

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

March Update

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Training on the role of Consumer Advocacy

Introduction

One of the Office of the Insurance Commissioner's (OIC) strategic goals is to increase the awareness of how our sister-program, Consumer Advocacy, can help consumers in local communities.

SHIBA is the OIC's largest outreach program, so we want to update our volunteers and coordinators with information on the role of Consumer Advocacy.

What's new?

We have developed a mini, online training course for SHIBA volunteers and coordinators. The training takes only a few minutes and includes an assessment and a survey at the end.

Our goal is to have one-third of our volunteers and all coordinators take the training by May 31. It should only take about 10 minutes to complete.

Where is it located?

The training is located on My-SHIBA.

Link: <http://www.insurance.wa.gov/volunteers-only/training/toolbox/documents/consumer-advocacy-program.pdf>

If you have trouble with the link, go to My SHIBA and look for the training toolbox under "Volunteer training:"

SHIBA Online	Volunteer training
SHIBA Online database	SHIBA training toolbox
SHIBA Online reporting forms	Basic training
SHIBA Online practice site	
Client Activity Tracking System (CATS) database	

Then look for "Consumer Advocacy Program" under OIC training.

OIC training

[Consumer Advocacy Program \(PDF, 408KB\)](#)

What is expected of me?

Volunteer Coordinators – please encourage your volunteers to participate, and feel free to also take the quick training yourself.

If you have any questions, please contact Jill Root at: jillr@oic.wa.gov

SHIBA tools

We place SHIBA tools online to help assist SHIBA volunteers with their various roles and responsibilities. It allows you to get new, up-to-date information at your convenience with a simple click of the button!

Insurance Commissioner:

- Website: www.insurance.wa.gov
- At the bottom of any webpage on the Insurance Commissioner's website, click on "SHIBA volunteers only"

My SHIBA:

My SHIBA

To use these resources, SHIBA volunteers and sponsors are required to login.

  Login: **document**

Updated 03/27/2014

SEE ALSO

Health insurance

Medicare

How to identify and report Medicare fraud and abuse

NEED MORE HELP?

About SHIBA services

800-562-6900

Email

- Direct link: <http://insurance.wa.gov/volunteers-only>
- We recommend all volunteers bookmark My SHIBA

My SHIBA links you to:

- SHIBA NewsFlash
- SHIBA Online database
 - Tracks our clients, volunteer hours and outreach work
- Publications and handouts
- Instructions on “how to order” publications
- Training materials
- Basic Training
- Volunteer handbook
- Contact information and more

Medicare’s website:

- Website: www.medicare.gov
 - Provides information on Medicare, claims and appeals, supplements and other insurance, publications and the Medicare Plan Finder tool

Social Security website:

- Website: www.ssa.gov
- Provides information on Social Security, retirement, publications, Extra Help application, and a way for most people to sign-up for Medicare

Senior Medicare Patrol (SMP) “Foundations” training

- Website: <http://www.smpresource.org/News/20141016/23/SMP-Foundations-Self-paced-Training-is-Online.aspx>
- Optional interactive training that is self-paced
- SMP training provides a foundation of knowledge about the SMP program, Medicare basics and Medicare fraud, errors and abuse
- SMP instructions: <http://www.smpresource.org/Content/Resources-for-SMPs/Training/Online-Training/SMP-Foundations.aspx>

Collecting consumer email when completing a CCR

SHIBA needs your help surveying consumers

Please collect client email addresses when you are completing a CCR.

Why?

SHIBA wants to give you credit for all the hard work you are accomplishing.

Next steps

Follow the tipsheet “Surveying consumers and the CCR” for how to obtain this information when you counsel clients..

