

MODULE 1: ORIENTATION FOR NEW VOLUNTEERS

Objectives

This module will help new volunteers understand the 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 the 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 Website <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap> 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 Counselor's Corner is a dedicated site developed to provide counselors and coordinators with on-line resources.

<https://aging.ny.gov/hiicap-counselors-corner>

HIICAP counselors meet with their peers and their coordinator for ongoing education and updates.

HIICAP counselors complete an annual exam. The 2020 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 <https://aging.ny.gov/hiicap-notebook>

The HIICAP Notebook uses a step-by-step approach to health insurance options for people with Medicare.

The modules in the notebook include:

- Module 1- Orientation for New Volunteers
- Module 2- Medicare Eligibility and Enrollment (Medicare Overview)
- Module 3- Medicare Part A Hospital Insurance
- Module 4- Medicare Part B Medical Insurance
- Module 5- Medicare Advantage Health Plan Options
- Module 6- Medicare Prescription Drug Coverage (Medicare Part D)
- Module 7- Medicare Supplement Insurance/Medigap
- Module 8- Elderly Pharmaceutical Insurance Coverage (EPIC)
- Module 9- Medicare Savings Programs
- Module 10- Medicare Claims and Appeals
- Module 11- New York State Senior Medicare Patrol (SMP)
- Module 12- Paying for Long-Term Care
- Module 13- Counseling Techniques
- Module 14- NYSOFA HIICAP Reporting
- Module 15- Other Sources of Health Insurance and Prescription Drug Coverage
- Module 16- Medicare and the Health Insurance Marketplaces
- Module 17- Medicaid

A Glossary/Acronym listing can be found at the end of the Notebook.

At the end of most modules there 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 options and 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 Medicare covers;
- What health care costs the person with Medicare will be responsible for;
- Which policies help cover costs that Medicare does not cover;
- How to make paperwork manageable;
- Who to turn to for help in resolving specific health insurance problems.

Trained HIICAP counselors can:

- Provide free, clear, accurate and unbiased 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) 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 Website (<https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>) 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, including low-income, rural, diverse, and underserved populations.

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. Quarterly 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 associated programs that may help with Medicare costs.

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 webinars, 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 the 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 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.

The following Modules provide comprehensive information on Traditional/Original Medicare, Medicare Advantage plans and Medicare Prescription Drug Coverage (Medicare Part D):

Module 2 (Medicare Eligibility and Enrollment)

Module 3 (Medicare Part A Hospital Insurance)

Module 4 (Medicare Part B Medical Insurance)

Module 5 (Medicare Advantage Health Plan Options) and

Module 6 (Medicare Prescription Drug Coverage, Medicare Part D)

The following Modules 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 7 (Medicare Supplement Insurance/Medigap)

Module 8 (EPIC)

Module 9 (Medicare Savings Programs) and

Module 10 (Medicare Claims and Appeals)

Module 11 (New York State Senior Medicare Patrol) covers healthcare fraud, waste and abuse and New York State's SMP.

Module 12 (Paying for Long-Term Care) discusses Long-Term Care Insurance.

Module 13 (Counseling Techniques) explores methods of counseling, roles and responsibilities and communication skills.

Module 14 (NYSOFA HIICAP Reporting) covers the reporting process.

The following Modules 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:

Module 15 (Other sources of Health Insurance and Prescription Drug Coverage)

Module 16 (Medicare and the Health Insurance Marketplaces) and

Module 17 (Medicaid)

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 websites).

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; Eligibility and Enrollment (Modules 2, 3 and 4)

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

Medicare is health insurance coverage for eligible people 65 years and older and certain people with disabilities. 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.

Step 2: Medicare Supplement Insurance/Medigap (Module 7)

Explore Medicare supplement policies (also known as Medigap policies). These policies only work with Original Medicare and can help pay Medicare deductibles and coinsurance.

Medigap policies are privately purchased from an insurance company.

Federal and state laws protect buyers of Medicare supplement insurance.

Choose carefully among the standardized policies.

Check the New York State Department of Financial Services Website a list of policies available in New York State and the latest premium rates.

https://www.dfs.ny.gov/consumers/health_insurance/supplement_plans_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 3: Medicare Advantage Health Plan Options (Module 5)

What is a 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 copayments 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), Medicare Medical Savings Accounts (MSAs), and in some counties, Private Fee-for-Service (PFFS) plans. These health plans are explained in Module 5.

Step 4: Medicare Prescription Drug Coverage (Medicare Part D) (Module 6)

Enrolling in Medicare prescription drug coverage (Part D) is voluntary. It is important that each Medicare beneficiary be evaluated as to the need for prescription drug coverage in order to avoid lack of coverage and/or penalties. Beneficiaries should also be assisted with determining the correct plan that will best cover their prescription drug needs.

- An assessment of income and assets will determine if your client may qualify for assistance with their drug costs. (Extra Help)

Step 5: 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.

EPIC is 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 6: 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? What type of plan? 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 7: State Administered 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 in some cases the Medicare Part A 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 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 and 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 Eligibility and Enrollment) for more details about Medicare Coordination of Benefits and delaying enrollment in Part B.

