



Test Your Knowledge

of

Medicare Training Module Three

Questions

1. Medicaid is
 - a. a managed care plan available in some areas
 - b. a state administrated and jointly funded Federal-State health care assistance program for people with limited income and resources
 - c. Part A of the Medicare program
 - d. A private policy you buy to fill in the gaps in the Original Medicare program

2. The application process for Medicaid is uniform in every State Medicaid Program?
 - a. True
 - b. False

3. The Legislature in Arkansas can make changes in eligibility requirement and reimbursement procedures.
 - a. True
 - b. False

4. The _____ administers the Medicaid program in Arkansas.
 - a. Arkansas Health Department
 - b. Arkansas Program on Aging
 - c. Arkansas Department of Health and Human Services
 - d. Arkansas Social Security Office

5. Medicaid and Medicare work together to pay health care cost for low income persons.
- a. True
 - b. False
6. Medicaid is a health care assistance program for individuals 65 years or older only.
- a. True
 - b. False
7. List the three ways an individual can apply for the Medicaid program.
- 1. _____
 - 2. _____
 - 3. _____
8. List three items that an individual applying for Medicaid would need to have with them:
- 1. _____
 - 2. _____
 - 3. _____
9. _____ is a program in which individuals who get hurt or become sick might be able to get temporary relief from Medicaid to pay for their medical bills even though they make too much money to qualify for Medicaid.
- a. ARKids First B
 - b. Medicaid SpendDown
 - c. Women's Health Planning
 - d. Medicare Savings Program

10. The services offered under the Women's Health (Family Planning) are:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

11. Medicaid payments are made to beneficiaries?

- a. True
- b. False

12. All Medicaid beneficiaries must choose a primary care physician unless they:

1. _____
2. _____
3. _____
4. _____

13. Medicaid is billed first then the providers bill Medicare?

- a. True
- b. False

14. Many of the benefits or services covered by Medicaid have limits, especially for adults. If a service has an annual benefit limit this means that Medicaid will
- a. they will pay for the services no matter the number
 - b. Medicaid will only pay for a certain number of services or they will pay a certain amount for services from July 1 of one year through June 30 of the following year
 - c. There is no limit on Medicaid services
 - d. There is no limit on the amount Medicaid will pay
15. A referral may be required from the beneficiary's primary care physician before the beneficiary can receive a certain medical service or treatment.
- a. True
 - b. False
16. _____ provides surgeries that do not require an overnight stay but they do require a referral from the beneficiary's primary care physician.
- a. ambulatory surgical center
 - b. Child Health Management Services
 - c. Chiropractor
 - d. Doctor's services
17. Medicaid will pay for ambulance service for a beneficiary no matter what the case is.
- a. True
 - b. False

18. Medicaid will cover the cost of chiropractic care with a referral from the beneficiary's primary care physician.
- a. True
 - b. False
19. Dental care is only covered for beneficiaries less than 21 years of age.
- a. True
 - b. False
20. In general, Medicaid will pay for doctor's visits for all beneficiaries. If the beneficiary is 21 years or older there is limit to the number of visits that Medicaid will cover.
- a. True
 - b. False
21. Home Health Care Services are covered by Medicare all any time and they do not require doctor specification.
- a. True
 - b. False
22. Medicaid does not cover the cost of Hospice Care.
- a. True
 - b. False

23. Mary is a Medicaid beneficiary and she needs a ride to her doctor's appointments. (1) Does Medicaid cover non-emergency transportation for beneficiaries? (2) What guidelines are in place for non-emergency transportation? (3) How would Mary go about scheduling a ride?

24. Mary calls to schedule her ride with the NET broker, what procedures does she need to follow and what documentation does she need to have?

1. _____
2. _____
3. _____

25. Net brokers are required to:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

26. List 4 of the 8 Medicaid beneficiary rights;

1. _____
2. _____
3. _____
4. _____

27. _____ is non-acute care provided over a 24-hour period for 25 or more consecutive days.

