

## Supplemental training materials for February 2022 continuing education

### Topic: **Welcome to Winter! Medicare Part B Special Enrollment Period (SEP)**

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## Review of purposes

### Notes to volunteers and volunteer coordinators

Across 2022 we're going to use the monthly meetings and the CE programs we offer to:

- A. Get better at each of the three (3) kinds of programs we offer to volunteer and in-kind advisors
  1. Basic Training
  2. Mentoring
  3. Continuing education
- B. Collect feedback about the tools and resources we offer to volunteers and clients and the public:
  - Job aids
  - Publications
  - Web sites
    - My SHIBA
    - OIC website
- C. Sharpen our focus on record-keeping in STARS
  - Client-centered data, which is useful for building proficiency
  - Demographic data, which is useful for program management

Our 60-minute continuing education (CE) program is focused on several learning objectives. This supports our efforts to make our training more “modular” and anticipates using brief video programs. At this time, offering a brief, focused CE program also helps us to manage our staff transitions and impacts on workloads.

**(Reference note for RTCs: See the nine-block diagram.)**

We appreciate your help to collect feedback that can help us provide the right tools and resources for each of our programs, for volunteers at all levels of proficiency.

We're going to learn the habit of sharing data about performance more regularly with volunteers and volunteer coordinators (VCs). A great deal of these data will come from STARS.

We're going to provide data for:

- Each volunteer
- Each sponsor site or contractor
- The SHIBA program

We need these data in STARS to:

- Satisfy our funders Administration for Community Living (ACL) and Office of the Insurance Commissioner (OIC)
- Manage our contracts
- Support volunteer proficiency
- Assess the impacts of our work on the community
- Make better decisions about how we use our limited resources

*(SHIBA office reference only: Note to vols and VC's.docx)*

## Statement of intent/context

Special Enrollment Period (SEP) is one part of several enrollment periods: both getting started with Medicare and switching Medicare plans.

This is a two-part program about the SEP document. For today, we're focusing on the "Getting Started" SEP for Medicare Parts A and B and not SEPs for Medicare Parts C and/or D.

- I. Getting started
  - A. Initial Enrollment Period (IEP)
  - B. Special Enrollment Period (SEP)
  - C. General Enrollment Period (GEP)
- II. Switching Coverage
  - A. Annual Changes
    - 1. Medicare Open Enrollment Period (OEP)
    - 2. Medicare Advantage (OEP)
  - B. MA and Part D specific changes (SEP)
    - 1. Qualify for Extra Help
    - 2. Service area move by beneficiary
    - 3. 5-star quality rating
    - 4. Move to skilled nursing facility (SNF) or other institution
    - 5. Plan non-renewal
  - C. MA, only
    - 1. Join for the FIRST time
  - D. Part D, only
    - 1. Auto-enroll
    - 2. Pay for Part A, Part B GEP

*(SHIBA office reference only: Organization for enrollment topics.pdf)*

*Continued*

## Statement of intent/context (continued)

This is a two-part program about SEP.

In **Part 1**, we focus on a review of the facts.

- **What do we need to know?**
- This would lend itself to a kind of checklist or decision tree that would also be helpful to a mentor.

In **Part 2**, we focus on the skill of gathering the facts we need.

- **How do we ask and listen to get the facts?**
- This is more art than science.
- We want to ask: What are the tools and resources you need and your client would benefit from having to make the counseling most effective?
- This program includes the topic: How to screen for Extra Help. (What to do if a client appears eligible will be another program we'll offer soon.)

*(SHIBA office reference only: Intro to 2-part program on SEP.docx)*

## Course objectives for Part 1 SEP program - February

### Course objectives

1. I know Medicare-eligible beneficiaries may qualify for a special enrollment period (SEP) if they work past age 65.
  - a. There are specific criteria.
2. I know the effective date of Part B coverage depends upon several factors, including when and how clients complete their enrollment request.
3. I know I'm expected to gather certain data about the client—both for advising them about their rights and options, and for record-keeping.
4. Based on the facts a client shares with me, I know how to complete the STARS BCF record accurately and completely.

