Training
Statewide Health Insurance Benefits Advisors (SHIBA)

Rolling into 2018
January 2018 volunteer training
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<td><strong>Be sure to hand this in to your Regional Training Consultant!</strong></td>
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Volunteer learning objectives
As a part of the learning and feedback process, volunteers will be able to:

• Provide examples of necessary counseling materials
• Share VRPM primary goals and training timeline
• Understand the times when people can join, change, or leave their Medicare Advantage plans
• Understand Part B Premiums
• Understand Part A and Part B covered service costs
• Explain the use of the Medicare Part D and MAPD problem-solving tip sheet
• Explain the use of the Part D SHIP designated phone numbers

Troubleshooting and sharing time
Please take some time to share with your group.

Debrief and lessons learned from Medicare’s Open Enrollment Period (OEP) experiences:
• What questions and problems did you encounter?
• What did you learn and what problems did you solve? Provide examples!
• What worked and what didn’t?
• How can we improve next time around? For example, what do we need more of next time?

Notes:_________________________________________________________________________
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Include your suggestions on the back page of this training packet and return to your Regional Training Consultant!
Volunteer advisor binder update for 2018

As a SHIBA volunteer advisor, you should have your training and reference materials on hand to use for counseling sessions.

- Check your advising materials. Are they current for 2018?
- Starting in March 2018, SHIBA expects you to keep your counseling files organized. Volunteer advisors should have a standard packet of materials on hand for all counseling sessions.
- The activity below will help us determine what those materials should be. In February, we’ll discuss the results of the below activity. This will prepare us to organize our basic counseling materials in March.
- Keep your materials in a three-ring binder or accordion file...whatever works best for you.

Activity for individuals or small groups: What do you consider to be your “must have” items for advising clients?

Write your final answers on the back page of this packet. Your Regional Training Consultant (RTC) will collect it so we can use it for February and March monthly trainings.

Thoughts:

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Volunteer Risk and Program Management (VRPM) update
Volunteers are the foundation of SHIBA and the Senior Medicare Program (SMP). With thousands of volunteer advisors across the country and over 400 SHIBA volunteer advisors in Washington state alone, the Administration for Community Living (ACL) created the VRPM to provide policies and best practices to support all aspects of SMP volunteer recruitment, management and training. ACL is our funder and is requiring this as part of our program agreement.

VRPM policies:

- Are nationwide.
- Include 143 policies covering four primary topics:
  - Introductory volunteer management
    - Policy example: Volunteer role classifications
  - Risk management and health safety
    - Policy example: Safety training
  - Program management
    - Policy examples: Recruitment and also evaluating performance
  - Information technology
    - Policy example: Use of social media by volunteers

Why should you care?
These polices are being implemented to help protect SHIBA, all volunteers, as well as all your clients.
Here is a specific policy example:

<table>
<thead>
<tr>
<th>Administration for Community Living (ACL) required policy:</th>
<th>SHIBA volunteer handbook policy</th>
</tr>
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<tbody>
<tr>
<td><strong>1.4 Volunteer role classifications</strong></td>
<td>On pages 7 and 8, the handbook lists SHIBA volunteer roles and responsibilities, and volunteer expectations regarding training.</td>
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</tbody>
</table>
| These policies apply to all SMP/SHIP volunteer roles, whether through direct service with a SMP/SHIP or involvement in SMP/SHIP activities via the SHIBA sponsor. Titles for volunteer positions in the SMP/SHIP program are not nationally standardized and the exact number and kind of volunteer roles will be determined by each SMP/SHIP program. Volunteers may be qualified to serve in one or more role(s). | • Administrative, clerical and technical support  
• Community education/public speaking  
• Outreach  
• Counseling  
• Training and mentoring  
• Data entry  
• Fraud specialist  
• Special projects |
For more information:

- Visit the SMP Resource Library and search for “VRPM Orientation.”
- Visit the SMP Library and search for “Policy implementation kit.”
- You can share your thoughts with your RTC or Diana Schlesselman, SHIBA Training and Curriculum Coordinator, at dianas@oic.wa.gov.

VRPM calendar highlights and more information:

November 2017
- Developed section 1.0 on Introductory information on policies and section 4.0 on Information technology
- Called for feedback from SHIBA team members

December 2017
- Develop section 2.0 Risk management & health and safety
- Plan for RTC and VC training

January – July 2018
- Develop section 3.0 Volunteer program management
- Planning and training for RTCs and VCs

August – December 2018
- Update all policies in the Volunteer handbook and Sponsor operations manual
- Train VCs and volunteer advisors on new policies
- Include VRPM training as a part of Basic Training
Medicare Advantage (MA) enrollment timelines


This four-page publication helps our clients to understand the times when people can join, change or leave their Medicare Advantage (MA) plans.

