

Region 1 Virtual Volunteer Training

June 24, 2025 11:30am to 1:00pm











1. **11:30 to 11:45**- Welcome, Introductions, Volunteer Recruitment, OEP Preparation

- a. Fall Training- October 9, 2025- location TBD- Hotel, per diem, mileage as appropriate
- b. Fingerprints for those that are due- notice will be sent
- c. Privacy and Confidentiality testing for ALL- TA Center
- 2. **11:45 to noon** Updates, feedback on DSNP changes
 - a. Possible 90day SEP for IMPlus or enrollment into Molina or other MAPD
 - b. Some auto enrolled in Humana PDP-
 - c. Some hospitals are currently not in network with Molina- CVH and St. Mary's, BGH
- 3. noon to 12:50 pm Review of Certification Questions- prep for August exam
- 4. 12:50 pm to 1:00 pm Q & A and closing

For those in training or wanting review before OEP- TA Center

- 1. Level 3 late enrollment penalties and IRMAAs are good to review
- 2. Level 4- other insurance and Medicare
- 3. Special Topics- Dialysis, DME, Military



Agenda

Welcome and Introductions

A few new faces! Yay!



Preparation for OEP-Oct 15 – Dec 7th Fingerprints

Confidentiality

CertificationExam

DSNP changes 2025

- Feedback?
- 90-day change for IMPlus through DHW
- Enrollment options for PDP (3-legged stool)- some were autoenrolled into PDP (Humana)
- Enrollment into Molina DSNP if no choice made
- Enrollment into another MA plan due to change in Medicaid (5/31/25)
- Some hospital systems are NOT in Molina network as of this time. Bonner General, Clearwater Valley (Orofino), and St. Mary's hospital (Cottonwood)

Review-Recertification test questions



• What is the General Enrollment Period (GEP)?

		The period each year when	
		you can sign up for Medicare	
The period each year when		Part A and/or Part B, if you	
you can sign up for Medicare	The period each year when	chose not to sign up when	
Part B, if you choose to delay	you can change your	first eligible or if you do not	
Medicare because you have	Medicare Advantage and Part	qualify for a Special	The period when you sign up
employer coverage	D plans	Enrollment Period (SEP)	for Part D plans only

Choice 3



• The Advanced Beneficiary Notice (ABN) is used to inform Medicare beneficiaries of what?

That Original Medicare is		That the beneficiary needs a	
likely to reject a claim for	That a procedure is	referral in order to see this	None of the answer choices
services in whole or in part	experimental	kind of provider	are correct



• It is July 31, and Dwayne, who is disabled, has been drawing Social Security Disability Income (SSDI) for 22 months. When will he be eligible for Medicare?

August	September	October	November



• Which statement is FALSE?

Coverage for some Medicare	Medicare preventive services	Medicare preventive services	Medicare preventive services
preventive services depends	are covered by Part A of	are covered by Medicare	are covered by Part B of
on certain patient risk factors	Original Medicare	Advantage Plans	Original Medicare



• Home health care includes:

Some but not all home health			
aide services if a beneficiary	Therapy, including		
requires skilled intermittent	occupational, physical, and		All of the answer choices are
care	speech-language pathology	Durable medical equipment	correct



• There is no limit to the amount Medicare will pay for _____, as long as an individual is eligible, their doctor certifies they need it, and they need no more than part-time or intermittent skilled care.

Physical therapy	Occupational therapy	A wheelchair	Home health care



• If a beneficiary with diabetes uses an insulin pump, their insulin is covered by:

Part A	Part B	Part D	A Medigap policy



• Ramona has just joined a new Medicare Prescription Drug Plan (PDP) for the upcoming plan year during the Open Enrollment Period. On December 15, after the Open Enrollment Period has closed, she realizes that one of her prescriptions is not on the new plan's formulary. She can't change to a different plan, but she knows that she will need a refill of her medication in January. What should she do?