*(SHIBA office reference only: Learning objectives for SEP Part 1 abbreviated.docx)*

## Instructions for volunteers

### Instructions for volunteers

Please carefully read over the scenario for Theresa.

Highlight the passages that are important and number these. For example, the passage that “Theresa is currently working” is important. So, highlight that.

*NOTE: **Most** of these passages are important, so expect a long list.*

Number each passage you highlighted – let’s number “Theresa is currently working” as number one.

Using the form provided on page 11 of this packet, please complete these columns:

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you’re counseling
<b>Example</b> Theresa is currently working.	The number you assigned.	Check if important to your counseling.	Say (briefly) why this matters to your counseling.	Check if yes.	<b><i>We’ll cover this column in the next training.</i></b>

*(SHIBA office reference only: Instructions for volunteers.docx)*

## Scenario for Theresa - no highlights

Theresa is currently working – proudly completing her 20<sup>th</sup> year -- for Target, the super department store. She really enjoys the work and the people she supervises, and the new technology. So, she continued to work until she qualified for her full social security benefit. She’s now 68 years old and ready to move on to her retirement passions.

She’s a U.S. citizen and has lived in Shelton (Mason County, WA) for her entire adult life. She moved back home after completing her bachelor’s degree at Washington State University in speech pathology. She’s going to stay there and has no plans to travel outside the U.S. in the near future. Her pet project at home is quilting, so she’s going to buy an expensive machine to help with large-scale projects.

Theresa is an active member of her local Catholic church and a dedicated volunteer at the St. Vincent DePaul thrift store the church sponsors. She also helps at the local food pantry, including collecting food from Target that they donate. She describes herself as very fortunate because she owns her own home, has put aside a nest egg of about \$300,000 for retirement and will have a pension from Target as well as her Social Security income. She sees how “poor people in our town” struggle and she’s grateful for the blessings she has.

She never married or had children of her own, but she dearly enjoys the company of her younger sister who lives in Olympia and her three teen-age children (whom she dotes on constantly).

Theresa, in her own judgment, is relatively healthy and active. She had a knee replacement surgery a few years ago – at Providence St Peter Hospital in Olympia – and made a full recovery, including taking physical therapy as an outpatient through the Mason General Hospital, in Shelton. She’s on a maintenance level dose of a blood pressure medicine – she thinks it’s related to stress, but she does have some family history of stroke so she’s careful.

*Continued*



Target employs many thousands of people in the US and offers generous health insurance coverage to employees and retirees, including full prescription drug coverage. Theresa plans to continue her retiree coverage, including prescription coverage, with Target. There are several plan offerings, and her intention is to choose one that includes access to Providence Hospital and the health care professionals at Mason General Hospital (a not-for-profit hospital that is part of a local hospital district). She's not attracted to leave her retiree plan – although she is impressed by the Joe Namath commercials on TV.

The two questions that are top of mind for her relate to getting started in Medicare – how and when does she take action? – and what might she have missed that we can tell her?

She's calling us in mid-February. Her 69<sup>th</sup> birthday is May 1. She'd like to retire (stop working) by June 1 – she'd like to miss the start of planning for the Christmas season, but she'd like to work one more "Spring Break" sales event.

*(SHIBA office reference only: Scenario for SEP.docx)*

See next two pages for blank exercise worksheet.

Worksheet for notes – blank

<b>A. The text that seems important</b>	<b>B. Passage number</b>	<b>C. This matters for advising about options</b>	<b>D. Why/how does this matter?</b>	<b>E. This matters for record-keeping (this is important to record in STARS)</b>	<b>F. Say (briefly) how you might get this kind of fact when you're counseling</b>
<b>Example</b> Theresa is currently working.	1	X	Because she might have health insurance coverage from her employer, now.	X	<i>We'll cover this column in the next training.</i>

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling

*(SHIBA office reference only: Volunteer workbook, coaching job aid.xlsx Use first tab.)*

## Scenario for Theresa - with highlights

### SEP, currently employed person

Theresa is currently working – proudly completing her 20<sup>th</sup> year -- for Target, the super department store. She really enjoys the work and the people she supervises, and the new technology. So, she continued to work until she qualified for her full social security benefit. She's now 68 years old, and ready to move on to her retirement passions.

