

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

February Update

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People with Medicare & Other Coverage

Most people with Medicare also have other coverage, such as a Retiree or Employer Health Plan, Medigap, Medicare Advantage, Medicaid, Tribal, or Military benefits.

Please refer to the Quick Reference Card (QRC): "People with Medicare & Other Coverage" for a summary of things we can make sure people know about how their coverage will work with Medicare. **Medicare & You 2016** also has a lot of information for people on **pages 26 through 33**.

Below are some scenarios to discuss and practice applying the information from the QRC:

COBRA

- Jimmy retired after 30 years in his manufacturing job. He was offered COBRA and he decided to enroll because he did not fully understand Medicare. So after being in COBRA for one year, he thinks he will transition to Medicare. What are his options?

Current job

- Betty is 66 and getting ready to retire in a few months. She is already enrolled in Part A, but is looking to join Part B and D. What are her options? Will Betty have any penalties?

Classic Medicaid

- Suzie is 67 years old. When she stopped working last year, she signed up for Medicare A and B. But then she found out that Social Security was taking over \$100 a month out of her benefit for Part B. She only gets \$1,100 a month, so she dropped Part B. Now she has been told she doesn't have medical insurance and she is scared about how to pay for health care!

ACA (Apple Health)

- Alice is 58 years old and just got a letter from Apple Health, telling her that her coverage is ending next month. You learn that she will be starting on Medicare next month, because she has been on SSDI for two years. She tells you that she is only getting \$1,200 a month from Social Security. She has a retirement savings account worth \$30,000. She tells you she takes a lot of prescriptions, what can she do?

Tribal or Indian Health Services (IHS)

- Darrell's tribe will give him health care, but he has to travel quite a way, and sometimes it takes a long time to get appointments. He asks you if there are any other doctors he can see?

TRICARE or TRICARE for Life

- Bob was a military veteran for 20 years and is now 70 years old. When he and his wife Janis signed up for Medicare 5 years ago, they only signed up for Parts A and B. Bob recently has been admitted to the hospital and is going to have to take heart medication for the duration of his life. Bob did not sign up for a Part D plan when he turned 65, as he has always been in good health. The doctor at the hospital suggested that Bob look in to a Part D plan to help with his medications that he will be needing. Will Bob have to pay a penalty for his Part D?

Retiree health insurance

- Bonnie has a retiree plan and she did not receive a letter telling her if her if her drug coverage is creditable. What should Bonnie do? Then, she tells you that she heard from her friend that she could get some kind of Medicare plan for less than \$100 a month. She pays a lot more than that for her retiree plan. What can you tell her?

Veteran Affairs (VA)

- Tom has been told that he needs knee replacement surgery. He found out that the wait for surgery at the VA will be over a year and he is having a lot of pain! He tells you he is 69 years old, and he never enrolled in Medicare. His Social Security is \$890 per month. Is there any other way for him to get his knee surgery?

People with Medicare and Other Coverage

If clients have:	Make sure they know:
<p>Missed Medicare Enrollment</p>	<ul style="list-style-type: none"> • MSPs (Medicare Savings Programs) may let them join any time with no penalty. Screen and help apply! • Ensure they know when/how to join Medicare; coverage options before then.
<p>COBRA Contacts: COBRA plan administrator or benefits department</p>	<ul style="list-style-type: none"> • They get no Special Enrollment Period (SEP) to join Medicare when COBRA ends! They may join Medicare during the Initial Enrollment Period (IEP) or General Enrollment Period (GEP). • If they join Medicare, their COBRA will likely end. If this happens, they may want to look into other options, including Medigaps, Part D, and MA. • If COBRA covers family members, they may want to ask the plan administrator or benefits department what happens to family coverage if clients join Medicare.
<p>Current job (their or their spouse's) with health insurance Contacts: Job-based plan administrator or benefits department</p>	<ul style="list-style-type: none"> • They may join Medicare during IEP or defer it with no penalty (refer to SSA). <ul style="list-style-type: none"> ○ Many people will join Part A if it's free for them. ○ After the job/insurance ends, they have an 8 month SEP to join Part B. ○ If their plan's drug coverage is creditable to (as good as or better than) Part D, they may defer Part D with no penalty. ○ Some smaller employers require workers to join Medicare when eligible. • The plan administrator/benefits department can let clients know: <ul style="list-style-type: none"> ○ Whether their drug coverage is creditable to Part D. ○ If they must join Medicare and any cost changes in the job insurance. ○ Impacts to family coverage; which plan pays first and which pays second.
<p>Classic Medicaid Contacts: 1-800-562-3022 1-877-501-2233 or Local Community Services Office or www.dshs.wa.gov</p>	<ul style="list-style-type: none"> • Clients on Classic Medicaid may also qualify for Medicare Savings Programs, such as QMB, SLMB, QI-1 or Medicaid for Aged, Blind and Disabled. • They likely will be “deemed” to get LIS automatically. They may change Part D plans monthly. • Depending on the clients’ situation, they may not need extra coverage, and they may still have out-of-pocket costs. DSHS can provide details and determine eligibility.

