

AHIP Final Exam Test Questions and Answers (2022/2023)

(Verified Answers) latest updated

Mrs. Gonzalez is enrolled in Original Medicare and has a Medigap policy as well, but it provides no drug coverage. She would like to keep the coverage she has but replace her existing Medigap plan with one that provides drug coverage. What should you tell her?correct answersMrs. Gonzalez cannot purchase a Medigap plan that covers drugs, but she could keep her Medigap policy and enroll in a Part D prescription drug plan.

Mrs. West wears glasses and dentures and has enjoyed considerable pain relief from arthritis through massage therapy. She is concerned about whether or not Medicare will cover these items and services. What should you tell her?correct answersMedicare does not cover massage therapy, or, in general, glasses or dentures.

Mr. Patel is in good health and is preparing a budget in anticipation of his retirement when he turns 66. He wants to understand the health care costs he might be exposed to under Medicare if he were to require hospitalization as a result of an illness. In general terms, what could you tell him about his costs for inpatient hospital services under Original Medicare?correct answersUnder Original Medicare, there is a single deductible amount due for the first 60 days of any inpatient hospital stay, after which it converts into a per-day coinsurance amount through day 90. After day 90, he would pay a daily amount up to 60 days over his lifetime, after which he would be responsible for all costs.

Ms. Henderson believes that she will qualify for Medicare coverage when she turns 65, without paying any premiums, because she has been working for 40 years and paying Medicare taxes. What should you tell her?correct answersTo obtain Part B coverage, she must pay a standard monthly premium, though it is higher for individuals with higher incomes.

Mr. Alonso receives some help paying for his two generic prescription drugs from his employer's retiree coverage, but he wants to compare it to a Part D prescription drug plan. He asks you what costs he would generally expect to encounter when enrolling into a standard MedicarePart D prescription drug plan. What should you tell him?correct answersHe generally would pay a monthly premium, annual deductible, and per-prescription cost-sharing.

Ms. Moore plans to retire when she turns 65 in a few months. She is in excellent health and will have considerable income when she retires. She is concerned that her income will make it impossible for her to qualify for Medicare. What could you tell her to address her concern?correct answersMedicare is a program for people age 65 or older and those under age 65 with certain disabilities, end-stage renal disease, and Lou Gehrig's disease so she will be eligible for Medicare.

Mr. Xi will soon turn age 65 and has come to you for advice as to what services are provided under Original Medicare. What should you tell Mr. Xi that best describes the health coverage provided to Medicare beneficiaries?correct answersBeneficiaries under Original Medicare have no cost-sharing for most preventive services which include immunizations such as annual flu shots.

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Mrs. Duarte is enrolled in Original Medicare Parts A and B. She has recently reviewed her Medicare Summary Notice (MSN) and disagrees with a determination that partially denied one of her claims for services. What advice would you give her?correct answersMrs. Duarte should file an appeal of this initial determination within 120 days of the date she received the MSN in the mail.

Mr. Capadona would like to purchase a Medicare Advantage (MA) plan and a Medigap plan to pick up costs not covered by that plan.

What should you tell him?correct answersIt is illegal for you to sell Mr. Capadona a Medigap plan if he is enrolled in an MA plan, and besides, Medigap only works with Original Medicare.

Mrs. Park is an elderly retiree. Mrs. Park has a low fixed income. What could you tell Mrs. Park that might be of assistance?correct answersShe should contact her state Medicaid agency to see if she qualifies for one of several programs that can help with Medicare costs for which she is responsible.

Mr. Rainey is experiencing paranoid delusions and his physician feels that he should be hospitalized. What should you tell Mr. Rainey (or his representative) about the length of an inpatient psychiatric hospital stay that Medicare will cover?correct answersMedicare will cover a total of 190 days of inpatient psychiatric care during Mr. Rainey's entire lifetime.

Mr. Schmidt would like to plan for retirement and has asked you what is covered under Original Fee-for-Service (FFS) Medicare? What could you tell him?correct answersPart A, which covers hospital, skilled nursing facility, hospice, and home health services and Part B, which covers professional services such as those provided by a doctor are covered under Original Medicare.

Agent John Miller is meeting with Jerry Smith, a new prospect. Jerry is currently enrolled in Medicare Parts A and B. Jerry has also purchased a Medicare Supplement (Medigap) plan which he has had for several years. However, the plan does not provide drug benefits. How would you advise Agent John Miller to proceed?correct answersTell prospect Jerry Smith that he should consider adding a standalone Part D prescription drug coverage policy to his present coverage.

Mr. Bauer is 49 years old, but eighteen months ago he was declared disabled by the Social Security Administration and has been receiving disability payments. He is wondering whether he can obtain coverage under Medicare. What should you tell him?correct answersAfter receiving such disability payments for 24 months, he will be automatically enrolled in Medicare, regardless of age.