She's a U.S. citizen and has lived in Shelton (Mason County, WA) for her entire adult life. She moved back home after completing her bachelor's degree at Washington State University in speech pathology. She's going to stay there and has no plans to travel outside the US in the near future. Her pet project at home is quilting, so she's going to buy an expensive machine to help with large-scale projects.

Theresa is an active member of her local Catholic church and a dedicated volunteer at the St. Vincent DePaul thrift store the church sponsors. She also helps at the local food pantry, including collecting food from Target that they donate. She describes herself as very fortunate because she owns her own home, has put aside a nest egg of about \$300,000 for retirement and will have a pension from Target as well as her Social Security income. She sees how "poor people in our town" struggle and she's grateful for the blessings she has.

She never married or had children of her own, but she dearly enjoys the company of her younger sister who lives in Olympia and her three teen-age children (whom she dotes on constantly).

Theresa, in her own judgment, is relatively healthy and active. She had a knee replacement surgery a few years ago – at Providence St Peter Hospital in Olympia – and made a full recovery, including taking physical therapy as an outpatient through the Mason General Hospital, in Shelton. She's (only) on a maintenance level dose of a blood pressure medicine – she thinks it's related to stress, but she does have some family history of stroke so she's careful.

Target employs many thousands of people in the U.S. and offers generous health insurance coverage to employees and retirees, including full prescription drug coverage. Theresa plans to continue her retiree coverage, including prescription coverage with Target. There are several plan offerings, and her intention is to choose one that includes access to Providence Hospital and the health care professionals at Mason General Hospital (a not-for-profit hospital that is part of a local hospital district). She's not attracted to leave her retiree plan – although she is impressed by the Joe Namath commercials on TV.

The two questions that are top of mind for her relate to getting started in Medicare – how and when does she take action? – and what might she have missed that we can tell her?

She's calling us in mid-February. Her 69<sup>th</sup> birthday is May 1. She'd like to retire (means stop working) by May 30. Her employer-sponsored coverage will end then, too. She'd like to miss the start of planning for the Christmas season, but she'd like to work one more "Spring Break" sales event.

*(SHIBA office reference only: Scenario for SEP highlighted.docx)*

Worksheet for notes – completed

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
<b>Example</b> Theresa is currently working.	1	X	Because she might have health insurance coverage from her employer, now.	X (Topics Discussed)	<b><i>We'll cover this column in the next training.</i></b>
Proudly completing her 20 <sup>th</sup> year.	2	X	Because she has enough work quarters to get Part A with no premium.	No	How long have you worked for an employer where you contributed to Social Security?
<i>Target, the super department store.</i>	2	X	<i>If you know Target, you know it's a large employer (more than enough employees that Medicare will NOT be the primary</i>	No	



A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
			insurance while she is working.		
<i>She continued to work until she qualified for her full social security benefit</i>	2	X	You know she is not drawing benefits for Social Security already.	X (Topics Discussed)	
She's now 68 years old.	3	X	Because she's eligible for Medicare by age (65 or older) - her eligibility is not related to disability.	X	

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
She's a U.S. citizen.	4	X	Because she's eligible by citizenship.	No	
Lived in Shelton (Mason County, WA) for her entire adult life.	5	X	Her zip code matters; where she lives affects her MA plan choice.	X	
Has no plans to travel outside the U.S.	5	X	Things like foreign travel can influence people's preferences for (Original Medicare vs MA) insurance plans.	X (Topics Discussed)	
A nest egg of about \$300,000 for retirement and will have a	6	X	Because by her income and assets (resources) she is not eligible for Extra Help.	X	

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
pension from Target as well as her Social Security income.					
She never married or had children of her own.	7	X	Because she is not a dependent (her own coverage matters) and she has no dependents (on her coverage) - so her choices do not affect others.	No	
Relatively healthy and active.	7	X	Important to know people's own self-assessment because it	X (Topics Discussed)	