	<ul style="list-style-type: none"> • If they have issues finding providers who see patients with Medicare and Medicaid, they think about joining a MA plan, especially one with a network. If they join MA, they may change MA plans that include Part D monthly. • They may also have other insurance, such as a Medigap, a retiree or employer plan or MA. • You may verify a clients' Medicaid coverage using the ProviderOne Client Portal at www.waproviderone.org/client.
<p>ACA (Apple Health) Also called MAGI, Expanded, Alternate Benefits Plan or "Obamacare" Medicaid www.wahealthplanfinder.org 1-855-923-4633</p>	<ul style="list-style-type: none"> • Clients on Modified Adjusted Gross Income (MAGI) Apple Health who are turning age 65 or become enrolled in Medicare due to a disability will be disenrolled from MAGI Medicaid and will be notified that their Medicaid is ending. Someone who becomes eligible for Medicare cannot remain on this Medicaid program. • The client should be automatically enrolled ("deemed" eligible) for Extra Help (also called Low Income Subsidy or LIS). This Extra Help will continue, at least for the rest of the current calendar year even if the client is no longer eligible for or enrolled in a Medicaid program. • There is no automatic transfer from "MAGI" Medicaid to "Classic" Medicaid programs, because the income and asset requirements are different. Screen clients for Medicaid and MSP. In most cases, they need to submit a new application for the Medicare/"Classic" Medicaid programs.
<p>Tribal or Indian Health Services (IHS) Contacts: Local tribes/clinic or 1-503-326-2020 or www.ihs.gov</p>	<ul style="list-style-type: none"> • This is not insurance. Care may be limited to only services the tribe/IHS clinics offer, and only in certain areas. The tribe/clinic can give more information specific to the tribal area. • Natives do not get a SEP for Medicare. They may join Medicare in the IEP or GEP. • IHS drug coverage is creditable to (as good as) Part D, so they may defer Part D with no penalty. • If natives need care not offered by the tribe/IHS or care outside the area, they may want to think about Medigaps, Part D, MA, Medicaid or MSP.

<p>TRICARE or TRICARE for LIFE Contacts: 1-800-538-9552 or www.tricare.mil</p>	<ul style="list-style-type: none"> • When 20-year military veterans and spouses with TRICARE join Medicare, they get TRICARE for Life (TFL). This fills most gaps in Original Medicare and has drug coverage creditable to (as good as) Part D, so they may defer Part D with no penalty. Must have both Medicare Parts A and B. • Most clients with TFL find they don't need other coverage. They may see any provider who accepts Medicare. Clients may keep TFL and also have Part D or MA. If clients think about joining these, we suggest they talk with TRICARE.
<p>Retiree health insurance (through their or their spouse's former job) Contacts: Retiree plan administrator or benefits department</p>	<ul style="list-style-type: none"> • If the retiree plan meets their needs, they may not need further action. • If it covers drugs, the plan sends a letter every fall saying whether drug coverage is creditable to (as good as) Part D. If yes, they may defer Part D with no penalty. If no, they may have a penalty if they defer Part D. • <u>Some enrollments cancel retiree plans!</u> If clients cancel their retiree plans, they probably will not be able to get it back if they change their mind. Suggest client to talk with their plan administrator or benefits department before buying MA, Part D, or applying for LIS (as Medicare may automatically enroll them in Part D).
<p>Veterans Affairs (VA) Contacts: 1-360-619-5925 or www.va.gov</p>	<ul style="list-style-type: none"> • This is NOT insurance. Care may be limited to certain conditions, in certain facilities. The VA can give further details. If clients need other care, they may want to think about Medigaps, Part D, MA, Medicaid or MSP (they may have these and keep VA). • Veterans get NO SEP for Medicare. They may join Medicare in the IEP or GEP. • VA drug coverage is creditable to (as good as) Part D. If clients' have VA drug coverage, they may defer Part D with no penalty.

