

MODULE 1: ORIENTATION FOR NEW VOLUNTEERS

Objectives

This module will help new volunteers understand Health Insurance Information, Counseling, and Assistance Program (HIICAP) and their role as counselors by providing answers to the following questions:

What is HIICAP?

- HIICAP is the New York State Health Insurance Assistance Program (SHIP). It receives federal funds from the Centers for Medicare & Medicaid Services (CMS) to operate a statewide network of local programs.
- HIICAP educates the public about Medicare, Medicaid, managed care, New York's Elderly Pharmaceutical Insurance Coverage (EPIC), and other health insurance options and issues.
- HIICAP assists people with Medicare to access needed health care and to apply for programs such as the Medicare Savings Programs.

How does HIICAP work?

- The NYS Office for Aging (NYSOFA) coordinates HIICAP through a network of local HIICAP programs.
- The HIICAP Consortium, a group of experts on all aspects of health insurance available to people with Medicare, continually updates information used by HIICAP counselors to educate New Yorkers.
- A HIICAP coordinator—a professional staff person in each county—recruits, interviews, trains, schedules and supports counselors.
- The trained counselors in turn educate and assist people with Medicare and others in New York State.
- HIICAP's Hotline (1-800-701-0501) is available to the public. Callers are routed to the county in which they reside for direct assistance from the local HIICAP.
- HIICAP's Internet Web site <http://www.aging.ny.gov/healthbenefits> is available to caregivers and people with Medicare for consumer self-help, and for professionals and counselors to use as a reference and to get updates.

How are HIICAP Counselors and Coordinators trained?

- They use the HIICAP Notebook, study guides, and attend training sessions.
- Regional and/or local training, conference calls and e-mail updates build on basic knowledge in the HIICAP Notebook.
- HIICAP counselors meet with their peers and their coordinator for ongoing education and updates.
- HIICAP counselors complete an annual exam. The 2016 HIICAP Counselor Exam can be found at the end of this Module.

How is the HIICAP Notebook unique?

The HIICAP Notebook logically organizes volumes of information on health insurance for people with Medicare to make it easier for clients to understand.

How is the HIICAP Notebook organized?

- HIICAP Notebook (<http://www.aging.ny.gov/HealthBenefits/Notebook/TOC.cfm>)
- The HIICAP Notebook uses a step-by-step approach to health insurance options for people with Medicare.
- The modules in the notebook include: Orientation for New Volunteers, Medicare Overview, Medicare Part A, Medicare Part B, Medicare Advantage, Medicare Prescription Drug Coverage (Medicare Part D), Medicare Supplement /Medigap, EPIC, Medicare Savings Programs, Medicare Claims and Appeals, Fraud and Abuse (SMP), Long-Term Care Insurance, Counseling Techniques, HIICAP Reporting, Other sources of Health Insurance and Prescription drug Coverage, Medicare and the Health Insurance Marketplaces and Medicaid.
- A Glossary/Acronym listing can be found at the end of the Notebook.
- At the end of most modules is a study guide test and answer key.

INTRODUCTION

Today, health insurance is one of the greatest concerns for Americans of all ages. For people with Medicare in particular, health insurance can be very confusing. They must investigate, choose from, and make sense of a wide array of health insurance options. These include Medicare, Medicare Advantage, Medicaid, the Medicare Savings Programs, employee and retiree health plans, New York's Elderly Pharmaceutical Insurance Coverage (EPIC), Medicare Supplement (Medigap) insurance, Long-term care insurance, and hospital and accident indemnity insurance policies.

Many Americans are uncertain about how to choose the health insurance option that best meets their needs. They may not know how to access information needed to use their health insurance wisely and effectively. They may not know how to claim the benefits to which they are entitled or how to handle their paperwork, and they may feel overwhelmed by problems with their health insurance. Too much insurance, too little coverage, claims that are never submitted, lack of awareness of regulations and procedures can all add up to thousands of dollars and hours wasted each year. Senior and disabled people with Medicare have questions and concerns about health insurance, and they need a place to turn to for objective, understandable information.

Since 1992, states throughout the country have been operating State Health Insurance Assistance Programs or "SHIPs." New York State Office for the Aging's SHIP is known as the **Health Insurance Information, Counseling, and Assistance Program (HIICAP)**, which enables people with Medicare and their caregivers in New York State to become educated health care consumers.

WHAT IS HIICAP?

New York State's HIICAP is a statewide network of Health Insurance Information, Counseling, and Assistance Programs, headquartered at area agencies on aging or their subcontractor non-profit agencies. HIICAP's mission is to educate the public about Medicare, Medicare Advantage plans and other health insurance issues. HIICAP provides free, accurate and objective information, counseling, assistance and advocacy on Medicare, private health insurance, and related health

coverage plans. HIICAP helps people with Medicare, their representatives, or persons soon-to-be eligible for Medicare.