Scenarios: QRC - LIS/MSP & rainbow chart

1. Bob went to the pharmacy and he has Low-Income Subsidy (LIS). He has a deductible of \$74. Why?
2. Clair has an income of \$1,200 per month and \$400 in assets. She was told that she has to see providers that are contracted with both; Medicare and Medicaid. Clair is confused. What can you tell her?
3. Steve makes \$980 a month and \$3,000 in assets. Someone told him that Medicaid covers dental care. He saw a Medicaid contracted dentist and is being billed. Why?
4. Dorothy's doctor only accepts Medicare Advantage plans. She has QMB and is being billed for medical co-pays and co-insurance. What can you tell her?
5. Betty receives \$800 in Social Security; she also works at Safeway and grosses \$800 a month. She has about \$3,000 in savings. Is Betty eligible for any help with her Medicare costs?
6. Miranda has an income of \$733 per month and \$5000 in assets. You find that she has full (SSI-related Medicaid). Miranda tells you, she heard that she will have NO co-pays for anything, but she was charged \$3.60 for a brand-name drug. What can you tell her?

2016 Extra Help/LIS screening tool

People on these programs are “deemed” eligible for LIS – they don’t need to apply!									
Beneficiary Group	Monthly Income ¹		Asset Limits ²		Monthly Premium ³	Annual Deductible ⁴	Until Rx costs reach \$7,063		Catastrophic (costs > \$7,063)
Income and assets vary by program rules									
Full Medicaid (“Full Benefit Dual Eligible”)	Varies		Varies		\$0 Level 2	\$0	Generic	\$1.20	\$0
							Brand	\$3.60	
Medicaid and COPES/DDD/PACE waivers	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
Medicaid and Skilled Nursing Facility	Varies		Varies		\$0 Level 3	\$0	\$0	\$0	\$0
0 – 100% FPL									
QMB (“Dual Eligible”)	S	\$990	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,335	M	\$10,930			Brand	\$7.40	
101 – 120% FPL									
SLMB (“Dual Eligible”)	S	\$1,188	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,602	M	\$10,930			Brand	\$7.40	
121 – 135% FPL									
QI-1 (“Dual Eligible”)	S	\$1,337	S	\$7,280	\$0 Level 1	\$0	Generic	\$2.95	\$0
	M	\$1,802	M	\$10,930			Brand	\$7.40	

¹ DSHS and SSA will not count the first \$20 of a household’s monthly income.

² DSHS and SSA do not count up to \$1,500 per person above asset limits, if it will be used for burial costs.

³ This cost is if a person enrolls in a benchmark plan. People with LIS can choose any plan, either a Stand-Alone plan, or a Medicare Advantage plan, and will get a discount on the premium if the plan is not a benchmark plan.

⁴ If the plan has a deductible, this is the maximum amount that will be charged.

People must apply for LIS if they think they qualify!

Beneficiary Group	Monthly Income¹		Asset Limits²		Monthly Premium³	Annual Deductible⁴	Until Rx costs reach \$7,063		Catastrophic (costs > \$7,063)	
Under 135% FPL										
Full LIS	S	\$1,337	S	\$8,780	\$0	\$0	Generic	\$2.95	\$0	
	M	\$1,802	M	\$13,930			Brand	\$7.40		
Under 135% FPL										
Partial LIS – 100%	S	\$1,337	S	\$8,781 to \$13,640	\$0	Up to \$74	Up to 15%		Generic	\$2.95
	M	\$1,802	M	\$13,931 to \$27,250					Brand	\$7.40
Under 150% FPL										
Partial LIS – Sliding Scale (25%; 50%; 75%)	S	\$1,338 to \$1,485	S	\$13,640	Sliding Scale⁵	Up to \$74	Up to 15%		Generic	\$2.95
	M	\$1,803 to \$2,003	M	\$27,250					Brand	\$7.40

S = Single M = Married

Anyone who gets any level of LIS can change their Part D Stand-Alone plan or Medicare Advantage plan at any time. They will not have a coverage gap (donut hole). Some income and assets may not be counted, especially if a person is working, so encourage anyone who is close to apply. Based upon their drugs, some people with LIS might have lower yearly out-of-pocket costs in a non-benchmark plan. A personalized Plan Finder search will estimate detailed out-of-pocket costs.

