



Medicare and other insurances

March 2021 continuing education



Created 2.9.2021

Today's agenda

- Connecting and sharing time
- CMS Module 5: Coordination of benefits
- M&Y: Coordination of benefits
 - Signing up for Medicare
 - Benefits Coordination and Recovery Center
 - Other insurance and Medicare
- Resources and job aids
- 2021 continuing education topics
- Continuing education evaluation



Learning objectives

After completing this training, based on the CMS Module 5: Coordination of Benefits, you should be able to:

- Describe what coordination of benefits means in Medicare.
- Explain ways that prescription drug coverage coordination of benefits is different from outpatient healthcare coverage.
- Determine who pays first with Medicare and retiree coverage.
- Identify where to get more information on who pays first.



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Trainers:

CMS Module 5: Coordination of Benefits

The WA version of the module is available on My SHIBA under March 2021 training.

<https://www.insurance.wa.gov/shiba-monthly-person-training>

The CMS version of the module is available from the CMS website at:

https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/2020_Mod%205_CoordinationofBenefits_FINAL_508.pptx

Connecting and sharing

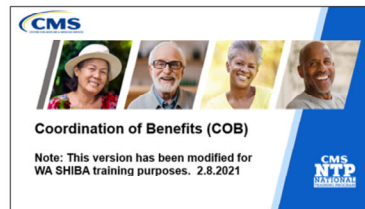
- Review February 2021 topic: Medicare rights, protections and appeals.
- Local topic sharing:
 - Share best practices
 - COVID news, share any known fraud scenarios or information



CMS Module 5

Coordination of benefits

Your trainer will spend time training on CMS Module 5. Take time after the training for discussion, questions and scenario sharing.



WA Version

- <https://www.insurance.wa.gov/media/9918>
- Also on [My SHIBA](#) under March 2021 training handouts.

CMS version

- Partner website, login required.
- <https://cmsnationaltrainingprogram.cms.gov>



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Trainers:

There will be two English language versions of the document.

- One is the version SHIBA has updated for Washington. Volunteers should use the WA version when possible.
- The other is the original CMS version.
- From the <https://cmsnationaltrainingprogram.cms.gov> website, search the Course Catalogue for “modules”.

There may be times when the CMS version would be used, such as using the Spanish translation version. See below for CMS links to both versions.

CMS Module 5 explains the rules that govern the payers' responsibility when people have Medicare and certain other types of health and/or prescription drug coverage.

The module introduces a lot of concepts such as secondary payer,

cost-sharing reductions, qualified health plan and true out-of-pocket. This training time could include time to discuss concepts and questions as a group.

CMS Module 5

- Coordination of benefits
- PowerPoint in English and Spanish
- In Chrome, this link may pop up a small icon at the bottom of the window that needs to be clicked.
- It includes slides, notes, quizzes It can be tailored as needed for your groups.
- Present with discussion and small breakouts.
- CMS versions:
 - English version:
[https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/2020 Mod%205 CoordinationofBenefits FINAL 508.pptx](https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/2020%20Mod%205%20CoordinationofBenefits%20FINAL%20508.pptx)
 - Spanish version:
[https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/Spanish%202020 Mod%205 CoordinationofBenefits FINAL 508.pptx](https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/Spanish%202020%20Mod%205%20CoordinationofBenefits%20FINAL%20508.pptx)

Coordination of benefits

Section 1: Signing up for Medicare Page 22



If a client has other insurance or changes to their insurance, they need to let Medicare know by calling Medicare's Benefits Coordination & Recovery Center (BCRC) at 855-798-2627.



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Medicare & You 2021

Covers:

- How does my insurance work with Medicare?
- See: Important! P. 22

Reporting other health insurance

Medicare secondary claim development questionnaire

- Purpose is to obtain information about other insurers that may pay before Medicare.
- Mailed to client when Medicare gets information that there might be another insurance or "payer."
- Asks about other health insurance and if a client is receiving other benefits.
- Is located on CMS.gov.
- If help is needed, contact the BCRC.



Source

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Beneficiary-Services/Reporting-Other-GHP-Insurance/Reporting-Other-Health-Insurance>



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Trainers:

Focus on this section from the CMS.gov webpage:

The Medicare Secondary Claim Development Questionnaire is sent to obtain information about other insurers that may pay before Medicare. When beneficiary returns the questionnaire in a timely manner, they help ensure correct payment of their Medicare claims.