New Yorkers can schedule free and confidential appointments with highly trained volunteer counselors to discuss:

- Health insurance questions about benefits, options, paperwork, and resources.
- What costs does Medicare cover?
- What health care costs will I be responsible for?
- Which policies will cover costs that Medicare does not?
- How can I make this paperwork manageable?
- Who can I turn to for help in resolving specific health insurance problems?

Trained HIICAP counselors can:

- Provide clear, accurate and unbiased free counseling and information.
- Transform the maze of health insurance options into a logical step-by-step process.
- Educate consumers about the benefits and the gaps of Medicare and other types of health insurance available to them.
- Help consumers to understand the Medicare prescription drug benefit.
- Help clients to determine whether they qualify for state and federal programs that help pay for some of the gaps in Medicare.
- Help people with Medicare find the most cost-effective health care coverage for their particular financial situation.

Counselors can also provide the latest information on emerging problems, new laws, changing state and federal regulations, and new developments in the health insurance industry.

During counseling sessions, counselors may refer clients to other appropriate agencies (including legal services for seniors) when clients' concerns go beyond HIICAP's scope.

In addition to individual counseling sessions, HIICAP offers New York residents a toll-free hotline that enables them to talk to a trained counselor at the local level. That number is 1-800-701-0501. HIICAP also has a Web site (<http://www.aging.ny.gov/healthbenefits/>) where one can find a wealth of information. HIICAP counselors can conduct educational seminars and presentations for organizations, and can distribute educational materials. Our goal is to reach and teach as many people with Medicare in New York State as possible.

HOW DOES HIICAP WORK?

The New York State Office for the Aging (NYSOFA) coordinates HIICAP through a network of area agencies on aging. It brings together the skills and expertise of state and local professionals.

NYSOFA coordinates resources by working with the HIICAP Consortium, a group of private and public professionals who work together to educate people with Medicare and their caregivers. Consortium members participate in NYSOFA sponsored HIICAP training sessions. Key members include the Centers for Medicare & Medicaid Services (CMS), National Government Services, New York State Departments of Health and Financial Services, the Medicare Rights Center, EPIC, Empire Justice Center, New York StateWide Senior Action Council, New York Legal Assistance Group (NYLAG), Community Service Society and the Social Security Administration.

The Consortium is a key component of HIICAP. Consortium members continuously update the HIICAP counselors' course of study and the reference materials, which counselors use to educate people with Medicare in New York State. The HIICAP coordinator, usually a professional staff person in each county, manages the program, acts as liaison to federal, state, and local agencies, provides consumer education and outreach, and recruits, interviews, trains and supports HIICAP volunteer counselors.

Trained counselors stationed either at their local county agency on aging or at another community agency, educate and assist New York's consumers. The health insurance questions and problems heard from consumers are the impetus for the creation of new educational materials, new methods of problem resolution, new health care legislation, and Medicare improvement.

This flow of health insurance information and problem resolution between consumers, counselors and coordinators in each local HIICAP is a pathway to progress. The resulting flow of information and problem resolution between states' SHIP counseling programs and state and federal agencies create ongoing improvement in the health care system.

HOW ARE HIICAP COUNSELORS AND COORDINATORS TRAINED?

Counselors and coordinators are trained using a multi-level training program. Components include the *HIICAP Notebook*, a training reference manual, and companion study guides for notebook modules. All components are designed to simplify health insurance information into a step-by-step exploration of health insurance options available to those who qualify for Medicare based on age or disability.

HIICAP counselor training consists of a combination of self-study, local and regional training, and periodic in-service training. NYSOFA provides ongoing training to the HIICAP network via monthly conference calls and e-mail updates. Monthly written updates share 'hot topics' and keep the network up-to-date. The goal of HIICAP's initial training is to provide HIICAP professionals and volunteer counselors with the information, tools and skills they will need to answer questions about health insurance options and reimbursements.

First, each county's HIICAP coordinator—the person who manages the program locally and recruits, interviews, and selects volunteer counselors—receives information on HIICAP's mission, organization and training process. Coordinators review Medicare and health insurance basics. They become familiar with the training materials and develop a working relationship with coordinators from other counties.

Second, coordinators and their counselors gather in their own counties to educate themselves using the *HIICAP Notebook and Quick Reference Guide*, which can be supplemented by videotapes, activities, worksheets, and discussion.

