

SHIBA

Dual Eligible Special Needs Plans (D-SNPs) workbook

May 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

Learning outcomes

Upon completing this training, you will be equipped to effectively prepare a beneficiary for a plan comparison meeting, ensuring they can make an informed decision regarding their healthcare coverage options.

Dual Eligible Special Needs Plans (D-SNPs)

Washington D-SNPs

Washington is aligning their Dual Special Needs Plans by limiting Participating Plans to only those with Medicaid contracts (Humana excepted):

- Wellpoint of Washington (Formerly Amerigroup).
- Coordinated Care/Wellcare of Washington.
- Community Health Plan of Washington.
- Molina Healthcare.
- United Healthcare.
- Humana.

Supplemental benefits

Medicare Part C D-SNPs offer multiple supplemental benefits that are not normally covered by original Medicare but may be offered by other Medicare Advantage plans:

- Examples of MA plan supplemental benefits but not limited to are:
 - Dental.
 - Vision.
 - Hearing aids.
 - Gym memberships.

- These are D-SNPs specific services that support a client's Health Related Social Needs including:
 - Utilities.
 - Groceries.
 - Transportation.

Supplemental Benefits may be different depending on beneficiary Plan enrollment.

D-SNP plan options

- Health Maintenance Organizations (HMO).
 - A Health Maintenance Organization (HMO) is a type of private insurance plan. Some Medicare Advantage Plans are HMOs. Generally, people enrolled in an HMO must see in-network providers to receive coverage, except in emergencies or urgent care situations. HMO members must choose a primary care provider (PCP) who coordinates their care.
- Preferred Provider Organizations (PPO).
 - A Preferred Provider Organization (PPO) is a type of private insurance plan. Some Medicare Advantage Plans are PPOs. People enrolled in a PPO can see any provider, but they generally pay more when seeing out-of-network providers.
- Health Maintenance Organizations Point-of-Service (HMO-POS).
 - The Point-of-Service (POS) option is offered in some Health Maintenance Organization (HMO) plans. Most HMOs only cover care from in-network providers, except in case of emergency. The POS option allows beneficiaries to receive coverage for certain services out of network, but usually at a higher cost.

D-SNPs costs¹

Medicare Advantage plans typically include some cost sharing in the form of premiums, copayments, coinsurance, and deductibles. But since a D-SNP qualifies members for additional support, most people pay little to no out-of-pocket costs under this plan. Beneficiary level of cost sharing depends on their category of Medicaid eligibility.

Medicare pays its portion first, and then Medicaid (known as the second payer) takes care of any remaining costs. This system was created to help people with the greatest needs keep their health care spending down.

Beneficiary's responsibilities

- Contact each plan to determine which supplemental benefits are provided and how they compare to their present plan.
- Evaluate each plan to determine how provided services and costs fit their needs.
- Ensure that their current providers (if they prefer to stay with them) are in plan's network.
- Ensure that plan provides them with best coverage when it comes to their medications.

SHIBA responsibilities

- Inform beneficiary about their choices.
- Remind them of their responsibility to do their due diligence when evaluating their choices in terms of their priorities.

¹ <https://www.ncoa.org/article/what-is-a-dual-eligible-special-needs-plan-d-snp>

- Remind them of their enrollment timeline.
- Inform beneficiary that if their situation changes while they're enrolled in a D-SNP and they lose their eligibility, they will have a Special Enrollment Period to disenroll. Then, they can either join a regular Medicare Advantage plan or reenroll in Original Medicare.

Counseling case preparation

Learning objective

By preparing for the call with Laura, you will be equipped to provide her with accurate information, guidance, and support regarding her new options due to enrollment in Specified Low-income Medicare Beneficiary (SLMB) & LIS.

Counseling case so far

Laura is 67 years old and lives in Pierce Co. She is currently enrolled in Aetna Medicare Advantage plan and as of April 1st, she is also enrolled in SLMB and LIS.

During the last session SHIBA counselor, Brian, outlined Laura's options for future discussion.

- Stay with:
 - Her current MA plan.

- Enroll in:
 - Original Medicare and a stand-alone prescription drug plan.
 - A different Medicare Advantage plan.
 - A D-SNP plan.

Activities

You are preparing to call Laura to talk about her options and to remind her of the looming deadline to switch plans, if desired.

Question	Answer
What do you do to prepare for this session?	
What information do you need to convey?	
What would you consider to be in your scope for this session?	

Counseling case work

Learning objective

To improve counselor's skills and ensure that a beneficiary has the necessary information and tools to actively participate and make informed decision about their healthcare coverage.