This questionnaire is mailed when a claim is submitted to Medicare with an explanation of benefits (EOB) attached, a self-report is made by the beneficiary or their attorney identifying a Medicare Secondary Payer (MSP) situation, or an insurer submits MSP information to a contractor, or the BCRC. This questionnaire asks the beneficiary if they:

- Have other health insurance or coverage based upon their current employment;
- Are receiving black lung benefits, workers' compensation

benefits, or treatment for an injury or illness for which another party could be held liable, or are covered under automobile no-fault insurance; and

- Have other health insurance or coverage based upon a family member's current employment.

You may access a sample Medicare Secondary Claim Development questionnaire in the Downloads section at the bottom of this page. Note that the questionnaire the beneficiary receives may appear slightly different depending on the reason they're entitled to Medicare. If assistance is needed in completing the questionnaire, they should contact the BCRC. For BCRC contact information, click on the Contacts link in the Related Links section below.

Coordination of benefits (*continued*)

Benefits Coordination and Recovery



Spend some time reviewing the CMS website information and discuss as a group as time allows.

- CMS: Coordination of Benefits & Recovery Overview
<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Overview>
- CMS: Medicare Secondary Payer
<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>



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Trainers:

Coordination of Benefits & Recovery Overview

- <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Overview>
- The Medicare Secondary Payer (MSP) program is in place to ensure that Medicare is aware of situations where it should not be the primary, or first, payer of claims. If a beneficiary has Medicare and other health insurance, coordination of benefits (COB) rules decide which entity pays first. There are a variety of methods and programs used to identify situations in which Medicare beneficiaries have other insurance that is primary to Medicare. Activities related to the collection, management, and reporting of other insurance coverage for beneficiaries is performed by the Benefits Coordination & Recovery Center (BCRC).

- See the webpage for more information.

Medicare Secondary Payer

- <https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>
- This CMS webpage provides some coordination of benefits examples and quick facts.
- Medicare Secondary Payer (MSP) is the term generally used when the Medicare program does not have primary payment responsibility - that is, when another entity has the responsibility for paying before Medicare. When Medicare began in 1966, it was the primary payer for all claims except for those covered by Workers' Compensation, Federal Black Lung benefits, and Veteran's Administration (VA) benefits.
- See the webpage for more information.

Other insurance and Medicare

How does my other insurance work with Medicare?



M&Y Page 21

Spend time as a group or in breakouts discussing the chart (see next slide) and any questions or scenario examples you may have.



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Trainers:

This could be an opportunity to discuss scenarios and questions that clients might have about how insurance types work with each other. Be ready to facilitate conversations about possibly going on and off different types of insurance.

How does my other insurance work with Medicare?

When you have other insurance and Medicare, there are rules for whether Medicare or your other insurance pays first.

If you have retiree insurance (insurance from your or your spouse's former employment)...	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has 20 or more employees ...	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's current employment, and the employer has fewer than 20 employees ...	Medicare pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has 100 or more employees ...	Your group health plan pays first.
If you're under 65 and have a disability, have group health plan coverage based on your or a family member's current employment, and the employer has fewer than 100 employees ...	Medicare pays first.
If you have group health plan coverage based on your or a family member's employment, and you're eligible for Medicare because of End-Stage Renal Disease (ESRD)...	Your group health plan will pay first for the first 30 months after you become eligible to enroll in Medicare. Medicare will pay first after this 30-month period.
If you have Medicaid...	Medicare pays first.

Medicare & You
Page 21



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A decorative graphic consisting of a light gray background with a dark gray diagonal stripe running from the top left towards the bottom right.

Resources and job aids

These resources will supplement this month's training.

The logo for the Washington State Office of Insurance Guaranty (OIG SHIBA). It features a blue square with the letters 'WA' in white, followed by 'OIG' in blue, and 'SHIBA' in orange below it.

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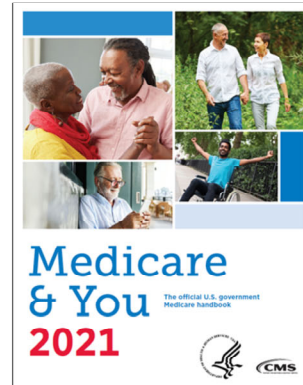
These resources will supplement this month's training.