⁵ Scale is based on a client's income and determines what premium the clients must pay out-of-pocket: 135 – 140% FPL = 25%; 141 – 145% FPL = 50%; and 146 – 150% FPL = 75%

QRC: 2015 Extra Help/LIS screening tool (February 17, 2016)

Medicare help rainbow chart

Updated: February 2016

Screen clients for programs based on household size, monthly income, and assets.

Program Income Limit <i>Program Asset Limit</i>	Household Size	
	1	2
SSI-Related Medicaid Income Limit	733	1,100
<i>Medicaid Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MN – Medically Needy / Spenddown Income basis	733	733
<i>MN Asset Limit</i>	<i>2,000</i>	<i>3,000</i>
MSP- QMB Income Limit 100% FPL	990	1,335
<i>MSP- QMB Asset Limit</i>	<i>7,280</i>	<i>10,930</i>
MSP- SLMB Income Limit 120% FPL	1,188	1,602
MSP- QI-1 Income Limit 135% FPL	1,337	1,802
<i>MSP- SLMB and QI-1 Level Asset Limit</i>	<i>7,280</i>	<i>10,930</i>
Full Extra Help Income Limit 135% FPL	1,337	1,802
<i>Full Extra Help Asset Limit</i>	<i>8,780</i>	<i>13,930</i>
Partial Extra Help Income Limit 150% FPL	1,485	2,003
<i>Partial Extra Help Asset Limit</i>	<i>13,640</i>	<i>27,250</i>

Notes: these are programs for people eligible for Medicare

- In all cases, if unsure about eligibility, encourage clients to apply!
- Income based upon 2016 Federal Poverty Levels posted at:
<https://www.federalregister.gov/articles/2016/01/25/2016-01450/annual-update-of-the-hhs-poverty-guidelines>
- Asset levels are unchanged from 2015.
- Numbers may vary slightly due to differences in rounding.
- All income is gross- before any taxes or other deductions.
- All programs disregard (don't count) the first \$20 of income.
- People with "earned" income (from employment, including self-employment) can have a higher income than on this chart. Half of a person's earned income will not be counted.
- For income limits for larger families, contact DSHS or SSA.
- If only one member of a couple is on Medicare, the income calculations for Medicare Savings Programs are different. Contact DSHS for information.
- For asset limits, clients can have up to \$1,500 per person additional if it is set aside for burial expenses.
- People with Extra Help who live in nursing homes or get COPES may have \$0 drug co-pays.

If a client is already on a program, find it below and follow the “Action to Take” Instructions.

<u>Program Name</u>	<u>Program Description</u>	<u>Action to Take:</u>
<p>SSI – Related Medicaid (DSHS)</p>	<p>“Full-benefit Dual Eligible” Pays for Medicare Part A and B premiums, coinsurance, and deductibles. Most will pay Rx co-pays. Client does not have to pay for their medical care as long as it’s covered under Original Medicare/MA Plan and/or Medicaid. Client automatically receives Full Extra Help for Part D.</p>	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Medicare Part A and B premiums and make it so they should not be billed for any remainder after Medicare pays for Part A & B-covered services. • Medicaid will cover some care that Medicare does not cover, such as dental care. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • Explain that they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$1.20 for generics and \$3.60 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
<p>MN – Medically Needy / Spenddown</p>	<p>A way to get temporary Medicaid coverage for a person who has income above the SSI-related Medicaid amounts. Must incur medical expenses equal to his/her “spenddown” amount- which is calculated by DSHS.</p>	<ul style="list-style-type: none"> • Explain that ONCE they meet their spenddown, and only for the base period (usually 3 or 6 months), they should not be billed for any remainder after Medicare pays for Part A & B covered services. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • ONCE they meet their spenddown, will get Extra Help for Part D for at least the rest of the calendar year. Explain they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they will need to reapply if they still need coverage after their base period ends.