Third, coordinators and counselors attend annual regional or local training that builds on their previous studies. HIICAP trainees move beyond factual information and into the real world of health insurance consumer rights, responsibilities and challenges. They experience actual questions, and practice using techniques and tools that enable successful counseling sessions. Their initial training should be followed by an internship period comprised of practice counseling, observing actual counseling sessions by more experienced counselors, counseling in pairs, and eventually, when they feel ready, doing presentations to groups or individual counseling.

Following their initial training, HIICAP counselors meet with their coordinator and peers monthly or bi-monthly for ongoing education. Changes in health insurance benefits, new insurance policies, and newly developed fact sheets and educational materials are discussed during HIICAP “In-service Meetings” to insure that the knowledge and skills of counselors are constantly updated and improved.

A counselor who has completed HIICAP’s intense initial training process, has successfully completed her internship period, and is actively committed to participating in on-going education offered by the HIICAP coordinator, can then be locally-certified. Training is mandatory for anyone providing counseling under the auspices of a county HIICAP. Training and local coordination of counselors is a way of assuring that New York’s residents receive accurate, high-quality, confidential and professional HIICAP services.

ALL HIICAP Coordinators and Counselors are required to successfully complete an annual online Counselor exam. The exam consists of basic questions about Medicare and related insurance. Counselors are welcome to use any reference materials and resources to answer the questions.

The exam serves as a review of key facts about Medicare and related health insurance that all counselors should know, and also encourages counselors to examine their reference materials and online resources.

HOW IS THE HIICAP NOTEBOOK UNIQUE?

The HIICAP program recognizes that volumes of educational materials regarding health insurance for people with Medicare already exist. Books, articles, brochures, and charts on Medicare, retiree plans, Medicare Supplement Insurance, and Long-Term Care Insurance are widely available. The problem for people who seek information and answers to their questions is not a lack of educational materials. It is a problem instead of culling, synthesizing, and simplifying that information into a logical method for decision-making. The *HIICAP Notebook*, its study guides, and many HIICAP educational materials are based on the premise that people can be helped to make wise, cost-effective choices using a step-by-step approach. Proceeding through the steps cautiously can help health care consumers to choose and use the coverage that best fits their own values, resources and needs.

HOW IS THE HIICAP NOTEBOOK ORGANIZED?

As explained above, the *HIICAP Notebook* proceeds through a step-by-step approach to health insurance options for people with Medicare. Modules 2 (Medicare Overview), 3 (Medicare Part A), and 4 (Medicare Part B), 5 (Medicare Advantage), and 6 (Medicare Part D) give you comprehensive information on Traditional/Original Medicare, Medicare Advantage plans and Medicare Prescription Drug Coverage (Medicare Part D). Modules 7 (Medicare Supplement /Medigap), 8 (EPIC), 9 (Medicare Savings Programs), and 10 (Medicare Claims and Appeals) cover some of the gaps in Medicare coverage, the claims process for Medicare and other health insurance, and the necessary steps to appeal a Medicare decision. Module 11 covers fraud and abuse and New York State’s SMP. Module 13 (Counseling Techniques) explores methods of counseling, roles and responsibilities and communication skills. Module 14 (HIICAP Reporting) covers the reporting process.

Module 15 (Other sources of Health Insurance and Prescription drug Coverage), Module 16 (Medicare and the Health Insurance Marketplaces) and Module 17 (Medicaid) introduce coverage options and programs for people that may not yet be eligible for Medicare or which might work with Medicare, and programs that assist with prescription drug costs. Each module highlights common consumer questions, problems and concerns, and also provides a list of pertinent reference materials and “Sources of Assistance” (important telephone numbers, addresses and Web sites). The charts, fact sheets and work sheets included are useful for both counselor training and consumer education. At the end of most modules you will find a Study Guide test and the answer key.

Following the 17 modules are a Glossary and Acronym listing.



The “Caution” graphic gives the consumer information that will warn against the pitfalls of health insurance coverage



The “Consumer Tip” graphic denotes vital, often overlooked information.



A “Reference” graphic will direct you to additional resource materials on specific topics.

STEP-BY-STEP GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE

Step 1: Original Medicare Part A and Part B (Modules 3 and 4)

Start here! Learn about the benefits and the gaps of Medicare coverage.