Activities

- Listen to the counseling session and evaluate it using the provided checklist.
- Go through the checklist and evaluate each item using the following criteria:
 - **Yes:** The item was fully addressed in the counseling session.
 - **Somewhat:** The provided information was incomplete.
 - **No:** The issue was not addressed but should have been addressed in the session.
 - **Not Applicable (N/A):** The item didn't apply in this case.
- Provide brief explanations for your evaluations in "Comments."
 - For any checklist items marked as "No," explain why the counselor should have addressed them.
 - For any checklist items marked as "Somewhat," suggest how the counselor could have incorporated the missing elements into the session.
 - For any checklist items marked as "Not Applicable," explain why.

D-SNP for SLMB counseling session checklist

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<p>1. Explain deadline for changing plan (SEP for new assistance).</p> <p>SEP end date:</p>		
<p>2. Verify client coverage situation.</p> <ul style="list-style-type: none"> • Other coverage/services – VA, Tribal, retiree. • County of residence/zip code. • MSP eligibility level and start date (on letter). • Current coverage (OM+PDP or MA/MAPD). <p>Plan info:</p>		
<p>3. Explain options available because of new assistance.</p> <ul style="list-style-type: none"> • Keep what they have – Extra Help benefits applied. • Original Medicare (OM) + PDP (& Medigap if feasible). • Standard Medicare Advantage (with or without Part D). <ul style="list-style-type: none"> ○ Medical benefits and extra. benefits the same as for public. ○ Extra Help is applied to Part D 		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<p>costs.</p> <ul style="list-style-type: none"> • D-SNP Medicare Advantage. <ul style="list-style-type: none"> ○ Generally lower co-pays on A & B. ○ Could have co-pays & deductibles, need to check with plan. ○ Generally have more robust extra benefits. ○ Providers must be in-network to be covered. ○ Prescriptions must be on plan formulary to be covered (even with Extra Help). <p>All plans offer Care Coordination.</p>		
<p>4. Learn what coverage client has and what they like/dislike about current coverage.</p> <ul style="list-style-type: none"> • What they like about current coverage. • What they don't like. • Are they expecting big changes, major procedures, etc.? 		
<p>5. Open PlanFinder. Select that client has MSP. Enter key/brand name prescriptions (if client takes more than 3-5) or all medications.</p>		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<p>6. Do they have a particular pharmacy they like and want to continue using?</p> <ul style="list-style-type: none"> • Are they open to using another pharmacy if it saves them money? <ul style="list-style-type: none"> ○ IF NO – add only client’s preferred pharmacy in PlanFinder. ○ IF YES – ask if selections nearby in PlanFinder are OK or if there are any pharmacies they do not want to use. 		
<p>7. Beyond medical, what services/benefits are important to client?</p> <ul style="list-style-type: none"> • Dental. • Vision. • Hearing aids. • Gym. • Transportation. • Over-the-Counter/flex benefits for food/utilities. 		
<p>8. Explain which options seem most in line with client’s priorities. (Do client’s likes/dislikes align with OM or MA/D-SNP?)</p>		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
9. Explain issues/coverage concerns for any option given client location or needs.		
10. Does client have providers they want to keep or be able to use? <ul style="list-style-type: none"> • YES – client should verify providers accept their preferred coverage (OM or MAPD). <ul style="list-style-type: none"> ○ MA: Compile list of companies/plans to check from PlanFinder, send via email if possible – ask them to write down if no email. ○ If gym is important, recommend they check gym network so it can be considered for plan choice. Fitness program options: <ul style="list-style-type: none"> ▪ Silver Sneakers. ▪ Silver & Fit. ▪ Renew Active Fitness (add to email). ○ Suggest they speak to billing at medical practice, gym, etc. • NO – advise client they will need to ensure providers accept the coverage/are in-network to 		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
minimize costs.		
11. Set appointment for full options review (~1 to 1-1/2 hours). <ul style="list-style-type: none"> • Date: • Time: 		
12. Check for client understanding. <ul style="list-style-type: none"> • Task(s): what they are going to do. • Deadline: when they are going to do it by. 		
13. Any questions?		
14. Verify email address if sending information, or receipt of email (if possible) if sent during session.		
15. Email list of plans & programs for client to check networks for important providers & services.		

Session notes

Session transcript

Brian: Hi, Laura! This is Brian from SHIBA.

Laura: Hi, Brian.

Brian: I am calling to check in on you and see how things are going with getting you signed up for the right plan. So, one of the things that we'll be talking about is your options for plans, because I understand that you have a Medicare Advantage plan right now. Is that correct?