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
			affects their plan choices.		
Only on a maintenance level dose of a blood pressure medicine.	7	X	Important to know people's current or planned medication because it affects their plan choices.	X (Topics Discussed)	
Target employs many thousands of people in the U.S.	8	X	<i>Target</i> , is a large employer (more than enough employees that Medicare will NOT be the primary insurance while she is working).	X (Topics Discussed)	

A. The text that seems important	B. Passage number	C. This matters for advising about options	D. Why/how does this matter?	E. This matters for record-keeping (this is important to record in STARS)	F. Say (briefly) how you might get this kind of fact when you're counseling
Target offers generous health insurance coverage to employees and retirees.	9	X	Because she has access to retiree health insurance and may not need to buy more insurance from a private company.	X (Topics Discussed)	
Target offers full prescription drug coverage.	10	X	Because she likely has creditable drug coverage - she can ask for a notice from the employer, if she needs it.	X (Topics Discussed)	

*(SHIBA office reference only: Volunteer workbook, coaching job aid.xlsx Use second tab)*

See next two pages for the black Beneficiary Contact Form.

# BENEFICIARY CONTACT FORM

**\* Items marked with asterisk (\*) indicate required fields**

**MIPPA Contact \*:**     Yes     No

**Send to SMP:**     Yes     No    **SIRS eFile ID:**  
 (\*required if sending record to SMP)

**Counselor Information \***

Session Conducted By\* : \_\_\_\_\_    ZIP Code of Session Location \* : \_\_\_\_\_    State of Session Location \* : \_\_\_\_\_  
 Partner Organization Affiliation\* : \_\_\_\_\_    County of Session Location \* : \_\_\_\_\_

**Beneficiary & Representative Name and Contact Information**

Beneficiary First Name: \_\_\_\_\_    Representative First Name: \_\_\_\_\_  
 Beneficiary Last Name: \_\_\_\_\_    Representative Last Name: \_\_\_\_\_  
 Beneficiary Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_    Representative Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_  
 Beneficiary Email: \_\_\_\_\_    Representative Email: \_\_\_\_\_

**Beneficiary Residence \***

State of Bene Res. \* : \_\_\_\_\_    Zip Code of Bene Res. \* : \_\_\_\_\_    County of Bene Res. \* : \_\_\_\_\_

Date of Contact \*:

**How Did Beneficiary Learn About SHIP \* (select only one):**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> CMS Outreach         | <input type="checkbox"/> Previous Contact   | <input type="checkbox"/> SHIP TA Center        | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Congressional Office | <input type="checkbox"/> SHIP Mailings      | <input type="checkbox"/> SSA                   | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Friend or Relative   | <input type="checkbox"/> SHIP Media         | <input type="checkbox"/> State Medicaid Agency |  |
| <input type="checkbox"/> Health/Drug Plan     | <input type="checkbox"/> SHIP Presentation  | <input type="checkbox"/> 1-800 Medicare        |  |
| <input type="checkbox"/> Partner Agency       | <input type="checkbox"/> State SHIP Website |  |  |

**Method of Contact \* (select only one):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Phone Call         | <input type="checkbox"/> Face to Face at | <input type="checkbox"/> Face to Face at |
| <input type="checkbox"/> Email              | Session Location/                        | Bene Home/                               |
| <input type="checkbox"/> Web-based          | Event Site                               | Facility                                 |
| <input type="checkbox"/> Postal Mail or Fax |  |  |

**Beneficiary Age Group \* (select only one):**

- |  |  |
|--|--|
| <input type="checkbox"/> 64 or Younger | <input type="checkbox"/> 85 or Older   |
| <input type="checkbox"/> 65 – 74       | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> 75 – 84       |  |

**Beneficiary Gender \* (select only one):**

- |  |
|--|
| <input type="checkbox"/> Female        |
| <input type="checkbox"/> Male          |
| <input type="checkbox"/> Other         |
| <input type="checkbox"/> Not Collected |

**Beneficiary Race \* (multiple selections allowed):**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Not Collected                             |
| <input type="checkbox"/> Hispanic or Latino               |  |