Usually, to change plans, the beneficiary just enrolls in his or her preferred plan. If dropping plans completely, he or she needs to contact Medicare for help.

We just completed one of the biggies, the Annual Enrollment Period (AEP), sometimes also called Open Enrollment Period (OEP). Let’s review a couple more of these:

• **Medicare Advantage Disenrollment Period**
  - Jan. 1 through Feb. 14 of each year
  - Can drop the MA plan and join a stand-alone Part D plan
  - Enrollment change takes effect the first day of the month following the request
  - Can’t change to another MA plan with this enrollment period
  - Does not include any guarantees for a Medigap plan

• **5-Star Special Enrollment Period** – You can switch to a 5-star Medicare Advantage plan from Dec. 8, 2017 to Nov. 30, 2018.
Washington state counties and 5-Star MA plans

Clark County (Six plans)
1. Kaiser Permanente Senior Advantage (HMO) – H9003-001
2. Kaiser Permanente Senior Advantage Basic (HMO) – H9003-006
3. Providence Medicare Extra + RX (HMO) – H9047-001
4. Providence Medicare Choice + RX (HMO-POS) – H9047-024
5. Providence Medicare Extra (HMO) – H9047-033
6. Providence Medicare Choice (HMO-POS) – H9047-035

Cowlitz County (Two plans)
1. Kaiser Permanente Senior Advantage (HMO) – H9003-001
2. Kaiser Permanente Senior Advantage Basic (HMO) – H9003-006

King County (Two plans)
1. Providence Medicare Summit + Rx (HMO-POS) – H9047-047
2. Providence Medicare Harbor + Rx (HMO) – H9047-049

Lewis County (Two plans)
1. Kaiser Permanente Senior Advantage (HMO) – H9003-001
2. Kaiser Permanente Senior Advantage Basic (HMO) – H9003-006

Snohomish County (Two plans)
1. Providence Medicare Summit + Rx (HMO-POS) – H9047-047
2. Providence Medicare Harbor + Rx (HMO) – H9047-049

Wahkiakum County (Two plans)
1. Kaiser Permanente Senior Advantage (HMO) – H9003-001
2. Kaiser Permanente Senior Advantage Basic (HMO) – H9003-006
There are several other Special Enrollment Periods that allow people to join, change or leave MA plans. You can review the list of reasons people might be able to change plans in the publication, or go to www.medicare.gov.

On Medicare.gov, the webpage “Joining a health or drug plan” provides information about switching or joining a plan at: https://www.medicare.gov/sign-up-change-plans/when-can-i-join-a-health-or-drug-plan/when-can-i-join-a-health-or-drug-plan.html.

**Washington State Health Insurance Pool (WSHIP) Basic Plan**

Don’t forget there is also the Washington state Health Insurance Pool (WSHIP). This is a resource reminder for those who have trouble finding a plan. This is an option for:
- People who have high medical costs and can’t get a Medigap and live in an area where there are no reasonable choice of MA plans.
- People with ESRD, in any county, who can’t get an MA plan due to having an ESRD diagnosis.

You only get WSHIP if you live in a county **without a reasonable choice** of plans or if you’re not eligible to enroll in an MA plan because you have ESRD.

Here are the counties considered to have a reasonable choice of MA plans in 2018: Clark, Cowlitz, King, Pierce, Snohomish, Spokane and Thurston.

People who are enrolled in WSHIP Basic Plan would need to purchase a separate stand-alone Part D plan.

For more information, please go to: https://www.wship.org/medicare_eligibility.asp.
**2018 Part B premium**

The standard Part B premium amount in 2018 is $134 (or higher depending on individual’s income). However, some people who get Social Security benefits pay less than this amount ($130 on average).

**Beneficiaries pay the standard premium amount (or higher) if:**

- Enrolls in Part B for the first time in 2018
- Doesn’t get Social Security benefits
- Directly billed for Part B premiums (meaning they aren't taken out of Social Security check)
- Have Medicare and Medicaid, and Medicaid pays the premiums (state will pay the standard premium amount of $134)
- Modified adjusted gross income as reported on IRS tax return from two years ago is above a certain amount - if so, beneficiary pays standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA), which is an extra charge added to the premium – see the chart on the next page

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If clients are in one of the following income groups, here's what they'll pay (see last bullet on page 12 for IRMAA):

