



Medicaid Status and D-SNPs



Today's topics

- Medicaid status
- No balance billing
- D-SNPs
- Mock Counseling Session

Training materials

- This PowerPoint presentation
- Health Care Authority (HCA) Medicaid phone tree job aid
- Sample STARS Beneficiary Contact Form from My SHIBA



Housekeeping

Please honor the following requests:

- There will be specific question times
- Send questions to “Chat Monitor”
- Mute yourself
- Raise your hand
- Limit your questions to the material we are covering

Building on previous knowledge

- January-What's new in 2023
- February-Screening clients for Medicare Savings Programs/Medicaid
- March-Enrollment Periods and briefly touched on Medicaid Recertification
- April- How to check for Medicaid Status and in depth look D-SNPs

Medicaid status



Poll #1

You can call Health Care Authority (HCA) to check on someone's Medicaid/MSP status.

- True
- False

Poll #2

Have you called HCA using the job aid?

- Yes
- No

Verifying Medicaid status

Use the HCA Medicaid phone system SHIBA job aid.



SHIBA job aid

Calling the Health Care Authority Medicaid Phone System

Available 24/7

Instructions for calling the HCA/Medicaid phone system to check Medicaid and MSP enrollment.

This phone system was updated in October 2017 and it no longer uses speech recognition, you must enter prompts on the telephone touch pad.

Tips for calling:

- You need client's **Zip Code**, and one of the following:
 - **Social Security Number** or
 - **Provider One Number** (on the front of a client's Provider One card)
- Have a pen ready to write what you hear
- For best results, listen carefully to the prompts before pressing the next button.

Dial 1-800-562-3022

"This call will be monitored or recorded for documentation purposes..." (WAIT)

"Thank you for calling the Health Care Authority's Washington Apple Health/Medicaid..." (WAIT)

Press 1: English or stay on the line Press 2: Spanish
Press 3: Other Languages

"If you have an extension number, press 1 now, otherwise stay on the line" (WAIT)

"You may use one of our self-service options..." (WAIT)

Press 1: Client Self-Service (WAIT)

Press 3: Check eligibility for coverage

Press 2 to enter 9 digit SSN with # at the end

Enter XXX-XX-XXXX#

"Enter Zip Code now" XXXXX

Press 1: To hear benefits for today's date

To hear benefits for another date, enter the date using dd/mm/yyyy format.

For training purposes only – do NOT share with consumers.

SHIBA JOB AID – UPDATED 2.11.20

Poll #3

People with QMB & Medicaid can be billed for what Medicare doesn't pay.

- True
- False

Balance billing

- Balance billing is charging the client for services that Medicare doesn't pay.
- Legally, there is no balance billing for QMB and Full Dual-Eligible
 - > even if they go out of state.
- If the client receives a bill
 - > verify provider has a copy of the Provider One card



Poll #4

A Full Dual-Eligible and QMB client can be balance billed if provider doesn't accept assignment.

- True
- False



Special Needs Plans (SNPs)



SNPs

- Type of Medicare Advantage Plan that limits membership to people with specific diseases or characteristics.
- Tailor benefits, provider choices, and drug formularies to best meet the specific needs of the eligible groups.
- Enhanced benefits may include:
 - Vision, dental, hearing, care coordination, OTC.
- Three types in WA:
 - D-SNPs, I-SNPs, and C-SNPs

D-SNPs

Poll #5

Dual Special Needs Plans (D-SNPs) are auto-assigned.

- True
- False

D-SNP

D-SNPs are:

- Special Needs Plans for Dual Eligible clients – those with Medicare & Medicaid
- Managed Care plans – the companies are contracting to manage both Medicare & Medicaid benefits.

D-SNP, cont.