Laura: Yes, I do.

Brian: So, that involves networks, right? You probably had to pick a doctor in a network when you got started and got a list of pharmacies and things like that.

Laura: Yes.

Brian: Okay, I'm going to just explain about the benefits or the changes that are available to you. So, you can make an informed decision. You're going to have some new options, because you have the Medicaid program, SLMB, that pays for your Part B premium. And you have Extra Help, to help pay for your prescription drug costs. I helped you with it a little bit last month. Your starting date was April 1st. Is that correct?

Laura: Yes.

Brian: Okay. So, you have three months to get your benefits started. So, that's April, May, and June. So, we have to have all your changes done by June 30th.

Laura: OK.

Brian: You have a few options. One is that you can keep what you have, and then the Extra Help Benefits are going to be applied to your current Part D coverage. A second option is to switch to a different Advantage plan. A third option is that you go back to original Medicare. Finally, there are plans that are similar to your Advantage plan but are called "dual eligible special needs" plans and are available to people with Medicare and Medicaid. In short, these are referred to as D-SNP. Some advantages to these plans are:

- Generally lower co-pays on A & B.
- Could have co-pays & deductibles, need to check with a plan.
- Generally, have more robust extra benefits.
- Providers must be in-network to be covered.

- Prescriptions must be on plan formulary to be covered (even with Extra Help).
- All plans offer Care Coordination.

Laura: So, what you're saying is that I might get additional benefits – that are not available unless I switch my plan?

Brian: Correct. With your SLMB benefit -- which is considered partial Medicaid, D-SNPs might lower co-pays on your Part A and Part B out-of-pocket costs. You could also have co-pays, deductibles, co-insurance, and the same general rules apply. Your providers must be in network in order to be covered, just like they are now. And your prescriptions must be covered by the plan. A neat thing is that all of the plans offer care coordination. Someone can help you find doctors who can help you get those appointments set up and things like that - get your care coordinated.

Laura: So, how do I ensure that the same things are covered with all the plans? How do I ensure that they actually provide additional benefits to me?

Brian: We can do a plan comparison for you where we can compare the different benefits of the different plans. There's a great tool at the Medicare web site that we can use. Let's just talk a little bit more about your current coverage. What do you like about your current coverage?

Laura: Oh, I really like my doctor, and I would prefer to stay with the same doctor. You know how difficult it can be to find the doctor you like. I also like that they provide vision coverage, because I do wear glasses and occasionally contacts, and I would like to keep this benefit. And also, they provide gym benefits to take advantage of.

Brian: Okay, those are all good reasons to stay with a Medicare advantage plan, aren't they? Is there anything that you don't like about your current coverage?

Laura: Right now, I don't even quite know what my other options could be. There's nothing in particular that I don't like. I would like to keep the mental health benefits that I have.

Brian: That's should not be a problem with a D-SNP. So, keeping your current providers is a priority. If you call your doctor's office, you can check with the billing office. Ask if they're in network for different plans, if they're only in network for one plan - they'll be able to tell you that. Explain that you're looking at options for a D-SNP plan. They'll be able to tell you which companies they

work with. For your gym, you can ask them, too. We're going to make sure we know which one they're with.

Laura: Are you suggesting that I contact the providers and find out which D-SNP plans they work with? And also contact my gym to see which D-SNP plans my gym works with?

Brian: Yes. Would you be able to do that?

Laura: I can. Can you give me the list of plans that I should ask about?

Brian: Yes. I'll put all this in an email and send that to you. How does that sound?

Laura: Well, that that sounds great.

Brian: For the next appointment, we'll need a list of your medications. We'll make sure that your prescriptions are covered on the plans and figure out which one is the best for you.

Laura: Okay, sounds good. I guess this is my homework.

Brian: Lovely. Can I just verify your e-mail?

STARS

Counseling session Beneficiary Contact Form (BCF)

Activities

Review the form and highlight any item that has been discussed during this session.

If you were to take over from Brian as Laura's counselor, do you feel that the BCF provides sufficient information to prepare for a future conversation with Laura?