- a. short term care
- b. hospitalization
- c. Long Term Care
- d. Hospice Care

28. List three types of Long Term Care facilities

1. _____
2. _____
3. _____

Answers

2. B – a state administered and jointly funded Federal-state health care assistance program for people with limited income and resources.
3. B – False – The application process for Medicaid varies from state to state.
4. A – True – The legislature in Arkansas can make changes to Medicaid services, eligibility requirements and reimbursement procedures.
5. C – The Arkansas Department of Health and Human Services.
6. A – True – Medicare and Medicaid do work together to pay health care cost for low income persons.
7. B – False – Medicaid is a health care assistance program for low income individuals regardless of their age.
8.
 1. They can go online and download the application.
 2. They can go to the Department of Human Services office in their county
 3. They can have someone go an apply for them

9. They need to have the following:
 - a) Birth certificate or other proof of age
 - b) pay check stub
 - c) Social Security card
 - d) Letters or forms from Social Security, Supplemental Security Income (SSI), Veteran's Administration or other sources that show the amount of their incomes
 - e) Insurance policies, including other health insurance policies
 - f) bank books or other papers that show the amount of your assets

10. B – Medicaid Spenddown

11.
 - a. Physical exams
 - b. lab work
 - c. birth control
 - d. information about preventing HIV and sexually transmitted diseases
 - e. prescriptions for birth control
 - f. follow up visits

11. B- False – Medicaid payments are made to providers who bill for the medical services and treatments.

12. All Medicaid beneficiaries must choose a primary care physician unless they:
 - a. also have Medicare
 - b. live in a nursing home
 - c. live in an ICF/MR
 - d. have Medicaid Spenddown

13. B – False – If beneficiaries have both, Medicare is always billed first and then Medicaid.
14. B – Medicaid will only pay for a certain number of services or they will pay a certain amount for services from July 1 of one year through June 30 of the following year.
15. A – True – Some services and treatments do require a referral.
16. A – Ambulatory Surgical Center – They do provide surgeries that do not require an overnight stay and Medicaid will cover the cost of surgeries at these centers as long as the beneficiary has a referral from their pcp.
17. B – False – Medicaid will only cover ambulance service in certain cases and only if the beneficiary needs the service to stay alive or to prevent serious damage to their health.
18. A – True – Medicaid will cover the cost of chiropractic care with a PCP referral for the beneficiary. There is a limit to the number of visits Medicaid will pay for if the beneficiary is 21 years of age or older.
19. A – True – Medicaid will only cover the costs of dental care if the beneficiary is under 21 years of age.
20. A- True – Medicaid will cover the cost of doctor visits but there is a limit to the number of visits covered for beneficiaries 21 or older.

21. B – False – Medicaid will only cover home health services if a doctor specifies that home care services are needed for medical reasons.
22. B – False- Medicaid does cover the cost of Hospice Service.
23. (1) Yes, Medicaid does cover the cost of non-emergency transportation for appointments and other Medicaid covered services.
- (2) The recipient must be on Medicaid. They must try to find another rider from family or friends before they schedule a ride with NET. They must have no other way to get to their appointment.
- (3) First she would need to find out who the NET broker for her region or county is. The broker is the company that Medicaid pays to give the beneficiary a ride. She would need to call at least two day (48 hours) in advance to schedule the ride. Weekends and holidays do not count.
24. 1. She should have her Medicaid ID ready
2. Tell the broker why she needs the ride
3. Call at least 48 hours (two full days) before her appointment.
25. 1. offer rider Monday through Friday from 8 – 5
2. Pick up beneficiaries as needed if they have an appointment for chemotherapy, radiation therapy or dialysis
3. provide a toll free number
4. arrive on time
5. let the beneficiary and their doctor know of they will be late.

26.
 1. when they apply for Medicaid, their race, religion or sex should never be a reason for being turned down. They have a right to get information that they can understand
 2. Their doctor should treat them with respect
 3. they have a right to help make decisions about their health care of their child's health care
 4. they have a right to refuse treatment
 5. they should never be strapped down or restrained just to make things easier for medical workers
 6. they have a right to see their medical records and to as that they be changed if they are incorrect
 7. no on should treat them badly just because

27. C – Long Term Care

28.
 1. Nursing Homes
 2. Adult Day Care and Adult Health Care Facilities
 3. Residential Care Facilities
 4. Intermediate Care Facilities for the Mentally Retarded
 5. Assisted Living Facilities
 6. Alzheimer's Special Care Units
 7. Post-Acute Head Injury Facilities
 8. Alternative Care Facilities
 9. ElderChoices Program