

**MEDICARE RESIDENT, PRACTICING
PHYSICIAN, AND OTHER HEALTH CARE
PROFESSIONAL TRAINING PROGRAM**

(Insert Name of Organization)

(Insert Date of Course)

**PRE-ASSESSMENT
CHAPTER 2**

Directions

- Complete the Pre-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

1. End-Stage Renal Disease facilities are an example of an entity that receives payment under Part A of the Medicare Program.

- A. True
- B. False

2. The National Provider Identifier will replace health care provider identifiers that are now being used in standard transactions.

- A. True
- B. False

3. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers.

- A. True
- B. False

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**PRE-ASSESSMENT ANSWER SHEET
CHAPTER 2**

	A	B
1.	0	0
2.	0	0
3.	0	0

FACILITATORS:

Please make copies of completed Pre- and Post-Assessment answer sheets for your locked, confidential file and mail original answer sheets to:

**Ann Palmer
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C4-13-07
Baltimore, MD 21244**

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**POST-ASSESSMENT
CHAPTER 2**

Directions

- Complete the Post-Assessment when directed by the course facilitator.
- Mark your answers on the attached answer sheet.
- Please hand in your completed answer sheet prior to exiting today's session.

1. End-Stage Renal Disease facilities are an example of an entity that receives payment under Part A of the Medicare Program.

- A. True
- B. False

2. The National Provider Identifier will replace health care provider identifiers that are now being used in standard transactions.

- A. True
- B. False

3. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers.

- A. True
- B. False

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**POST-ASSESSMENT ANSWER SHEET
CHAPTER 2**

	A	B
1.	0	0
2.	0	0
3.	0	0

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