- Medicare is the health insurance coverage for eligible people 65 years and older and the disabled. Enrollment is automatic if your client is already receiving Social Security or Railroad Retirement benefits. Otherwise, your client can enroll with Social Security or the Railroad Board beginning three months before their 65th birthday.
- Part A? Covers inpatient hospital and hospice care and limited skilled nursing and home health care. Most people do not pay a monthly Part A premium because they or a spouse has 40 or more quarters of Medicare-covered employment.
- Part B? Covers physician costs, outpatient hospital care, and medical supplies. There is a monthly premium for this coverage.
- Gaps? A person with Medicare must pay premiums, deductibles, and coinsurance, as well as for all medical services and supplies not covered by Medicare.
- Using doctors who accept assignment can help control out-of-pocket costs. In New York State, physicians who do not accept assignment may bill up to 5 percent above Medicare's approved amount (with certain exceptions).
- Appeal Medicare claim denials. (Module 10).

Step 2: State Options – Medicare Savings Programs (Module 9)

If your client has Medicare, and a low income, they may be eligible for one of the Medicare Savings Programs. All the programs work with Medicare to help pay health care costs if your client's income is low or very limited.

- The Qualified Medicare Beneficiary (QMB) program pays the monthly Medicare Part B premium and Medicare's deductibles and coinsurance.
- The Specified Low-Income Medicare Beneficiary (SLMB) program pays the monthly Medicare Part B premium.
- Qualified Individual (QI) program pays the monthly Medicare Part B premium.
- Qualified Disabled and Working Individual (QDWI) program pays for the Medicare Part A premium only, not Part B. The applicant must be a disabled worker under age 65 who lost Part A benefits because of return to work.

Step 3: Retiree Plans, Other Health Insurance, and Additional Assistance (Module 15)

Important step! If your client is eligible for their own or their spouse's former employer's retiree health plan, they need to find out what it covers and what it costs. A group plan usually covers more and costs less than individual insurance. Ask the following:

- Does your client's company offer a plan? An HMO? At what cost? Who pays what? Does your client, employer, or a combination of both pay for the cost of the plan?
- Does your client's plan act only as a Medicare Supplement policy, covering Medicare deductibles and coinsurance? Or, does it act as a major medical policy, paying deductibles, coinsurance, and charges that Medicare does not?
- What are the provisions for your client's spouse?



Caution: If a retiree plan is available, affordable and reasonably comprehensive, buying additional health insurance is usually not necessary.

Step 4: EPIC (Module 8)

Sometimes overlooked, but a very beneficial step, is EPIC, the Elderly Pharmaceutical Insurance Coverage, which can save seniors on their prescription costs. EPIC works with Medicare Part D prescription drug plans. In fact, **all** EPIC enrollees are required to have a Medicare Part D plan in addition to their EPIC coverage.

- Available to New York State residents age 65 or older.
- Income must be below \$75,000 for a single person or \$100,000 for a married couple

Step 5: Medicare Supplement Insurance/Medigap (Module 7)

Explore this step only if steps 1, 2, 3, and 4 do not meet your client's needs. Investigate Medicare supplement policies (also known as Medigap policies).

- Privately purchased from an insurance company.
- Federal and state laws protect buyers of Medicare supplement insurance.
- Choose carefully among the 11 standardized policies.
- Check the New York State Department of Financial Services Web site <http://www.dfs.ny.gov/consumer/caremain.htm> for a list of policies available in New York State and the latest premium rates.



Caution: Having more than one policy results in duplicate coverage and wasted dollars. Medigap reforms prohibit the sale of a second Medigap unless the first is cancelled.

Step 6: Medicare Advantage Health Plan Options (Module 5)

Medicare Advantage Plan? Usually a Managed Care Plan that provides all the benefits that Original Medicare offers, plus more. May be available with no- or low-cost premiums with co-payments made by the person with Medicare. Look into Medicare Advantage Plans that may be available in your client's area: Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs) and in some counties, Private Fee-for-Service (PFFS) plans. These health plans are explained in Module 5.

Step 7: Long-Term Care (Nursing Home and Home Care) Insurance (Module 12)

- Your client should consider the possible need for long-term care (LTC), based on age and family health history.
- An employer LTC insurance plan may be more comprehensive, if one is available.
- Look for inflation protection, reasonable requirements for coverage, return of premium benefit, and nonforfeiture benefit.
- In New York State, investigate the NYS Partnership for Long-Term Care, a long-term care insurance policy designed to protect assets.

Step 8: Other Sources of Health Insurance and Prescription Drug Coverage (Module 15)

Caution: Use great caution in the purchase of additional health insurance policies: hospital indemnity, accident, and disease-specific policies.

- Usually pay a limited amount, but only under very special circumstances.
- Benefit amount is usually far below the actual cost.
- Chances of collecting benefits are limited.
- **Note for client:** Is your client age 65 or over and still working or covered under a spouse who is still working? If this coverage is through an employer of 20 or more individuals, they may keep the same coverage they had before they turned 65. In this case, their employer plan will be their primary insurance, and Medicare will be their secondary insurance. Also, your client might not need to enroll in Medicare Part B until they retire. Check with their employee benefits representative or their local Social Security office.

