

UHC CERTIFICATION ACTUAL EXAM 300 QUESTIONS AND CORRECT ANSWERS 2023-2024 UPDATE ALREADY A GRADED WITH EXPERT FEEDBACK

If you conduct an educational event and invite a provider or vendor to be a part of the event, the provider/vendor must not do which of the following? - ANSWER- **Provide free health screenings such as blood pressure checks or hearing tests as a marketing activity**

Agent John Rogers is planning a formal marketing/sales event and has decided to place an advertisement in the local paper. What disclaimers must John include in the advertisement? - ANSWER- **"For accommodation of persons with special needs at sales meetings, call 555-555-1234, TTY 711."**

Janine is conducting a marketing/sales event in a senior center cafeteria. The cafeteria generally provides a dinner meal from 5pm to 6pm. Can Janine conduct her marketing/sales meeting in the cafeteria between 5pm and 6pm? - ANSWER- **No, she can conduct an event that ends no later than 5pm or wait until after 6pm.**

Agent Rita Garcia must not do which of the following while conducting a marketing/sales event? - ANSWER- **State the plan she is presenting is the best plan on the market.**

At a formal marketing/sales event, an agent presented information about prescription drug coverage. Which statement is not accurate? - ANSWER- **Members and providers are not able to ask the plan for exceptions to any utilization management rules**

At an informal marketing/sales event, which of the following activities is not permitted? - ANSWER- **Approaching consumers as they pass by your booth/kiosk/table**

Agent Santana has developed a relationship with Dr. Westberry, a Primary Care Provider contracted with several Medicare Advantage Plans. Dr. Westberry is asked to attend a formal marketing/sales event conducted by Agent Santana. Which of Dr. Westberry's actions is non-compliant? - ANSWER- **Offers blood pressure screenings as consumers wait for the event to begin**

Which of the following best describes the purpose of event observation? - ANSWER- **An oversight activity where an individual evaluates an event as a means to ensure the information provided by the agent was accurate and compliant.**

Which of the following statements describes compliant activity during a formal marketing/sales event? - ANSWER- **Not one plan fits all**

Which of the following statements is true about conducting a formal marketing/sales event in a conference room inside a UnitedHealthcare MedicareStore? - ANSWER- **All rules relating to formal marketing/sales events apply including event reporting and providing a complete plan presentation.**

When must an agent inform the consumer of the availability of no-cost interpreter services? - ANSWER- **Whenever the agent is presenting a Medicare Advantage or Prescription Drug Plan.**

Which of the following statements is true about eligibility requirements for Medicare Prescription Drug Plans?

Consumers must live in the same zip code as the pharmacy they intend to use

A consumer must be entitled to Medicare Part A and/or enrolled in Medicare Part B

A consumer must receive a pension from a former employer

Consumers do not need to live in the plan's service area - ANSWER- **A consumer must be entitled to Medicare Part A and/or enrolled in Medicare Part B**

Aside from a stand-alone Medicare Prescription Drug Plan, how else could a Medicare-eligible consumer get Part D prescription drug coverage?

They could sign up for a pharmacy savings card through their local pharmacy.

There is no other way a Medicare consumer could get Part D prescription drug coverage.

They could enroll in a Medicare Supplement Insurance Plan.

They could enroll in a Medicare Advantage Plan or other Medicare health plan that includes prescription drug coverage. - ANSWER- **They could enroll in a Medicare Advantage Plan or other Medicare health plan that includes prescription drug coverage.**

Which of the following statements does not correctly define prescription drug stages?

The catastrophic coverage stage is when the member will only pay a small coinsurance or copayment for covered drugs for the remainder of the plan year.

Initial coverage is the stage when the plan pays part and the member pays part, usually as coinsurance or copayments.

A deductible is the amount the member must pay for every prescription medication, regardless of what stage they are in.