SHIBA STARS Beneficiary Contact Form (BCF)			
* Items marked with asterisk (*) indicate required fields			
Date of Contact*: 03/01/2024			
MIPPA Contact*:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	NOTE: Remember to screen EVERY client for low-income programs & always check YES for MIPPA, even if they're above 150% of FPL.
Send to SMP:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)
Counselor Information*			
Session Conducted By*: Brian		ZIP Code of Session Location*: 98405	State of Session Location*: Washington
Partner Organization Affiliation*: Sound Outreach		County - Session Location*: Pierce	
Beneficiary & Representative Name and Contact Information			
<i>Beneficiary</i>		<i>Representative</i>	
First Name: Laura		First Name: _____	
Last Name: _____		Last Name: _____	
Phone: (360) - 555 - 5555		Phone: (____) - _____ - _____	
Email: _____		Email: _____	
Beneficiary Residence *			
State *: WA		Zip Code * _____	
		County *: Pierce	
Date of Contact *: 03/01/2024			
How did Beneficiary Learn About SHIP* (select only one):			
<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 checked="" 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	
Method of Contact* (select only one):		Beneficiary Age Group* (select only one):	Beneficiary Gender* (select only one):
<input checked="" type="checkbox"/> Phone Call	<input type="checkbox"/> US Mail or Fax	<input type="checkbox"/> 64 or less	<input checked="" type="checkbox"/> Female
<input type="checkbox"/> Email	<input type="checkbox"/> Face to Face at Site/Event Site	<input checked="" type="checkbox"/> 65 - 74	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Web-based		<input type="checkbox"/> 75 - 84	<input type="checkbox"/> Other
Beneficiary Race* (multiple selections allowed):		Beneficiary Language*:	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	English is Beneficiary's Primary Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Asian		Receiving or Applying for Social Security Disability or Medicare Disability* (select only one):	
<input type="checkbox"/> Black or African American	<input checked="" type="checkbox"/> White	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Other		
	<input type="checkbox"/> Not Collected		
Have you or a family member ever served in the military?			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
Beneficiary Monthly Income* (select only one):		Beneficiary Assets* (select only one):	
<input checked="" type="checkbox"/> Below 150% FPL	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Below LIS Asset Limits	<input checked="" type="checkbox"/> Not Collected
<input type="checkbox"/> At or Above 150% FPL		<input type="checkbox"/> Above LIS Asset Limits	

Sexual Orientation*	
Which of the following best represents how you think of yourself (select ONE):	
<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight, that is, not gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	
Gender Identity*	
What is your current gender (select ONE):	Do you consider yourself to be transgender?
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> I use a different term: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Topics Discussed* (At least one Topic Discussed selection is required. Multiple selections allowed)	
Original Medicare (Parts A & B) <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Late enrollment penalty <input type="checkbox"/> QIO/Quality of Care	<input type="checkbox"/> Plans Comparison <input type="checkbox"/> QIO/Quality of Care <input type="checkbox"/> Supplemental Benefits Please explain: _____ Part D Low Income Subsidy (LIS/Extra Help) <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Application Assistance <input type="checkbox"/> Application Submission <input checked="" type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> LI NET/BAE
Medigap & Medicare Select <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Complaints <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Guaranteed Issue Rights <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plan Comparison	Other Prescription Assistance <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Union/Employer Plan
Medicare Advantage (MA and MA-PD) <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Chronic Condition Special Needs Plans <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Dual Eligible Special Needs Plans <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Institutional Special Needs Plans <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal	Medicaid <input type="checkbox"/> Application Submission <input checked="" type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Medicaid Application Assistance <input type="checkbox"/> Medicare Buy-in Coordination <input type="checkbox"/> Medicaid Expansion (ACA) Transition to Medicare <input type="checkbox"/> Medicaid Recertification <input type="checkbox"/> Medicaid Managed Care <input type="checkbox"/> MSP Application Assistance <input type="checkbox"/> MSP Application Submission <input type="checkbox"/> QMB Improper Billing <input type="checkbox"/> Recertification <input type="checkbox"/> Other

Medicare Part D <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Late Enrollment Penalty <input type="checkbox"/> Plans Comparison		Other Insurance <input type="checkbox"/> Active Employer Health Benefits <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Long Term Care (LTC) Insurance <input type="checkbox"/> LTC Partnership <input type="checkbox"/> Marketplace Transition to Medicare <input type="checkbox"/> Other Health Insurance <input type="checkbox"/> Retiree Employer Health Benefits <input type="checkbox"/> Tricare For Life Health Benefits <input type="checkbox"/> Tricare Health Benefits <input type="checkbox"/> VA/Veterans Health Benefits <input type="checkbox"/> Other	
Topics Discussed (multiple selections allowed) (continued from p. 2) *			
Additional Topic Details <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	
Total Time Spent on This Contact * ___ Hours ___ Minutes		Status * <input type="checkbox"/> In Progress <input type="checkbox"/> Completed	
Special Use Fields			
Original PDP/MA-PD Cost: _____		Field 3: _____	
New PDP/MA-PD Cost: _____		Field 4: _____	
		Field 5: _____	

Notes:

Counselor challenge

Prepare for the next session

We urge you to appreciate the importance of detailed comments in your BCFs. Thorough documentation is key to maintaining the quality and continuity of the service we provide to our beneficiaries in counseling sessions.

