious activity on his MSN, and he came to the SMP for help. After reviewing his MSN with him, it seemed likely to you that it was an error that needed to be corrected by the provider. You worked with the beneficiary and the provider to resolve the error. How should this case be entered in the SMP Information and Reporting System (SIRS)?
- As an SMP basic interaction.
 - As an SMP complex interaction.
 - As an SMP referral.
 - This case doesn't need to be entered in SIRS, since it was only an error.
 - Both B and C.
- 11) Marketing and sales of health insurance or health services to Medicare beneficiaries can result in suspected health care fraud and abuse complaints before a health care service has even been provided.
- True
 - False

- 12) It's not important to collect the beneficiary's (or other complainant's) name and permission to be contacted, since referrals of anonymous complaints are treated exactly the same as all other types of complaints.
 - a. True
 - b. False
- 13) Why is it important to document the results of your SMP's work related to complex interactions and referrals?
 - a. To ensure that each beneficiary receives the highest amount of savings and recoveries possible
 - b. To ensure that Medicare receives the highest amount of savings and recoveries possible
 - c. To receive credit on the OIG Report for cost avoidance, savings, and recoveries
 - d. To receive credit on the OIG Report for the number of complex interactions resolved by your SMP
 - e. All of the above
- 14) SMPs should refer suspected Medicare Part A and B abuse to 1-800-Medicare.
 - a. True
 - b. False
- 15) Why are SMP referrals of suspected fraud and abuse involving Medicare-covered services routed to the OIG Hotline by ACL?
 - a. To help tell the SMP story
 - b. To involve law enforcement as soon as possible
 - c. To enable the OIG Hotline to follow up with ACL and SMPs about the outcome of every referred case
 - d. All of the above
 - e. A and C only
- 16) Examples of False Claims Act violations that should be referred to the OIG Hotline via ACL include:
 - a. Billing for services not provided
 - b. Billing for supplies not furnished
 - c. Deliberate duplicate billing
 - d. All of the above
 - e. A and B only

- 17) Which fraud and abuse law provides the OIG with the ability to ban providers who have broken the law from further participation in any federally funded health care program?
- False Claims Act
 - Exclusion Statute
 - Anti-Kickback Statute
 - Civil Monetary Penalties Law
 - Physician Self-Referral Law
- 18) Which of the following is an example of an Anti-Kickback Statute violation that should be referred to the OIG Hotline via ACL?
- Soliciting, offering, or receiving a kickback, bribe, or rebate
 - Offering “free services” in exchange for utilizing the provider’s services
 - Paying Medicare or Medicaid patients for utilizing the provider’s business
 - Routinely waiving copays
 - All of the above
- 19) DME fraud and abuse complaints are referred to the OIG Hotline via ACL if the beneficiary was covered by Medicare Part A or Part B. If the beneficiary was covered by Part C or Part D, the complaint is referred to the MEDIC.
- True
 - False
- 20) When Medicare beneficiaries fall prey to consumer scams aimed at obtaining Medicare numbers, their Medicare number is considered to be “compromised.”
- True
 - False
- 21) Scenario: A beneficiary named Sally comes to your SMP and explains that she received a call from someone named Jim who claimed to be from Medicare. Jim asked Sally to provide her Medicare number so that he could confirm it in the system in order to send her a new Medicare card. She provided her number, but now she thinks she shouldn’t have done so. Where should this SMP complex interaction be referred for further action?
- OIG Hotline via ACL
 - Federal Trade Commission
 - Local law enforcement
 - All of the above
 - A and B only

- 22) Scenario: A dual-eligible beneficiary calls your SMP regarding a complaint of suspected fraud against his provider, ABC Health Plan. After hearing the details of the situation, you agree this is suspicious activity that should be reported. Where should you refer this SMP complex interaction for further action?
- OIG Hotline via ACL
 - State Medicaid Fraud Control Unit (MFCU)
 - State Medicaid Agency
 - All of the above
 - A and B only
- 23) Which of the following statements is/are true about Medicare Part C and D plans and marketing?
- Unlike Original Medicare, Medicare Part C and Part D are administered by private insurance companies.
 - Marketing is informing a beneficiary in an unbiased way about Original Medicare, Medicare Advantage Plans, and Part D Plans.
 - All activities allowed at marketing events are also allowed at education events.
 - All of the above.
 - A and B only.
- 24) Scenario: A beneficiary named Maria contacts your SMP about some phone calls she has been receiving from a company that she has never heard of before, called XYZ Health Plan. They are trying to get Maria to sign up for their Medicare Advantage Plan. Since this is a violation of Medicare Part C marketing guidelines, where should you refer this SMP complex interaction for further action?
- OIG Hotline via ACL
 - The state Department of Insurance
 - The CMS RO DOI liaison
 - The MEDIC
 - A and C only
- 25) Complaints against agents or brokers who are suspected of Medicare Part C and Part D marketing violations should be referred to the CMS RO DOI liaison.
- True
 - False
- 26) SMPs refer suspected Medigap fraud or abuse to the OIG Hotline via ACL.
- True
 - False

- 27) Complaints about illegal Medigap lead generators should be sent to the CMS RO DOI liaison.
- a. True
 - b. False
- 28) Complaints about Medicare Part C and Part D Plan sponsors and benefit managers should be referred to which of the following?
- a. OIG Hotline via ACL
 - b. The state Medicaid Fraud Control Unit (MFCU)
 - c. The CMS RO DOI liaison
 - d. The MEDIC
 - e. A and B only
- 29) Referrals to the BFCC-QIOs:
- a. Involve malpractice or poor quality of care
 - b. Always involve a fraudulent situation
 - c. Follow a national SMP referrals relationship
 - d. All of the above
 - e. A and B only
- 30) Which of the following is/are NOT allowed at Part C and Part D marketing events?
- a. Provision of a light snack
 - b. Provision of a meal
 - c. Providing salesperson business cards
 - d. Marketing from a kiosk or recreational vehicle
 - e. All of the above

SMP COMPLEX INTERACTIONS TRAINING ASSESSMENT: ANSWER FORM

Name _____

Date _____

Trainer Name _____

Location _____

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