

SHIBA

Plan options for clients with SLMB workbook

June 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

By the end of this training, you will be able to effectively guide a beneficiary with SLMB through a plan comparison using Plan Finder, ensuring they understand their healthcare coverage options.

Medicare Advantage

Coordinated care plans

- Health Maintenance Organizations (HMOs).
- Preferred Provider Organizations (PPOs).
- Special Needs Plans (SNPs).
 - Dual-Eligible Special Needs plans (D-SNPs).

HMO vs PPO

Questions	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Can a beneficiary get health care from any doctor, other health care provider, or hospital?	No	Yes, usually at a higher cost
Are prescription drugs covered?	In most cases, yes	In most cases, yes
Does a beneficiary need to choose a primary care doctor?	In most cases, yes	No
Does a beneficiary need a referral to see a specialist?	In most cases, yes	In most cases, no

<p>What else does a beneficiary need to know about this type of plan?</p>	<p>Check with the plan about its provider network, the plan’s rules, and benefits. Also, check with providers to ensure they accept the plan.</p>
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Dual Eligible SNP (D-SNP) or Apple Health Medicare Connect

Apple Health Medicare Connect plans are specifically contracted with the state of Washington to serve people who have both Medicare and Medicaid (dual eligible).

Can a beneficiary get health care from any doctor, other health care provider, or hospital?

If a D-SNP is an HMO, they generally must get their care and services from doctors, other health care providers, or hospitals in the plan’s network (except for emergency care, out-of-area urgent care, or out-of-area dialysis). They may also be required to have a primary care doctor.

However, if a D-SNP is a PPO, then a beneficiary may get services from any qualified provider or hospital, but usually at a higher cost than they would pay for services from a network provider.

Both an HMO and PPO D-SNP may require a beneficiary to have a care coordinator to help with their health care. A care coordinator is someone who helps make sure people get the right care and information.

Knowledge check: Can a beneficiary get health care from any doctor, other health care provider, or hospital?

Answer

Knowledge check: Do D-SNPs cover drugs?

Answer:

Tip: See May Workbook

Behavioral Health Services Only (BHSO) plan

Dual-eligible beneficiaries have behavioral health coverage through an Apple Health managed care plan. This is a Behavioral Health Services Only (BHSO) plan. Behavioral health includes mental health and substance use disorder treatment.

Beneficiaries may choose the same plan to cover both their physical health care and their behavioral health care needs. This would mean selecting the same plan for their Apple Health Medicare Connect and Behavioral Health Services Only (BHSO) plan.

D-SNPs & aligned enrollment¹

The primary benefit of a D-SNP is having one plan for Medicare and Apple Health coverage. D-SNP coverage makes finding a provider easier, since providers only need to accept one plan.

Beneficiaries also can choose a managed care plan that aligns D-SNP and BHSO coverage if they live in a county that offers aligned enrollment.

Aligned enrollment helps dual-eligible beneficiaries manage their physical and behavioral health services under one plan. This makes it easier to find a provider and coordinate their Medicare and Apple Health services. D-SNP aligned enrollment is now available in every county. (Please see Appendix A for more information on D-SNP aligned enrollment plans by county).

Knowledge check: Which of the Washington plans provides aligned care services in all WA counties?

Answer:

Tip: See Appendix A

¹ Washington State Health Care Authority. <https://www.hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/apple-health-medicare-connect>

Care Coordination in D-SNPs²

All D-SNPs must at least coordinate the Medicaid benefits of their enrollees, and all D-SNPs must also have a Model of Care (MOC) that is approved by the National Committee for Quality Assurance (NCQA). The MOC provides the basic framework under which the SNP will meet the needs of each of its enrollees.

When executing State Medicaid Agency Contracts (SMACs) with D-SNPs, states can require D-SNPs to comply with state-specific care coordination requirements and/or incorporate state-specific information into the D-SNPs' Models of Care. The Washington Department of Social and Health Services (DHCS) determines whether to contract with specific D-SNPs in each county based on state law.

Knowledge check: Do all D-SNPs offer care coordination?