March 2021 learning aids

Medicare & You 2021

<https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>

- Partner publication



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Resources

How Medicare works with other insurance

- Medicare & You, Page 21
<https://www.medicare.gov/Pubs/pdf/10050-Medicare-and-You.pdf>
- Medicare.gov
<https://www.medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance>



SHIPTA Level 4: Courses 1 & 2

Level 4: Other Insurance and Assistance Programs



<https://shipta.medicareinteractive.org/courses>

- Course 1: Medicare and Employer Insurance
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-1-medicare-and-employer-insurance>
- Course 2: Medicare and Other Insurance
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-2-medicare-and-other-insurances>

Note: SHIPTA Level 4 Courses 1-2 presentations and materials are available on SHIPTA <https://shipta.medicareinteractive.org/courses> and also posted on My SHIBA <https://insurance.wa.gov/my-shiba>.

Continued



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Trainers:

SHIP TA Level 4 courses are recommended training for volunteers. Level 4 has four courses. We recommend courses 1 and 2 to supplement March 2021 continuing education.

This level provides advanced students with in-depth information on how Medicare works with other types of insurances, and how to navigate enrollment into low-income assistance programs. Throughout the advanced Level 4 courses, you will learn about Medicare coordination of benefits and how to screen Medicare beneficiaries for low-income assistance programs.

- Visit <https://shipta.medicareinteractive.org/courses>. Login is required.
- On the page with the instructional video:
 - Look at the navigation links on the left of the page to access the other Level 4 courses.

- Scroll down and you'll see links to test your knowledge, course materials, supplementary materials and/or the glossary.

Level 4 courses:

- Course 1: Medicare and Employer Insurance
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-1-medicare-and-employer-insurance>
- Course 2: Medicare and Other Insurances
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-2-medicare-and-other-insurances>
- Course 3: Medicare and Medicaid
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-3-medicare-and-Medicaid>
- Course 4: Medicare Assistance Programs
<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-4-medicare-assistance-programs>

SHIPTA Level 4: Courses 1 & 2 (*continued*)

Discussion



Level 4: Course 1 case study

Situation: Rose is 64, and has worked and paid into Social Security since she was in her twenties. She gets her health insurance through her employer, a small store with a few employees. She plans to keep working after she turns 65 in three months. She wants to know if she should delay enrolling in Medicare and stay enrolled in her employer plan.

Question: How can you help Rose?

The answer is located in the notes of this slide, on My SHIBA and on the SHIP TA website.



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Trainers:

Reference:

SHIPTA Level 4 Course 1 (login required) case study situation:

<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-1-medicare-and-employer-insurance> (click on course materials which links to:

<https://miproaws.medicareinteractive.org/SHIP-Courses/Storyline-Courses/4.1-Medicare-and-Employer-Insurance/pdf/4-1-case-study.pdf>.)

SHIPTA Level 4 Course 1 case study answer key:

<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-1-medicare-and-employer-insurance> (click on Course Materials which links to:

<https://miproaws.medicareinteractive.org/SHIP-Courses/Storyline-Courses/4.1-Medicare-and-Employer-Insurance/pdf/4-1-case-study-answer-key.pdf>.)

Situation: Rose is 64, and has worked and paid into Social Security since she was in her twenties. She gets her health insurance through her employer, a small store with a few employees. She plans to keep working after she turns 65 in three months. She wants to know if she should delay enrolling in Medicare and stay enrolled in her employer plan.

Question: How can you help Rose?

Resolving the situation:

1. Identify what kind of coverage Rose has, and when she will be eligible for Medicare. Rose has current employer coverage through a group health plan that covers fewer than 20 employees. She will be eligible for Medicare in three months. Since it is three months before her 65th birthday month, she is now in her Initial Enrollment Period.
2. Tell Rose about what her coverage options are and when she can enroll in Medicare. Since Rose is at the beginning of her Initial Enrollment Period (IEP), she can enroll in Medicare at any time in the next seven months (the IEP includes the three months before her 65th birthday month, her 65th birthday month, and the three months following her 65th birthday month). If she enrolls in Medicare now, she will have Medicare coverage starting the first of her 65th birthday month.

Since Rose has enough working quarters to get premium-free Part A, she can enroll during her initial enrollment period or afterward without facing a penalty. She will not be responsible for any premium for her Part A coverage.

3. Remember the factors that Rose should consider when deciding whether to delay enrollment in Part B. Since Rose will continue working, she will still have insurance through current employment. This means that if she declines Part B when she turns 65, she will not be assessed a Part B late enrollment penalty as long as she continues to be covered through current employer insurance, and she will have an eight-month special enrollment period to enroll in Part B once she loses that coverage.

