

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

June Update

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SHIBA scope parameters

What our volunteers can choose to do:

- Screen clients' eligibility for various health care coverage options including Medicare, Medigap, private health insurance, low-income programs and COBRA (Consolidated Omnibus Budget Reconciliation Act).
- Provide clients and community members with unbiased information about their options.
- Advise clients about points to think about with regard to their options.
- Educate the community about fraud identification and prevention.
- Counsel and/or enroll clients in programs and plans when eligible and appropriate.

SHIBA volunteers provide referrals

Volunteers give referrals to clients for other state agency partners, programs and services such as:

- Department of Social Health Services
- Health Care Authority
- TRICARE
- Health Benefit Exchange
- Social Security Administration
- Medicare
- Washington State Health Insurance Pool
- Medicaid (Apple Health)

You can also be a great help to your clients by letting them know about the OIC's statewide toll-free Insurance Consumer Hotline at 1-800-562-6900. Through this free service, clients can get help with all types of insurance, such as: home, auto, health, life, disability coverage, long-term care and even annuities.

It's important for SHIBA to provide the same service across the state to ALL clients who come to us for help and to all work within our program's scope of service.

Dealing with angry clients

Clients get upset for a variety of reasons. As a volunteer you'll likely come across an angry individual at one time or another. How you respond can make the difference!

Here are a few tips for handling a stressful situation:

- **Remain calm.** When a client starts yelling or being angry, nothing's gained by responding back in a similar manner. In fact, it will most likely escalate hostilities. It's important to maintain your composure.
Remember: If you feel threatened or if the client is aggressive, you have the authority to end the phone call, transfer the call to the Volunteer Coordinator or leave the situation immediately.
- **Don't take it personally.** Remember, the client is not upset with you. In most cases, they are either not understanding or don't know what to do. Try to keep your personal feelings out of it.
- **Use your best active listening skills.** The first thing an angry client wants to do is vent. To do so, they need someone to listen. Listening patiently can defuse a situation, as long as the client feels their complaint is acknowledged. Hear the client out. Avoid interrupting, interjecting, correcting until he/she is finished talking. Summarize what you have heard and ask any clarifying questions. If the client is in person, your body language is critical and keeping eye contact is important. Offer head nods and brief intonations to continue. Show how closely you're paying attention to their situation. For some techniques, see the handout: *Active Listening Checklist* at https://educate.intel.com/download/K12/elements/collaborate_html/resources/Active_Listening_Checklist.pdf.

- **Actively sympathize.** After a client vents, they want you to understand where they're coming from and how they feel. Express sympathy and empathize with them. You can ask "What can I do to help with this situation?" Respect and understanding go a long way towards smoothing things over. Active listening and paraphrasing techniques are a good way to let the client know you have listened to their concerns.
- **Find a solution.** Once you understand why the client is upset, it's time to try and help the client solve their problem. If you can't solve the problem, you can refer the client and send them in the right direction.
- **Ask for help.** If you've tried to help, but need more information to help, remember, you can always let the client know you need to speak with your Volunteer Coordinator or Trainer and get back to them. **Note:** It's important to always follow through and give an estimated timeframe.
- **Take a few minutes.** After a volatile situation has occurred, it is helpful to take your own "time-out." Even if you've handled the situation in the most professional way possible, it can weigh on you and can be a stressful experience.

SHIBA safety

Your safety is SHIBA's primary concern when counseling. You should be cautious at all times and ask questions if you are unsure about a situation. Please have a discussion together on the following topics:

- Are your counseling stations setup safely?
 - i.e., volunteer closest to the door
- Do you have a safety plan?
 - i.e., what to do in (x) situation
- Do you have a security alert word or panic button if you feel in danger?
- If you have a natural disaster, do you know where to go?
- Where is the first-aid kit and fire extinguisher located?
- Do you have a process if you get a walk-in threat?

Scenarios/role play

1. Judy is going on vacation with her daughter and as she's packing, she realizes she has 2 days left of her prescription drugs. The pharmacy stated that her Part D plan won't cover a refill. Judy calls SHIBA for help.

Using the QRC, what is needed to file a complaint?

2. Dan contacts SHIBA with a complaint about the bill for his dad's hospital stay. His dad has Alzheimer's and has a hard time remembering so the SHIBA staff will deal with Dan directly on his father's behalf.