Request a transition refill and			Request an Initial Enrollment
a plan coverage exception	Request equitable relief from		Period (IEP) from her new
from her new plan	her old plan	Pay out of pocket	plan



• If a Medicare beneficiary wants to get their health care services covered by Original Medicare, they:

Must see a participating	Must see either a participating		None of the answer choices
provider	or non-participating provider	Must see an opt-out provider	are correct

• Choice 2



• Joanne was hospitalized for six days for the first time in her life. She has Original Medicare and a Medigap Plan F. How much will she pay for her stay?

	Deductible plus 20%		Nothing: her Medigap plan
20% coinsurance	coinsurance	Deductible	covers it



• Tommy is 45 years old and started receiving Medicare due to disability in August, which happens to be his birthday month. He is not working and has no other prescription drug coverage. He has not yet applied for Extra Help and has too much in savings to be eligible for Medicaid. What is the LAST day he can enroll in a prescription drug plan during his Initial Enrollment Period?

D				
December 7th	November 30th	October 31st	April 30th	



• John has delayed his enrollment into Medicare because he is working. He loses his employer insurance at the end of June. Once he loses coverage, when is his next opportunity to join Medicare Part B?

			1
June – January	July – February	February–March	January–March
sand sandary	July Pobladiy	robraary riaron	sandary maron



• Bob has retiree insurance from the engineering firm where he used to work. Bob will turn 65 in June. Which of the following is true?

	Bob should appeal to keep his	Bob should join Medicare Part	
Bob should enroll in both	employer insurance primary	A but can delay enrollment in	None of the answer choices
Medicare Parts A and B	when he turns 65	Medicare Part B	are correct



• If an employer provides prescription drug coverage, it is:

Sometimes considered			None of the answer choices
creditable	Never considered creditable	Always considered creditable	are correct

• Choice 1



• Why should an individual still apply for Medicaid even if their income and assets are higher than the limits?

The value of the home in			
which the individual lives and			
owns might have declined	Certain income and assets	The income and asset limits	Income and asset limits don't
since the last time they	may not be counted when	are higher during the	apply to people who are 65 or
applied for Medicaid	applying	Medicaid enrollment period	older

Choice 2



• Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) include which of the following?

	Oxygen supplies and		All of the answer choices are
Hospital beds	equipment	Mail-order diabetes supplies	correct



 Jane wants help contacting the Medicare Ombudsman's office because she has a complaint about Medicare. Which of the following is something the Ombudsman's office CANNOT help her with?

			Helping with a Medicare
	Advocating for a convice that		
	Advocating for a service that	Helping explain her rights and	Auvantage enfottment
Filing an appeal	Medicare never covers	protections under Medicare	problem



• Alex has Original Medicare and just received a bill from his doctor that he disagrees with. He believes Medicare should have paid for his flu shot. He calls his doctor's office, and they insist that Alex must pay the full amount. He asks the SHIP counselor to help with an appeal. Where is the best place to find instructions about how to submit his initial appeal?

SSA.gov	State Insurance Department	Medicare Summary Notice	Initial Enrollment
	website or hotline	(MSN)	Questionnaire (IEQ)



• Medicaid is the payer of last resort, which means:

		Medicaid pays primary to	Medicaid pays secondary
Medicaid only pays if		Medicare after a beneficiary	once a beneficiary meets their
Medicare denies coverage	Medicaid pays after all other	meets their Medicare	Medicare Advantage Plan's
first	insurance has paid	deductibles	maximum out-of-pocket limit



• Which of the following is a qualifying reason for a Medigap guaranteed issue right?

		An individual is enrolled in a	
An individual is enrolled in a		Medicare Advantage Plan for	An individual is enrolled in a
Medicare Advantage Plan for	An individual is enrolled in	the first time when first	Medicare Advantage Plan for
two years, and their doctor no	Original Medicare and now	eligible at age 65, and they	three years and disenrolls
longer accepts the Medicare	joins a Medicare Advantage	disenroll during the first 12	from the plan to return to
Advantage Plan	Plan for the second time	months	Original Medicare



• When looking at the initial Medicare Plan Finder results page, what information is most informative for comparing total costs?



