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

MASTER ANSWER KEYS

CHAPTER 1	
QUESTION	**CORRECT ANSWER**
1. Part C of the Medicare Program is: A. Long term care insurance B. Medicare Advantage C. Disability insurance D. Medical insurance	B
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	A
3. One provision of the Health Insurance Portability and Accountability Act of 1996 is the Medicare prescription drug benefit. A. True B. False	B

Master Answer Keys

CHAPTER 2	
QUESTION	**CORRECT ANSWER**
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	B
2. The National Provider Identifier will replace health care provider identifiers that are now being used in standard transactions. A. True B. False	A
3. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers. A. True B. False	B

Master Answer Keys

CHAPTER 3	
QUESTION	**CORRECT ANSWER**
1. Providers and suppliers must collect which of the following from the beneficiary: A. Coinsurance B. Unmet deductibles C. Copayments D. All of the above	D
2. Medicare is the secondary payer when the Veterans Health Administration (VHA) has authorized health care services at a non-VHA facility. A. True B. False	A
3. 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	B

Master Answer Keys

CHAPTER 4	
QUESTION	**CORRECT ANSWER**
1. Services or supplies are considered medically necessary if they are mainly for the convenience of the patient, provider, or supplier. A. True B. False	B
2. 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	D
3. 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	A

Master Answer Keys

CHAPTER 5	
QUESTION	**CORRECT ANSWER**
1. Residents may document physician services in the patient's medical record. A. True B. False	A
2. 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	B
3. Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option. A. True B. False	A

Master Answer Keys

CHAPTER 6	
QUESTION	**CORRECT ANSWER**
1. 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	A
2. 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	B
3. 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	B

Master Answer Keys

CHAPTER 7	
QUESTION	**CORRECT ANSWER**
1. Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal. A. True B. False	B
2. There are three levels in the fee-for-service appeals process. A. True B. False	B
3. An example of an overpayment is when an incorrect payee is paid. A. True B. False	A

Master Answer Keys

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	**CORRECT ANSWER**
1. Part C of the Medicare Program is: A. Long term care insurance B. Medicare Advantage C. Disability insurance D. Medical insurance	B
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	A
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	B
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	B
5. Participating providers and suppliers receive 25 percent higher Medicare Physician Fee Schedule allowances than nonparticipating providers and suppliers. A. True B. False	B
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	D

Master Answer Keys

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	**CORRECT ANSWER**
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	B
8. Services or supplies are considered medically necessary if they are mainly for the convenience of the patient, supplier, or provider. A. True B. False	B
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	D
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	A
11. Residents may document physician services in the patient's medical record. A. True B. False	A

Master Answer Keys

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	**CORRECT ANSWER**
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	B
13. Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option. A. True B. False	A
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	A
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	A
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	B

Master Answer Keys

1.5-HOUR TRAINING MODULE INTRODUCTION TO MEDICARE	
QUESTION	**CORRECT ANSWER**
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	B
18. Providers and suppliers can correct minor errors and omissions on claims by initiating a formal appeal. A. True B. False	B
19. There are three levels in the fee-for-service appeals process. A. True B. False	B
20. An example of an overpayment is when an incorrect payee is paid. A. True B. False	A