Answer:

² [https://integratedcareresourcecenter.com/resources-by-topic/care-coordination#:~:text=Home-Care%20Coordination%20in%20Dual%20Eligible%20Special%20Needs%20Plans%20\(D%2DSNPs,for%20Quality%20Assurance%20\(NCQA\).](https://integratedcareresourcecenter.com/resources-by-topic/care-coordination#:~:text=Home-Care%20Coordination%20in%20Dual%20Eligible%20Special%20Needs%20Plans%20(D%2DSNPs,for%20Quality%20Assurance%20(NCQA).)

Newly eligible beneficiary Special Enrollment Period (SEP)

When a beneficiary became eligible for Medicaid, any Medicare Savings Program (MSP), or Extra Help they have a one-time Special Enrollment Period (SEP) to disenroll from or switch their Medicare Advantage plan or Part D plan for three months after they are notified.

New coverage starts the first day of the month after a beneficiary submits a completed application.

Any future change in their eligibility status will result in SEP as well.

Knowledge check: If Laura misses her one-time SEP, when can she change her plan next?

Answer:

Plan Finder example: D-SNPs vs standard Medicare Advantage plan

<p>Aetna Medicare SmartFit Plan (PPO)</p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p>Enroll Plan Details</p>	<p>Molina Medicare Complete Care Select (HMO D-SNP)</p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p>Enroll Plan Details</p>	<p>UHC Dual Complete WA-D001 (PPO D-SNP)</p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p>Enroll Plan Details</p>
<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 ✗ 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 example (cont.): D-SNPs vs standard Medicare Advantage plan

	Aetna Medicare SmartFit Plan (PPO) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	Molina Medicare Complete Care Select (HMO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details	UHC Dual Complete WA-D001 (PPO D-SNP) \$0.00 Medicare Advantage and drug monthly premium Enroll Plan Details
Specialist visit	In-network: \$45 copay per visit Out-of-network: 50% coinsurance per visit	\$0 or \$30 copay per visit	In-network: 0% or 0-20% coinsurance per visit Out-of-network: 30% coinsurance per visit
Diagnostic tests & procedures	In-network: \$0-20 copay Out-of-network: 50% coinsurance	0% or 0-20% coinsurance	In-network: 0% or 20% coinsurance Out-of-network: 30% coinsurance
Lab services	In-network: \$0 copay Out-of-network: 50% coinsurance	0% or 0-20% coinsurance	In-network: \$0 copay Out-of-network: \$0 copay
Diagnostic radiology services (like MRI)	In-network: \$0-225 copay Out-of-network: 50% coinsurance	0% or 0-20% coinsurance	In-network: 0% or 0-20% coinsurance Out-of-network: 30% coinsurance
Outpatient x-rays	In-network: \$0 copay Out-of-network: 50% coinsurance	\$0 copay	In-network: 0% or 20% coinsurance Out-of-network: 30% coinsurance

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 plan options.

Counseling case so far

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

Laura's preferences for her healthcare coverage include:

1. Continuity of care with her current doctor:
 - Laura expresses a strong preference for staying with her current doctor whom she likes.
2. Access to mental health benefits:
 - Laura indicates that she wants to retain her current mental health benefits.
3. Maintaining specific benefits:
 - Laura values certain benefits offered by her current Medicare Advantage plan, such as vision coverage and gym membership.

Next steps for Laura

During the last session SHIBA counselor, Brian, outlined Laura's next steps:

Contact Providers and gym:

- Laura needs to ensure that her preferred doctor is in-network with the plan she chooses. She should reach out to her doctor's office and inquire about what insurance plans and more specifically which D-SNP plans they work with.
- Similarly, she should contact her gym to determine which plans they accept.

Compile Medication List:

Before the next appointment, Laura needs to create a detailed list of her current medications. Her doing so is essential for Brian to assess which plan best cover her prescriptions.

Next steps for Brian

Brian will assist Laura's decision-making process by guiding her through her options using the Plan Finder.