The coverage gap ends when the member has spent \$6,550 (in 2021) in out-of-pocket expenses for the plan year. - ANSWER- **A deductible is the amount the member must pay for every prescription medication, regardless of what stage they are in.**

Which of the following options are drug utilization management (UM) rules? (Select 3 - ANSWER- Quantity Limit

Prior Authorization

Step Therapy

A consumer may have to pay a Late Enrollment Penalty (LEP) if they did not enroll in a Medicare Advantage plan with Part D benefits or stand-alone prescription drug plan

when they were first eligible for Medicare Parts A and/or B or went without creditable prescription drug coverage for - ANSWER- **63 continuous days or more**

Through which means is financial assistance offered to a consumer who qualifies for Low Income Subsidy for their part of Medicare Part D costs?

Through a combination of subsidies and annual refund checks

Through subsidies such as lower or no monthly plan premiums and lower or no copayments

Such financial assistance will no longer be available as of January 1, 2020

By receiving annual checks with a refund based on a predetermined percentage of Part D costs - ANSWER- **Through subsidies such as lower or no monthly plan premiums and lower or no copayments**

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Which of the following consumers would be eligible for Medicare? - ANSWER- **Consumers age 65 or older, consumers under 65 years of age with certain disabilities for more than 24 months and consumers of all ages with ESRD or ALS**

Which of the following defines a Medicare Advantage (MA) Plan? - ANSWER- **MA Plans are health plan options approved by Medicare and offered by private insurance companies.**

Janice wants to enroll in a 2021 Medicare Advantage plan. What eligibility requirements must she meet? (Select the two answers that apply.) - ANSWER- **Not have End Stage Renal Disease (permanent kidney failure) Reside in the plan's service area**

What must be explained to consumers enrolling in an HMO (Health Maintenance Organization) MA Plan? (Select 3) - ANSWER-

Which of the following are MA Plans that focus on using network providers to maximize the benefits and reduce out-of-network expenses? - ANSWER- **HMO, POS, PPO**

Which is true about Medicare Supplement Open Enrollment? - ANSWER- **By federal law, Medicare Supplement Open Enrollment is the first 6 months a consumer is 65 or older and enrolled in Medicare Part B.**

How does the Medicare Advantage Out-of-Pocket (OOP) maximum work? - ANSWER- **The OOP maximum is a feature that limits the amount of money a consumer will have to spend on Medicare-covered health care services each year.**

A consumer currently has Original Medicare and is enrolled in a stand-alone Prescription Drug Plan (PDP). What will happen if the consumer enrolls in an MA Plan that has integrated prescription drug coverage? - ANSWER- **The consumer will be**

automatically disenrolled from their stand-alone PDP upon enrollment in the MA Plan that has integrated prescription drug coverage

A government program, offered only through a private insurance company or other private company approved by Medicare, that provides prescription drug coverage describes which of the following: - ANSWER- Medicare Parts A and B

Which of the following statements is true about eligibility requirements for Medicare Prescription Drug Plans? - ANSWER- A consumer must be entitled to Medicare Part A and/or enrolled in Medicare Part B

Which of the following statements is not true about the Coverage Gap? - ANSWER- All members reach the Coverage Gap

Which of the following best describes the Late Enrollment Penalty (LEP)? - ANSWER- The amount added to the member's monthly plan premium if they did not enroll in a Medicare Advantage plan with Part D benefits or stand-alone prescription drug plan when they were first eligible for Medicare Parts A and/or B or went without creditable prescription drug coverage for 63 continuous days or more.

Through which means is financial assistance offered to a consumer who qualifies for Low Income Subsidy for their part of Medicare Part D costs? - ANSWER- Through subsidies such as lower or no monthly plan premiums and lower or no copayments

Medications that are covered in a Plan's formulary have various levels of associated member cost-sharing (copayments or coinsurance). What are these drug levels called? - ANSWER- Drug tiers

In states where Medicare Supplement Insurance underwriting criteria can apply, all of the following underwriting criteria apply EXCEPT: - ANSWER- Consumers may be underwritten to determine their acceptance and, if applicable, their rate.

The new MACRA legislation, which went into effect January 1, 2020, applies to all carriers offering Medicare supplement plans. - ANSWER- TRUE

Which of the following is NOT true of Medicare Supplement Insurance Plans? - ANSWER- Plan benefit amounts automatically update when Medicare changes cost sharing amounts, such as deductibles, coinsurance and copayments. NOT

Which definition best describes Medicare Part A?

