

CMS Medicare Marketing Guidelines Sales Advisor/Broker Training Test

Must be completed within two weeks of receipt of document. A Molina Medicare Representative will correct the exam and review results with training participants. Copies must be uploaded to each Advisor/Broker Training Folder in Share Point.

Employee/Broker Name: _____

State: _____

Date: _____ **Title/FMO:** _____

Answer all questions by filling in the blanks, circling “T” for true or “F” for false, or circling the appropriate response in the multiple choice listings.

1. Any promotional activity (including advertising) or items offered to organizations including those that will be used to encourage retention of Medicare Advantage Members must be:
 - a. In-Compliance with all CMS requirements.
 - b. Approved by CMS.
 - c. Less than \$15 in retail Value.
 - d. All the above.

2. Providers may market Molina Medicare Options/Options Plus to their patient's _____.
 - a. Using their own materials only.
 - b. Any way they want to, since it is their patient.
 - c. Using CMS-approved materials only.
 - d. Only if the patient asks for the information.

3. Providers include but not limited to
 - a. Pharmacist
 - b. Physicians
 - c. Hospitals
 - d. Long-term care Facilities
 - e. All the above

4. We cannot discriminate as we market out Medicare Advantage programs.
What does this mean?
 - a. Spend equal time in low income
 - b. Cannot cherry pick healthy beneficiaries
 - c. Market to all eligible beneficiaries in covered service area without regard to health risk, Race, Sex, Religion, or Income
 - d. All the above.

5. Organizations may conduct outbound telemarketing activities for health Related products provided they follow
 - a. CMS Guidelines
 - b. HIPAA Guidelines
 - c. FTC DO Not Call Requirements and Guidelines
 - d. ALL THE ABOVE

6. When asking a current enrollee for a referral, you may ask for all information except?
 - a. Name
 - b. Address
 - c. Phone Number

7. All telemarketing scripts must be reviewed by?
 - a. CMS
 - b. Sales Manager
 - c. Agent/Broker
 - d. Health Plan

8. A “nominal gift” that organizations can offer to potential enrollees if they attend marketing events or presentations is defined as _____ dollars.
 - a. LESS THEN \$15 IN RETAIL VALUE
 - b. LESS THEN \$15 IN VALUE
 - c. Gift Card
 - d. Cash

9. We are able to market our Molina Medicare Options Plus programs by soliciting potential members door to door? T F

10. Providers are prohibited from accepting managed care enrollment forms on site. T F

11. Calls to former members who have disenrolled, or to current members who in the process of voluntarily disenrolling are allowed? T F

12. Organizations must also comply with the “Do Not Call” Registry. T F

13. Educational events are used to provide plan specific information or steer an enrollee towards a specific or limited number of plans? T F

14. During an educational event, Sales Agents/Brokers may collect names/addresses of potential enrollees T F
15. Providers May display or distribute plan materials, but must do so for all plans with which they contract? T F
16. Providers cannot accept enrollment applications? T F
17. In a Health Care setting is it acceptable to market to beneficiaries in waiting rooms, pharmacy counter areas, and exam rooms? T F
18. Approaching beneficiaries in common areas such as parking lots, hallways, or lobbies are prohibited? T F
19. Plans, Sales Agents/ Contracted Brokers are allowed to conduct calls to beneficiaries who have expressly given permission for a sales agent to contact them? T F
20. Conducting a marketing presentation Selling Molina Medicare Options/Options Plus and then presenting a non-MA or non-PDP product (such as a discount prescription drug card, Medicare Supplement.) is a permitted activity? T F

Each Medicare Advisor must receive a score of 85% or better to PASS***
 Each question is worth 5 point for a total of 100 points

Total Points Scored _____ Date test was taken _____

Managers/Broker Account Rep Signature _____

Date Reviewed with Rep/Broker on _____

Member Advisors/Broker Signature _____ Date _____



Acknowledgment of Receipt and Review of CMS Published MEDICARE MARKETING GUIDELINES FOR MEDICARE ADVANTAGE PLANS

Molina Healthcare, Inc. employed licensed insurance professionals to market our Medicare Advantage plans in approved states and service areas. As an employee/Contracted Broker of the organization, I acknowledge and understand that I am responsible to comply with all applicable State and Federal laws including, but not limited to, Medicare laws, regulations, and CMS instructions.