<table>
<thead>
<tr>
<th>If your yearly income in 2016 (for what you pay in 2018) was</th>
<th>You pay each month (in 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>File individual tax return</td>
<td>File joint tax return</td>
</tr>
<tr>
<td>$85,000 or less</td>
<td>$170,000 or less</td>
</tr>
<tr>
<td>above $85,000 up to $107,000</td>
<td>above $170,000 up to $214,000</td>
</tr>
<tr>
<td>above $107,000 up to $160,000</td>
<td>above $214,000 up to $320,000</td>
</tr>
<tr>
<td>above $160,000 up to $214,000</td>
<td>above $320,000 up to $428,000</td>
</tr>
<tr>
<td>above $214,000</td>
<td>above $428,000</td>
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Source: [https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html](https://www.medicare.gov/your-medicare-costs/part-b-costs/part-b-costs.html)
2018 Medicare Parts A and B covered services costs


What’s covered in Part A?

Note: If client’s in a Medicare Advantage plan or other Medicare plan, he or she may have different rules, but the plan must give them at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions

- In general, Part A covers:
  - Hospital care
  - Skilled nursing facility care
  - Nursing home care in some situations (as long as custodial care isn’t the only care needed)
  - Hospice
  - Home health services

What’s covered in Part B?

Note: If client’s in a Medicare Advantage plan or other Medicare plan, he or she may have different rules, but the plan must give them at least the same coverage as Original Medicare. Some services may only be covered in certain settings or for patients with certain conditions.
• Part B covers two types of services:
  o **Medically necessary services:** Services or supplies needed to diagnose or treat a medical condition and that meet accepted standards of medical practice.
  o **Preventive services:** Health care to prevent illness (like the flu) or detect it at an early stage, when treatment is most likely to work best.

Client pays nothing for most preventive services if he or she gets the services from a health care provider who accepts Medicare assignment.

• Part B covers things like:
  o Most doctor services (including most doctor services while admitted as a hospital inpatient)
  o Outpatient therapy
  o Durable medical equipment
  o Lab and diagnostic tests
  o Getting a second opinion before surgery
  o Limited outpatient prescription drugs

• Two ways for clients to find out if Medicare covers what he or she needs:
  1. Talk to the doctor or other health care provider about why they need certain services or supplies, and ask if Medicare will cover them. If they need something that’s usually covered and the provider thinks Medicare won’t cover it in their situation, they’ll have to read and sign a notice saying that they may have to pay for the item, service or supplies.
  2. Find out if Medicare covers the item, service or supplies by going to [www.medicare.gov](http://www.medicare.gov) and entering the search in “Is my test, item, or service covered?”

*Note:* If client’s enrolled in a Medicare Advantage plan, they’ll need to check with the plan about coverage.
What Parts A & B don’t cover

• Medicare doesn’t cover everything. If clients’ need certain services Medicare doesn't cover, they'll have to pay for them out-of-pocket unless they have other insurance or they're in a Medicare health plan that covers them.

• Even if Medicare covers a service or item, they’ll generally have to pay the deductible, coinsurance and copayments.

• Some of the items and services that Medicare doesn't cover includes:
  o Long-term care (also called custodial care)
  o Most dental care
  o Eye exams related to prescribing glasses
  o Dentures
  o Cosmetic surgery
  o Acupuncture
  o Hearing aids and exams for fitting them
  o Routine foot care
  o Most health care when traveling outside the U.S.

Sources: www.medicare.gov
Tip sheet: Medicare Part D and Medicare Advantage with Prescription Drugs plan problem-solving

One of the things that might happen in January to Medicare beneficiaries is they experience various problems at the pharmacy that can cause delays, disappointments, frustration, confusion and exasperation!

We’ve created a new five-page QRC for SHIBA volunteers to help identify specific situations or problems, explain the reason for the problem, and identify what the SHIBA volunteer can do to help the client.

No matter what “challenge” a Medicare client has in January or any time of the year, it’s always important to gather the pertinent facts about the situation. Calling 1-800-MEDICARE with your Unique ID or doing a Plan Finder analysis is always a good way to start.

Tip sheet: 2018 SHIP-designated phone numbers

- Only for use by SHIBA volunteer advisors who have a SHIP Unique ID.
- To help clients with Part D prescription drugs (PDP) and Medicare Advantage plans.
- Remind the client to have his or her Medicare or Member ID number handy.

![2018 SHIP-designated phone numbers table]

Reminder: New Medicare cards coming

- Medicare will start mailing out new Medicare cards in April.
- Watch *Guard Your Card* video reminder
  https://www.youtube.com/watch?v=5KZpPrqMqCc
- We’ll follow-up in February’s monthly training with a discussion on fraud.
- Here’s the change in how the front of the new card will look:

![Current Medicare Card vs New Medicare Card Image]
NEW MEDICARE CARDS ARE COMING!