D-SNPs are:

- Medicare Advantage plans – HMOs, PPOs, HMO-POS
- Plans for Categorically Needy (CN), Medically Needy (MN), and QMB

Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)

Humana | Plan ID: H5619-136-4

Star rating: ★★★★★☆

MONTHLY PREMIUM

\$0.00 Includes: Health & drug coverage

Doesn't include: \$164.90 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

D-SNP, *cont.*

D-SNPs have:

- Networks
- Prescription drug coverage
- Same review needs as other MAPD plans.
 - Providers must be in network to be paid by plan
 - Prescription drugs must be covered to be paid by plan

D-SNP, *cont.*

D-SNP benefits include:

- MAY be easier to find providers that accept the plan's coverage
- Robust extra benefits help clients – dental, vision, hearing, transportation, OTC
- Include Care Coordination

D-SNP, *cont.*

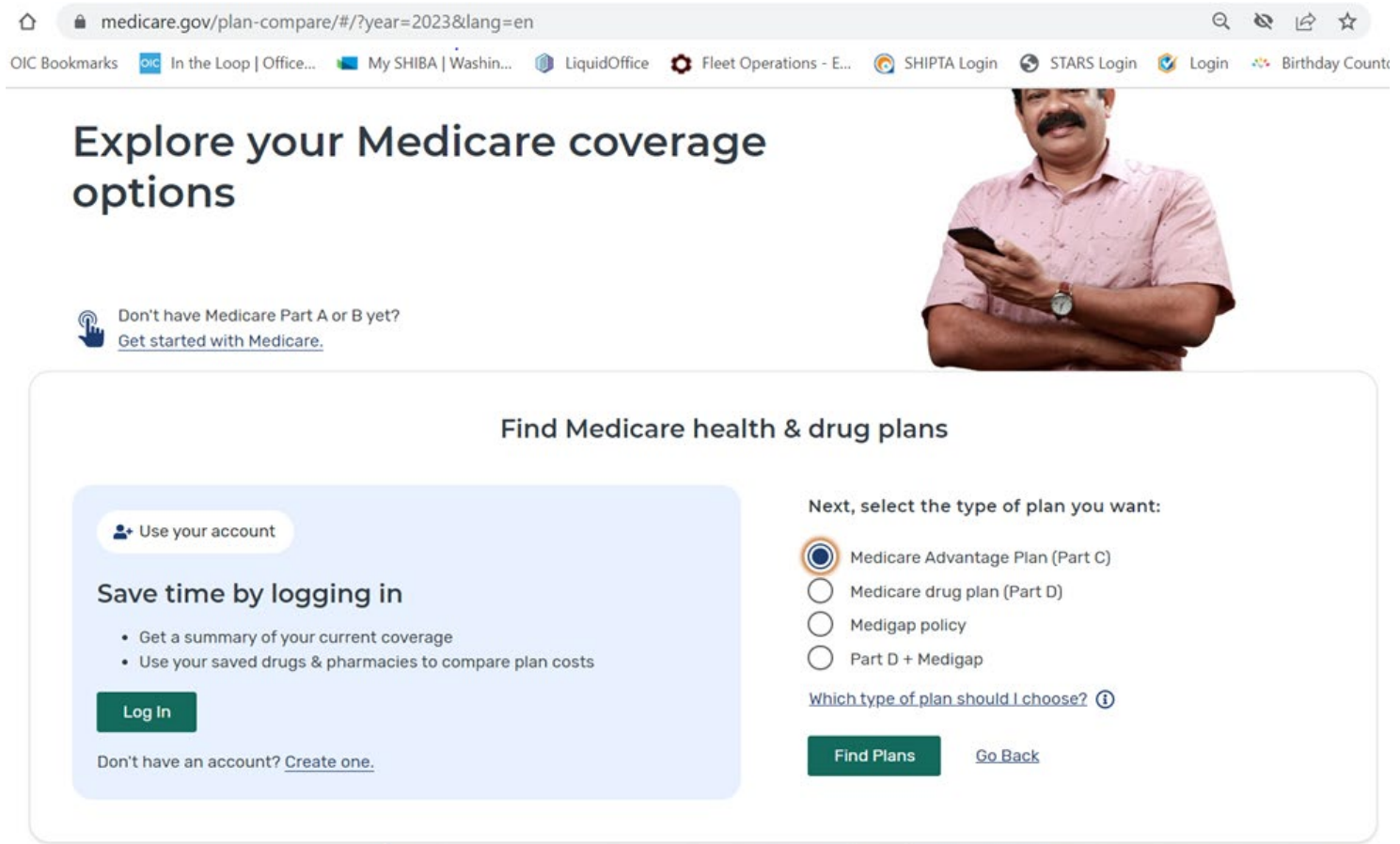
- Client must select, it cannot be auto-assigned.
- Use Medicare & Medicaid/QMB benefits, so no balance billing for A & B charges.
- Beneficiaries can have co-pays for extra benefits.
- Insurance company is managing their Medicare and Medicaid benefits
 - approving services, procedures, etc.
 - subject to preauthorization, limits for services, etc.