The part of Medicare that is a voluntary program offered by private insurance companies that provides prescription drug coverage for an additional monthly premium.
The part of Medicare that offers combined medical and prescription drug coverage.
The part of Medicare that helps with the cost of inpatient hospital stays. It also helps with hospice care and some skilled care for the homebound.

The part of Medicare that helps with the cost of medically necessary doctor visits and other medical services, including outpatient care at hospitals and clinics, laboratory tests, some diagnostic screenings. - ANSWER- The part of Medicare that helps with the cost of inpatient hospital stays. It also helps with hospice care and some skilled care for the homebound.

Which statement is true about a member of a Medicare Advantage (MA) Plan who wants to enroll in a Medicare Supplement Insurance Plan?

When a consumer enrolls in a Medicare Supplement Insurance Plan, he/she is automatically disenrolled from his/her MA Plan.

A member does not need a valid election period to disenroll from an MA plan.

When a consumer enrolls in a Medicare Supplement Insurance Plan, he/she is not automatically disenrolled from his/her MA Plan.

A consumer can use a Medicare Supplement Insurance Plan and an MA Plan at the same time. - ANSWER- When a consumer enrolls in a Medicare Supplement Insurance Plan, he/she is automatically disenrolled from his/her MA Plan.

Being 65 or older, being under 65 years of age with certain disabilities for more than 24 months, and being any age with ESRD or ALS are each eligibility requirements for which program?

Medicaid

Original Medicare

Low Income Subsidy - ANSWER- Original Medicare

To be eligible for this plan type, consumers must meet the following requirements:-

Entitled to Medicare Part A and enrolled in Part B- Reside in the plan's service area

Which plan is being described?

Medicare Advantage

Prescription Drug

Medicaid

Original Medicare - ANSWER- Medicare Advantage

What must be explained to consumers enrolling in an HMO (Health Maintenance Organization) MA Plan? (Select 3)

They must see contracted network providers in order to receive coverage under the plan.

In most cases, they will pay the entire cost of the service if they see an out-of-network provider.

Most benefits are covered out-of-network but at a higher cost.

The exception to the provider network requirement is emergency visits, urgent care and renal dialysis services, which can be obtained from out-of-network providers. -

ANSWER-

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ANSWER- In most cases, they will pay the entire cost of the service if they see an out-of-network provider.

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The exception to the provider network requirement is emergency visits, urgent care and renal dialysis services, which can be obtained from out-of-network providers.

When does Medicare Supplement Open Enrollment take place?

During the three months prior to the consumer's 65th birthday, the month of their birthday, and the three months following the month of their 65th birthday and enrolled in Medicare Part B.

During the first six months a consumer is 65 or older and enrolled in Medicare Part B.

Annually from October 15 to December 7.

During the first three months a consumer is 65 or older and enrolled in Medicare Part B.

- ANSWER- During the first six months a consumer is 65 or older and enrolled in Medicare Part B.

How does the Medicare Advantage Out-of-Pocket (OOP) maximum work?

The OOP maximum is a feature that limits the amount of money a consumer will have to spend on Medicare-covered health care services each year.

The OOP maximum is a feature that limits the amount of money a consumer will have to spend on all health care services each year.

The OOP maximum is a feature that limits the amount of money a consumer will have to spend on prescription drugs and plan premiums each year. - ANSWER-

Which of the following statements is true about a Medicare Supplement Insurance Plan member who wants to enroll in an MA Plan?

Medicare Supplement Insurance cannot be used in conjunction with an MA Plan; therefore, after receiving confirmation of enrollment into the MA Plan, the member should submit to their Medicare Supplement Insurance carrier a written request to cancel his/her policy.

When a member enrolls in the MA Plan their current Medicare Supplement Insurance Plan will automatically cancel.

The member must submit a written request to cancel their Medicare Supplement Insurance Plan the same day they submit their MA Plan enrollment application.

The member should not cancel their Medicare Supplement Insurance Plan because Medicare Supplement Insurance can be used in conjunction with an MA Plan. -

ANSWER- Medicare Supplement Insurance cannot be used in conjunction with an MA Plan; therefore, after receiving confirmation of enrollment into the MA Plan, the member

should submit to their Medicare Supplement Insurance carrier a written request to cancel his/her policy.