Activities

You are preparing to call Laura to talk about her health coverage options using the Plan Finder and to remind her of the looming deadline to switch her current plan to another if she so desires.

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 enhance counseling 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.

Plan Finder 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. Open Plan Finder. Select that client has MSP. Enter client’s medications.</p>		
<p>4. 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 Plan Finder. ○ IF YES – ask if selections nearby in Plan Finder are OK 		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<p>or if there are any pharmacies they do not want to use.</p> <ul style="list-style-type: none"> • Include “mail order pharmacy” to get a baseline for costs. 		
<p>5. 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. • Other _____. 		
<p>6. Explain which options seem most in line with client’s priorities. (Do client’s likes/dislikes align with OM or MA/D-SNP?)</p>		
<p>7. Check “Add to compare” for plans that align with client’s priorities.</p> <ul style="list-style-type: none"> • Three at a time • Use filters as appropriate 		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<ul style="list-style-type: none"> ○ Use “Special Needs Plans” filter for D-SNPs. <ul style="list-style-type: none"> ▪ Select “Plans for people who have both Medicare and Medicaid”. 		
<p>8. Explain issues/coverage concerns for any option given client location or needs.</p>		
<p>9. Does client have providers they want to keep or be able to use?</p> <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 Plan Finder, 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. 		

Description of step or sub-step	Yes/No Somewhat N/A	Tool/Resources/ Comments
<ul style="list-style-type: none"> ▪ Renew Active Fitness (add to email). <ul style="list-style-type: none"> ○ Suggest they speak to billing at medical practice, gym, etc. and/or plan. • NO – advise client they will need to ensure providers accept the coverage/are in-network to minimize costs. 		
<p>9. Advise client to enroll through company if comfortable with chosen plan.</p> <p>Contact SHIBA if they need further clarification.</p>		
<p>10. Check for client understanding.</p> <ul style="list-style-type: none"> • Task(s): what they are going to do. • Deadline: when they are going to do it by. 		
<p>11. Any questions?</p>		
<p>Notes</p>		

Session transcript

Brian: Hi Laura, thanks for meeting with me over Zoom. I was wondering if you had a chance to check what plans your doctors are in-network for?

Laura: Hi Brian, no problem, sorry I don't have my camera on, I have low bandwidth. I called my doctors, and they said that they accept Aetna and Molina. My gym also said they take all three Medicare fitness plans.

Brian: Great! I prefer to have my camera off, too, since I'll be sharing my screen with you. Can you remind me which Aetna plan you have?

Laura: Yes, I have the Aetna Medicare Select Plan.

Brian: Thank you. At this point, I think the best thing would be to compare some options for you. I'm going to use a tool called the Medicare Plan Finder. Does that sound okay?

Laura: That sounds great.

(Open Plan Finder here and screen share)

Brian: Can you remind me of your zip code?

Laura: 98404. (Tacoma)

Brian: Thanks, and here we're going to select that you are looking for a Medicare Advantage Plan.

(Click MA)

Laura: Okay.

Brian: One of the great things about Plan Finder is that we can include your MSP benefits to be able to compare those D-SNP plans we talked about last time.

(Click MSP benefits)

Laura: That's great.

Brian: Now we'll add in your prescriptions, including dosage and frequency you take them. What prescriptions do you get filled through your Medicare plan?

Laura: Well, I get most through the VA for free. I was paying \$47 a month for Eliquis, but it's down to \$11.20 now

Brian: Okay, great. Yes, that's your Extra Help benefit kicking in to bring that cost down. I'll add the Eliquis in here to make sure it's included in the formularies of the plans we compare. What is the dosage and frequency that you take that?

Laura: It's 5mg, twice a day.

Brian: Thank you. What pharmacy do you typically go to?

Laura: I just use the Walgreens down the street.

Brian: Thanks, I'll add that in. I'm also going to include the mail order pharmacy to help us get a baseline for what the costs can be.

Laura: Sounds good.

Brian: I'm going to add a few others because we can include up to five, and it will help us see if there are other options for you, too, in case later you'd like to use a different pharmacy.