However, because her employer has fewer than 20 employees, Medicare is primary insurance and her employer coverage is secondary. This means that if Rose does not enroll in Medicare Part B when she turns 65, she will not have primary insurance. If Rose wants to avoid gaps in coverage that would arise from going without primary insurance, she needs to enroll in Medicare before her 65th birthday month.

- Rose can remain enrolled in her employer's insurance if she wants to. If she does, Medicare will pay primary, meaning that it will pay first, and her employer plan will pay secondary, meaning it will pay second.
4. Help Rose understand whether she can or should delay enrollment in Part D.

If Rose is considering delaying her enrollment in Medicare Part D, she will need to know whether she will have a Special Enrollment Period (SEP) for Part D, and whether she will face a late enrollment penalty (LEP) if she doesn't have Part D and later signs up.

If Rose keeps her employer coverage, she will need to find out if that coverage is creditable, meaning that it is as good as or

better than Part D coverage. Rose should have gotten a notice around September informing her if her prescription drug coverage is creditable.

- If Rose's drug coverage is creditable:
 - She will have an SEP to sign up for Part D for up to two full months after losing that coverage.
 - She will not be assessed a Part D late enrollment penalty during the time she is covered by the creditable drug coverage.
- If Rose's drug coverage is not creditable:
 - She should sign up for Medicare Part D during her IEP. Without creditable drug coverage, Rose will likely have a Part D LEP of one percent for each month she is not covered by creditable drug coverage or enrolled in Part D.
 - She will have an SEP to sign up for Part D for up to two full months after losing that coverage.

SHIPTA Level 4: Courses 1 & 2 (*continued*)

Discussion



Level 4: Course 2 case study

Situation: Neil is 66 years old and did not enroll in Medicare Part B when he turned 65, but he does have VA benefits. He would like to start seeing a doctor that participates in Medicare, but does not want to affect his VA coverage.

Question: Can Neil see this new doctor?

The answer is located in the notes of this slide, on My SHIBA and on the SHIPTA website.



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Trainers:

Reference:

SHIPTA Level 4 Course 2 (login required) case study situation:

<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-2-medicare-and-other-insurances> (click on Course Materials which links to:

<https://miproaws.medicareinteractive.org/SHIP-Courses/Storyline-Courses/4.2-Medicare-and-Other-Insurance/pdf/4-2-case-study.pdf>.)

SHIPTA Level 4 Course 2 case study answer key:

<https://shipta.medicareinteractive.org/course/level-4-other-insurance-and-assistance-programs/course-2-medicare-and-other-insurances> (click on Course Materials which links to:

<https://miproaws.medicareinteractive.org/SHIP-Courses/Storyline-Courses/4.2-Medicare-and-Other-Insurance/pdf/4-2-case-study-answer-key.pdf>.)

Situation: Neil is 66 years old and did not enroll in Medicare Part B when he turned 65, but he does have VA benefits. He would like to start seeing a doctor that participates in Medicare, but does not want to affect his VA coverage.

Question: Can Neil see this new doctor?

Resolving the situation:

1. Let Neil know that VA benefits do not cover care received from Medicare providers or at Medicare facilities. VA benefits do not pay for care that Neil receives from a Medicare doctor or at a Medicare facility. There are a few exceptions—for example, if Neil has a medical emergency that requires him to see a Medicare provider, the VA may cover some of these costs until he can be moved to a VA facility for continued care.

In most situations, however, this means that unless Neil enrolls in Medicare, care that he receives from this provider will not be covered.

2. Since Neil does not yet have Medicare Part B, let him know about his options for enrolling in it. Since Neil is now 66, he is no longer in his Initial Enrollment Period (IEP) around his 65th birthday. Tell him about other ways he might be able to enroll in Part B:
 - The Part B Special Enrollment Period (SEP): Ask Neil if he or his spouse is still working, and if he is receiving insurance through that employment.

- If so, he likely has an SEP from now until eight months after he stops being covered by insurance through current employment. He can enroll in Part B at any time during that period, and the effective date of his Part B will likely be the month after the month that he enrolls.
 - The Medicare Savings Program (MSP): Ask Neil if his income and assets are within the MSP limits for your state.
 - If they are, he should apply for the MSP.
 - If he qualifies, the MSP will pay his Part B premium for him. Enrollment in an MSP will also allow him to enroll in Medicare Part B outside of other enrollment periods. The MSP also eliminates the Part B late enrollment penalty (LEP) he may have for delaying Medicare enrollment when he was first eligible.
 - The General Enrollment Period (GEP): If Neil does not qualify for a Part B SEP or an MSP, his next opportunity to enroll in Medicare Part B will be during the next GEP.
 - The GEP runs from January to March of each year. Tell Neil that his coverage will begin July 1 of the year that he enrolls. He will also be charged a late enrollment penalty (LEP) of 10% of the Part B premium for every full 12 months that he was not enrolled in Part B following his IEP.
1. Tell Neil about how VA benefits will work with Medicare once he has both. VA benefits and Medicare do not coordinate at all. Medicare will not pay for care that Neil receives at a VA facility, and VA benefits will not pay for his care at a Medicare facility.