Using the QRC, what is needed to file a complaint?

3. Gayle has a Medicare Part D plan and chose to have her premium deducted from her Social Security check. She was waiting for the next month to make sure her deductions were taken out of her check. Gayle noticed that her premium was withdrawn twice; once from her Social Security check and once from her checking account. She has already contacted the plan and is not receiving a refund.

Using the QRC, what is needed to file a complaint?

4. Bob is very angry. He went to his primary care doctor for a "Wellness Check" and stated that he has been having terrible chest pains. The doctor finished his "Wellness Check" and examined his chest. A week later, Bob received a bill and was telling his friend Nancy. Nancy stated to call SHIBA and they will help you. Bob called SHIBA and the volunteer stated that the billing was correct. Bob got upset.

Using the QRC and what you have learned in the update, what is needed to file a complaint?

Volunteer complaint process

CCR SECTION	Following the volunteer complaint process will ensure you capture the necessary client information to file a complaint.
2	<p>Assistance requested by</p> <ol style="list-style-type: none"> 1. Provider: SHIBA can't submit any personal health information (PHI) without the client's consent. List the provider as the beneficiary if SHIBA doesn't have the client's consent to file a complaint on their behalf. 2. Self/client: List the client's name. If someone is calling on behalf of the client list that person under "Representative." 3. Caregiver/family member: Same rules apply as provider. <p>Demographics</p> <ol style="list-style-type: none"> 1. Required fields: name, mailing address, email (if client has one) and phone number.
3	Required fields: Gender, Race/Ethnicity, Age
4	Topics discussed
5	<p>Complaint information</p> <ol style="list-style-type: none"> 1. Medicare number OIC can't submit complaints to CMS without a MEDICARE number. 2. Complaint details and narrative (section 5) Apply: who, what when and where concepts <ol style="list-style-type: none"> A. For Part D or Medicare Advantage, verify client has contacted the plan. The plan must have an opportunity to respond/process client request. B. In the notes, be specific – date of event, letters, phone numbers, etc. C. Before referring case, client needs to be aware their name will be used in the investigation. If client agrees, must mark YES in this section. D. What is the clients' desired outcome? Be clear on what client wants. E. Supply supporting documents if available. Send the information to the Complaint Coordinator at the OIC and reference the CCR number.
6	Notes: Include date of birth in the notes section.
	Urgent complaints: Client has less than 3 days of medication or unable to access needed medical care. Notify Complaints Coordinator, your Volunteer Coordinator or your Regional Training Consultant.
1	Close the CCR. If the CCR isn't closed , the complaint won't forward to the Complaint Coordinator and it won't be processed.
	Tell clients you are sending their complaint on to the Complaints Coordinator at the OIC, and they should expect a phone call or letter in the next 7 to 10 business days.

Volunteer complaint process

If the client prefers to submit the complaint online, he/she can go to:

<https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/>

Helpful tips:

- Let clients know you're forwarding their information on, but be careful about promising any specific results. We can't always resolve every complaint.
- The Complaints Coordinator will triage complaints and refer them on as appropriate. We need you to give her the most complete information possible to efficiently help our clients. Notes should include who, what, where and when.
- Be careful about transmitting personal information about clients that includes names, Medicare numbers, date of birth, health and financial information. Information entered into SHIBA Online is secure, so only reference the CCR number if sharing with another SHIBA person.
- If the client has supporting documents, such as letters, EOBs or bills, note that in the CCR. Documents must be sent securely. Include the CCR number on the documents:
 - Email: BeckyF@oic.wa.gov
 - U.S. mail: Office of the Insurance Commissioner
Attn: Becky Fueston
PO Box 40255
Olympia, WA 98504-0255
- To check on the status of a case, look up the CCR in SHIBA Online and read the Notes section.
- Unless the caller has Power of Attorney, our Complaints Coordinator will have to get an okay from the client to pursue any complaint.
- In all cases, if you have questions about how to proceed with a complaint, contact your Volunteer Coordinator, Regional Training Consultant or the Complaints Coordinator for assistance.