<u>Program Name</u>	<u>Program Description</u>	<u>Action to Take:</u>
Medicare Savings Program-QMB (DSHS)	Pays Medicare Part A and B premiums, coinsurance, and deductibles. Client does not have to pay for their medical care as long as it's covered under Original Medicare or their MA plan. Client automatically receives Full Extra Help for Part D. Most will pay Rx co-pays.	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Medicare Part A and B premiums and make it so they should not be billed for any remainder after Medicare pays for Part A & B-covered services. • Tell clients to show their Medicare/Medicare Advantage card and their Provider One (Medicaid Card) to all providers. • Explain they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
Medicare Savings Program-SLMB or QI-1 Level (DSHS)	Pays Medicare Part B premium ONLY. Client automatically receives Full Extra Help for Part D.	<ul style="list-style-type: none"> • Explain that DSHS will pay their monthly Part B premiums. • They pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • Remind them that they must respond to Eligibility Reviews from DSHS (usually once per year).
Full Extra Help (Social Security)	Client will pay a \$0 to lower Part D Premium, have no deductible or donut hole, will pay small drug co-pays and can change their drug coverage up to once a month.	<ul style="list-style-type: none"> • Must apply to SSA for this benefit unless they get it automatically by being on Medicaid/MSP. • Explain that they pay a \$0 to lower Part D premium, have no deductible or donut hole, pay \$2.95 for generics and \$7.40 for brands, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • May have Eligibility Reviews- watch for letters from Social Security.
Partial Extra Help (Social Security)	Client will pay a \$0 to lower Part D Premium, a \$0 to low deductible, have no donut hole, will pay up to 15% of the normal copayment, and can change their drug coverage up to once a month.	<ul style="list-style-type: none"> • Must apply to SSA for this benefit. • Explain that they pay a \$0 to lower Part D Premium, a \$0 to \$74 deductible, have no donut hole, will pay up to 15% of the full cost for medications, and can change their drug coverage up to once a month. • Check to make sure client is in the most affordable Part D or Medicare Advantage plan for their needs. • May have Eligibility Reviews- watch for letters from Social Security.

Surveying consumers and the CCR

SHIBA Online will send an email, with a survey link, to all consumers with a closed CCR that contains an email address to capture consumer satisfaction.

CCR steps

1. Please collect the email address of the consumer when you fill out and complete a CCR.
2. The best time to ask for the consumer's email address is right after you collect their phone number.
3. After you complete the counseling session, let the consumer know they will get an email with a survey link.
4. Let the consumer know their survey feedback will help us show the value of SHIBA to our stakeholders – and help us identify ways we can improve our services.
5. Let the consumer know the survey is valid and administrated by Washington State University (WSU), but the consumer can opt out if they choose.

SHIBA will share the survey results quarterly, with staff, volunteers and coordinators.

Tipsheet: 2/19/2016

SHIBA publications

New SHIBA volunteer business card

Use this new card just as you would hand out a business card. The back side of the card provides you with an area to add your name and contact information for clients to contact you at your local SHIBA office. You can order this new card from our Fulfillment site under "SHIBA General Information" (SHS 992).

Need help with Medicare?	Your SHIBA counselor:
<p>Talk to a real person for FREE, UNBIASED help</p> <p>Call the: Statewide Health Insurance Benefits Advisors (SHIBA)</p> <p>1-800-562-6900</p> <p>www.insurance.wa.gov/shiba</p> <p><small>SHIBA is a free, unbiased service of the Washington State Office of the Insurance Commissioner</small></p>  <p><small>SHS992-1/16</small></p>	<p>Name: _____</p> <p>Email: _____</p> <p>Office hours: _____</p> <p>Local SHIBA number: _____</p> <p>Leave a message for me & I will call you back.</p>

Existing SHIBA volunteer appointment card

Use this existing card for when you want to make a specific appointment to meet with a SHIBA client. You can order this card from our Fulfillment site under "SHIBA General Information" (SHS 400).