D-SNP resources

- 2023 Medicare Advantage and Special Needs Plans (SNPs) on My SHIBA
- Plan Finder
- Medicare.gov

Plan Finder

Medicare Advantage Search



The screenshot shows the Medicare.gov Plan Finder interface. At the top, the browser address bar displays the URL: [medicare.gov/plan-compare/#/?year=2023&lang=en](https://www.medicare.gov/plan-compare/#/?year=2023&lang=en). Below the address bar, there are several bookmarks including "In the Loop | Office...", "My SHIBA | Washin...", "LiquidOffice", "Fleet Operations - E...", "SHIPTA Login", "STARS Login", "Login", and "Birthday Count".

The main heading reads "Explore your Medicare coverage options". To the right of this heading is a photograph of a man with a mustache, wearing a pink shirt, looking at his smartphone. Below the heading, there is a link: "Don't have Medicare Part A or B yet? [Get started with Medicare.](#)".

The central section is titled "Find Medicare health & drug plans". On the left, there is a light blue box with the heading "Save time by logging in" and a "Log In" button. Below this, it says "Don't have an account? [Create one.](#)".

On the right, under the heading "Next, select the type of plan you want:", there are four radio button options:

- Medicare Advantage Plan (Part C)
- Medicare drug plan (Part D)
- Medigap policy
- Part D + Medigap

Below these options is a link: "Which type of plan should I choose? ⓘ". At the bottom of this section, there are two buttons: "Find Plans" and "Go Back".

Plan Finder, *cont.*

Assistance: Select Medicaid

Medicare.gov

Basics ▾ He

Help with your costs

Do you get help with your costs from one of these programs?

Medicaid

A joint federal and state program that helps with medical and drug costs for some people with limited income and resources.

- Supplemental Security Income
- Medicare Savings Program
- Extra Help from Social Security
- I'm not sure
- I don't get help from any of these programs

Next

Plan Finder, *cont.*

Enter drugs & Select pharmacies: I entered Eliquis & Lisinopril with default dosages

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

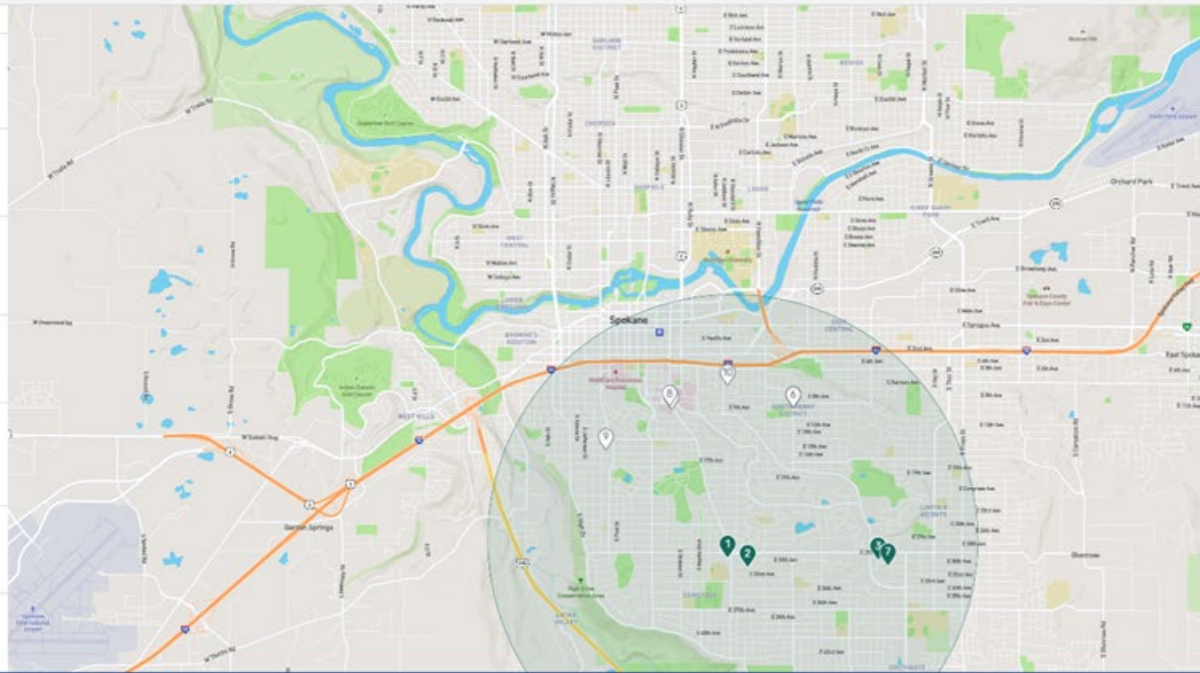
ENTER YOUR COMPLETE ADDRESS OR ZIP CODE NAME OF PHARMACY (OPTIONAL)