COMPLAINT PROCESS OVERVIEW

SHIBA Online Consumer Hotline Emails/Letters/Fax Consumer Advocacy Congressional/Leg offices



Complaint Coordinator triages complaints



Medicare-related plans	Provider complaints (provider/facilities)	Interagency complaints (i.e. L&I claims and Medicare)	Fraud (marketing/agent, identity theft)
Medicare A/B <i>Fax to Region 10</i>	Unsafe facility conditions <i>State survey agency</i>	<i>Office of Attorney General</i>	<i>SIRS data entry</i>
Medicare Advantage C/D <i>Enter data into CTM</i>	Hospital conditions <i>Dept. of Health</i>		<i>Referrals to: SIU, OIG, AG</i>
Medigap <i>Refer to Consumer Advocacy</i>	Provider concerns <i>Dept. of Health, Quality Assurance</i>		Medicaid fraud <i>Office of Attorney General</i>
<i>Follow-up with client letter</i>	Quality of care/discharge <i>Quality improvement organization</i>		<i>Follow-up with client letter</i>
<i>Track complaint data</i>			
<i>Submit monthly report</i>			

Cross Agency Desk Aid

Referral Communications Committee

Last Updated 4/30/2016

Department of Social and Health Services				Health Benefit Exchange		Health Care Authority	
Community Services Division Customer Service Contact Center	Development Disabilities Administration (DDA) Long-Term Care Specialty Unit	Aging and Long-Term Care Support Administration (Long-Term Care)		Washington Healthplanfinder Customer Support Center	Lead Organizations In-Person Assisters/ Navigators	Medical Assistance Customer Service Center (MACSC)	Medical Eligibility Determination Services (MEDS)
		Home & Community Services (HCS)	Residential Care Services (RCS)				
1-877-501-2233 1-877-980-9220 (Answer Phone) www.washingtonconnection.org 1-888-338-7410 (FAX)	1-855-873-0642 www.washingtonconnection.org 1-855-635-8305 (FAX)	No call center at HCS Contact your local office by checking at: http://adsaweb.dshs.wa.gov/hcs/maps.htm www.washingtonconnection.org	Residential Care Services (RCS) Report abuse or neglect in a licensed/certified setting 1-800-562-6078 RCS is responsible for the licensing/certification and oversight of <ul style="list-style-type: none">Nursing facilitiesAdult family homesAssisted living facilitiesIntermediate care for individuals with intellectual disabilitiesEnhanced services facilitiesCertified community residential services & supports To search for a licensed home in your area, visit https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services , select the setting and then the locator link.	1-855-923-4633 http://www.wahealthplanfinder.org/customer-support@wahbexchange.org 1-855-867-4467 (FAX)	Lead Organization Contact Information available at: http://www.wahbexchange.org/wp-content/uploads/2013/05/HBE_NAV_151124_Navigators_Organizations.pdf	1-800-562-3022 https://fortress.wa.gov/hca/p1contactus/	1-855-623-9357 https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx
<ul style="list-style-type: none">Apply for, report changes or renew Food, Cash, and Child Care programs (SNAP, EBT, ABD/ HEN Referral, TANF/WorkFirst, Refugee Assistance)Apply for Classic Medicaid programs, SSI, 65+, and disabledRequest an appeal of Classic Medicaid, Food, Cash and Child Care programsWASHCAP (Food for households whose only income is SSI or combination of SSI/SSA) 1-877-380-5784For additional application assistance refer to the Public Access Directory for community partners: https://www.washingtonconnection.org/home/publicaccessdirectory.goConstituent Relations 1-800-865-7801	<ul style="list-style-type: none">Medicaid programs for clients with developmental disabilitiesHospiceHealthcare for Workers with Disabilities (HWD) program (S08) 1-800-871-9275Children's institutional (K01)Residential mental health eligibility questions	<ul style="list-style-type: none">Long-term care nursing facility servicesIn-home care Assisted living or adult family homeCommunity first Choice (CFC)Medicaid personal careRequest an appeal for LTC programsCash and Food benefits for LTC (or HCS) clients		<ul style="list-style-type: none">Apply for or renew health care coverage (families, children, pregnant women and single adults)Health Insurance Premium Tax Credit (HIPTC) questionsQualified Health Plans (QHP) questionsHealthplanfinder Business questionsLocate an HBE In-person Assister/Navigator or Broker http://wahbexchange.org/how-enroll/customer-support-network/Request an appeal for denial of HIPTC/QHP, Special Enrollment: www.wahbexchange.org/appeals or call for information: 1-855-859-2512	For system functionality visit Healthplanfinder Status Center : http://wahbexchange.org/customer-resources/outages-and-maintenance/ <ul style="list-style-type: none">If an IPA needs to submit a Zendesk ticketQuestions about becoming a certified assisterTo request outreach materials and presentationsHPF password reset or lockout: 1-855-256-9598	<ul style="list-style-type: none">ProviderOne Client Services CardProvider billing and claims questionsApple Health Managed Care enrollment and questionsProviderOne benefit coverage questionsFoster Care inquiries:Extension 15480In Clark and Skamania Counties only: Mental Health, Substance Use Disorder and Crisis Services<ul style="list-style-type: none">Additional Supports for SW WA:<ul style="list-style-type: none">24/hr Crisis Line: 1-800-626-8137http://wa.beaconhealthoptions.com	<ul style="list-style-type: none">Apple Health Modified Adjusted Gross Income (MAGI) Medicaid eligibility questions (families, children, pregnant women and single adults)Post-Eligibility Case Review questions or report changesApple Health for Kids premium payment questions (CHIP)Request an appeal for Apple Health Programs
Hours of operation: 8:00 am – 5:00 pm, Monday – Friday (except state holidays). Suggested script: "Please have your Client ID or Social Security Number available."	Hours of operation: 8:00 am – 5:00 pm, Monday – Friday (except state holidays). closed from Noon – 1pm Suggested script: "Please have your Client ID or Social Security Number available."		To find an RCS office near you, visit https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services-offices	Hours of operation: 8:00 am – 6:00 pm, Monday – Friday (except state holidays). Suggested script: "Please have your HPF application ID or Social Security Number available."	Hours of operation are generally 8:00 am – 5:00 pm, Monday – Friday (except holidays). Suggested script: "For application issues, please have the HPF application ID available."	Hours of operation: 7:00 am – 5:00 pm, Monday - Friday (except state holidays). Suggested script: "Please have your Client ID or ProviderOne ID available."	Hours of operation: 7:00 am – 5:00 pm Monday - Friday (except state holidays). Suggested script: "Please have your Application ID, Client ID or Social Security Number available."