Need help with Medicare?	Your SHIBA appointment info:
<p>Talk to a real person for FREE, UNBIASED help</p> <p>Call the: Statewide Health Insurance Benefits Advisors (SHIBA)</p> <p>1-800-562-6900</p> <p>www.insurance.wa.gov/shiba</p> <p><small>SHIBA is a free, unbiased service of the Washington State Office of the Insurance Commissioner</small></p> <p><small>SHS400-2029 rev. 1/16</small></p>	<p>_____</p> <p style="text-align: center;">Date/Time</p> <p>_____</p> <p style="text-align: center;">Volunteer counselor name</p> <p>_____</p> <p style="text-align: center;">Local SHIBA number</p>

Medicare Part B preventive benefits

If you have Medicare Part B, take advantage of some of Medicare's **preventive benefits with no out-of-pocket costs to you**. Here are just some of the preventive services Medicare offers:

- Annual Wellness visit
- Bone mass measurements
- Breast cancer screening
- Cardiovascular screening
- Colorectal cancer screening
- Diabetes screening
- Flu and pneumonia shots
- Obesity screening
- Tobacco-use prevention cessation counseling

Note: Additional provider tests or services could add costs. You must meet coverage criteria, so be sure to check with your medical provider for more information before you run these or other tests and services.

Need help in other languages?

We have staff who can speak:

- Spanish
- Filipino/Tagalog

We may have SHIBA volunteers in your local area that speak other languages in addition to English.

We also use Language Link®, a telephone interpreter service for more than 150 languages.



Get help paying for Medicare

See if you qualify for a Medicare Savings Program and/or Extra Help



LOCAL HELP FOR PEOPLE WITH MEDICARE

This publication may have been partially funded by grants from the Centers for Medicare and Medicaid Services and the U.S. Administration for Community Living.



SHP849-2271-Help paying for Medicare-Rev 02/16



Two programs that may help you save on Medicare

If you're a Medicare client, you may qualify for programs that **could save you up to \$150 per month!**

① The Medicare Savings Programs

Applying is easy. You can have either standard Medicare or a Medicare Advantage plan. If you qualify, Medicare Savings Programs may cover:

- Part A premiums
- Medicare copayments
- Part B premiums
- Medicare deductibles

Medicare Savings Programs for help with Medicare Parts A & B costs

(Effective April 1, 2016)

	INCOME less than:	ASSETS* less than:
Single person	\$1,337 per month	\$7,280
	\$16,038 per year	
Couple	\$1,802 per month	\$10,930
	\$21,627 per year	

*The Department of Social and Health Services (DSHS) does not count \$1,500 above asset limits per person if it's set aside in a specific account for burial costs.

② Medicare Part D prescription Extra Help savings

Part D prescription drug coverage Extra Help covers:

- Premiums
- Some co-pay costs
- Deductibles
- Donut hole/coverage gap

Extra Help for Part D (prescription drugs) (Effective January 2016)

	INCOME less than:	ASSETS less than:
Single person	\$1,485 per month	\$13,640
	\$17,820 per year	
Couple	\$2,003 per month	\$27,250
	\$24,030 per year	

Note: People who work may have higher income and still qualify for Extra Help and the Medicare Savings Program! For both programs, assets do not include the home you live in and one car.

Want to apply?

Medicare Savings Programs:

Phone: 1-877-501-2233

Web: www.washingtonconnection.org

Medicare Part D Extra Help:

Phone: 1-800-772-1213

TTY: 1-800-325-0778

Web: www.ssa.gov

Need more information?

www.insurance.wa.gov

Call our Insurance Consumer Hotline at: 1-800-562-6900

Ask to speak with a Statewide Health Insurance Benefits Advisors (SHIBA) volunteer in your local county - we're a free and unbiased service.

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.				