How to help your sponsor meet SHIBA performance measures

Performance Measure 1: Total contacts - All (CCR) contact types per 1,000 beneficiaries

Outcome: Measured by completed and closed CCR per reporting period per sponsor.

Performance Measure 2: Persons reached by presentations (PMA) plus reached by booths/exhibits plus enrolled at enrollment events per 1,000 beneficiaries

Outcome: Measured by completed and closed PMA per reporting period per sponsor. Selecting any of the items checked below will count for this performance measure.

Public & Media Activity Form

Statewide Health Insurance Benefits Advisors HelpLine • State of Washington • Office of the Insurance Commissioner

INSTRUCTIONS: Use one form per activity, even if it is a recurring activity. Fill in both sides of form.

3. Activity (check only one type of activity)

- | | |
|--|--|
| <input type="checkbox"/> COMMUNITY EDUCATION (<i>Health coverage, etc.</i>) <i>OR</i> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. Public Presentation (speaking engagement) <input checked="" type="checkbox"/> B. Public Workshop (group counseling) <input checked="" type="checkbox"/> C. Partner training <input type="checkbox"/> D. Media (newspaper/newsletter – article or interview) <input type="checkbox"/> E. Media (radio – not a PSA or ad) <input type="checkbox"/> F. Media (TV/cable show – not a PSA or ad) <input type="checkbox"/> G. Targeted informational mailings <input checked="" type="checkbox"/> H. Enrollment event <input checked="" type="checkbox"/> I. Drop-in counseling: <input type="checkbox"/> J. Other (please describe): _____ | <input type="checkbox"/> OUTREACH ACTIVITIES (<i>Promote SHIBA HelpLine, etc.</i>) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> A. Public Presentation (speaking engagement) <input checked="" type="checkbox"/> B. Outreach Meeting (w/community organization) <input checked="" type="checkbox"/> C. Networking meeting(w/other partners) <input type="checkbox"/> D. Media (newspaper/newsletter – article or interview) <input type="checkbox"/> E. Media (radio – not a PSA or ad) <input type="checkbox"/> F. Media (TV/cable show – not a PSA or ad) <input type="checkbox"/> F. Media (public service announcement or paid ad) <input checked="" type="checkbox"/> G. Booth/Exhibit at Health or Senior Fair/etc. <input type="checkbox"/> H. Targeted informational mailings <input type="checkbox"/> I. Website (web postings, online conference, chatroom, etc.) <input type="checkbox"/> J. Other (please describe): _____ |
|--|--|

SHS 505 FR (12/05)

Performance Measure 3: Substantial personal direct contacts (CCR) - telephone, in-person on-site, in-person home visits per 1,000 Medicare beneficiaries

Outcome: Selecting any of the items checked below will count for this performance measure.

Client Contact Record

Statewide Health Insurance Benefits Advisors (SHIBA)



Washington State
Office of the
Insurance Commissioner

1. Volunteer Information

VOLUNTEER INFORMATION

Organization:*

Resource:*

COUNSELING INFORMATION

Date of Contact:*

Counseling Site Zip Code:*

Type of Contact:*

- E-mail / fax / postal mail
- In Person (home visit Staff only)
- In Person (site)

Quick Call (<10 min.)