Office of Insurance Commissioner (OIC)		Department of Social and Health Services		Additional Supports	
Consumer Advocacy	Statewide Health Insurance Benefits Advisors (SHIBA)	Division of Child Support (DCS)	Behavioral Health Administration	<p>JP Morgan/Chase 1-888-328-9271 (24hrs) www.ucard.chase.com</p> <ul style="list-style-type: none"> EBT Card Replacement and Balance Information Change PIN number Client will need their EBT card number and Social Security <p>Office of Financial Recovery 1-800-562-6114</p> <ul style="list-style-type: none"> DSHS Overpayments Premium Payments Estate Recovery <p>2-1-1 1-877-211-9274 7-1-1 (relay service) www.211.org</p> <ul style="list-style-type: none"> Provide information and referral for community resources and volunteer opportunities. Support community-based organizations network. <p>Answer Phone 1-877-980-9220</p> <p>Automated system where clients can check their DSHS benefits</p> <ul style="list-style-type: none"> Obtain case status and payment information Hear information about your child care benefits Check voice messages left by your worker 	<p>Tribal Resources</p> <ul style="list-style-type: none"> DSHS- Office of Indian Policy – (360) 902-7706 HBE- Tribal Liaison – tribal.liaison@wahbexchange.org HCA- Tribal Affairs Administrator – Jessie Dean 360-725-1649 or Jessie.dean@hca.wa.gov <p>Long-Term Care Ombudsman Program 1-800-562-6028 TTY: 1-800-737-7931 www.waombudsman.org</p> <ul style="list-style-type: none"> Protect, promote and advocate for residents in nursing homes, adult family homes, and assisted living facilities. Report mistreatment of residents in facilities. <p>How to report Medicaid fraud You can help prevent misuse by reporting suspected Medicaid fraud for the following:</p> <ul style="list-style-type: none"> Recipients of Apple Health (Medicaid) coverage If you suspect someone is fraudulently reporting their circumstances to receive Washington Apple Health (Medicaid) coverage, please notify WAHEligibilityFraud@hca.wa.gov Medicaid Providers Suspected Medicaid Provider fraud may be reported by calling 1-800-562-6906 or emailing hottips@hca.wa.gov
<p>1-800-562-6900 http://www.insurance.wa.gov/</p> <ul style="list-style-type: none"> Complaints against insurance companies, claim denials, poor service, coverage, cancellations, etc. Insurance options Legal rights: insurance laws & regulations Health insurance appeals Complaints against insurance agents/brokers/producers Insurance fraud 	<p>1-800-562-6900 http://www.insurance.wa.gov/shiba/</p> <ul style="list-style-type: none"> Understand your Medicare coverage options and rights: Original Medicare, Medicare Advantage, prescriptions and Medigap plans Evaluate and compare Medicare plans Medicare coordination with Medicaid (dual), state & federal government retirees, veterans, private plans and HBE Medicare Savings Program & low-income subsidies Medicare complaints, questions and fraud prevention 	<p>1-800-442-5437 (KIDS) http://www.dshs.wa.gov/dcs/</p> <ul style="list-style-type: none"> Establish Paternity and Child Support Orders Collect / Distribute Child Support Employer Support Negotiate Payment Plans Payment/EFT options 1-800-468-7422 Hearings and Conference Boards Outreach to Community Partners and Stakeholders Community Relations Unit 1-800-457-6202 Modify Orders Employer New Hire Reporting “Alternative Solutions Program” <i>A Compassionate Portal To Child Support Services</i> 360-664-5028 AlternativeSolutions@dshs.wa.gov http://tiny.cc/DCSAAlternativeSolutions 	<p>https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery</p> <ul style="list-style-type: none"> Medicaid Enrollees may access mental health treatment and substance use disorder treatment (also known as behavioral health). This is a covered benefit <p>Mental Health Treatment:</p> <ul style="list-style-type: none"> Anyone who needs mental health crisis services can receive them, regardless of insurance status To request services, contact the Behavioral Health Organization in your area. How to access services if you are American Indian or Alaska Native For more information about these services: https://www.dshs.wa.gov/sites/default/files/BHSIA/dbh/BHO/BH_Info_Clients.pdf For free, confidential referrals to services and 24/7 crisis support, call: Washington Recovery Helpline 1-866-789-1511 http://www.warecoveryhelpline.org/ In Clark and Skamania Counties only: If you live in Clark or Skamania County, contact your Apple Health plan directly to request treatment <p>For more information call Apple Health Customer Service at 1-800-562-3022</p>		
<p>Hours of operation: 8:00 am – 5:00 pm, Monday - Friday (except state holidays).</p>	<p>Hours of operation: 8:00 am – 5:00 pm Monday - Friday (except state holidays).</p>	<p>Hours of operation: 8:00 am – 5:00 pm, Monday - Friday (except state holidays).</p> <p>Suggested script: “Please have your Case Number, or Social Security Number available.”</p>			



