



ADVERSE BENEFIT DETERMINATION NOTICE

SELF-STUDY TEST - 2024

Instructions: Read each question and write the letter of the correct choice on the Attestation & Answer sheet. A score of 80% or higher is required to receive credit for this training (8 correct answers).

1. An Adverse Benefit Determination is a decision that adversely impacts a Medicaid Enrollee's claim for service.
 - a) True
 - b) False
2. The Adverse Benefit Determination Notice includes the reasons for the adverse benefit determination (e.g. reason for denying an individual, a reason for suspending, terminating, or reducing and Enrollees services).
 - a) True
 - b) False
3. The Adverse Benefit Determination Notice does not have to be issued in writing.
 - a) True
 - b) False
4. When completing the Type of Service on the Adverse Benefit Determination Notice you should use the lookup button to choose the codes or multiple codes that apply.
 - a) True
 - b) False
5. There are three kinds of internal appeals.
 - a) True
 - b) False
6. An individual will receive a written decision on a Standard Appeal within 30 calendar days from the date Region 10 PIHP receives the appeal.
 - a) True
 - b) False
7. When completing the Adverse Benefit Determination Notice, if the reason for action is due to COVID-19, choose Other and then specify under Other Reason.
 - a) True
 - b) False
8. When completing the Adverse Benefit Determination Notice, all fields must be populated.
 - a) True
 - b) False
9. There are two types of Adverse Benefit Determination (ABD) Notices: Adequate Notice and Advance Notice.
 - a) True
 - b) False
10. If an individual does not agree with our action, they have the right to an Internal Appeal. They have to ask Region 10 PIHP for an internal appeal within 60 calendar days of the date of the notice.
 - a) True
 - b) False