Telephone

Time Spent:*

Hours	Minutes
<input style="width: 40px; height: 25px;" type="text"/>	<input type="radio"/> 00 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> 45

Performance Measure 4: Disabled beneficiary (CCR) contacts

Outcome: Check marks indicate the items we need you to check to get credit for the performance measure. Client’s age must be younger than 65 AND you must check “Yes” for Disabled under Client Eligibility.

3. Client Eligibility

CLIENT DEMOGRAPHICS

Gender:* Male Female

Age:* 0 – 19 65 – 74
 20 – 30 75 – 84
 31 – 40 85+
 41 – 50 Declines to Disclose
 51 – 64

Race / Ethnicity:* American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White / Not Hispanic Origin
 Black / African American Other
 Hispanic / Latino Declines to Disclose
 Mixed

Primary Language: (If other than English) ASL Cantonese Mandarin Spanish Vietnamese
 Cambodian Korean Russian Tagalog Other

Interpreter Needed: Yes No

CLIENT ELIGIBILITY

Disabled:* Yes No Declines to Disclose Receiving or applying for Medicare Disability or Social Security Disability

Dual eligible with Mental illness / mental disability:* Yes No Declines to Disclose

Veteran: Yes No Declines to Disclose

Enrolled Tribal Member: Yes No Declines to Disclose

Performance Measure 5, 6 & 7: Low-income beneficiary (CCR) contacts and or LIS discussed contacts - unduplicated contacts per 1,000 Medicare beneficiaries

Outcome: Check marks indicate the items we need you to check to get credit for the performance measure. Selecting any of the items checked below will count. NOTE: The sample below indicates which performance measure is counted.

4. Topics Discussed

INSURED CURRENTLY Yes Yes (Losing insurance within the next 12 months) No

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> CHIP | <input type="checkbox"/> Individual Insurance | <input type="checkbox"/> Medicare Health Plan (Part C) | <input type="checkbox"/> Veterans/CHAMPVA |
| <input type="checkbox"/> COBRA | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicare Rx (Part D) | <input type="checkbox"/> WA State Health Insurance Pool (WSHIP) |
| <input type="checkbox"/> Discount Plan | <input type="checkbox"/> Medicare (Part A) | <input type="checkbox"/> Medigap | <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Employer Group Plan | <input type="checkbox"/> Medicare (Part B) | <input type="checkbox"/> Military/TRICARE/TRICARE for Life | |

TOPICS DISCUSSED *Mark ALL topics that apply. (At least one topic from Medicare or Non-Medicare topics must be selected.)

Medicare Topics Discussed: Age 65 and older or Medicare related:

Yes No

Medicare Parts A and B:

- Appeals / Complaints
- Claims / Billing
- PM 6* Enrollment / Eligibility / Benefits

Prescription Drug Assistance? Medicare Rx (Part D)

- Appeals / Complaints
- Claims / Billing
- PM 7* Enrollment / Application Assistance
- PM 5* Low-Income Assistance (LIS)
- Plan Eligibility
- WA State Rx Discount Card

Medicare Dollars Saved:

Yearly Estimated Dollars Saved \$

Medicare Health Plans / Advantage (Part C)

- Appeals / Complaints
- Claims / Billing
- PM 6* Enrollment / Eligibility / Comparisons
- Plan / Benefit Changes / Non-renewals

Medigap / Supplements

- Appeals / Complaints
- Changing Coverage
- Claims / Billing
- PM 6* Enrollment / Eligibility / Comparisons

Performance Measure 8: Total counselor hours - total active state/local field counselors - SHIP-paid, in-kind paid and volunteer counselor hours per 1,000 Medicare beneficiaries

Outcome: To get credit for this performance measure, there are four different ways we count volunteer hours:

1. Time spent field on Tab 1 (Volunteer Information on CCR)

Counseling Information

Date of Contact: 

Type of Contact:

Counseling Site Zip Code:

Time Spent: hours minutes

2. Hours field in Tab 1 (Presenter Information on PMA)

Presenter Information (Either a Presenter or Non-SHIBA presenter must be entered.)