I acknowledge and understand that I have:

1. Molina HealthCare, Inc. has provided a copy of the current version of the CMS marketing Guidelines for Medicare Advantage organizations (the "CMS Marketing Guidelines") to me.
2. I have reviewed these guidelines and accept my responsibility to comply with the guidelines set forth as I market Molina Medicare Advantage plans as a member of the National Sales Team or Contracted Broker.
3. I understand that my employment/Contract with Molina Healthcare is conditioned based on my continued compliance with these regulations.
4. I am responsible complying with the CMS Marketing Guidelines in all of my activities relation to marketing Molina Advantage.
5. I understand that I am required to certify my knowledge of these regulations to Molina Healthcare, Inc. by successful completing a test developed to evaluate my knowledge. This test by Must be completed within two weeks of hire or within two weeks of receipt of document.
6. I understand that from time to time CMS may promulgate new versions or revisions to the CMS Marketing Guidelines. I am responsible for keeping up with and complying with any such new versions or revisions, regardless of whether the Company provides a copy to me.
7. I understand that I am responsible for keeping my state license up to date and active. Per State regulations.

Name of Agent/Broker (please print): _____

Signature of Agent/Broker: _____
Date _____

Name of Sales Manager/Broker Account Rep: (please print): _____

Signature of Sales Manager/Broker Account Rep: _____
Date _____

TX, UT & MI
Molina Medicare Advantage Product Test 2010

Date:

Name:

FMO (if applicable):

Score (Highest Possible Score – 100%)

Multiple Choice: For each of the following questions, circle the letter of the answer that best answers the question.

1. What Comprehensive services are included in Molina Medicare options Plus?
 - a. Bone Mass Measurement
 - b. Immunizations
 - c. Pap Smear and Pelvic Exams
 - d. Dental Services

2. Durable Medical Equipment includes:
 - a. Wheelchairs
 - b. Oxygen
 - c. Treadmill
 - d. Both A & B

3. Which benefits are NOT Molina Medicare Value Adds?
 - a. Vision
 - b. Holistic Medicine
 - c. Deep tissue Massage
 - d. Both b and c

4. What is the co-pay for Specialty Medications on Molina Options?
 - a. 40%
 - b. 33%
 - c. 25%
 - d. 15%

5. What benefit is not covered by Molina Medicare for 2010?
 - a. Dental
 - b. Vision
 - c. Mental Health
 - d. None of the above

6. What is the Generic co pay on Molina Medicare Options Plus plan?
 - a. \$50
 - b. \$20
 - c. \$10
 - d. \$0

7. Which plan has brand gap coverage?
 - a. Molina Medicare Options
 - b. Molina Medicare Options Plus
 - c. Molina Medicare Health Advantage
 - d. None of the above

8. What is the co pay for outpatient Diagnostic and Therapeutic Radiology Services on the Molina Medicare Options Plan?
 - a. \$150
 - b. \$100
 - c. \$200
 - d. \$250

9. On our Options Plan, what is the co-pay for Generic Prescriptions Drugs?
 - a. \$0
 - b. \$5
 - c. \$1
 - d. \$3

10. What Counties can you market Molina Medicare Products in your State?
 - a. Bexar, Harris ,Galveston
 - b. Kent , Genesee, Oakland
 - c. Weber, Iron, Washington
 - d. FortBend, Ingham, Beaver

- | | | |
|------|-------|---|
| True | False | 1. A beneficiary can have either Part A or Part B to be eligible for Medicare Options. |
| True | False | 2. Molina Options and Options Plus plans require a referral for specialist |
| True | False | 3. There is an In-Network co-pay of \$0 for renal dialysis on Options Plus. |
| True | False | 4. Completed enrollment forms must be sent to the BSU within 72 hours of signature date.. |
| True | False | 5. You must have Medicare and be full Medicaid to qualify for both Molina's Medicare Option Plus Plan and Options |