• _____ help(s) lower-income people pay Medicare Part B premiums and sometimes Part A premiums and other Part A and B costs.

Medicare Savings Programs	Supplemental Security	Low-Income Home Energy	Pharmacy Assistance
(MSPs)	Income (SSI)	Assistance Program (LIHEAP)	Programs



 Drew joined a Medicare Part D plan 24 months after he first qualified. Because he lacked creditable coverage, he paid a penalty. He just received a letter from the Social Security Administration stating that he now qualifies for Extra Help. What penalty will he owe each month, in addition to his Part D premium?

		10% of current Part D plan
24% of national average Part	24% of current Part D plan	premium for each year he
D premium	premium	delays enrollment



• Medicare beneficiaries with Extra Help are:

Given a once-per-month			
Special Enrollment Period to	Required to stay in their	Able to switch their Medicare	
switch stand-alone Part D	Medicare Advantage or Part D	coverage during the General	None of the answer choices
plans	plan all year	Enrollment Period	are correct



• Manny is enrolling in Part B 24 months after his 65th birthday. He retired 10 months ago and has qualified for a Medicare Savings Program. Manny will:

			Pay a Part B penalty but not a
Pay a 10% Part B penalty	Pay a 20% Part B penalty	Not pay a Part B penalty	Part A penalty



• How does Medicare's Limited Income Newly Eligible Transition Program (LINET) help beneficiaries?

		It provides temporary	
It streamlines the application		prescription drug coverage for	
process for cost-savings	It eliminates Part D	eligible beneficiaries who are	It pays Medicare Parts A and B
programs for newly enrolled	catastrophic coverage for	not yet enrolled in a Part D	premiums for eligible
Medicare beneficiaries	eligible beneficiaries	plan.	beneficiaries



• TRICARE for Life:

			Acts as a supplement to
Acts as a supplement to		Offers creditable drug	Medicare AND offers
Medicare	Pays primary to Medicare	coverage	creditable drug coverage



• For a beneficiary who is 65+, Medicare is a secondary payer after:

	An Employee Group Health		
	Plan (EGHP) of current		
	employer with 20 or more		None of the answer choices
TRICARE for Life	employees	Indian Health Service	are correct



• Terry retired July 1, at the age of 66. He is now 69 and his wife, Alice, will turn 65 in May. In April they ask their SHIP counselor about Medicare coverage. When Terry retired, his company offered to pay COBRA coverage with creditable prescription benefits for both he and Alice for three years. Will Terry be able to enroll in a Medicare Part D plan?

			Yes, he will have 2 months to
Yes, but he will have to pay a	No, because he missed the	No, because COBRA is not	enroll because he qualifies
penalty	Open Enrollment Period	creditable coverage	for an SEP



• If an individual is receiving Social Security Disability benefits, they will receive _____ after they get disability benefits from Social Security or certain Railroad Retirement disability benefits for 24 months.

A Welcome to Medicare	A Railroad Retirement Board		
Packet	Enrollment Packet	A Medicare application	A Medicare & You Booklet


• Which part of Medicare covers drugs that must be administered using a nebulizer?

Part A	Part B	Part C	Part D



 Which is true about how Medicare Advantage Plans (MA) work?

	Although the individual will		
	get all Medicare-covered	Some MA Plans pay all or part	
The individual may have to	services through their MA	of the beneficiary's Part B	
see certain providers or go to	Plan, benefits and cost	premium, but in most cases	
certain hospitals to get	sharing may be different from	the individual still needs to	All of the answer choices are
covered care	Original Medicare	pay the Part B premium	correct



• If a beneficiary has a Part D plan that removes the beneficiary's drug from the formulary due to generic substitution in March, which of the following options is best if the beneficiary does not otherwise qualify for an Special Enrollment Period (SEP)?