Which of the following best defines Medicare Part D?

It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides hospitalization coverage.

It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides prescription drug coverage.

It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides medical and hospitalization coverage.

It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides medical coverage. - ANSWER-

It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides prescription drug coverage.

Medications that are covered in a Plan's formulary have various levels of associated member cost-sharing (copayments or coinsurance). What are these drug levels called?

- ANSWER- Drug tiers

Which of the following is true about Medicare Supplement Insurance underwriting criteria in states where underwriting applies?

Underwriting is required if the consumer is not in his/her Medicare Supplement Open Enrollment period or does not meet Guaranteed Issue criteria.

Consumers will never be underwritten to determine their rate.

If the consumer meets Guaranteed Issue criteria, he/she may be underwritten to determine his/her rate.

During Medicare Supplement Open Enrollment, consumers will only be required to answer the underwriting eligibility questions. - ANSWER- Underwriting is required if the consumer is not in his/her Medicare Supplement Open Enrollment period or does not meet Guaranteed Issue criteria.

Which of the following is NOT true about the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) impact to Plans C and F?

Consumers eligible for Medicare Part A on or after January 1, 2020, will not be able to purchase Medicare Supplement Insurance Plans C or F.

Consumers already enrolled in Plans C or F are required to change plans.

Consumers eligible for Medicare Part A before January 1, 2020, can enroll in Plan C or F even after 2020 and can keep their plans as long as they choose. - ANSWER-

Consumers already enrolled in Plans C or F are required to change plans.

Which of the following is true about Medicare Supplement Insurance Plans?

They are regulated by the Centers for Medicare & Medicaid Services (CMS).

Plan benefit amounts automatically update when Medicare changes cost sharing amounts, such as deductibles, coinsurance and copayments.

To see a specialist, insured members must obtain referrals from a primary care physician.

They can only be purchased during the Annual Election Period (AEP). - ANSWER-

Lisa turned 65 and is now eligible for Medicare. She already receives Social Security benefits. How does she enroll in Original Medicare? - ANSWER- Her enrollment in Medicare Parts A and B is generally automatic if she meets all eligibility requirements.

Which statement is true about a member of a Medicare Advantage (MA) Plan who wants to enroll in a Medicare Supplement Insurance Plan? - ANSWER- When a consumer enrolls in a Medicare Supplement Insurance Plan, they are not automatically disenrolled from their MA Plan.

Being 65 or older, being under 65 years of age with certain disabilities for more than 24 months, and being any age with ESRD or ALS are each eligibility requirements for which program? - ANSWER- Original Medicare

Which of the following defines a Medicare Advantage (MA) Plan? (Select 2) - ANSWER-
1. MA Plans must provide benefits equivalent to Original Medicare, and most plans also offer additional benefits.

2. MA Plans provide Medicare hospital and medical insurance and often include Medicare prescription drug coverage.

Which of the following is NOT an eligibility requirement for enrollment in a Medicare Advantage Plan? - ANSWER- Does not have any pre-existing conditions such as diabetes or End Stage Renal Disease (ESRD)

Which of the following statements is correct about HMO MA Plans? - ANSWER- Members must receive covered services from contracted network providers with limited exceptions.

Which of the following is NOT a correct statement about in-network provider services? - ANSWER- (INCORRECT) Network-based MA plans have a provider network the member can use, and some plans also cover certain services outside the network.

What is true about Medicare supplement open enrollment? - ANSWER- (INCORRECT) A consumer who waits to enroll in Medicare Part B until age 66 or older cannot qualify for Medicare Supplement Open Enrollment.

(INCORRECT) It is the only time a consumer is eligible to purchase a Medicare Supplement Insurance Plan.

Jennifer is enrolling into a Medicare Advantage (MA) plan and wants to know what counts toward the Out-of-Pocket Maximum. Which of the following is accurate? - ANSWER- The Out-of-Pocket Maximum will include her costs toward any Medicare-covered Part A or B services.