Laura: That works.

Brian: Now that we have those added, we'll look at the plans available. We can sort these by a few different categories. First, we'll sort by the insurance provider. We'll put Aetna, so that we can add your plan first, the Aetna Medicare Select Plan.

Laura: That's the one!

Brian: Okay great! As we're looking here, it looks like the Aetna Medicare SmartFit Plan includes all the benefits you were looking for, so we will add that onto the list to compare. Over here, you can see that we can filter for the D-SNPs that we talked about last month.

Laura: Yes, I remember that.

Brian: It looks like Aetna does not have any D-SNPs in your county. Let's check Molina. That's the other plan that your doctors said they accept, right?

Laura: Yes, that's right.

Brian: Okay, so this first one is not a D-SNP. See how on the second one, it says "D-SNP" at the top?

Laura: Oh, yes, I see that now.

Brian: Because you have SLMB benefits, the specific D-SNP that will work for you is this one, the Molina Medicare Complete Care Select.

Laura: Sounds great.

Brian: Let's add it to compare. Now we can see an overview of all three plans. At the top of each column is the plan name and the monthly premium. The first one is your plan, the middle is the other Aetna MA we found, and the last one is the Molina D-SNP. Let's look to see first if the Eliquis is included in each of these plans.

Laura: Okay.

Brian: The Eliquis is covered, and Walgreen's is in-network for each of the plans. On your current plan, you'd be paying the \$417.20 for the premiums and copays. For the other Aetna SmartFit Plan, you'd be paying \$78.40 for the drug copays because the plan is \$0 premium. For the Molina plan, you'd pay nothing because it's a \$0 premium and they won't charge you copays for your Eliquis. With the Aetna plans, you might save a bit if you switch to mail order.

Laura: Zero dollars sounds great!

Brian: That's not the only thing that it looks like is better. The Molina D-SNP has transportation services, OTC drug benefits, and coordinated care between your Medicare and Medicaid benefits. It will also most likely have more robust coverage for your vision and dental that you mentioned before. If you want some more information about any of the plans, you can select "Plan Details", and then click the link at the top of that page to go to the plan's website. You can also call them for answers to your questions. In fact, I would recommend you do call them to see if you'll have any copays for medical care and services.

Laura: I can do that. This plan sounds much better than mine!

Brian: It does sound pretty good, doesn't it? Another thing to let you know, if you do like what you're hearing when you call them and you'd like to enroll, they can help you with that while you're on the phone. If it turns out that you don't like the plan, you can make a change once per quarter with the benefit you get from your Extra Help. And don't forget, you'll need to have this done by the end of the month.

Laura: I'll be sure to do that.

Brian: Great. Is there anything else I could help you out with?

Laura: No, I think that covers it. I just want to say, I'm so thankful for this service! Changing plans is going to save me so much money! Thank you!

Brian: You're very welcome! Take care, Laura.

Laura: Thanks, Brian. You, too.

Activity: Peer-to-peer constructive feedback

Objective: To provide constructive feedback to Brian on his person-centered counseling skills, helping him enhance his effectiveness as a counselor.

Observation Feedback Form:

Aspect of Counseling	Evaluation (1-5)	Comments/Examples
Active Listening		
Empathy		
Questioning Skills		
Communication Clarity		
Reflects and paraphrases		
Problem-Solving		
Professionalism		

Rating Scale: 1 - Needs Improvement 2 - Fair 3 - Good 4 - Very Good 5 - Excellent

Guidelines for Feedback:

- **Be Specific:** Provide clear, concrete examples of behaviors observed.
- **Be Balanced:** Highlight strengths as well as areas for improvement.
- **Be Constructive:** Offer suggestions for improvement and possible resources or strategies.

