



2026 Plan Year Senior Care Plus Broker Certification Test

18 Questions - Must achieve 85% to pass (15 correct answers)

Part I: Medicare Basics

1) A prospective beneficiary asks an agent if plan XYZ has an urgent care benefit and if so, what the benefit includes. Where would the agent find this information for plan XYZ?

- A. Formulary
- B. Provider Directory
- C. Evidence of Coverage
- D. None of the above

2) If a beneficiary enrolled in an MA HMO tells you that she wants to see a specialist, you should tell her:

- A. You will likely need a referral from your primary care physician (PCP) to see a specialist. If you see your specialist without this referral, the plan may not pay for your visit.
- B. Call and make the appointment
- C. You do not need to see a specialist
- D. All of the above

3) True or False? Once a beneficiary is enrolled in an MA plan and has paid his plan-specific monthly premium, he no longer needs to pay his Part B premium.

- A. True
- B. False

Part II: Enrollment and Disenrollment

4) Which of the following periods provide an opportunity for a beneficiary to move from Original Medicare to an MA plan?

- A. October 15 through December 7
- B. April 1 through April 30
- C. June 1 through June 30
- D. Between six and twelve months after losing employer group coverage.
- E. All of the above

5) True or False: Agents and brokers who assist applicants with completing the MA or Part D enrollment form must provide their National Producer Number (NPN) with the enrollment transaction.

- A. True
- B. False

Part III: Beneficiary Protections

6) Mrs. Doe has decided to file a grievance because she feels that she was treated with disrespect while communicating with a plan's customer services representative (CSR). What is the first step Mrs. Doe should take to file a grievance?

- A. File an appeal with the plan
- B. File an appeal with an Administrative Law Judge
- C. Contact the plan in writing or by telephone to file a grievance
- D. None of the above

7) For *all* MA plans, an enrollee that chooses to join a PDP will be automatically disenrolled from his/her current plan.

- A. True
- B. False

8) A plan may end an enrollee's membership if:

- A. The enrollee is away from the service area for more than 6 months and the plan doesn't have a visitor/travel benefit
- B. The enrollee is no longer entitled to Medicare Part A or enrolled in Part B benefits

- C. For individuals enrolled in SNPs, the enrollee no longer meets the special needs status of the SNP (or deemed continued eligibility, if applicable)
- D. All of the above

Part IV: Communication and Marketing Regulations and Materials for Sales Agents/Brokers

9) True or False: A state insurance department would like to investigate a sales agent that they suspect is violating Medicare communication and marketing regulations. The plan does not need to provide information because the agent is licensed and has followed the guidelines to date.

- A. True
- B. False

10) Which of the following is NOT considered a Third-Party Marketing Organization (TPMO)?

- A. A state licensed independent agent/broker
- B. A lead generated organization
- C. A member of the plan who speaks highly of the plan
- D. A marketing agency that develops content for multiple MA plans

Part V: Agent and Broker Compensation

11) A beneficiary enrolls into Acme Health Plan in November 2025 as an initial enrollment. Assuming the beneficiary remains enrolled in the plan in 2026, in what month does their first renewal cycle begin?

- A. December 2024
- B. January 2026
- C. November 2025
- D. December 2025

12) If a beneficiary who is a member of an MA plan enrolls in a different MA plan offered by another organization during the middle of an enrollment year, and the new organization does not use agent and brokers, which of the following statements are true?

- A. The new organization would continue to make payments to the enrolling agent from the previous organization.
- B. The initial organization would continue to pay the enrolling agent for one full renewal cycle.
- C. The new organization will not pay compensation to any agent or broker for the new enrollment and the organization offering the prior plan would have to recoup for the number of months the member was not in the plan.
- D. None of the above

Part VI: Medicare Marketing Activities

13) Mr. Smith, an agent with ACME Health Plan, is giving a sales presentation and wants to provide some food for his guests. What can Mr. Smith provide?

- A. A sit-down meal offered in a separate room, before or after the promotional portion of the event
- B. A buffet dinner
- C. Snacks such as cheese and crackers
- D. None of the above

14) All individual sales/marketing and enrollment calls between TPMOs and beneficiaries are required to be recorded.