Organization	Resource	Hours
<input type="text"/>	<input type="text"/>	<input type="text" value="8"/>

Non-SHIBA Presenter

3. Attendance in Training Record (Update and Basic Trainings)

Depending on the sponsor, volunteer training attendance is either entered by the trainer or volunteer coordinator from the sign-in sheet at the monthly training.

4. Timesheets

Timesheets are used to collect any volunteer time that has not already been documented on the CCR, PMA or Training Attendance sheets. Examples: Administrative support such as answering phones or data entry, mentoring or being mentored, studying or researching about Medicare, attending a non-SHIBA webinar or other related training, travel time to and from SHIBA work, etc. Please contact your trainer or volunteer coordinator for more information or if you need training on how to complete a Timesheet.

Statewide Health Insurance Benefits Advisors (SHIBA)

Client Contact Public & Media **Timesheet** Training Resource Organization Reports Change Password

Timesheet Search

Organization: <input type="text" value="All"/>	Resource: <input type="text" value="All"/>
Location – State: <input type="text" value="Washington"/>	Location – County: <input type="text" value="All"/>
Date Created: <input type="text"/> to <input type="text"/>	
Timesheet Month/Year: <input type="text" value="All"/> <input type="text" value="All"/> to <input type="text" value="All"/> <input type="text" value="All"/>	
Period Open: <input type="text" value="Yes"/>	
Last Name: <input type="text"/>	First Name: <input type="text"/>

Comparing Medicare Supplement (Medigap) and Medicare Advantage plans

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans aka Part C (HMO,PPO or Private Fee-for-Service)
How it works	Private insurance that fills the gaps in Original Medicare Parts A and B.	Private insurance that replaces Original Medicare Parts A and B.
Who's eligible	<ul style="list-style-type: none"> You must have Medicare Parts A and B; people under age 65 have very limited options for Medigaps. You may be required to take a health screen if you enroll outside your Open Enrollment Period (OEP)*. You may also have a waiting period of up to 90 days for any pre-existing condition to be covered after the plan starts. 	<ul style="list-style-type: none"> You must have Medicare Parts A and B, regardless of your age. There's no health screen and no wait period. MA plans will reject you if you have End Stage Renal Disease (ESRD). ESRD is kidney failure requiring dialysis or a kidney transplant. May live in the plan's service area.
What are the benefits?	<ul style="list-style-type: none"> Covers Medicare Parts A and B copays, coinsurance and deductibles ("gaps") in Original Medicare. Plans are standardized. Plans A-N cover the same as other insurer's plans with the same letter. 	<ul style="list-style-type: none"> Plans must cover all Medicare Parts A and B covered services. Plans are not standardized; coverage varies by plan based on insurer and plan type (HMO, PPO, and PFFS).
Are there extra benefits?	<ul style="list-style-type: none"> There are some additional benefits, such as foreign travel emergency coverage and excess charges. 	<ul style="list-style-type: none"> Some plans offer extra coverage, such as dental, vision, alternative medicine or health club memberships. Some extras require additional premiums.
Costs associated with the plan	<ul style="list-style-type: none"> Monthly premiums vary by plan. Plans (except K and L) have no annual out-of-pocket limits. You must pay Part B premiums unless enrolled in a Medicare Savings Program. Premiums often change once a year, but plans may change rates at different times of the year. 	<ul style="list-style-type: none"> Monthly premium varies by plan (some plans have \$0 premiums). Copays or coinsurance are set by the plan. Some plans have deductibles. Plans have yearly maximum out-of-pocket limit (MOOP). You must pay Part B premiums unless you're enrolled in a Medicare Savings Program. All costs may change every Jan. 1.