If your client is disabled and covered by a large group health plan from their employer, or from a family member who is working and the employer has 100 or more employees, the large group health plan will be their primary insurance and Medicare will be their secondary insurance.

Note: See Module 2 (Medicare Overview) for more details about Medicare Coordination of Benefits and delaying enrollment in Part B.

STUDY GUIDE MODULE 1: ORIENTATION

Welcome to HIICAP. This Study Guide will lead you through Module 1: (Orientation for New Volunteers) of the New York State HIICAP training. This is the first of 17 modules you will experience with your county’s HIICAP coordinator and your fellow HIICAP volunteer counselors during your training.



Briefly introduce yourself to your fellow counselors.

Give your name, where you live, your work and/or volunteer background, what makes you unique (special interests, achievements, hobbies), and why you have decided to become a HIICAP counselor.



As you proceed through your training, you may add your notes and additional educational pieces to the various sections of your notebook. You may wish to create an additional section for community resources. Your *HIICAP Notebook* is more than your training manual; it will be your reference manual. Keep it neat, organized, and up-to-date. You’ll find it a valuable resource.

Answer the following questions regarding Module 1: Orientation for New Volunteers:

1. What does the acronym HIICAP stand for?
2. Why does New York need a HIICAP?
3. What is the goal of New York’s HIICAP?
4. What are the components of New York’s HIICAP?
5. List some of the many confusing health insurance possibilities that consumers must understand.
6. What will HIICAP counselors teach their peers?
7. How will HIICAP reach older and disabled New Yorkers?
8. (a) Which New York State agency coordinates HIICAP?
(b) In each county, what is the title of the person responsible for managing the program and recruiting, selecting, and providing support for their county’s counselors?
9. What special groups of New York Medicare beneficiaries will HIICAP aim to reach?
10. What are the three levels of the HIICAP training, and who is involved in each?
11. Which agencies will contribute to the constant flow of HIICAP information?

Federal: _____

State: _____

Local: _____



Review your answers with your fellow counselors.



Discuss ways that your county's HIICAP might reach groups who have the greatest need - low income, rural, minority, frail and vulnerable seniors.



As a group, write several 30-second Public Service Announcements (PSAs) that your local TV or radio station could run to reach one or more of these target groups.

ANSWER KEY MODULE 1: ORIENTATION

Welcome to HIICAP. This *Study Guide* will lead you through *Module 1: Orientation for New Volunteers*, of the New York State HIICAP training. This is the first of 17 modules you will experience with your county's HIICAP coordinator and your fellow HIICAP volunteer counselors during your training.

**Briefly introduce yourself to your fellow counselors.**

Give your name, where you live, your work and/or volunteer background, what makes you unique (special interests, achievements, hobbies), and why you have decided to become a HIICAP counselor.



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**Answer the following questions regarding *Module 1: Orientation for New Volunteers*:**

1. What does the acronym HIICAP stand for?
Health Insurance Information Counseling and Assistance Program.
2. Why does New York need a HIICAP?
As a source for accurate, unbiased, timely information about Medicare and other health insurance options.
3. What is the goal of New York's HIICAP?
To educate New Yorkers about Medicare and other health insurance. To provide counseling and assistance to people with Medicare, their representatives, and persons soon to be eligible for Medicare.
4. What are the components of New York's HIICAP?
(a) local counseling programs, (b) hotline (technical assistance), (c) training curriculum, (d) clearinghouse
5. List some of the many confusing health insurance possibilities that consumers must understand. *Medicare, Medicaid, QMB/SLMB/QI, Retiree Plans, EPIC, Medigap, Medicare Advantage, hospital and accident indemnity policies, long-term care insurance*
6. What will HIICAP counselors teach their peers?
Medicare and other health insurance: coverage, gaps, options, record keeping, and resources for problem solving.
7. How will HIICAP reach older and disabled New Yorkers?
(a) individual counseling session, (b) toll-free hotline, (c) educational seminars, (d) media outreach
8. (a) Which New York State agency coordinates HIICAP?
New York State Office for Aging
(b) In each county, what is the title of the person responsible for managing the program and

recruiting, selecting, and providing support for their county's counselors?