Which of the following statements is true about a Medicare Supplement Insurance Plan member who wants to enroll in an MA Plan? - ANSWER- Medicare Supplement Insurance cannot be used in conjunction with an MA Plan; therefore, after receiving confirmation of enrollment into the MA Plan, the member must cancel their Medicare Supplement Insurance policy according to their carrier's rules.

Which of the following best defines Medicare Part D? - ANSWER- It is a government program, offered only through a private insurance company or other private company approved by Medicare, which provides prescription drug coverage.

Which of the following is a fact about Medicare Prescription Drug Plans? - ANSWER- To enroll, member must be in plans service area

What are two options for Medicare consumers to get Part D prescription drug coverage (assuming they meet all eligibility requirements)? (Select 2) - ANSWER- Enroll in a stand-alone Medicare Prescription Drug Plan (PDP)

Enroll in a Medicare Advantage Plan or other Medicare health plan that includes prescription drug coverage

Which of the following statements does NOT correctly define prescription drug stages? - ANSWER- A deductible is the amount the member must pay for every prescription medication, regardless of what stage they are in.

Which of these statements is NOT true about the drug utilization management (UM) rules? - ANSWER- (INCORRECT) Prior authorization, quantity limit, and step therapy are some examples of UM rules

What is the amount added to the member's monthly plan premium if they did NOT enroll in a Medicare Advantage plan with Part D benefits or stand-alone prescription drug plan when they were first eligible for Medicare Parts A and/or B or went without creditable prescription drug coverage for 63 or more continuous days? - ANSWER- Late Enrollment Penalty (LEP)

Can a consumer who qualifies for Low Income Subsidy receive financial assistance for their part of Medicare Part D costs? - ANSWER- Yes, through subsidies such as lower or no monthly plan premiums and lower or no copayments

Formulary is defined as: - ANSWER- A list of medications covered within the benefit plan, based on CMS guidelines and developed in collaboration with physicians and pharmacists.

Which of the following is true about Medicare Supplement Insurance underwriting criteria in states where underwriting applies? - ANSWER- Underwriting is required if the

consumer is not in their Medicare Supplement Open Enrollment period or does not meet Guaranteed Issue criteria.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which went into effect January 1, 2020, applies to all carriers offering Medicare supplement plans. - ANSWER- True

Which of the following is NOT true of Medicare Supplement Insurance Plans? - ANSWER- (INCORRECT) Plan benefit amounts automatically update when Medicare changes cost sharing amounts, such as deductibles, coinsurance and copayments.

Which of the following consumers are eligible for Medicare if other eligibility requirements are met? - ANSWER- Consumers age 65 or older, consumers under 65 years of age with certain disabilities for more than 24 months and consumers of all ages with ESRD or ALS

Which of the following defines a Medicare Advantage (MA) Plan? (Select 3) - ANSWER- An MA Plan is a health plan option approved by Medicare and offered by private insurance companies.

An MA Plan provides Medicare hospital and medical insurance (Medicare Part A and Part B) and often includes Medicare prescription drug coverage (Part D).

An MA Plan is part of Medicare and is also called Part C.

Janice wants to enroll in a Medicare Advantage plan. Which of the following is NOT an eligibility requirement? - ANSWER- Does not have any pre-existing conditions, such as diabetes or End Stage Renal Disease (ESRD)

Which of the following are MA Plans that focus on using network providers to maximize the benefits and reduce out-of-network expenses? - ANSWER- HMO, POS, PPO

Margaret currently has an MAPD Plan. What would happen if you enrolled her into a stand-alone PDP? - ANSWER- She would be disenrolled automatically from her MAPD Plan.

What is Medicare Part D? - ANSWER- A voluntary program, offered by private insurance companies that are contracted with the federal government, that provides prescription drug coverage for an additional monthly plan premium

Which of the following statements is true about eligibility requirements for stand-alone Medicare Prescription Drug Plans? - ANSWER- A consumer must be entitled to Medicare Part A and/or enrolled in Medicare Part B

Aside from a Medicare Advantage Plan or other health plan that includes prescription drug coverage, how else could a Medicare-eligible consumer get Part D prescription