Mr. Buck has several family members who died from different cancers. He wants to know if Medicare covers cancer screening.

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Melissa Meadows is a marketing representative for Best Care which has recently introduced a Medicare Advantage plan offering comprehensive dental benefits for \$15 per month. Best Care has not submitted any potential posts to CMS for approval. Melissa would like to use the power of social media to reach potential prospects. What advice would you give her?correct answersAs soon as CMS approves Best Care's social media posts, Agent Meadows could post a tweet stating that "Best Care offers an array of Medicare Advantage benefit packages. One might be right for you. Call me to find out more!"

Agent Jennings makes a presentation on Medicare advertised as an educational event. Agent Jennings distributes materials that are solely educational. However, she gives a brief presentation that mentions plan-specific premiums. Is this a prohibited activity at an event that has been advertised as educational?correct answersYes. When an event has been advertised as "educational," discussing plan-specific premiums is impermissible.

Agent Martinez wishes to solicit Medicare Advantage prospects through e-mail and asks you for advice as to whether this is possible. What should you tell her?correct answersMarketing representatives may initiate electronic contact through e-mail but an opt-out process must be provided.

Miguel Sanchez is a relatively new agent who has come to you for advice as to what he can do during the Medicare Advantage Open Enrollment Period (MA-OEP). What advice should you give Miguel?correct answersDuring the MA-OEP, Miguel can have one-on-one meetings with beneficiaries who have requested such meetings.

ABC is a Medicare Advantage (MA) plan sponsor. It would like to use its enrollees' information to market non-health related products such as life insurance and annuities. Which statement best describes ABC's obligation to its enrollees regarding marketing such products?correct answersIt must obtain a HIPAA complaint authorization from an enrollee that indicates the plan or plan sponsor may use their information for marketing purposes.

You have approached a hospital administrator about marketing in her facility. The administrator is uncomfortable with the suggestion. How could you address her concerns?correct answersTell her that Medicare guidelines allow you to conduct marketing activities in common areas of a provider's facility.

During a sales presentation, your client asks you whether the Medicare agency recommends that she sign up for your plan or stay in Original Medicare. What should you tell her?correct answersTell her that the Medicare agency does not endorse or recommend any plan.

Agent Armstrong is employed by XYZ Agency, which is under contract with ABC Health Plan, a Medicare Advantage (MA) plan that offers plans in multiple states. XYZ Agency maintains a website marketing the MA plans with which it has contracts. Agent

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policy, you are still nervous about reporting—to be safe, you submit a report through your compliance department's anonymous tip line to avoid identification

You discover an unattended email address or fax machine in your office receiving beneficiary appeals requests. You suspect no one is processing the appeals. What should you do?correct answersContact your compliance department (via compliance hotline or other mechanism)

A sales agent, employed by the Sponsor's first-tier, downstream, or related entity (FDR), submitted an application for processing and requested two things: 1) to back-date the enrollment date by one month, and 2) to waive all monthly premiums for the beneficiary. What should you do?correct answersProcess the application properly (without the requested revisions)—inform your supervisor and the compliance officer about the sales agent's request

Ways to report a compliance issue include:

- a. In-person reporting to the compliance department/supervisor
- b. Report on the Sponsor's website
- c. Telephone hotlines
- d. All of the abovecorrect answersAll of the above

Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.correct answersFalse

What is the policy of non-retaliation?correct answersProtects employees, who in good faith report suspected non-compliance

Medicare Parts C and D sponsors are not required to have a compliance program.correct answersFalse

At a minimum, an effective compliance program includes four core requirements.correct answersFalse

Correcting non-compliance_____correct answersProtects enrollees, avoids recurrence of same non-compliance, and promotes efficiency

These are examples of issues that can be reported to a Compliance Department: suspected fraud, waste, and abuse (FWA), potential health privacy violation, and unethical behavior/employee misconduct.correct answersTrue

Once a corrective action plan begins addressing non-compliance for fraud, waste, and abuse (FWA) committed by a Sponsor's employee or first-tier, downstream, or related entity's (FDR's) employee, ongoing monitoring of the corrective actions is not necessary.correct answersFalse

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enrolled in the SNP?correct answersYes. All SNPs are required to provide Part D coverage for prescription drugs.

Agent Roderick enrolls retiree Mrs. Martinez in a medical savings account (MSA) Medicare health plan. The MSA plan does not offer prescription drug coverage, so Agent Roderick also enrolls Mrs. Martinez in a standalone prescription drug plan (PDP). What CMS compensation rules apply to this situation?correct answersThis situation is considered a "dual enrollment," and CMS compensation rules are applied to the two plans at once and independently of each other.