HIICAP Coordinator

9. What special groups of New York Medicare beneficiaries will HIICAP aim to reach?

Low-income, rural, minority, frail and vulnerable consumers

10. What are the three levels of the HIICAP training, and who is involved in each?

- a. Coordinators' training
- b. Volunteer Counselor training in each county
- c. Regional training of coordinators and counselors

11. Which agencies will contribute to the constant flow of HIICAP information?

Federal: *Centers for Medicare & Medicaid Services (CMS), Social Security Administration*

State: *New York State Office for the Aging, Department of Health, EPIC, Department of Financial Services, and New York State Partnership for Long-Term Care*

Local: *Medicare Contractors, Medicare Rights Center*



Review your answers with your fellow counselors.



Discuss ways that your county's HIICAP might reach groups who have the greatest need - low income, rural, minority, frail and vulnerable seniors.



As a group, write several 30-second Public Service Announcements (PSAs) that your local TV or radio station could run to reach one or more of these target groups.



2016 HIICAP Counselor Exam

Here is the 2016 HIICAP Counselor Exam. I hope that you find it to be a helpful review of key facts on Medicare and related insurance.

Please feel free to use any and all references to complete the exam successfully. The passing score is 80%. If you do not achieve this score the first time, you may take the exam again.

The exam deadline is August 19 but we would appreciate you taking the exam as soon as possible.

1. For people with Medicare that enroll in Part B the month after the month they turn 65, their Part B coverage begins...

- That same month
- The following month
- Two months later
- Three months later

2. The maximum out of pocket (MOOP) limit that all Medicare Advantage plans have (after which they cover services at 100%), includes which of the following benefits/costs?

- Part D drug benefit
- Monthly plan premium
- Extra benefits (such as dental or vision)
- Part A and Part B covered services

3. Besides Medigap insurance, you must have BOTH Part A and Part B to enroll in the following:

- Medicare Savings Program
- Part D
- Medicare Advantage
- All of the Above

4. Which of the following can you NOT enroll in online?

- Extra Help/LIS
- Medicare Savings Programs
- Medicare Part A and Part B
- Medicare Advantage/Part D

5. People with Medicare who are being reassigned to a different Part D plan for the following year receive what color letter from CMS?

- Tan
- Grey
- Blue
- Green

6. If you enroll in Part B during the General Enrollment Period (January - March), when will your Part B coverage be effective?

- January
- April
- Any month of your choice
- July

7. When can someone with Medicare Part A and Part B enroll in a Medigap plan in New York State?

- Only between October 15 and December 7
- Only during first 6 months eligible for Medicare at age 65
- Every year between January 1 and March 31
- Any time

8. Medigap Plan N does NOT cover the following which are covered under Medigap Plan F?

- Part B Excess
- Part B Deductible
- (Entire) 20% Coinsurance for Office Visit
- All of the Above

9. If you do not receive it automatically, where can you apply for the Medicare Part D Extra Help/Low Income Subsidy?

- Centers for Medicare & Medicaid Services (CMS)
- Local Department of Social Services (LDSS)
- 1-800-MEDICARE
- Social Security Administration (SSA)

10. People with Medicare NOT collecting Social Security have a Medicare number ending with what letter?

- T
- A
- D
- B

11. Which are requirements for EPIC eligibility?

- Already be Enrolled in a Part D plan
- Age 65 or over
- Limited income AND resources
- All of the Above

12. Which of the following is NOT true about a Part D transition fill?

- 30-day supply
- Available for new drug in middle of year
- Available in first 90 days with new plan
- One-time fill

13. Medicare eligible Federal retirees covered under the Federal Employees Health Benefits (FEHB) program can elect:

- FEHB and NO Part B
- FEHB and Part B
- Part B and a Medicare Advantage plan (and suspend FEHB)
- Any of the Above

14. Although some beneficiaries may qualify for an exception, Medicare Part B has an annual dollar limit on how much they allow for which type of service:

- Mental Health
- Chiropractor
- Physical Therapy
- All of the Above

15. The Medicare Advantage Disenrollment Period (January 1 - February 14) allows a beneficiary to switch:

- From one Medicare Advantage plan to another Medicare Advantage plan
- From Original Medicare to a Medicare Advantage plan
- From a Medicare Advantage plan to Original Medicare
- From one stand-alone Part D plan (PDP) to another stand-alone Part D plan

16. Physicians in New York State who accept ASSIGNMENT on a claim can charge up to what amount above the Medicare allowance for their services?