Client Contact Record

Statewide Health Insurance Benefits Advisors (SHIBA)



Washington State
Office of the
Insurance Commissioner

1. Volunteer Information

VOLUNTEER INFORMATION

Organization:*

Resource:*

COUNSELING INFORMATION

Date of Contact:*

Counseling Site Zip Code:*

Type of Contact:* ☐ E-mail / fax / postal mail ☐ Quick Call (<10 min.)
☐ In Person (home visit Staff only) ☐ Telephone
☐ In Person (site)

Time Spent:* Hours Minutes 00 ☐ 15 ☐ 30 ☐ 45 ☐

CCR DETAILS

CCR Status:* ☐ Closed ☐ Open Close Date:

What type of issue is this?:* ☐ General Information and Referral ☐ Problem Solving ☐ Detail Assistance

Referred to Outside Agency: ☐ Another State's DOI ☐ Department of Labor ☐ IRS ☐ Other
☐ AOA ☐ DSHS ☐ Medicaid ☐ Other State Agency
☐ Attorney General ☐ Health Care Authority ☐ Medicare ☐ TRICARE
☐ CMS ☐ HHS / CCIIO ☐ OPM ☐ VA

2. Client Information

CONTACT INFORMATION

Assistance was requested by:*

☐ Agency / Social Services ☐ Provider
☐ Caregiver / Legal Rep ☐ Self / Client
☐ Daughter ☐ Significant Other / Domestic Partner
☐ Father ☐ Son
☐ Grandchild ☐ Spouse
☐ Grandparent
☐ Mother
☐ Other
☐ Other Family

Specify Other:

How did you hear about SHIBA?:*

☐ CMS / Medicare ☐ Other Internet / Website ☐ Social Security Administration
☐ DSHS ☐ Pharmacist ☐ Social Service Agency (name)
☐ Friend / Relative ☐ Poster ☐ TV (name)
☐ Health Fair ☐ Radio (name) ☐ Declines to Disclose
☐ Mailing ☐ Returning Client
☐ Medical / Dental Provider ☐ SHIBA Presentation
☐ Newspaper (name) ☐ SHIBA Publication
☐ Other ☐ SHIBA / OIC Website

Specify Other:

REPRESENTATIVE

Name:

Phone Type: ☐ Home Phone ☐ Cell Phone ☐ Work Phone

Email:

Phone Number: Ext:

CLIENT INFORMATION

Client Name:

Address:

City:

State:* Client Zip:*

Client County:*

Email:

2. Client Information continued

CLIENT INFORMATION (continued)

Work Phone:	<input type="text"/>	Ext:	<input type="text"/>	Preferred Contact Number
Home Phone:	<input type="text"/>			<input type="radio"/>
Cell Phone:	<input type="text"/>			<input type="radio"/>

3. Client Eligibility

CLIENT DEMOGRAPHICS

Gender:*	<input type="radio"/> Male	<input type="radio"/> Female	Race / Ethnicity:*	<input type="radio"/> American Indian or Alaska Native	<input type="radio"/> Native Hawaiian or other Pacific Islander
Age:*	<input type="radio"/> 0 – 19	<input type="radio"/> 65 – 74		<input type="radio"/> Asian	<input type="radio"/> White / Not Hispanic Origin
	<input type="radio"/> 20 – 30	<input type="radio"/> 75 – 84		<input type="radio"/> Black / African American	<input type="radio"/> Other <input type="text"/>
	<input type="radio"/> 31 – 40	<input type="radio"/> 85+		<input type="radio"/> Hispanic / Latino	<input type="radio"/> Declines to Disclose
	<input type="radio"/> 41 – 50	<input type="radio"/> Declines to Disclose		<input type="radio"/> Mixed	
	<input type="radio"/> 51 – 64				
Primary Language:	<input type="radio"/> ASL	<input type="radio"/> Cantonese	<input type="radio"/> Mandarin	<input type="radio"/> Spanish	<input type="radio"/> Vietnamese
(If other than English)	<input type="radio"/> Cambodian	<input type="radio"/> Korean	<input type="radio"/> Russian	<input type="radio"/> Tagalog	<input type="radio"/> Other <input type="text"/>
Interpreter Needed:	<input type="radio"/> Yes	<input type="radio"/> No			

CLIENT ELIGIBILITY

Disabled:*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Declines to Disclose	Receiving or applying for Medicare Disability or Social Security Disability
Dual eligible with Mental illness / mental disability:*	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Declines to Disclose	
Veteran:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Declines to Disclose	
Enrolled Tribal Member:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Declines to Disclose	

CLIENT HOUSEHOLD INFORMATION

FAMILY SIZE: Number of relatives living in home, including client:

HOUSEHOLD

Household Monthly Income Before Taxes

- ☐ \$0 – \$908
☐ \$909 – \$1,226
☐ \$1,227 – \$1,362
☐ \$1,363 – \$1,816
☐ More than \$1,816
☐ Declines to Disclose

Household Estimated Assets

- ☐ Up to \$3,000 SSI-Related
☐ Up to \$10,020 MSP
☐ Up to \$25,260 LIS
☐ More than \$25,260 Other
☐ Declines to Disclose

INDIVIDUAL

Individual Monthly Income Before Taxes*

- ☐ \$0 – \$1,459 (Below 150% FPL)
☐ \$1,459 + (At or Above 150% FPL)
☐ Declines to Disclose

