

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

(Insert Name of Organization)

(Insert Date of Course)

**PRE-ASSESSMENT
1.5-HOUR TRAINING MODULE
INTRODUCTION TO MEDICARE**

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. Part C of the Medicare Program is:

- A. Long term care insurance
- B. Medicare Advantage
- C. Disability insurance
- D. Medical insurance

2. The four groups of Medicare insured and uninsured beneficiaries are End-Stage Renal Disease insured, aged insured and uninsured, and disabled insured.

- A. True
- B. False

3. One provision of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 is health insurance coverage protection for workers and their families when they change or lose their jobs.

- A. True
- B. False

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Pre-Assessment

1.5-Hour Training Module

4. 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

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

- A. True
- B. False

6. Providers and suppliers must collect which of the following from the beneficiary:

- A. Coinsurance
- B. Unmet deductibles
- C. Copayments
- D. All of the above

7. A 20 percent Health Professional Shortage Area incentive payment is paid to physicians who furnish medical care in geographic areas designated as primary medical care Health Professional Shortage Areas.

- A. True
- B. False

8. Services or supplies are considered medically necessary if they are mainly for the convenience of the patient, provider, or supplier.

- A. True
- B. False

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Pre-Assessment

1.5-Hour Training Module

9. The preventive benefits that were expanded under the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 include:

- A. Diabetes screening tests
- B. Initial preventive physical examination
- C. Cardiovascular screening blood tests
- D. All the above

10. One requirement for coverage of incident to the services of a physician is that the services and supplies are commonly furnished without charge or included in the physician's bill.

- A. True
- B. False

11. Residents may document physician services in the patient's medical record.

- A. True
- B. False

12. A teaching physician who bills Medicare for evaluation and management services is never required to personally document his or her participation in the management of the patient and that he or she performed the service or was physically present during the critical or key portions of the service furnished by the resident.

- A. True
- B. False

13. Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option.

- A. True
- B. False

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1.5-Hour Training Module

14. Local Coverage Determinations are developed to further define a National Coverage Determination (NCD) or in the absence of a specific NCD.

- A. True
- B. False

15. The goal of the Medicare Integrity Program is to pay it right – pay the right amount, to the right provider or supplier, for the right service, to the right beneficiary.

- A. True
- B. False

16. Program abuse involves a person or entity's intentional use of false statements or fraudulent schemes to obtain payment for, or to cause another to obtain payment for, items or services payable under a Federal health care program.

- A. True
- B. False

17. Health care fraud, which may be intentional or unintentional, directly or indirectly results in unnecessary or increased costs to the Medicare Program.

- A. True
- B. False

18. Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal.

- A. True
- B. False

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Pre-Assessment

1.5-Hour Training Module

19. There are three levels in the fee-for-service appeals process.

- A. True
- B. False

20. An example of an overpayment is when an incorrect payee is paid.

- A. True
- B. False

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**PRE-ASSESSMENT ANSWER SHEET
1.5-HOUR TRAINING MODULE
INTRODUCTION TO MEDICARE**

	A	B	C	D
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0
4.	0	0	0	0
5.	0	0	0	0
6.	0	0	0	0
7.	0	0	0	0
8.	0	0	0	0
9.	0	0	0	0
10.	0	0	0	0

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**Pre-Assessment Answer Sheet
1.5-Hour Training Module**

	A	B	C	D
11.	0	0	0	0
12.	0	0	0	0
13.	0	0	0	0
14.	0	0	0	0
15.	0	0	0	0
16.	0	0	0	0
17.	0	0	0	0
18.	0	0	0	0
19.	0	0	0	0
20.	0	0	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**

**MEDICARE RESIDENT, PRACTICING
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**POST-ASSESSMENT
1.5-HOUR TRAINING MODULE
INTRODUCTION TO MEDICARE**

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1.5-Hour Training Module

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	A	B	C	D
1.	0	0	0	0
2.	0	0	0	0
3.	0	0	0	0
4.	0	0	0	0
5.	0	0	0	0
6.	0	0	0	0
7.	0	0	0	0
8.	0	0	0	0
9.	0	0	0	0
10.	0	0	0	0

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	A	B	C	D
11.	0	0	0	0
12.	0	0	0	0
13.	0	0	0	0
14.	0	0	0	0
15.	0	0	0	0
16.	0	0	0	0
17.	0	0	0	0
18.	0	0	0	0
19.	0	0	0	0
20.	0	0	0	0

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