- 15%
- 5%
- Cannot charge above the Medicare allowed amount
- 20%

17. Some Medicare Advantage plans may require:

- Members to stay within a network of doctors and hospitals
- A Referral from a Primary Care Physician (PCP) for a visit to a Specialist to be covered
- Prior authorization before receiving certain items or procedures
- All of the Above

18. A Medigap policy holder who later becomes eligible for full Medicaid (without a spenddown) and/or QMB:

- 1. Must choose either Medicaid/QMB or Medigap. They cannot have both.
- 2. Can keep their Medigap policy
- 3. Can switch to a lesser Medigap plan instead now that they have Medicaid/QMB
- 4. Either 2 or 3

19. Which of the following are NOT requirements for Medicare coverage of home health care?

- Prior hospital stay
- Need for skilled care
- Considered to be "Homebound"
- All of the Above

20. Generally, for how many months do people under 65 need to collect Social Security Disability benefits before becoming eligible for Medicare?

- 6
- 12
- 24
- People do not become eligible for Medicare before age 65

21. A new Part A hospital Benefit Period begins:

- Every time a patient is readmitted to a hospital
- Every time a patient is readmitted to a hospital with a different diagnosis/condition
- When a patient is readmitted to the hospital LESS than 60 days after the last hospital discharge
- None of the Above

22. Where can you find the most current listing of Medigap insurers, waiting periods for pre-existing conditions and monthly rates?

- www.mymedicare.gov
- Back of Medicare & You Handbook
- www.dfs.ny.gov
- www.medicare.gov

23. ALL people that are Medicare eligible due to disability (under 65) are:

- Automatically enrolled in Medicare Part A only
- Automatically enrolled in both Medicare Part A AND Part B
- NOT automatically enrolled in Medicare Part A or Part B
- Automatically enrolled in Medicare Part A AND Part B AND Part D

24. Which Medicare beneficiaries are entitled to a Special Enrollment Period allowing them to switch their Part D plan ONE time per year outside of the Annual Election Period?

- Beneficiaries with Extra Help/LIS
- Beneficiaries with EPIC
- Beneficiaries with VA drug coverage
- Beneficiaries on Medicare Savings Program

25. On which website can a person on Original Medicare view their own personal claim history and preventive service information online?

- www.cms.gov
- www.mymedicare.gov
- www.medicareinteractive.org
- www.medicare.gov

26. Veterans who receive health care coverage through the Veterans Administration (VA)...

- Can delay enrollment in Part B without penalty
- Can delay enrollment in Part D without penalty
- Can delay enrollment in BOTH Part B and Part D without penalty
- CANNOT delay enrollment in either Part B OR Part D without penalty

27. Which of the following Medicare beneficiaries do NOT receive Extra Help/LIS automatically?

- Beneficiaries with EPIC
- Dual-Eligible Beneficiaries (Medicare and Medicaid)
- Beneficiaries with Medicare Savings Program
- None of the Above

28. Which of the following is TRUE about COBRA coverage and Medicare?

- COBRA coverage is primary to Medicare
- COBRA coverage allows you to delay enrollment in Part B without penalty
- COBRA coverage will always continue for people that enroll in Medicare
- None of the Above

29. Which is TRUE for beneficiaries with Original Medicare (and a Part D plan) about days spent in the hospital under "observation"?

- 1. Count toward 3-day qualifying hospital stay for Part A coverage of Skilled Nursing Facility
- 2. "Observation" days Covered under Medicare Part B
- 3. Drugs would be covered under Medicare Part D
- 4. Both 2 and 3

30. Which of the following situations would qualify a beneficiary for a Special Enrollment Period (SEP) to enroll in or switch their Part D plan?

- Voluntary loss of employer/retiree drug coverage
- Discharge from Skilled Nursing Facility
- Move from one county to another within New York State
- All of the Above

31. People with Medicare that also have the QMB may be responsible to pay:

- Part A and Part B Deductibles and Coinsurance under Original Medicare
- Co-Pays for Medical and Hospital services under a Medicare Advantage plan
- Small Co-Pays for Part D covered drugs
- None of the Above

32. Which of the following is NOT true about Medigap/Medicare Supplement insurance in New York State?

- Benefits are Standard. Same letter plan provides same coverage.
- Guaranteed Renewable. Can keep plan forever as long as continue to pay premium.
- Continuous Open Enrollment. Can purchase plan at any time regardless of age/health.
- Network of Providers. Participating providers may vary between insurers.

33. Individuals in the following situations can delay enrollment in Part B without penalty.

- Have Qualified Health Plan (QHP) purchased on Health Insurance Exchange
- Living outside of the United States (and its territories)
- OVER 65 and covered under actively employed Domestic Partner
- None of the Above

34. Which is TRUE of people with Medicare and Medicaid who wish to receive Medicaid-covered long-term care (home care) services in relation to a Managed Long Term Care (MLTC) plan?

