

# SHIBA February CE workbook

Feb. 1, 2024

Statewide Health Insurance Benefits Advisors  
(SHIBA)

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# Message from the SHIBA program team

Dear Volunteers,

As we continue our journey in making a positive Medicare counseling impact, it is essential to equip ourselves with the necessary knowledge and skills. The case scenario and activities included in this workbook aim to enhance your effectiveness as Medicare counselors.

Please take the time to engage with the content, reflect on the case, and make notes on the slide discussions. We encourage you to discuss your thoughts with fellow volunteers during our upcoming sessions.

Thank you for your commitment to making a positive impact, and we hope you find this workbook beneficial in your journey of continuous learning.

Your dedication and efforts contribute significantly to our mission. Thank you for being an essential part of our team.

Best regards,

SHIBA team

# Message from the SHIBA program director

What did you hear?

How did you feel?

What does this message mean to you?

How might you change your own practice?

# Glossary

What does equity mean to you?

What does person-centered counseling mean to you?

# Case work

## Scenario

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### Description of the case

**Caller:**

Hi. I just moved here from Southern California. I need to change plans because I had an MA-PD plan that is not available here. I'm open to a Medicare Supplement plan, but MA-PD is easy and affordable for me. Right now, getting some mental health support is important to me. I'm grieving the loss of my partner.

### Key issues

What is on our list?

	Case fact	Ask	Tell	Share
Item				
Item				
Item				
Item				

**Counseling session critique & coaching:**

<b>What did they do well?</b>	<b>What can they do better next time?</b>
<i>Technical:</i>	
<i>Relational:</i>	

**Let's compare approaches (What can the counselor do better?):**

<b>System-centered (technical)</b> Tip: Outline the different choices and options available to the person.	<b>Person-centered (relational)</b> Tip: Facilitate a conversation that explores the advantages and disadvantages of each option, taking into consideration the individual's preferences and needs.



# SHIBA STARS Beneficiary Contact Form (BCF)

## Demographic data collection

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Demographic data collection from Medicare applicants/beneficiaries allows for the customization of health care services to address the specific needs of diverse populations. Demographic information is crucial for evaluating the effectiveness of health care programs, aiding in evidence-based policymaking and promoting equity in health care access and outcomes.

### How do I ask it?

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Tips	Your ideas
<p><b>Age</b> is an important factor when it comes to eligibility and enrollment periods.</p> <ul style="list-style-type: none"><li>• What is your date of birth?</li></ul>	
<p><b>Gender</b> - Without this information, you cannot identify specific health care needs, you can't address the health disparities people experience, and they may not get important health care services.</p> <ul style="list-style-type: none"><li>• How do you describe your gender identity?</li></ul> <p>This open-ended question allows individuals to self-identify and express their gender in their own terms.</p>	

<p><b>Gender (cont.)</b></p> <ul style="list-style-type: none"> <li>• What pronouns do you use?</li> </ul> <p>Asking about preferred pronouns (e.g., he/him, she/her, they/them) demonstrates respect for an individual's gender identity.</p>	
<p><b>Income</b> is an important factor when it comes to eligibility for Medicare Savings Programs.</p> <ul style="list-style-type: none"> <li>• Can you please share with me your current monthly/yearly income to help us determine eligibility for Medicare Savings Programs?</li> </ul> <p>Please be assured that any information provided will be confidential.</p>	