99203

Filter by: **Distance 5 miles**

Showing 1-10 of 53 pharmacies near 99203

- Mail-order Pharmacy**
Add both mail-order and retail pharmacies to find the lowest cost. Pharmacy Added
- 1. **Walgreens #10946**
2830 S Grand Blvd, Spokane, WA 99203
(509) 455-3736 Pharmacy Added
- 2. **Rite Aid Pharmacy # 05303**
810 East 29th Avenue Marivo Shopping Center, Spokane, WA 99203
(509) 834-3508 Pharmacy Added
- 3. **Safeway Pharmacy #1242**
2507 E 29th Ave, Spokane, WA 99223
(509) 532-9182 Pharmacy Added
- 4. **Credena Health Pharmacy Sacred Heart**
101 N 8th Avenue, Spokane, WA 99204
(509) 474-3088 Add Pharmacy
- 5. **Chas Perry Street Pharmacy**
817 S Perry St Unit B, Spokane, WA 99202
(509) 462-6575 Add Pharmacy
- 6. **Chas Perry Street Pharmacy**
817 S Perry St Unit B, Spokane, WA 99202
(509) 462-6575 Add Pharmacy



Walgreens #10946 Rite Aid Pharmacy # 05303 Safeway Pharmacy #1242 Rosauer Pharmacy #38 Mail Order Pharmacy

Plan Finder, cont.

Get Summary Results – 9 D-SNP plans on 1st page

The screenshot shows the Medicare.gov Plan Finder interface. At the top, there are navigation links for 'Basic', 'Health & Drug Plans', and 'Providers & Services'. Below this, there are filters for 'Plan Benefits', 'Insurance Carrier', 'Drug Coverage', 'Star Ratings', and 'Special Needs Plans'. The main content area displays a list of Medicare Advantage plans. The first plan shown is 'Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)'. The second plan shown is 'UnitedHealthcare Dual Complete Select (HMO-POS D-SNP)'. Each plan card includes details such as the plan name, star rating, monthly premium, and a list of plan benefits.

Medicare.gov

There may be separate drug plans available with lower drug costs. [See the page.](#)

Back to drugs & pharmacies

MY LOCATION: Springfield, MA [Change location](#) PLAN TYPE: Select a Plan Type

Filter by: Plan Benefits Insurance Carrier Drug Coverage Star Ratings Special Needs Plans [View all filters](#)

Plans for people who have both Medicare and Medicaid

Showing 12 of 12 Medicare Advantage Plans SORT PLANS BY: Lowest drug + premium cost

Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)
Humana | Plan ID: H5619-136-A
Star rating: ★★★★★

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
Doesn't include: \$164.90 Standard Part B premium
This plan is designed for beneficiaries with Medicare and Medicaid.
SNP Type: Dual Eligible

TOTAL DRUG & PREMIUM COST (for the rest of 2023)
\$0.00 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS
\$0 Health deductible
\$0.00 Drug deductible
\$8,300 In-network Maximum you pay for health services

Contact plan to enroll [Plan Details](#) Add to compare

PLAN BENEFITS
✔ Vision
✔ Dental
✔ Hearing
✔ Transportation
✔ Fitness benefits
✔ Worldwide emergency
✔ Telehealth
[See more benefits](#)

CODAYS/COINSURANCE
Primary doctor: \$0 copay
Specialist: \$0 copay

DRUGS
✔ Includes drug coverage
[View drugs & their costs](#)

UnitedHealthcare Dual Complete Select (HMO-POS D-SNP)
UnitedHealthcare | Plan ID: H5008-015-0
Star rating: ★★★★★

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
Doesn't include: \$144.90 Standard Part B premium
This plan is designed for beneficiaries with Medicare and Medicaid.
SNP Type: Dual Eligible

PLAN BENEFITS
✔ Vision
✔ Dental
✔ Hearing
✔ Transportation
✔ Fitness benefits
✔ Worldwide emergency
✔ Telehealth

Plan Finder, cont.