Work with their doctor to		Submit a formal complaint to	Pay out of pocket and wait
request an exception or	Immediately switch to another	CMS because plans must	until the Open Enrollment
coverage determination, if no	plan because no SEP is	cover all drugs on their	Period to switch to another
alternative drug can be found	needed	formularies for the entire year	plan



• Medicare Advantage Plans _____ Original Medicare

	Don't cover the same services		Enroll more beneficiaries
Supplement	as	Are an alternative coverage to	than



• In which instance will a beneficiary who has a Medicare Advantage Plan have guaranteed issue rights to switch to a Medigap policy?

When they join their Medicare			
Advantage Plan at age 65 and	When their Medicare		
want to switch to Original	Advantage Plan changes its		When they have COBRA
Medicare within the first year	coverage and no longer	When they become eligible for	coverage that pays first, and
of Medicare enrollment	covers needed services	LIS/Extra Help	the COBRA coverage is ending



• Which of the following is NOT a qualifying reason for a Medigap guaranteed issue right?

			A Medicare beneficiary is
	A Medicare beneficiary enrolls		enrolled in an employer-
	in a Medicare Advantage Plan	A Medicare beneficiary learns	sponsored plan that pays
A Medicare beneficiary has a	based on false or misleading	their Medicare Advantage	secondary to Medicare, and
Medicare Select policy and	information provided by the	Plan will no longer cover their	the plan terminates its
moves out of the service area	insurer	prescription medication	coverage



• "Full Dual" refers to an individual that qualifies for which of the following?

Medicare & the Medicare			Medicare & Social Security
Savings Program	Medicare & Medicaid	Medicare & Extra Help	Administration



• Who is eligible to enroll in a D-SNP Plan?

	D-SNP's are only eligible to		
	beneficiaries that have both		
	Medicare/Medicaid and		
Anyone New To Medicare can	reside in a county that has D-	Only Under 65 beneficiaries	Any low-income beneficiary
enroll in a D-SNP	SNPs available	can enroll in a D-SNP	can enroll in a D-SNP

Choice 2



• In Idaho, when is an under 65-year-old Medicare beneficiary's Medigap Open Enrollment Period?

		Never. Under 65-year old	
		Medicare beneficiaries do not	
		have a Medigap Open	
		Enrollment Period and	
During the first six months of	January 1 - March 31 of each	therefore, are always subject	During the first 12 months of
starting his/her Part B.	year.	to Medical Underwriting.	starting their Medicare.

Choice 1



 Mark is worried that his Medigap premiums are too high and wants to enroll in a new plan with lower premiums. Mark has health issues and doesn't think he will be accepted in another Medigap. Can Mark get another Medigap without medical underwriting?

Since Mark already has a Medigap he can switch to a new Medigap any month of the year without being medically underwritten.	No, Mark will never be able to get a new Medigap because he has health issues and won't pass medical underwriting.	Mark's only option, for lower premiums, is to switch to a Medicare Advantage Plan during AEP.	If Mark uses Idaho's Birthday Rule he will have a 63-day guarantee issue to switch to a new plan without Medical Underwriting starting on the date of his birthday.



• How can a retiring state employee make sure their Medicare plan premiums get paid with their sick leave benefits?

		Provide them the Office of	
		Government Insurance (OGI)	
Have them call PERSI to enroll	Enroll them through the	company/plan contact	They will need to contact OGI
in a plan	Medicare Plan Finder	information list for enrollment	to enroll in a plan



Closing and Q & A

For those in training or wanting review before OEP- TA Center

- 1. Level 3 late enrollment penalties and IRMAAs are good to review
- 2. Level 4- other insurance and Medicare
- 3. Special Topics- Dialysis, DME, Military



Thank you for all that you do for our Idahoans