# SHIBA STARS Beneficiary Contact Form (BCF)

SHIBA STARS Beneficiary Contact Form (BCF)			
<b>* Items marked with asterisk (*) indicate required fields</b>			
<b>Date of Contact*:</b>			
MIPPA Contact*:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>NOTE: Remember to screen EVERY client for low-income programs &amp; always check YES for MIPPA, even if they're above 150% of FPL.</b>
Send to SMP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SIRS eFile ID: (*required if sending record to SMP)</b>
<b>Counselor Information*</b>			
Session Conducted By*:	ZIP Code of Session Location*:		State of Session Location*: Washington
Partner Organization Affiliation*:	County - Session Location*:		
<b>Beneficiary &amp; Representative Name and Contact Information</b>			
<i>Beneficiary</i>		<i>Representative</i>	
First Name: _____	First Name: _____		
Last Name: _____	Last Name: _____		
Phone: (____) - ____ - _____	Phone: (____) - ____ - _____		
Email: _____	Email: _____		
<b>Beneficiary Residence *</b>			
State * : _____	Zip Code * : _____	County * : _____	
Date of Contact *:			
<b>How did Beneficiary Learn About SHIP* (select only one):</b>			
<input type="checkbox"/> CMS Outreach	<input type="checkbox"/> Partner Agency	<input type="checkbox"/> State SHIP Website	<input type="checkbox"/> Other
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> Previous Contact	<input type="checkbox"/> SHIP TA Center	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Employer	<input type="checkbox"/> SHIP Mailings	<input type="checkbox"/> SSA	
<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	
<b>Method of Contact* (select only one):</b>		<b>Beneficiary Age Group* (select only one):</b>	<b>Beneficiary Gender* (select only one):</b>
<input type="checkbox"/> Phone Call	<input type="checkbox"/> US Mail or Fax	<input type="checkbox"/> 64 or less	<input type="checkbox"/> 85 +
<input type="checkbox"/> Email	<input type="checkbox"/> Face to Face at Site/Event Site	<input type="checkbox"/> 65 – 74	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Web-based		<input type="checkbox"/> 75 – 84	Collected
<b>Beneficiary Race* (multiple selections allowed):</b>		<b>Beneficiary Language*:</b>	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asian	<input 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"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Collected		
<b>Have you or a family member ever served in the military?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
<b>Beneficiary Monthly Income* (select only one):</b>		<b>Beneficiary Assets* (select only one):</b>	
<input type="checkbox"/> Below 150% FPL	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Below LIS Asset Limits	<input type="checkbox"/> Not Collected
<input type="checkbox"/> At or Above 150% FPL		<input type="checkbox"/> Above LIS Asset Limits	

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

**Original Medicare (Parts A & B)**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Coordination of Benefits
- Eligibility
- Enrollment/Disenrollment
- Fraud & Abuse
- Late enrollment penalty
- QIO/Quality of Care

**Medigap & Medicare Select**

- Benefit Explanation
- Claims/Billing
- Complaints
- Eligibility/Screening
- Fraud & Abuse
- Guaranteed Issue Rights
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plan Comparison

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

- Appeals/Grievances
  - Benefit Explanation
  - Chronic Condition Special Needs Plans
  - Claims/Billing
  - Disenrollment
  - Dual Eligible Special Needs Plans
  - Eligibility/Screening
  - Enrollment
  - Fraud and Abuse
  - Institutional Special Needs Plans
  - Marketing/Sales Complaints & Issues
  - Plan Non-Renewal
  - Plans Comparison
  - QIO/Quality of Care
  - Supplemental Benefits
- Please explain:
- 

**Medicare Part D**

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Late Enrollment Penalty
- 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

**Medicaid**

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Expansion (ACA) Transition to Medicare
- Medicaid Recertification
- Medicaid Managed Care
- MSP Application Assistance
- MSP Application Submission
- QMB Improper Billing
- Recertification
- Other

**Other Insurance**

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

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Topics Discussed (multiple selections allowed) (continued from p. 2) *	
<b>Additional Topic Details</b>	
<input type="checkbox"/> Ambulance <input type="checkbox"/> COVID-19 <input type="checkbox"/> Dental/Vision/Hearing <input type="checkbox"/> DMEPOS <input type="checkbox"/> Duals Demonstration <input type="checkbox"/> ESRD <input type="checkbox"/> Health Savings Accounts <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice	<input type="checkbox"/> Income Related Monthly Adjustment Amount <input type="checkbox"/> Medicare.gov account <input type="checkbox"/> New Medicare Card <input type="checkbox"/> New to Medicare <input type="checkbox"/> Preventive Benefits <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Transportation
<b>Total Time Spent on This Contact *</b>	<b>Status *</b>
____ Hours ____ Minutes	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed
<b>Special Use Fields</b>	
Original PDP/MA-PD Cost: _____	Field 3: _____
New PDP/MA-PD Cost: _____	Field 4: _____
	Field 5: _____
<b>Notes</b>	

**Did you check the MIPPA box YES, yet?**

Check "YES" for MIPPA when you:

- Screened the client for income eligibility for low-income assistance programs. **Even if they are above 150% of FPL.**
- Covered any Medicaid topics and/or helped them apply for Medicare Savings Programs (MSPs) or Medicaid.

\*\*\*Remember to always check your client eligibility for MSP (and to check "YES" for MIPPA)\*\*\*

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