STUDY GUIDE MODULE 1: ORIENTATION FOR NEW VOLUNTEERS

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, diverse, and underserved populations.



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

ANSWER KEY MODULE 1: ORIENTATION FOR NEW VOLUNTEERS

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?
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*
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 the 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, diverse, and underserved populations

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, and Department of Financial Services*

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, diverse, and underserved populations.



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



2020 HIICAP Counselor Exam

Welcome to the 2020 HIICAP Counselor Exam. This exam is intended as an annual review of Medicare and related insurance. You have until August 14 to complete the exam but are encouraged to do so at your earliest convenience. The exam is "open book". You may use any resources to answer the questions. The passing grade is 80% but you can take the exam again if you do not pass on your first attempt.

The exam will be saved if you do not complete it all at one time. You can also print the exam and complete it on paper before entering online.

Good luck.

1. 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

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

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

3. 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

4. Dual-eligible beneficiaries receive which color letter from CMS to notify them that they are deemed eligible for (automatically receive) Extra Help?

- Purple
- Yellow
- Green
- Blue

5. Medigap Plan N does NOT cover the following which are covered under Medigap Plan G?

- 1.Part B Excess Charges
- 2.Part B Deductible
- 3.(Entire) 20% Coinsurance for Office Visit
- 4.Both 1 and 3

6. 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

7. 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

8. 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

9. Medicare has a limit for each beneficiary on the number of...

- Part A Benefit Periods
- Part A Lifetime Reserve Days
- Part B Special Enrollment Periods
- None of the Above

10. Which is NOT true of the (January 1 – March 31) Medicare Advantage Open Enrollment Period?

- Also available for beneficiaries who enroll in a Medicare Advantage plan when first entitled to Medicare
- Allows beneficiaries to switch from one Medicare Advantage plan to another Medicare Advantage plan
- Allows beneficiaries to switch from Original Medicare to a Medicare Advantage plan
- Allows beneficiaries to switch from a Medicare Advantage plan to Original Medicare and a stand-alone Part D plan (PDP)

11. Physicians in New York State who do NOT accept assignment on a claim can charge up to what amount above the Medicare allowance for MOST services (other than home and office visits)?

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

12. Medicare Advantage PPO plans may require:

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

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

- Must choose either Medicaid/QMB or Medigap. They cannot have both.
- Can switch to a lesser Medigap plan instead now that they have Medicaid/QMB
- Can keep their current Medigap policy but CANNOT switch to another Medigap plan
- None of the above

14. 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

15. 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 (or SNF) discharge
- None of the Above

16. 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

17. 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

18. 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

19. The new EPIC application asks for the following information that was not included in the prior version of the application in order to be able to apply for Extra Help/LIS on behalf of member...

- Current Income
- Assets/Resources
- Dependent relatives who live with beneficiary and for whom beneficiary (or spouse) provides at least ½ of their support
- All of the Above

20 . 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

21. 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

22. Which of the following situations would NOT qualify a beneficiary for a Special Enrollment Period (SEP) to switch Part D plans?

- Change in level of Extra Help/LIS Assistance
- Discharge from Skilled Nursing Facility (SNF)
- Maintaining VA Drug Coverage
- Loss of Extra Help/LIS

23. 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

24. 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.

25. Beneficiaries in the following situations can delay enrollment in Part B without penalty.

- Over 65 and covered under Domestic Partner's active/current employment with large employer (100 or more employees)
- Disabled and covered under spouse's Retiree plan from a large employer (100 or more employees)
- Disabled adult child covered under parent's Active/Current employment with large employer (100 or more employees)
- None of the Above

26. People with Medicare would contact the following with questions on...

- BCRC (Benefits Coordination & Recovery Center) for Medicare coordination of benefits updates
- ICAN for issues with MLTC (Managed Long Term Care) plans
- Livanta (BFCC-QIO) for quality of care complaints
- All of the Above

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

- The claim will likely be denied but 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

28. Which is TRUE of the SEP65 Special Enrollment Period available for beneficiaries who enroll into a Medicare Advantage plan when first eligible for Medicare at age 65?

- 1. SEP also available for beneficiaries eligible for Medicare due to disability under age 65
- 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

29. In a Medicare Advantage PPO plan, out-of-network (OON) doctors in the Medicare program that do NOT accept assignment can charge up to...

- Doctor's usual charge
- Part B limiting charge
- Medicare allowed amount
- Nothing

30. Which beneficiaries would qualify for the Part B Special Enrollment Period?

- Retired and not enrolled in Part B because living outside of USA when first Medicare eligible
- Enrolled in Part B during Initial Enrollment Period (IEP), but later dropped Part B because coverage through active/current employment begins
- Did not enroll in Part B during IEP and not covered through active employment. Later, obtained coverage through active/current employment
- Did not enroll in Part B during IEP because self-employed and covered under policy that covers only the beneficiary

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

- Cannot delay enrollment in Medicare Part B without penalty
- Automatically receive Full Extra Help/LIS
- Will be assigned to Part D plan if do not elect to enroll in plan
- All of the Above

32. 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

33. For which of these is eligibility always based on PRIOR year's income?

- Extra Help/LIS
- Part B Premium
- EPIC
- Medicare Savings Program

34. People with Medicare who do not qualify for premium-free Part A under their own work history may qualify for premium-free Part A under...