Additionally, these comments serve as a tool for reflection, allowing us to revisit and assess the effectiveness of each session. This introspection is vital for our continuous improvement and for ensuring that we meet the evolving needs of those we serve.

May challenge instructions

For this month's challenge, we invite you to compose a comment based on today's session to supplement the data you highlighted in the BCF.

Key submission information

- Date: Submit by May 24th.
- Email: OICMedicareTrainingFeedback@oic.wa.gov.
- Subject: May counselor challenge.
- Consent for Sharing: Indicate if you are comfortable with us sharing your contribution.
- Names: Include the names of all participants.
- Service Area: Indicate what city/county you serve.

Final reflections

Learning outcome

After completing the training, do you feel confident in your ability to prepare a beneficiary for a plan comparison meeting?

Do you believe you can effectively guide a beneficiary to make an informed decision regarding their healthcare coverage options?

Keep learning

Reflecting on the training, think how you would guide a beneficiary who is unfamiliar with Medicare Advantage plans and D-SNP plans through the process of comparing these options. What key considerations would you emphasize to ensure they make an informed decision about their healthcare coverage?

Share with us!

Share an idea for how the SHIBA team and sponsors can help support the volunteer advisors even more/better via email at:

OICMedicareTrainingFeedback@oic.wa.gov

Thank you for your participation!

Appendix A


Beneficiary contacts

Beneficiary Contacts

Use the Beneficiary Contact Form (BCF) or Beneficiary Additional Sessions (BAS) form to document each contact between a properly trained, screened, and state-certified team member and a beneficiary or their representative when Medicare or program information is exchanged.

BCF	VS	BAS
Same team member, same day, same issue		Different day, same team member, same issue
Same day, same issue, different team member		
Same team member, different day, different issue		
Same issue, different day, different team member		

An "issue," in terms of beneficiary contacts, is the reason the person required your assistance. So, meeting about enrollment in 2022, dual eligible special needs plans, and enrollment in 2024 are all different issues. When in doubt about what form to complete, complete a BCF.

 **SHIP**
State Health Insurance Assistance Program
Technical Assistance Center


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Appendix B

SLMB enrollment sample letter p.1

Seq: 00000001 Page: 01 of 02

PO BOX 11699
TACOMA WA 98411-6699

 Washington State
Department of Social
& Health Services

Phone #
TTY/TDD # 800-209-5446
Toll Free # 877-501-2233

06/19/19

Client ID #

Dear [Client's name here]

You will receive the following benefits:

	Begin Date	End Date
Specified Low-Income Medicare Beneficiary (SLMB) <i>So S</i>	05/01/19	06/30/20

We will pay your Medicare Part B premiums.

How does Medicare affect Washington Apple Health WAH coverage?
* WAH coverage won't pay for prescription drugs.
* You must get prescription drugs through a Medicare Part D plan.

If you have questions about Medicare Part D or need help picking a plan call 1-800-MEDICARE or visit www.medicare.gov.

What changes do you have to report to us for Washington Apple Health coverage?
* Residential address
* Mailing address
* Income
* Marital status
* When family members or dependents move in or out of the residence
* Pregnancy
* Incarceration
* Institutional status
* Health insurance coverage including Medicare eligibility
* Immigration or citizenship status
* Resources including sale or transfer of property

How do you report changes?
* Report changes by calling 877-501-2233.

When do you need to report changes?

0002-25 Approval for Medicare Cost Sharing

Client ID#

Appendix B (cont.)

SLMB enrollment sample letter p. 2

Seq: 00000002 Page: 02 of 02



- * For Washington Apple Health coverage, you must report changes within 30 days after the change.

What happens if you don't report changes on time?

- * Your benefits could stop.
- * Your benefits could be late.
- * You could receive the wrong amount.
- * If you receive more benefits than you should, you must pay them back.

We will send you an eligibility review form before your benefits stop. You must return the completed form to see if you can keep getting benefits.

You can:

- * Apply for benefits, submit a review, or report changes at www.washingtonconnection.org.
- * Fax information to us at 888-338-7410.

Write your client ID on all copies you send us. Your client ID is

Call **877-501-2233** to process an application or review, report changes, or ask questions.