Your constructive feedback to Brian:

STARS

Counseling session Beneficiary Contact Form (BCF)

BENEFICIARY CONTACT FORM			
* Items marked with asterisk (*) indicate required fields			
Date of Contact *: <u>6/1/2024</u>			
MIPPA Contact * :	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
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* : <u>Brian</u>		ZIP Code of Session Location * : <u>98404</u>	State of Session Location * : <u>WA-</u>
Partner Organization Affiliation* : <u>OIC</u>		County of Session Location * <u>Pierce</u>	
Beneficiary & Representative Name and Contact Information			
Beneficiary First Name: <u>Laura</u>		Representative First Name: _____	
Beneficiary Last Name: _____		Representative Last Name: _____	
Beneficiary Phone: <u>(253) 867-5309</u>		Representative Phone: (_____) - _____ - _____	
Beneficiary Email: <u>laura.laura@laura.laura</u>		Representative Email: _____	
Beneficiary Residence *			
State of Bene Res. * : <u>WA</u>		Zip Code of Bene Res. * : <u>98404</u>	County of Bene Res. * : <u>Pierce</u>
How Did Beneficiary Learn About SHIP * (select only one):			
<input type="checkbox"/> CMS Outreach	<input checked="" 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"/> Employer	<input type="checkbox"/> SHIP Media	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> SHIP Presentation	<input type="checkbox"/> 1-800 Medicare	
<input type="checkbox"/> Health/Drug Plan	<input type="checkbox"/> State SHIP Website		
<input type="checkbox"/> Partner Agency			
Method of Contact * (select only one):		Beneficiary Age Group * (select only one):	
<input type="checkbox"/> Phone Call	<input type="checkbox"/> Face to Face at Session	<input type="checkbox"/> Face to Face at Bene Home/ Facility	<input type="checkbox"/> 64 or Younger
<input type="checkbox"/> Email	<input type="checkbox"/> Location/ Event Site		<input type="checkbox"/> 85 or Older
<input checked="" type="checkbox"/> Web-based			<input type="checkbox"/> Not Collected
<input type="checkbox"/> Postal Mail or Fax			<input checked="" type="checkbox"/> 65 – 74
			<input type="checkbox"/> 75 – 84
Beneficiary Race * (multiple selections allowed):		Beneficiary Language *:	
<input type="checkbox"/> American Indian or Alaska Native		English is Beneficiary's Primary Language <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <input type="checkbox"/> Not Collected	Receiving or Applying for Social Security Disability or Medicare Disability * (select only one): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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): <input checked="" type="checkbox"/> Below 150% FPL <input type="checkbox"/> Not Collected <input type="checkbox"/> At or Above 150% FPL		Beneficiary Assets * (select only one): <input type="checkbox"/> Below LIS Asset Limits <input checked="" type="checkbox"/> Not Collected <input type="checkbox"/> Above LIS Asset Limits

Original Medicare (Parts A & B) <input type="checkbox"/> Accountable Care Organizations (ACOs) <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Conditional Enrollment <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Equitable Relief <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Late Enrollment Penalty <input type="checkbox"/> Provider Participation <input type="checkbox"/> QIO/Quality of Care	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 type="checkbox"/> Eligibility/Screening <input type="checkbox"/> LI NET/BAE
Medigap and Medicare Select <input type="checkbox"/> Application Assistance <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Complaints <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Guaranteed Issue Rights <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison	Other Prescription Assistance <input type="checkbox"/> Manufacturer Programs <input checked="" type="checkbox"/> Military Drug Benefits <input type="checkbox"/> Prescription Discount Cards <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 checked="" type="checkbox"/> Benefit Explanation <input type="checkbox"/> Chronic Condition Special Needs Plans <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input checked="" type="checkbox"/> Dual Eligible Special Needs Plans <input checked="" type="checkbox"/> Eligibility/Screening <input checked="" 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"/> Appeals/Grievances <input checked="" type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Duals Demonstration
	Other Insurance <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Medicaid Application Assistance <input type="checkbox"/> Medicaid Application Submission <input type="checkbox"/> Medicare Buy-In Coordination <input type="checkbox"/> Medicaid Expansion (ACA) Transition to Medicare <input type="checkbox"/> Medicaid Recertification <input type="checkbox"/> Medicare Buy-in Coordination <input type="checkbox"/> Medicaid Managed Care <input type="checkbox"/> Medicaid Spend Down <input type="checkbox"/> MSP Application Assistance <input type="checkbox"/> MSP Application Submission <input type="checkbox"/> MSP Recertification <input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) <input type="checkbox"/> Provider Participation <input type="checkbox"/> QMB Improper Billing