Individual Estimated Assets*

- ☐ Up to \$2,000 SSI-Related
☐ Up to \$7,160 MSP
☐ Up to \$13,440 LIS
☐ More than \$13,440 Other
☐ Declines to Disclose

4. Topics Discussed

INSURED CURRENTLY

☐ Yes

☐ Yes (Losing insurance within the next 12 months)

☐ No

☐ CHIP

☐ Individual Insurance

☐ Medicare Health Plan (Part C)

☐ Veterans/CHAMPVA

☐ COBRA

☐ Medicaid

☐ Medicare Rx (Part D)

☐ WA State Health Insurance Pool (WSHIP)

☐ Discount Plan

☐ Medicare (Part A)

☐ Medigap

☐ Other

☐ Employer Group Plan

☐ Medicare (Part B)

☐ Military/TRICARE/TRICARE for Life

TOPICS DISCUSSED

*Mark ALL topics that apply. (At least one topic from Medicare or Non-Medicare topics must be selected.)

Medicare Topics Discussed: Age 65 and older or Medicare related:

☐ Yes ☐ No

Medicare Parts A and B:

☐ Appeals / Complaints

☐ Claims / Billing

☐ Enrollment / Eligibility / Benefits

Prescription Drug Assistance? Medicare Rx (Part D)

☐ Appeals / Complaints

☐ Claims / Billing

☐ Enrollment / Application Assistance

☐ Low-Income Assistance (LIS)

☐ Plan Eligibility

☐ WA State Rx Discount Card

Medicaid

☐ Medicaid (COPEs, Aged, Blind, Disabled)

☐ Medicare Savings Program (QMB / SLMB / QI-1)

Other

☐ Claims / Billing

☐ COBRA

☐ Customer Service Issues / Complaints

☐ Dental

☐ Employer Plan

☐ Fraud / Abuse

☐ Health Savings Accounts

☐ Long-Term Care

☐ Military / TRICARE / TRICARE for Life

☐ Social Security Disability

Non-Medicare Topics Discussed: Age 65 and not Medicare related:

☐ Yes ☐ No

Low-Income Assistance

☐ Basic Health

☐ CHIP

☐ Free or Low Cost Clinics

☐ Medicaid (children's)

☐ Medicaid (family, pregnant, alien)

Other

☐ Claims / Billing

☐ COBRA

☐ Customer Service Issues / Complaints

☐ Dental

☐ Dependent Coverage

☐ Employer Plan

☐ Fraud / Abuse

☐ Health Savings Accounts

☐ Individual / Insurance Options

☐ Long-Term Care

☐ Medical Savings Program

☐ Military / TRICARE / TRICARE for Life

Medicare Dollars Saved:

☐ Yearly Estimated Dollars Saved

\$

Medicare Health Plans / Advantage (Part C)

☐ Appeals / Complaints

☐ Claims / Billing

☐ Enrollment / Eligibility / Comparisons

☐ Plan / Benefit Changes / Non-renewals

Medigap / Supplements

☐ Appeals / Complaints

☐ Changing Coverage

☐ Claims / Billing

☐ Enrollment / Eligibility / Comparisons

Other Prescription Assistance

☐ Discount Cards / Assistance Plan

☐ Union / Employer Plan

☐ Other

Non-Medicare Dollars Saved:

☐ Yearly Estimated Dollars Saved

\$

Other Prescription Assistance

☐ Discount Cards / Assistance Plan

☐ Union / Employer Plan

☐ Other

☐ Social Security Disability

☐ Tribal Health Benefits

☐ Veterans / CHAMPVA

☐ WA State Health Insurance Pool (WSHIP)

☐ Washington Health Program

☐ Other

5. Complaint Information

COMPLAINT INFORMATION

Is this a complaint?: ☐ Yes ☐ No

Do you want OIC to investigate:* ☐ Yes, client understands his / her name may be used and has consented
☐ No, for tracking purposes only

COMPANY AND PLAN DETAILS

Company Name:*

Plan Name:

Medicare #:

Policy #:

Agent / Broker Name:

Agent / Broker Phone:

COMPLAINT DETAILS

Nature of Complaint*

- | | | |
|---|--|--|
| <input type="checkbox"/> Access to Care | <input type="checkbox"/> Claim Denied | <input type="checkbox"/> Misinformation / False Claims |
| <input type="checkbox"/> Access to Insurance | <input type="checkbox"/> Coverage | <input type="checkbox"/> Plan non-renewal |
| <input type="checkbox"/> Agent Handling / Misrepresentation | <input type="checkbox"/> Dependent Coverage | <input type="checkbox"/> Premium Billing Withholding |
| <input type="checkbox"/> Alleged / Potential Fraud | <input type="checkbox"/> Enrollment / Disenrollment Issues | <input type="checkbox"/> Premium Increase |
| <input type="checkbox"/> Benefits Change / Reduction | <input type="checkbox"/> Inadequate Provider Network | <input type="checkbox"/> Quality of Care |
| <input type="checkbox"/> Billing Error / Overcharged | <input type="checkbox"/> Insurance Cancellation | <input type="checkbox"/> Other <input type="text"/> |

☐ Yearly Estimated Dollars Saved

Action taken to date: _____

What action would the client like to see happen?: _____

6. Notes

Active Listening Checklist

Active listeners intentionally focus on speakers and strive to understand messages before responding, even when they might not agree with what a speaker is saying. Use this checklist to become a skilled active listener.

Skills	Check	Actions
Paying Attention		
Active listeners intentionally give their undivided attention to speakers.	<input type="checkbox"/>	Whenever possible, I look at the speaker and make eye contact when the speaker is talking, whether the speaker is in person or on a videocast.
	<input type="checkbox"/>	I stay engaged and listen without distracting myself with thoughts of rebuttals, responses, and other ideas I want to express.
	<input type="checkbox"/>	I focus on the speaker's words and avoid distractions around me.
	<input type="checkbox"/>	I listen with my ears as well as "listen" with my eyes by watching the speaker's body language and behavior.
	<input type="checkbox"/>	I refrain from side conversations, including digital communication and talking with others when I am listening in a group setting.
	<input type="checkbox"/>	I refocus on the speaker whenever I feel my thoughts stray away from the goal of understanding the speaker's message and point of view.
Demonstrating Awareness		
Active listeners give cues that they are paying attention.	<input type="checkbox"/>	I nod, smile, and use other appropriate facial expression on occasion to show I am listening.
	<input type="checkbox"/>	My posture (such as sitting up and leaning forward) shows that I am alert and interested.
	<input type="checkbox"/>	When appropriate, I use brief positive vocal prompts, such as "yes" and "uh-huh."
	<input type="checkbox"/>	I avoid multitasking, such as texting or shuffling through notes, to show the speaker that I am paying attention.
Suspending Judgment		
Active listeners listen to a full message without bias before responding.	<input type="checkbox"/>	I allow the speaker to finish so I can hear the full message.
	<input type="checkbox"/>	I keep an open mind about the topic and avoid letting my personal filters, assumptions, judgments, and beliefs distort what I hear.
	<input type="checkbox"/>	I avoid interrupting to tell my own stories or opinions because I know interruptions can waste time and frustrate speakers.

Skills	Check	Actions
Giving Feedback		
Active listeners know that the goal is to understand what is being said, which may require reflecting and questioning.	<input type="checkbox"/>	At appropriate times, I ask questions to clarify points, such as, "What do you mean when you say...?"
	<input type="checkbox"/>	When I am working in a group, I summarize and reflect on what has been said by paraphrasing, using statements such as "What I am hearing is..." and "If I understand correctly, you seem to feel..."
Responding Appropriately		
Active listeners use the information they gather from listening to gain deeper meaning and make connections.	<input type="checkbox"/>	I respond in a relevant way that addresses the content or emotion of the message.
	<input type="checkbox"/>	After I understand a speaker's message, I ask questions if I want to know more.
	<input type="checkbox"/>	I wait politely for the speaker's response to my questions or comments.

Training course evaluation

Statewide Health Insurance Benefits Advisors (SHIBA)

	Strongly Agree	Agree	Disagree	Strongly Disagree
This training was informative and useful.				
The course content held my interest.				
Participation and interaction were encouraged.				
The time allotted for the training was sufficient.				
This training experience will be useful in my work.				
The content was organized and easy to follow.				
Trainer was knowledgeable about the subject matter.				
The trainer was well prepared.				
The training objectives were met.				
The material followed a logical flow.				