**Beneficiary Language \*:**

English is Beneficiary's Primary Language     Yes     No

**Receiving or Applying for Social Security Disability or Medicare Disability \* (select only one):**

- Yes     No

**Beneficiary Monthly Income \* (select only one):**

- Below 150% FPL     Not Collected  
 At or Above 150% FPL

**Beneficiary Assets \* (select only one):**

- Below LIS Asset Limits     Not Collected  
 Above LIS Asset Limits

**Topics Discussed \* (At least one Topic Discussed selection is required. Multiple selections allowed)**

- |  |  |                                    |   |
|--|--|------------------------------------|---|
| <b>Original Medicare (Parts A &amp; B)</b> | <input type="checkbox"/> Appeals/Grievances<br><input type="checkbox"/> Benefit Explanation<br><input type="checkbox"/> Claims/Billing<br><input type="checkbox"/> Coordination of Benefits<br><input type="checkbox"/> Eligibility<br><input type="checkbox"/> Enrollment/Disenrollment<br><input type="checkbox"/> Fraud and Abuse<br><input type="checkbox"/> QIO/Quality of Care | <b>Medigap and Medicare Select</b> | <input type="checkbox"/> Benefit Explanation<br><input type="checkbox"/> Claims/Billing<br><input type="checkbox"/> Eligibility/Screening<br><input type="checkbox"/> Fraud and Abuse<br><input type="checkbox"/> Marketing/Sales Complaints & Issues<br><input type="checkbox"/> Plan Non-Renewal<br><input type="checkbox"/> Plans Comparison |
|--|--|------------------------------------|---|

**Topics Discussed (multiple selections allowed) (continued from p.1)\***

**Medicare Advantage (MA and MA-PD)**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison
- QIO/Quality of Care

**Medicare Part D**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison

**Part D Low Income Subsidy (LIS/Extra Help)**

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- LI NET/BAE

**Other Prescription Assistance**

- Manufacturer Programs
- Military Drug Benefits
- State Pharmaceutical Assistance Programs
- Union/Employer Plan
- Other

**Medicaid**

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Managed Care
- MSP Application Assistance
- Recertification
- Other

**Other Insurance**

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits
- Other

**Additional Topic Details**

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
- New to Medicare
- Preventive Benefits
- Skilled Nursing Facility

**Total Time Spent on This Contact \***

\_\_\_ Hours \_\_\_ Minutes

**Status \***

- In Progress       Completed

**Special Use Fields**

Original PDP/MA-PD Cost: \_\_\_\_\_

Field 3: \_\_\_\_\_

New PDP/MA-PD Cost: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## BENEFICIARY CONTACT FORM

**\* Items marked with asterisk (\*) indicate required fields**

<b>MIPPA Contact *:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Send to SMP:</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>SIRS eFile ID:</b> <b>(*required if sending record to SMP)</b>	
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**Counselor Information \***

<b>Session Conducted By* :</b> <b>Your name</b> _____	<b>ZIP Code of Session Location * :</b> <b>Zip Code</b> _____	<b>State of Session Location * :</b> <b>WA</b> _____
<b>Partner Organization Affiliation* :</b> <b>Will auto fill with Sponsor name</b> _____	<b>County of Session Location * :</b> <b>Will auto fill from Zip Code</b> _____	

**Beneficiary & Representative Name and Contact Information**

Beneficiary First Name: <u>Theresa</u>	Representative First Name: _____
Beneficiary Last Name: <u>Ask Theresa and enter here</u>	Representative Last Name: _____
Beneficiary Phone: ( <u>360</u> ) - <u>000</u> - <u>0000</u>	Representative Phone: ( _____ ) - _____ - _____
Beneficiary Email: _____	Representative Email: _____

**Beneficiary Residence \***

State of Bene Res. \* : WA    Zip Code of Bene Res. \* : 98584    County of Bene Res. \* : Mason

Date of Contact \* : 02/XX/2022

**How Did Beneficiary Learn About SHIP \* (select only one):**

<input type="checkbox"/> CMS Outreach	<input type="checkbox"/> Previous Contact	<input type="checkbox"/> SHIP TA Center	<input type="checkbox"/> Other
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> SHIP Mailings	<input type="checkbox"/> SSA	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> SHIP Media	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Health/Drug Plan	<input type="checkbox"/> SHIP Presentation	<input type="checkbox"/> 1-800 Medicare	
<input checked="" type="checkbox"/> Partner Agency	<input type="checkbox"/> State SHIP Website		