- Their (over age 62) current spouse's work history (even if spouse not collecting Social Security) if married at least one year
- Their (over age 62) ex-spouse's work history (even if ex-spouse is not collecting Social Security) if the person with Medicare recently re-married
- Their (over age 62) ex-spouse's work history (even if ex-spouse is not collecting Social Security) if they were married for five years
- None of the Above

35. Which of the following is a preventive service that is covered annually for ALL people with Medicare?

- Initial Preventive Physical Exam
- Diabetes Screening
- Cardiovascular Disease Behavioral Therapy
- Hepatitis C Screening Test

36. Equitable Relief is a process whereby you can appeal about...

- Medicare Advantage plan denial to the Quality Improvement Organization (QIO)
- Medicare Savings Program denial to LDSS (HRA in NYC)
- Part D Extra Help/LIS eligibility to the Social Security Administration
- Part B enrollment to the Social Security Administration

37. The Part D Plan Finder tool on www.medicare.gov sorts plan results by DEFAULT by...

- Lowest yearly drug deductible
- Lowest monthly premium
- Lowest drug & premium cost
- Insurance Carrier name

38. If you move to another state, which of these will you have to re-apply for in the new state?

- Medigap/Medicare Supplement Plan
- Extra Help/LIS
- Medicare Saving Program
- All of the Above

39. The Medicare late enrollment penalty (LEP) ends in the following situations...

- 1. Part D LEP ends if later enroll in EPIC
- 2. Part B and Part D LEPs end if later receive Medicare Savings Program
- 3. Part B and Part D LEPs end if Medicare eligible due to disability and later turn 65
- 4. Both 2 and 3

40. Which of the following happens automatically in Medicare?

- People with Medicare who meet a spenddown for Medicaid receive Full Extra Help/LIS
- People that are collecting Social Security prior to age 65 are enrolled in Part A and Part B
- People with Medicare that receive Extra Help/LIS are enrolled into a Part D plan
- All of the above

41. The Social Security Administration (SSA) does NOT handle the following function in Medicare:

- Appeal of Part B premium
- Application for Medicare Savings Program
- Application for Part D Extra Help/LIS
- Enrollment in Medicare Part B

42. Which of these are the same?

- 1. Medigap Plan K and Plan L Out-of-Pocket Limits
- 2. Medigap Plans A-N Coverage of Part A Coinsurance Days (61-90)
- 3. Medigap High Deductible Plan F and High Deductible Plan G Deductible Amount
- 4. Both 2 and 3

43. Which is ALWAYS true in Medicare?

- Beneficiaries with Extra Help/LIS also have Part D drug coverage
- Retiree prescription drug coverage is creditable drug coverage
- Medicare is the primary insurance
- All beneficiaries with Medicare Part D can also have EPIC

44. For people with Medicare that lose their health insurance coverage based on their own active/current employment two months after the month they turn 65 and enroll in Part B later that month, their Part B coverage begins...

- Either that same month or the following month, whichever the beneficiary chooses
- The following month
- Two months later
- Three months later

45. Which of the following can you receive retroactively with Medicare?

- Medicare Part A
- Medicare Part B
- Medicare Part D (through LI-NET)
- All of the Above

46. Which Medicare beneficiaries living in New York State do NOT have the right to purchase a new Medigap Plan C or Plan F?

- 1. Beneficiaries that were enrolled in Part A before 2020, but first enrolled in Part B in 2020
- 2. Beneficiaries that had Part A and Part B and a different Medigap plan before 2020
- 3. Beneficiaries that are newly eligible for Medicare beginning in 2020
- 4. Both 1 and 3

47. The Medicare Part B limiting charge does NOT apply:

- For services excluded (never covered) by Medicare (ex. – dentures, hearing aids)
- For services denied as not medically necessary when the beneficiary has signed an Advance Beneficiary Notice
- For Durable Medical Equipment (DME) when the supplier does NOT accept assignment (in 2020)
- All of the above

48. People with Medicare that also have Extra Help/LIS are entitled to a Special Enrollment Period that allows them to switch Part D plans (including Medicare Advantage plans with Part D)...

- As often as every month to be effective the first of the following month
- As often as once per calendar quarter (in each quarter of the year) to be effective the first of the following month
- As often as once per calendar quarter (in the first 9 months of the year) to be effective the first of the following calendar quarter
- As often as once per calendar quarter (in the first 9 months of the year) to be effective the first of the following month

49. Original/Traditional Medicare does NOT cover the following services:

- Routine (Comprehensive) Annual Physical Exam
- Routine Dental Care
- Services Outside of the United States (with limited exceptions)
- All of the Above

50. The following CANNOT be credited toward meeting the Medigap plan waiting period (of up to 6 months) for pre-existing conditions

- Lesser Medigap plan
- VA Health Care
- National Health Plan (From Another Country)
- Original Medicare (AFTER first 6 months Medicare eligible)