2 Molina Plans on p. 3 because of Rx co-pays for meds

Molina Medicare Complete Care (HMO D-SNP)
Molina Healthcare of Washington, Inc. | Plan ID: H5823-006-0
Star rating: ★★☆☆

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
Doesn't include: \$164.90 Standard Part B premium
This plan is designed for beneficiaries with Medicare and Medicaid.
SNP Type: Dual Eligible

TOTAL DRUG & PREMIUM COST (for the rest of 2023)
\$93.15 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS
\$0 Health deductible
\$0.00 Drug deductible
\$8,300 In-network Maximum you pay for health services

[Enroll](#) [Plan Details](#) Add to compare

PLAN BENEFITS
✔ Vision
✔ Dental
✔ Hearing
✔ Transportation
✔ Fitness benefits
✔ Worldwide emergency
✔ Telehealth
[See more benefits](#)

COPAYS/COINSURANCE
Primary doctor: \$0 copay
Specialist: \$0 copay

DRUGS
✔ Includes drug coverage
[View drugs & their costs](#)

Molina Medicare Complete Care Select (HMO D-SNP)
Molina Healthcare of Washington, Inc. | Plan ID: H5823-010-0
Star rating: ★★☆☆

MONTHLY PREMIUM
\$0.00 Includes: Health & drug coverage
Doesn't include: \$164.90 Standard Part B premium
This plan is designed for beneficiaries with Medicare and Medicaid.
SNP Type: Dual Eligible

TOTAL DRUG & PREMIUM COST (for the rest of 2023)
\$93.15 Retail pharmacy: Estimated total drug + premium cost
Doesn't include: Health costs

OTHER COSTS
\$0 or \$226 per year for in-network services. Health deductible
\$0.00 Drug deductible
\$8,300 In-network Maximum you pay for health services

[Enroll](#) [Plan Details](#) Add to compare

PLAN BENEFITS
✔ Vision
✔ Dental
✔ Hearing
✔ Transportation
✔ Fitness benefits
✔ Worldwide emergency
✔ Telehealth
[See more benefits](#)

COPAYS/COINSURANCE
Primary doctor: \$0 copay
Specialist: \$0 or \$20 copay per visit

DRUGS
✔ Includes drug coverage
[View drugs & their costs](#)

Plan Finder, *cont.*

Adding plans to a comparison is an easy way to see if all medications are covered and compare extra benefits

Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)
\$0.00
Medicare Advantage and drug monthly premium
Contact plan to enroll [Plan Details](#)

UnitedHealthcare Dual Complete Select (HMO-POS D-SNP)
\$0.00
Medicare Advantage and drug monthly premium
[Enroll](#) [Plan Details](#)

Amerivantage Dual Coordination (HMO D-SNP)
\$0.00
Medicare Advantage and drug monthly premium
[Enroll](#) [Plan Details](#)

Overview			
Star rating	★★★★☆	★★★★☆	★★★☆☆
Health deductible	\$0	\$0	\$0
Drug plan deductible	\$0.00	\$0.00	\$0.00
Maximum you pay for health services	\$8,300 In-network	\$5,900 In-network	\$7,550 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$0.00	\$0.00
Part B premium	\$164.90	\$164.90	\$164.90
Plan features	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✗ Over the counter drug benefits ✗ In-home support services ✓ Routine chiropractic service ✗ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics ✓ Extractions View additional benefits 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✓ Routine chiropractic service ✗ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics ✓ Extractions View additional benefits 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✓ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✓ In-home support services ✓ Routine chiropractic service ✓ Home and bathroom safety devices ✓ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics ✓ Extractions View additional benefits