- 1. Must be enrolled in an MLTC plan
- 2. Can continue to be enrolled in a separate Medicare Advantage and/or Part D plan
- 3. Are passively enrolled in an MLTC plan but can opt out of MLTC entirely
- 4. Both 1 and 2

35. People with Medicare would contact Livanta, the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) for the following?

- 1. Medicare Part D plan denials
- 2. Hospital discharge appeals
- 3. Quality of care complaints
- 4. Both 2 and 3

36. If a Medicare beneficiary signs an Advance Beneficiary Notice (ABN)...

- The claim may be paid by Medicare
- The beneficiary can appeal the claim if denied
- The beneficiary would be responsible for up to the provider's usual charge if denied
- All of the Above

37. Which is TRUE of the SEP65 Special Enrollment Period available for beneficiaries who enroll into a Medicare Advantage plan when first eligible for Medicare?

- 1. Available for beneficiaries eligible for Medicare due to disability or age
- 2. Allows beneficiaries 12 months to switch to Original Medicare
- 3. Allows beneficiaries 12 months to switch to a different Medicare Advantage plan
- 4. Both 2 and 3

38. In a Medicare Advantage PPO plan, members who use out-of-network (OON) doctors in the Medicare program that do not accept assignment are responsible for up to...

- Doctor's usual charge
- Part B limiting charge
- PPO plan's OON co-pay or coinsurance
- Nothing

39. When the Part B Initial Enrollment Period (IEP), Special Enrollment Period (SEP) and General Enrollment Period (GEP) overlap, which enrollment period rules does Medicare follow?

- Initial Enrollment Period
- Special Enrollment Period
- General Enrollment Period
- Beneficiary choice of enrollment period

40. Beneficiaries with Medicare Part D may pay only small co-pays for their covered drugs under which circumstance(s):

- When they receive Full Extra Help
- When they receive Partial Extra Help and reach Out-of-Pocket Threshold
- When they receive NO Extra Help and reach Catastrophic Coverage
- All of the Above

41. Which is TRUE of Medicare beneficiaries with Full Extra Help/LIS?

- They can switch their stand-alone Part D plan (PDP) but not their Medicare Advantage plan with Part D (MA-PD)
- In order to switch Part D plans, they must first contact their current plan to disenroll
- The maximum co-pay for covered drugs may vary depending on their plan
- None of the Above

42. Eligible people with Medicare can enroll in the following at any time of the year...

- EPIC
- Extra Help/Low Income Subsidy
- Medicare Savings Program
- All of the Above

43. People with MAGI Medicaid (through the Exchange) who later become age 65...

- Can delay enrollment in Medicare Part B without penalty
- Automatically receive Full Extra Help/LIS
- Will always continue to receive Medicaid through their annual renewal date
- None of the Above

44. TRICARE for Life:

- 1. Acts as a supplement to Medicare
- 2. Pays primary to Medicare
- 3. Offers creditable drug coverage
- 4. Both 1 and 3

45. If a beneficiary is covered by workers compensation or no-fault insurance, and is treated for a work or auto accident-related injury or illness, workers comp or no-fault...

- Will always be secondary to Medicare coverage
- Will be primary to Medicare, but Medicare may make a conditional payment and recoup payments after workers comp/no-fault pays
- Will be primary to Medicare even for services NOT related to the work or accident related injury or illness
- Will be primary to Medicare, and Medicare will never pay on workers comp/no-fault cases

46. If you are enrolled in an Employee Group Health Plan (EGHP) based on your or your spouse's current employment, when you become eligible for Medicare, the size of the company you or your spouse works for determines:

- 1. Whether Medicare is primary or secondary
- 2. Whether you get a Special Enrollment Period
- 3. Both 1 and 2 are true
- 4. Neither 1 or 2 is true

47. If an employer provides prescription drug coverage, it is:

- Sometimes considered creditable
- Never considered creditable
- Always considered creditable
- None of the above

48. The Medicare Plan Finder Drug List ID feature allows users to do what?

- Return to Plan Finder at a later date without having to re-enter drug information
- Identify generic replacements for brand name drugs
- Get a list of drugs that will not be covered in the coverage gap
- Get information about current and future coverage and subsidies

49. How does Medicare's Limited Income Newly Eligible Transition Program (LINET) help beneficiaries?

- It streamlines the application process for cost-savings programs for newly enrolled Medicare beneficiaries
- It eliminates the Part D coverage gap for eligible beneficiaries
- It provides temporary prescription drug coverage for eligible beneficiaries who are not yet enrolled in a Part D plan.
- It pays Medicare Parts A and B premiums for eligible beneficiaries

50. Medicare is:

- Always the secondary payer
- Always the primary payer
- Can be either primary or secondary payer
- The payer of last resort