<b>Method of Contact * (select only one):</b>	<b>Beneficiary Age Group * (select only one):</b>	<b>Beneficiary Gender * (select only one):</b>
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<input checked="" type="checkbox"/> Phone Call	<input type="checkbox"/> Face to Face at Session Location/Event Site	<input type="checkbox"/> Face to Face at Bene Home/Facility	<input type="checkbox"/> 64 or Younger	<input type="checkbox"/> 85 or Older	<input checked="" type="checkbox"/> Female
<input type="checkbox"/> Email			<input checked="" type="checkbox"/> 65 – 74	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Male
<input type="checkbox"/> Web-based			<input type="checkbox"/> 75 – 84		<input type="checkbox"/> Other
<input type="checkbox"/> Postal Mail or Fax					<input type="checkbox"/> Not Collected

<b>Beneficiary Race * (multiple selections allowed):</b>	<b>Beneficiary Language *:</b>
--	--------------------------------

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> English is Beneficiary's Primary Language	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Asian	<input checked="" type="checkbox"/> White	<b>Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Hispanic or Latino			

<b>Beneficiary Monthly Income * (select only one):</b>	<b>Beneficiary Assets * (select only one):</b>
--	--

<input type="checkbox"/> Below 150% FPL	<input type="checkbox"/> Below LIS Asset Limits
<input type="checkbox"/> Not Collected	<input type="checkbox"/> Not Collected
<input checked="" type="checkbox"/> At or Above 150% FPL	<input checked="" type="checkbox"/> Above LIS Asset Limits

**Topics Discussed \* (At least one Topic Discussed selection is required. Multiple selections allowed)**

<b>Original Medicare (Parts A &amp; B)</b>	<b>Medigap and Medicare Select</b>
<input type="checkbox"/> Appeals/Grievances	<input type="checkbox"/> Benefit Explanation
<input type="checkbox"/> Benefit Explanation	<input type="checkbox"/> Claims/Billing
<input type="checkbox"/> Claims/Billing	<input type="checkbox"/> Eligibility/Screening
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Fraud and Abuse
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Marketing/Sales Complaints & Issues
<input checked="" type="checkbox"/> Enrollment/Disenrollment	<input type="checkbox"/> Plan Non-Renewal
<input type="checkbox"/> Fraud and Abuse	<input type="checkbox"/> Plans Comparison
<input type="checkbox"/> QIO/Quality of Care	

**Topics Discussed (multiple selections allowed) (continued from p.1)\***

**Medicare Advantage (MA and MA-PD)**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison
- QIO/Quality of Care

**Medicare Part D**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison

**Part D Low Income Subsidy (LIS/Extra Help)**

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- LI NET/BAE

**Other Prescription Assistance**

- Manufacturer Programs
- Military Drug Benefits
- State Pharmaceutical Assistance Programs
- Union/Employer Plan
- Other

**Medicaid**

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Managed Care
- MSP Application Assistance
- Recertification
- Other

**Other Insurance**

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits
- Other

**Additional Topic Details**

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
- New to Medicare
- Preventive Benefits
- Skilled Nursing Facility

**Total Time Spent on This Contact \***

\_\_\_ Hours 45 Minutes

**Status \***

In Progress  Completed

**Special Use Fields**

Original PDP/MA-PD Cost: \_\_\_\_\_

Field 3: \_\_\_\_\_

New PDP/MA-PD Cost: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**

**(This is a sample of how you might complete this Beneficiary Contact. Obviously, our sample scenario does not have all the needed information, so you'd need to ask Theresa some questions!)**

**Theresa plans to retire May 30, 2022. She will be 69 years old. Has been working at Target and will have retiree coverage including prescription drug coverage. Needs information on enrolling in Medicare using her Special Enrollment Period.**

**If you have questions, please be sure to contact your  
Regional Training Consultant or Volunteer Coordinator.**

**Thanks, and have a great day of training!**