As you help people with Medicare, here are some key messages to share about the new Medicare card:

- Medicare will mail new cards between April 2018 – April 2019.
- To help prevent identity theft, new cards won’t include Social Security numbers. Instead, each person will get a new unique Medicare Number.
- You don’t need to do anything to get a new card, but you should make sure your mailing address is up to date. Visit ssa.gov/myaccount or call 1-800-772-1213 (TTY: 1-800-325-0778) to correct your mailing address, if updates are needed.
- Medicare will never call and ask for personal information before sending new cards, so don’t share your Medicare Number or other personal information if someone calls and asks for it.
- Medicare will mail more information with the new cards – check Medicare.gov for the latest updates.

CMS Product No. 12003-P
August 2017
You’re getting a new Medicare card!

Medicare will mail the cards between April 2018 – April 2019

You asked, and Medicare listened. You’re getting a new Medicare card! Between April 2018 and April 2019, Medicare will mail each person a new card. The new cards will not have Social Security numbers anymore. This will help keep your information more secure and help protect your identity.

You’ll get a new Medicare number that’s unique to you, and you’ll only use it for your Medicare coverage. The new card won’t change your coverage or benefits. You’ll get more information from Medicare when it mails your new card.

Here’s how you can get ready:

- Make sure your mailing address is up to date. If your address needs to be corrected, contact Social Security at ssa.gov/myaccount or 1-800-772-1213. TTY users can call 1-800-325-0778.
- Beware of anyone who contacts you about your new Medicare card. Medicare will never ask you to give personal or private information to get your new Medicare number and card.
- Understand that mailing everyone a new card will take some time. Your card might arrive at a different time than your friend’s or neighbor’s.

For more information about Medicare, the new cards or to report any Medicare card scams, or other Medicare-related fraud activities, contact:

1-800-562-6900

Statewide Health Insurance Benefits Advisors - SHIBA
Your Washington state Senior Medicare Patrol
¡Recibirá una nueva tarjeta de Medicare!

Las tarjetas se enviarán por correo entre abril de 2018 y abril de 2019

Usted lo pidió y nosotros lo escuchamos. ¡Recibirá una nueva tarjeta de Medicare! Entre abril del 2018 y abril del 2019, eliminaremos los números de Seguro Social de las tarjetas de Medicare y le enviaremos por correo a cada persona una nueva tarjeta. Esto ayudará a mantener su información más segura y a proteger su identidad.

Usted obtendrá un nuevo número de Medicare exclusivo para usted y sólo para su cobertura de Medicare. La nueva tarjeta no cambiará su cobertura o beneficios. Recibirá más información de Medicare cuando reciba su nueva tarjeta por correo.

Cómo prepararse:

- Asegúrese de que su dirección postal esté actualizada. Si su dirección necesita ser corregida, comuníquese con el Seguro Social en ssa.gov/myaccount o llame al 1-800-772-1213. Los usuarios de TTY pueden llamar al 1-800-325-0778.
- Tenga cuidado con cualquier persona que se comunique con usted sobre su nueva tarjeta de Medicare. Nosotros nunca le pediremos información personal o privada para obtener su nuevo número y tarjeta de Medicare.
- Entienda que el envío de una nueva tarjeta a todos los beneficiarios tomará tiempo. Su tarjeta puede llegar en un momento diferente al de su amigo o vecino.

Para mas información o para reportar llamadas sospechosas llame de los Asesores de Seguros Medico en todo el Estado (SHIBA) y SMP de Washington al:

1-800-562-6900
Reminders
Please fill out the training evaluation on page 25 and remember to provide information on page 26 about:

- OEP suggestions for next time
- Your ideas for basic materials that should be included in your volunteer advisor binder to use in counseling sessions

We value your feedback...thank you!

Here are some changes we’ve made:

- Page numbering – now lists page number of total pages format
- Larger images of handouts
- Pages for notes
- A bit more white space and lines for notes
- Packet date on each page

Here are some ideas we are working on:

- A review of SHIBA Scope
- Narrowing down the number of topics per monthly training
- More online training
- Advanced training
- Topics such as Medigaps and fraud
- Review of the Volunteer Handbook
Training course evaluation

Date of Training: ________________________________

Training Location: ______________________________

How can SHIBA improve the monthly trainings?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

What additional trainings within our SHIBA scope would you like to see?
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________________________________________________________________________________
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What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?
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________________________________________________________________________________
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Other:______________________________________________
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If you prefer to give electronic feedback about curriculum, please contact:
Liz Mercer: lizm@oic.wa.gov or Judith Bendersky: judithb@oic.wa.gov
OEP suggestions for next time:

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Recommended materials for counseling sessions:

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