<input type="checkbox"/> Plans Comparison <input type="checkbox"/> Provider Network <input type="checkbox"/> QIO/Quality of Care <input type="checkbox"/> Supplemental Benefits Please explain: <input type="checkbox"/> D-SNP transportation, OTC, care coordination, and more robust dental and vision _____ 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"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Pharmacy Network <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison	<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
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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"/> ESRD <input type="checkbox"/> Health Savings Account(s) <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital <input type="checkbox"/> Income Related Monthly Adjustment Amount <input type="checkbox"/> Mail Order Prescription	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Mental Health <input type="checkbox"/> Medicare.gov Account <input type="checkbox"/> New to Medicare <input type="checkbox"/> Opioids <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Preventive Benefits <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Substance Misuse/Fraud/Abuse <input type="checkbox"/> Telehealth <input type="checkbox"/> Transportation
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Total Time Spent on This Contact *	Status *
____ Hours <u>8</u> Minutes	<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

Walked Laura through plan comparison on Plan Finder for her Aetna Medicare Select Plan, Aetna Medicare SmartFit Plan, and Molina Complete Care Select D-SNP. Explained drug costs and general benefits of each plan and how to find out more information (plan website or call the plan). Sent recap email with plan information and advised Laura to call plan for questions and/or to enroll.

Activities

- Review the form. There are filled and highlighted (yellow) fields. Please highlight any additional item for which you believe the necessary information is missing.

Fields	Your comments

- Please review the BCF notes and assess them. Are there any details or insights that can be added to enhance their accuracy?

Answer:

A few STARS BCF tips

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)

Medicare Improvements for Patients and Providers Act (MIPPA)

- MIPPA Contact refers to any qualifying topics discussed during a counseling session.
- MIPPA is very important source of funding for the SHIBA program.
- Check the entire BCF for any of these topics that may have been discussed. If they were discussed, make sure MIPPA is checked "Yes."

MIPPA qualifying discussion topics

Part D Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topic Details
Application Assistance	Application Submission (Includes MSP Submission)	Preventive Services
Application Submission	Benefit Explanation	
Benefit Explanation	Eligibility/Screening	
Eligibility/Screening	Medicaid Application Assistance	
LI NET/BAE	Medicare Buy-In Coordination	
	MSP Application Assistance	
	Recertification	

Time Spent, Status, & Special Use fields

Total Time Spent on This Contact *	Status *
___ Hours ___ Minutes	<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	

Time Spent is the time Spent per contact and represents the total hours and minutes spent counseling the beneficiary or representative plus time spent working directly on their behalf for the contact. Examples of time spent working directly on behalf of the beneficiary or representative include time spent:

- Researching.
- Referring.
- Advocating (calling agencies on the beneficiary’s behalf).
- Trying to reach the beneficiary/representative.
- Waiting to meet with the beneficiary/representative.
- Preparing materials to send to the beneficiary/representative.
- Completing paperwork/forms to report the contact.
- Travel time to beneficiary/representative.

Status refers to your casework with the beneficiary and whether or not it is completed.

Special Use Fields: Prescription Drug Plan (PDP)/Medicare Advantage Prescription Drug Plan (MA-PD)

- Special Use Fields capture the Original PDP/MA-PD cost and the New PDP/MA-PD cost if you assisted with enrolling the beneficiary in a new PDP or MA-PD plan.
- Input any SUF information that was captured.

Final reflections

Learning outcome

After completing the training, do you feel more confident in your ability to use the Plan Finder to help a beneficiary with SLMB?