Mr. Olsen is concerned that a Medicare Advantage plan will not cover the same range of services that would be covered under Original fee-for-service Medicare. What should you tell him?correct answersThough their cost-sharing may differ from Original Medicare's, Medicare Advantage plans are required to cover all services covered by original Medicare.

Mrs. Wellington is enrolled in Parts A and B of Original Medicare. A friend recently told her that there is an excellent Medicare Advantage (MA) plan with a five-star rating serving her area. On January 15 she comes to you for advice as to what options, if any, she has. What should you say regarding special enrollment periods (SEPs)?correct answersMrs. Wellington is eligible for a SEP that may be used once until November 30 to enroll in the five-star plan.

Ms. Gardner is currently enrolled in an MA-PD plan. However, she wants to disenroll from the MA-PD plan and instead enroll in a Part D only plan and go back to Original Medicare. According to Medicare's enrollment guidelines, when could she do this?correct answersShe may make such a change during the Annual Election Period that runs from Oct. 15 to December 7, or during the MA Open Enrollment Period which takes place from January 1- March 31 of each year.

Mr. Lopez, who is fairly well-off financially, would like to enroll in a Medicare prescription drug plan you represent and simply give you a check to cover his premiums for the entire year. What should you tell him?correct answersEnrollees should pay using automatic withdrawal from a bank account or credit or debit card, direct monthly billing from the plan, or deductions from their Social Security check.

Ms. Jensen has heard about "Original Fee-for-Service Medicare" and "Private Fee-for-Service" plans. She wants to know what the difference is if any. What should you tell her?correct answersPFFS plans are a type of Medicare Advantage plan offered by private companies.

Ms. Bushman has two homes in different states and is concerned about restrictions on where she can get her medications. What should you tell her?correct answersPart D prescription drug plans use networks of pharmacies within their service areas. She could look for a plan that maintains a network in both states. NOT SURE

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Thomas can enroll in Part B without a late penalty at any time she is still covered by her employer group and 8 months after her last month of employer group coverage without a penalty. However, because she wants to enroll in a MA plan after retirement, she should make sure her Part B coverage is effective in time to use the Medicare Advantage/Part D special election period for individuals changing from employer group coverage to enroll in a MA plan or MA-PD. The SEP begins while she has employer group coverage and will last until 2 months after the month after the month her employer coverage ends. If she wants Part D coverage she should enroll in an MA-PD or a PDP (depending on how she decides to receive her Part A and B benefits) during this time.

Mr. Liu turns 65 on June 19. He has never previously qualified for Medicare so his first Medicare eligibility date will be by June 1. Mr. Liu's ICEP and Part D IEP begin March 1 and end on September 30. He wants prescription drug coverage with his Part A and Part B benefits. What advice can you provide him?correct answersHe can enroll in a MA-PD as long as he enrolls in Part B and is entitled to Part A.

Ms. Claggett is sixty-six (66) years old. She has been covered under Original Medicare for the last six years due to her disability and has never been enrolled in a Medicare Advantage or a Part D plan before. She wants to enroll in a Part D plan. She knows that there is such a thing as the "Part D Initial Enrollment Period" (IEP) and has concluded that, since she has never enrolled in such a plan before, she should be eligible to enroll under this period. What should you tell her about how the Part D Initial Enrollment Period applies to her situation?correct answersMs. Claggett has had two IEPs and missed them both. The first occurred three months before and three months after the month when she was first entitled to Part A OR enrolled in Part B. Because she was eligible for Medicare before age 65, Ms. Claggett had a second IEP based on turning age 65, which has also expired.

Ms. O'Donnell learned about a new MA-PD plan that her neighbor suggested and that you represent. She plans to switch from her old MA HMO plan to the new MA-PD plan during the Annual Election Period. However, she wants to make sure she does not end up paying premiums for two plans. What can you tell her?correct answersShe only needs to enroll in the new MA-PD plan and she will automatically be disenrolled from her old MA plan.

You work for Caring Health, a Medicare Advantage (MA) plan sponsor. Recently, Mrs. Garcia has completed an enrollment application for a plan offered by Caring Health, which is waiting for a reply from CMS indicating whether or not Mrs. Garcia's enrollment has been accepted. Once CMS replies, how long does Caring Health have to notify Mrs. Garcia that her enrollment has been accepted and in what format?correct answersThe plan has 10 calendar days to notify Mrs. Garcia in writing.

Mrs. Kendrick is in good health, has worked for many years and is six months away from turning 65. She wants to know what she will have to do to enroll in a Medicare Advantage (MA) plan as soon as possible. What could you tell her?correct answersShe