Plan Finder, *cont.*

Benefits & costs

<p>Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Contact plan to enroll Plan Details</p>	<p>UnitedHealthcare Dual Complete Select (HMO-POS D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details</p>	<p>Amerivantage Dual Coordination (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details</p>
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Benefits & Costs			
Primary doctor visit	\$0 copay	In-network: \$0 copay	\$0 copay
Specialist visit	\$0 copay	In-network: \$0 or \$25 copay per visit	\$0 copay
Diagnostic tests & procedures	\$0 copay	In-network: \$0 or \$30 copay	0% or 20% coinsurance
Lab services	\$0 copay	In-network: \$0 copay	0% or 20% coinsurance
Diagnostic radiology services (like MRI)	\$0 copay	In-network: \$0 or \$0-150 copay	0% or 20% coinsurance
Outpatient x-rays	\$0 copay	In-network: \$0 or \$15 copay	0% or 20% coinsurance
Emergency care	\$0 copay	\$0 or \$90 copay per visit (always covered)	\$0 or \$90 copay per visit (always covered)
Urgent care	\$0 copay	\$0 or \$40 copay per visit (always covered)	\$0 or \$40 copay per visit (always covered)
Inpatient hospital coverage	\$0 copay	In-network: \$0 or \$300 per day for days 1 through 5 \$0 per day for days 6 through 90 \$0 per day for days 91 and beyond Out-of-network: Not Applicable	In 2023 the amounts for each benefit period are \$0 or: \$1,600 deductible for days 1 through 60 \$400 copay per day for days 61 through 90
Outpatient hospital coverage	\$0 copay	In-network: \$0 or \$0-295 copay per visit	0% or 20% coinsurance per visit
Preventive services	\$0 copay	In-network: \$0 copay	\$0 copay

Plan Finder, *cont.*

Extra benefits

<p>Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Contact plan to enroll Plan Details</p>	<p>UnitedHealthcare Dual Complete Select (HMO-POS D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details</p>	<p>Amerivantage Dual Coordination (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details</p>
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Extra benefits			
Hearing aids	\$0 copay	In-network: \$0 copay	\$0 copay
Preventive dental (like oral exams and cleanings)	\$0 copay	In-network: \$0 copay Out-of-network: \$0 copay	\$0 copay
Comprehensive dental (like root canal and implants)	Some coverage	Some coverage	Some coverage
Eyeglasses (frames & lenses)	\$0 copay	In-network: \$0 copay	\$0 copay
Wellness programs (like fitness & nursing hotline)	Covered	Covered	Covered
Transportation	\$0 copay	In-network: \$0 copay	\$0 copay
Skilled nursing facility	\$0 copay	In-network: \$0 per day for days 1 through 20 \$0 or \$196 per day for days 21 through 51 \$0 per day for days 52 through 100 Out-of-network: Not Applicable	In 2023 the amounts for each benefit period are \$0 or: \$0 copay for days 1 through 20 \$200 copay per day for days 21 through 100
Durable medical equipment (like wheelchairs & oxygen)	\$0 copay	In-network: 0% or 20% coinsurance per item	0% or 0-20% coinsurance per item
Diabetes supplies	\$0 copay	In-network: \$0 copay	\$0 copay

Plan Finder, *cont.*

Drug coverage & costs

	Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP) ^x	UnitedHealthcare Dual Complete Select (HMO-POS D-SNP) ^x	Amerivantage Dual Coordination (HMO D-SNP)
	\$0.00 Medicare Advantage and drug monthly premium Contact plan to enroll Plan Details	\$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	\$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details
Diabetes supplies	\$0 copay	In-network; \$0 copay	\$0 copay
Drug coverage & costs			
Drugs covered/Not covered	2 of 2 Prescription drugs covered Restrictions may apply	2 of 2 Prescription drugs covered Restrictions may apply	2 of 2 Prescription drugs covered Restrictions may apply
Total drug + premium cost (for the rest of 2023) How do pharmacy networks affect what I pay?	ROSAUERS PHARMACY #26 ✓ In-network \$0.00 SAFEWAY PHARMACY #1242 ✓ In-network \$0.00 RITE AID PHARMACY # 05303 ✓ In-network \$0.00 WALGREENS #10946 ✓ In-network \$0.00 Mail order pharmacy ✓ Preferred \$0.00	ROSAUERS PHARMACY #26 ✓ In-network \$0.00 SAFEWAY PHARMACY #1242 ✓ In-network \$0.00 RITE AID PHARMACY # 05303 ✓ In-network \$0.00 WALGREENS #10946 ✓ In-network \$0.00 Mail order pharmacy ✓ In-network \$0.00	ROSAUERS PHARMACY #26 ✓ In-network \$0.00 SAFEWAY PHARMACY #1242 ✓ Preferred \$0.00 RITE AID PHARMACY # 05303 ✓ In-network \$0.00 WALGREENS #10946 ✓ In-network \$0.00 Mail order pharmacy ✓ In-network \$0.00