Do you believe you can effectively guide a beneficiary with SLMB through 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

Apple Health Medicare Connect

County	Community Health Plan	Humana	Molina Healthcare	United Healthcare	Wellcare (Coordinated Care)	Wellpoint (previously Amerigroup)
Adams	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Asotin	-	-	D-SNP+BHSO	D-SNP	-	-
Benton	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Chelan	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Clallam	D-SNP+BHSO	-	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Clark	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Columbia	-	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO
Cowlitz	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Douglas	D-SNP+BHSO	-	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Ferry	-	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Franklin	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Garfield	-	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Grant	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Grays Harbor	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	D-SNP+BHSO
Island	-	D-SNP	D-SNP+BHSO	D-SNP+BHSO	-	-
Jefferson	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
King	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
Kitsap	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
Kittitas	D-SNP+BHSO	-	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Klickitat	-	-	D-SNP+BHSO	-	-	-
Lewis	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
Lincoln	-	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO
Masor	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
Okanogan	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Pacific	D-SNP+BHSO	-	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Pend Oreille	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Pierce	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
San Juan	-	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Skagit	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Skamania	-	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Snohomish	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO
Spokane	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO
Stevens	D-SNP+BHSO	-	D-SNP+BHSO	-	D-SNP+BHSO	-
Thurston	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO

Wahkiakum	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	D-SNP+BHSO	-
Walla Walla	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP	D-SNP+BHSO	-
Whatcom	D-SNP+BHSO	D-SNP	D-SNP+BHSO	D-SNP+BHSO	-	-
Whitman	-	-	D-SNP+BHSO	D-SNP+BHSO	-	-
Yakima	D-SNP+BHSO		D-SNP+BHSO	D-SNP	D-SNP+BHSO	



D-SNP: Dual-Eligible Special Needs Plan, known as Apple Health Medicare Connect
 BHSO: Behavioral Health Services Only
 For more information about Apple Health Medicare Connect and to view where plans are available, visit hca.wa.gov/ah-medicare-connect.

Appendix B

Plan contact information

Website	Phone number
Community Health Plan of Washington	Current members: 1-800-942-0247 Prospective members: 1-800-944-1247
Coordinated Care (WellCare)	Current members: 1-833-444-9089 Prospective members: 1-866-527-0056
Humana	1-800-457-4708
Molina Healthcare of Washington	1-866-403-8293
UnitedHealthcare Community Plan of Washington	1-855-273-4568
Wellpoint Washington (previously Amerigroup)	1-844-209-5407

Glossary³

Cost sharing

Is the portion of medical care costs that individuals pay themselves. Out of pocket costs may include copayments, coinsurance, deductibles, and other similar charges. Maximum out of pocket costs are limited, but states can impose higher charges for targeted groups of somewhat higher income people.

Secondary insurance

Medicaid can provide secondary insurance: For services covered by Medicare and Medicaid (such as doctors' visits, hospital care, home care, and skilled nursing facility care), Medicare is the [primary payer](#). Medicaid is the payer of last resort, meaning it always pays last. When you visit a provider or facility that takes both forms of insurance, Medicare will pay first and Medicaid may cover your Medicare cost-sharing, including coinsurances and copays.

³ <https://www.medicareinteractive.org/get-answers/cost-saving-programs-for-people-with-medicare/medicare-and-medicaid/how-medicaid-works-with-medicare>

Resources

SHIBA

- D-SNPs resources to help with counseling clients

<https://www.insurance.wa.gov/resources-help-counseling-clients>

The Healthcare Authority

- Apple Health Medicare Connect Aligned enrollment map - January 2024

<https://www.hca.wa.gov/assets/free-or-low-cost/d-snp-service-area-guide.pdf>

Centers for Medicare & Medicaid Services

- 2023 How to use Medicare Plan Finder, step-by-step

<https://www.youtube.com/watch?v=8bLdJoPRiBo>

- Questions and Answers for Plan Finder Data Entry

https://www.cms.gov/ccio/resources/files/faq_plan_finder_data_entry

National Committee for Quality Assurance.

- Model of Care Scores

<https://snpmoc.ncqa.org/>

National Council on Aging (NCOA)

- What Is a Dual Eligible Special Needs Plan (D-SNP)?

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