Once Neil has Medicare, he can continue using his VA benefits for coverage of care that he receives at VA facilities. His VA benefits will also cover certain services that are not covered by

Medicare, such as custodial care and nursing home care. When Neil sees Medicare providers for Medicare-covered services, Medicare will pay primary, and Neil will be responsible for Medicare cost-sharing (20% of the approved amount for most Part B-covered services).

2. Counsel Neil about his prescription drug coverage. Since VA coverage is considered creditable, Neil can choose to enroll in Medicare Part A and B and to delay enrollment in Part D without a penalty. If Neil loses VA coverage, he will have a Special Enrollment Period to sign up for Part D within 63 days of losing VA coverage.

Tell Neil that VA benefits only cover drugs that he gets from a VA pharmacy. If Neil also enrolls in Part D coverage, Part D will cover drugs that he gets from a pharmacy in his plan's network.

Job aid

Medicare secondary payer



<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>

- Partner webpage



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Medicare Secondary Payer (MSP) is the term generally used when the Medicare program does not have primary payment responsibility - that is, when another entity has the responsibility for paying before Medicare. When Medicare began in 1966, it was the primary payer for all claims except for those covered by Workers' Compensation, Federal Black Lung benefits, and Veteran's Administration (VA) benefits.

See the webpage for more information.

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Medicare-Secondary-Payer/Medicare-Secondary-Payer>

Job aid

Your Guide to Who Pays First

<https://www.medicare.gov/Pubs/pdf/02179-Medicare-Coordination-Benefits-Payer.pdf>

- Partner publication
- 30 pages
- Revised August 2020

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE to get the most current information.



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Trainers

Note that this is the August 2020 version. Volunteers and clients should visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE to get the most current information.

This official government booklet tells you:

- How Medicare works with other types of coverage
- Who should pay your bills first
- Where to get more help

Where to go with questions If you have questions about who pays first, or if your coverage changes, call the Benefits Coordination & Recovery Center (BCRC) tollfree at 1-855-798-2627. TTY users can call 1-855-797-2627.

Job aid

Benefits Coordination & Recovery Center (BCRC)

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Contacts/Contacts-page>

BCRC customer service representatives are available to assist you Monday through Friday, from 8 a.m. to 8 p.m., Eastern Time - except holidays, toll-free: 1-855-798-2627



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Trainers:

This information may be shared with volunteers who should be encouraged to call the BCRC when needed.

<https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/Contacts/Contacts-page>

2021 Topics and evaluation



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2021 continuing education topics

Month	Topic (subject to change as needed)	Medicare & You
January	A look at what's new for 2021 and a broad overview of M&Y 2021.	All sections
February	Medicare rights, protections and appeals.	Section 8
March	Medicare and other insurances.	Section 1
April	Volunteer recognition! Special topic activity and share time.	N/A
May	SHIP TA Center special topic: Medicare and ESRD.	N/A
June	SMP counselor training module.	Section 8
July	SHIP TA Center Level 4 Courses 3 & 4. Medicare & Medicaid and Medicare Assistance Programs.	Section 7
September	Getting ready for open enrollment.	Sections 4 and 6
October	Open agenda: Case sharing, troubleshooting and peer support.	N/A



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This is what we have planned for 2021.

Topics are subject to change.

SHIBA training packets and resources

Visit the **SHIBA training toolbox**

SHIBA volunteer training is located on My SHIBA:

- <https://www.insurance.wa.gov/shiba-monthly-person-training>
- <https://www.insurance.wa.gov/shiba-monthly-make-training-videos-youtube>

Volunteer-only resources are also on My SHIBA:

- <https://www.insurance.wa.gov/volunteer-only-resource-materials>
- <https://www.insurance.wa.gov/counseling-related-resources>



Evaluation

Please take some time to send thoughts to:

- shiba@oic.wa.gov
- Your trainer or
- <https://www.surveymonkey.com/r/SHIBA-TrainingEvaluation>

We appreciate
your feedback!



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