- A. True
- B. False

Part VII: Senior Care Plus Plans

15. Senior Care Plus offers plans in what counties in Nevada?

- A. Clark, Lincoln, Elko, Humboldt
- B. Pershing, Churchill, Nye, Mineral
- C. Washoe, Carson City, Storey, Clark and Nye
- D. None of the above

16. Senior Care Plus is the ONLY Medicare Advantage Plan with Access to the Renown Health System.

- A. True

B. False

17. Which Senior Care Plus Plan does NOT offer prescription drug coverage?

- A. The Renown Preferred Plan
- B. The Renown Plus Plan
- C. The Select Plan
- D. The Essential Duals Plan
- E. The Patriot MA only Plan

18. What are the requirements to be ready to sell (appointed) with Senior Care Plus?

- A. Be a licensed health producer in the state of Nevada
- B. Show proof of taking and passing the annual AHIP Medicare training
- C. Be onboarded with Hometown Health through Evolve
- D. Pass the current plan year certification test for Senior Care Plus
- E. All of the above

Agent and Broker Training & Testing Sample Test: Answer Key

Question	Topic	Answer	Explanation
1	Medicare Basics	C	Because the beneficiary asked if plan XYZ has an urgent care benefit and what the benefit includes, the only correct answer is C. If the beneficiary only wanted to know if plan XYZ has an urgent care benefit, the answer would be A and C.
2	Medicare Basics	A	Because the beneficiary is enrolled in an HMO, she should work with her

PCP prior to seeing a specialist (except in an emergency).

3	Medicare Basics	B	The answer is false. Beneficiaries are required to continue paying their Part B premium (unless they receive Extra Help) in addition to any plan-specific premium.
4	Enrollment and Disenrollment	A	The Annual Election Period (AEP) for enrolling in an MA Plan is October 15 through December 7. Answer B is incorrect because there is no enrollment period during these dates. Answer C is the Medicare Advantage Open Enrollment Period (MA-OEP), but this period does not provide an opportunity for an individual enrolled in Original Medicare to join an MA plan. Answer D is incorrect because the EGHP SEP ends three months after the individual's employer group coverage ends.
5	Enrollment and Disenrollment	A	The statement is true. Agents and brokers must indicate if they helped the applicant fill out the form and must disclose their relationship to the applicant. Agents and brokers who assist applicants with completing the MA or Part D enrollment form will be expected to provide their National Producer Number (NPN) with the enrollment transaction.
6	Beneficiary Protections	C	The first step in the process for filing a grievance is to contact the health plan by telephone or in writing. An appeal is intended to handle different circumstances involving coverage decisions or organizational determinations.
7	Beneficiary Protections	B	The statement is false. A person who is enrolled in an MSA or an MA-PFFS plan without drug coverage and is joining a PDP will not be automatically

disenrolled from the MSA or MA-PFFS plan. To disenroll, the beneficiary must call 1-800-MEDICARE or submit a written disenrollment request to the plan. A person enrolled in any MA coordinated care plan (HMO, PPO), or an MA-PFFS plan that includes drug coverage, who is joining a PDP will be automatically disenrolled from their current plan upon enrolling in a PDP.

8	Beneficiary Protections	D	A plan may end an enrollee's membership for any of the reasons listed (involuntary disenrollment), so long as the enrollee is part of a plan for which the rule applies.
9	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	B	The statement is false. Plans must comply with requests from state insurance departments or other state agencies investigating sales agents licensed by that agency.
10	Marketing and Communication Regulations and Materials for Sales Agents and Brokers	C	A member of the plan who speaks highly of the plan is not marketing organization
11	Agent and Broker Compensation	B	For purposes of determining compensation for initial enrollments and renewals, an enrollment year means the year beginning January 1 and ending December 31. In this example, the beneficiary's initial enrollment year ends December 31, 2014, and their first renewal year would be January 1, 2015 through December 31, 2015.
12	Agent and Broker Compensation	C	When a switch happens across organizations, and the new organization doesn't use agents and brokers, the new MA organization would not make payments. The initial plan must recoup the compensation

			paid for the number of months the member was not in the plan.
13	Medicare Marketing Activities	C	<p>Meals (either provided or subsidized) are prohibited at marketing events where plan-specific benefits are discussed and plan materials are distributed.</p> <p>Refreshments and light snacks are permitted, however agents and brokers should consider the appropriateness of food products provided and should ensure that items provided could not be reasonably considered a meal and/or that multiple items are not being “bundled” and provided as if a meal.</p>
14	Medicare Marketing Activities	A	This statement is true. Enrollment and sales calls are required to be recorded in accordance with 42 CFR §§ 422.2274(g) and 423.2274(g). This includes TPMO sales and enrollment calls.
15	Senior Care Plus Plans	C	Senior Care Plus is available in Washoe, Carson City, Storey Counties in Northern Nevada and Clark and Nye Counties in Southern Nevada
16	Senior Care Plus Plans	A	This is true. Senior Care Plus is the only Medicare Advantage plan accepted by Renown Health
17	Senior Care Plus Plans	E	The Patriot Plan is an MA only plan and does not offer prescription drug coverage.
18	Senior Care Plus Plans	E	The correct answer is all of the above. For an agent to represent Senior Care Plus they must be a licensed health producer in the state of Nevada, show

proof of taking and passing the annual AHIP Medicare training, be onboarded with Hometown Health through Evolve and pass the current plan year certification test for Senior Care Plus.