Plan Finder, *cont.*

Plan Details

Humana
Humana Gold Plus SNP-DE H5619-136 (HMO D-SNP)
Plan type: Medicare Advantage with drug coverage
SNP type: Dual Eligible
Plan ID: H5619-136-4

[Plan website](#) | **Non-members:** 1-800-833-2364 | **Members:** 1-800-457-4708

What you'll pay	Total monthly premium	Health deductible	Primary doctor copay	2023 estimated total drug costs (lowest cost retail pharmacy) Covers 2 of 2 drugs
	\$0.00	\$0.00	\$0	\$0.00

Overview | Benefits & Costs | Drug Coverage | Extra Benefits | Star Ratings

Overview

PREMIUMS	
Total monthly premium	\$0.00
Health premium	\$0.00
Drug premium	\$0.00
Standard Part B premium	\$164.90
Part B premium reduction	No
DEDUCTIBLES	
The amount you must pay each year before your plan starts to pay for covered services or drugs.	
Health deductible	\$0
Drug deductible	\$0.00
MAXIMUM YOU PAY FOR HEALTH SERVICES	
Maximum you pay for health services ▼	\$8,300 In-network

Mock Counseling Scenario



Mock counseling scenario

D-SNP

Scenario setting:

- The client turned 65 during the PHE and is new to Medicare. The client had Medicaid and is asking for help transitioning to Medicare with Medicaid.

Don't forget!

Be sure to correctly enter appropriate STARS data.

<https://www.insurance.wa.gov/sites/default/files/documents/Beneficiary%20contact%20form.pdf>

BENEFICIARY CONTACT FORM			
* Items marked with asterisk (*) indicate required fields			
MIPPA Contact *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Send to SMP:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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):		Beneficiary Age Group* (select only one):	Beneficiary Gender* (select only one):
<input type="checkbox"/> Phone Call	<input type="checkbox"/> Face to Face at	<input type="checkbox"/> 64 or Younger	<input type="checkbox"/> Female
<input type="checkbox"/> Email	Session Location/	<input type="checkbox"/> 65 – 74	<input type="checkbox"/> Male
<input type="checkbox"/> Web-based	Event Site	<input type="checkbox"/> 75 – 84	<input type="checkbox"/> Other
<input type="checkbox"/> Postal Mail or Fax			<input type="checkbox"/> Not Collected
Beneficiary Race* (multiple selections allowed):		Beneficiary Language* :	

Coming up this month...

- SHIBA Lunch & Learn
 - 2nd Thursdays
 - 11:00-Noon
 - Register in advance for this meeting
 - https://wa-oic.zoom.us/meeting/register/tZEuc-mupzsoGtYfm4hRHILyA3_wHg4xKQTN
- Town Hall Program
 - Tuesday, April 11 from 2:00-3:30
 - Wednesday, April 12 from 11:00-12:30
 - Thursday, April 13 from 8:30-10:00

Resources

Washington Apple Health Overview Booklet

- <https://www.hca.wa.gov/assets/free-or-low-cost/22-315.pdf>

Noridian Article: Qualified Medicare Beneficiary (QMB) Program

- <https://med.noridianmedicare.com/web/jadme/topics/ra/qualified-medicare-beneficiary-qmb-program#:~:text=Providers%20cannot%20charge%20QMB%20individuals,provided%20by%20a%20different%20State>

Medicare.gov: Special Needs Plans (SNPs)

- <https://www.medicare.gov/sign-upchange-plans/types-of-medicare-health-plans/special-needs-plans-snp>

Health Care Authority Medicaid Phone System

- https://www.insurance.wa.gov/sites/default/files/documents/calling-hca-medicaid-phone-system_1.pdf