*Medigap Open Enrollment Period (OEP) = This period lasts for 6 months and starts on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans (HMO,PPO or Private Fee-for-Service)
Is the plan renewable?	<ul style="list-style-type: none"> • Plans are guaranteed renewable and benefits will not change as long as you pay the premiums and your application was correct. • You may switch plans at any time. 	<ul style="list-style-type: none"> • It is renewable, but benefits may change yearly. • You remain in the plan unless you disenroll or switch during an enrollment period, or the plan leaves the area. • If you're enrolled in a plan and do nothing during the AEP, you will remain in your current plan.
Provider choice and availability	<ul style="list-style-type: none"> • Providers bill Medicare directly, and in most cases, the Medigap pays providers directly after Medicare pays its portion. • You can see any provider in the U.S. who takes Medicare. • Plans don't require referrals for specialty care. 	<ul style="list-style-type: none"> • Providers bill the MA plan for most services, not Medicare. • HMOs maintain provider network and only cover in-network providers; they must have available providers to accept new members; referrals may be required to see a specialist. • PPOs maintain provider networks, but also cover out-of-network at a higher cost. • PPOs may not need a referral to see a specialist; check with the plan. • PFFS don't have a provider network; may be hard to find providers who accept this in some areas. • Check with the provider's office for a list of MA plans they accept.
Prescription drug coverage	<ul style="list-style-type: none"> • Prescription drugs are not included. • For drug coverage, you may want to enroll in a Part D prescription drug plan. 	<ul style="list-style-type: none"> • Often included as part of the plan's benefits and you can't buy a separate Part D plan. • If you want coverage, you must enroll in the Part D coverage offered by your MA plan. • Only PFFS plans with no prescription coverage allow you to buy a separate Part D plan.
Switching plans	<ul style="list-style-type: none"> • You can switch plans at any time. • You must contact the plan to enroll; if you switch you must cancel the old plan. 	<ul style="list-style-type: none"> • You can only change plans during an enrollment period. • Enrolling in the new plan will disenroll you from your current MA or Part D stand-alone plan.

	Medicare Supplement (Medigap) plans (Original Medicare)	Medicare Advantage (MA) plans (HMO,PPO or Private Fee-for-Service)
Which plan is the best fit	<ul style="list-style-type: none"> • Coverage is unlimited in the U.S. • Some plans cover all Medicare copays and deductibles. • People under age 65 have very limited options and they can be more expensive than for people age 65+. 	<ul style="list-style-type: none"> • Network plans may be good for people who can't find a provider who accepts Original Medicare. • Might save you money unless you need frequent appointments or treatments. • A pre-packaged plan may simplify your choices. • Can be eligible at any age, if you have Medicare A&B, live in the plan service area and don't have ESRD.
Comparison shop	<ul style="list-style-type: none"> • Because Medigaps are standardized, monthly premium and customer service are the only difference. • Refer to: <ul style="list-style-type: none"> ○ 10 Standardized Medigap plan chart at www.insurance.wa.gov • Plans are regulated by the Washington State Office of the Insurance Commissioner (OIC). • Find plans and rates at: www.insurance.wa.gov or call 1-800-562-6900. 	<ul style="list-style-type: none"> • Plans are not standardized, and are approved by Medicare. • Refer to: <ul style="list-style-type: none"> ○ Medicare Plan Finder at www.medicare.gov ○ MA plan by county at www.insurance.wa.gov • When considering MA plans, you should conduct a drug cost comparison at www.medicare.gov. • Agents selling plans in Washington state are licensed by the Washington State OIC. CMS oversees MA plans' marketing activities. • Find a list of plans by county at: www.insurance.wa.gov or call 1-800-562-6900.

Questions?

If you want individual help understanding all of your options, call our Insurance Consumer Hotline and ask to speak with a SHIBA counselor in your area:

1-800-562-6900

or

visit us online at:

www.insurance.wa.gov/shiba

Training course evaluation

Statewide Health Insurance Benefits Advisors (SHIBA)

	Strongly Agree	Agree	Disagree	Strongly Disagree
This training was informative and useful.				
The course content held my interest.				
Participation and interaction were encouraged.				
The time allotted for the training was sufficient.				
This training experience will be useful in my work.				
The content was organized and easy to follow.				
Trainer was knowledgeable about the subject matter.				
The trainer was well prepared.				
The training objectives were met.				
The material followed a logical flow.				

1. What did you like most about the training?

2. What aspects of training could be improved?

3. What additional trainings would you like to see in the future?

4. Please share other comments here:

Please tear evaluation off and hand it to your trainer.