

# SHIBA

## Apple Health Medicare Connect or Dual Eligible Special Needs Plans (D-SNPs) workbook

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Statewide Health Insurance Benefits Advisors  
(SHIBA)

# Table of contents

<b>Message from the SHIBA CTC .....</b>	<b>4</b>
<b>Learning outcomes .....</b>	<b>5</b>
<b>Medicare Advantage (MA): Dual-Eligible Special Needs plans (D-SNPs).....</b>	<b>6</b>
D-SNP plan options .....	6
D-SNPs characteristics: PPO vs HMO .....	7
Knowledge check 1.....	9
<b>Dual Eligible Special Needs Plans (D-SNPs).....</b>	<b>10</b>
D-SNPs vs other types of MA plans.....	10
D-SNPs costs.....	10
Counselor corner.....	11
<b>WA D-SNPs.....</b>	<b>13</b>
Washington D-SNPs are classified into two categories: Coordination-Only (CO) and Highly Integrated (HIDE) .....	13
Coordination Only (CO) Dual-Eligible Special Needs Plans.....	13
Highly Integrated Dual-Eligible (HIDE) Special Needs Plans.....	13
<b>Special Enrollment Periods for dually-eligible and Extra Help eligible individuals (SEPs) .....</b>	<b>15</b>
New Special Enrollment Period (SEP) for Low-Income Subsidy (LIS) enrollees and dually-eligible beneficiaries .....	15
New Integrated care SEP.....	16
SEP: For those who gain, lose, or have a change in their Medicaid, MSP, or Extra Help eligibility status .....	16
Knowledge check 2.....	17
Assignment: Washington HIDE D-SNPs.....	17
WA Integrated care SEP eligible D-SNPs.....	18
<b>Counseling case preparation .....</b>	<b>19</b>
Learning objective.....	19
<b>Counseling case work.....</b>	<b>20</b>
Learning objective.....	20

Activities.....	20
Session transcript.....	21
<b>Final reflections.....</b>	<b>34</b>
Learning outcome.....	34
Share with us! .....	35
<b>Appendix A: Counseling checklist.....</b>	<b>36</b>
D-SNP for QMB counseling session checklist.....	36
<b>Appendix B: Plan Finder.....</b>	<b>40</b>
Plan Finder resources for the counseling session.....	40
<b>Appendix C: STARS BCF .....</b>	<b>44</b>
Beneficiary Contact Form (BCF).....	44
Activity: Session notes.....	44
A few STARS BCF tips .....	44
Medicare Improvements for Patients and Providers Act (MIPPA) .....	45
MIPPA qualifying discussion topics.....	45
Time Spent, Status, & Special Use fields.....	45
<b>References .....</b>	<b>47</b>

# Message from the SHIBA CTC

Dear Volunteers,

As the curriculum & training coordinator (CTC), I deeply value your input in shaping effective training materials. Your feedback is crucial as we strive to refine and enhance resources to better support you in your role as Medicare counselors.

This workbook is designed to build your skills and knowledge. You are welcome to focus on the sections most relevant to your experience and expertise—there's no need to study all the material. Please take time to engage with the parts that interest you, jot down your insights, and share your thoughts during our sessions.

Your dedication to learning and growing makes a meaningful difference in the lives of beneficiaries and in our mission. Thank you for your commitment and for being an integral part of our team. I look forward to hearing your feedback and suggestions!

Best regards,

Elena Garrison  
SHIBA Curriculum & Training Coordinator  
Elena.Garrison@oic.wa.gov

# Learning outcomes

Upon completing this training, you will have the skills to effectively assist a beneficiary with MSP and Extra Help in navigating the plan selection process, empowering them to make informed decisions about their healthcare coverage.

# Medicare Advantage (MA): Dual-Eligible Special Needs plans (D-SNPs)

An individual can join a Medicare Advantage (MA) Plan if:

- They have Medicare Parts A and B and
- Reside in the plan's service area.

MA Dual-Eligible Special Needs plans (D-SNPs) are designed for dually eligible individuals enrolled in Medicare and Medicaid.

## **D-SNP plan options**

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

## D-SNPs characteristics: PPO vs HMO

	<b>PPO (Preferred Provider Organization)</b>	<b>HMO (Health Maintenance Organization)</b>	<b>D-SNP (Dual Eligible Special Needs Plan)</b>
<b><i>Network</i></b>	A PPO offers a wider network of healthcare providers compared to an HMO. Individuals can see specialists without a referral and choose providers outside the network, though they typically pay more for out-of-network care.	An HMO limits coverage to care from doctors and facilities within its network (except emergency or urgent care or out-of-area dialysis). In an HMO Point-of-Service (HMO POS) Plan you may be able to get some services out of network for a higher copayment or coinsurance.	A D-SNP can be structured as either an HMO or PPO plan, inheriting the network restrictions and flexibility of its respective plan type.
	<b>PPO (Preferred Provider Organization)</b>	<b>HMO (Health Maintenance Organization)</b>	<b>D-SNP (Dual Eligible Special Needs Plan)</b>
<b><i>Flexibility</i></b>	A PPO provides greater flexibility in choosing healthcare providers and specialists.	An HMO offers less flexibility, as individuals generally need to stay within the network for	The flexibility of a D-SNP depends on whether it is structured as an HMO or a PPO.

		coverage.	
<b>Costs</b>	PPOs typically have higher premiums and copays than HMOs due to their broader network and flexibility.	HMOs generally have lower premiums and copays, especially when individuals stay within the network.	D-SNPs typically have no premiums and low out-of-pocket costs for members. This is because Medicare pays its portion first, and then Medicaid pays any remaining costs. Individuals with Medicaid should not be responsible for paying Medicare deductibles and copays when receiving care from providers within their Dual Eligible SNP's (D-SNP's) network.
	<b>PPO (Preferred Provider Organization)</b>	<b>HMO (Health Maintenance Organization)</b>	<b>D-SNP (Dual Eligible Special Needs Plan)</b>
<b>Referral Requirements</b>	PPOs generally do not require referrals to see specialists.	HMOs usually require referrals from a primary care physician to see specialists.	Referral requirements for D-SNPs depend on whether the plan is structured as an



			HMO or PPO.
<b><i>Additional Benefits</i></b>	Medicare Advantage (MA) plans can offer additional benefits that are not covered by traditional Medicare. These benefits can include vision, hearing, dental, and fitness programs.		A D-SNP might provide even more additional benefits (e.g. transportation assistance), and a care coordinator to help a dual-eligible individual navigate their healthcare needs.

**Knowledge check 1**

Can a beneficiary with a PPO D-SNP get health care from any doctor, other health care provider, or hospital?

**Answer:**

# Dual Eligible Special Needs Plans (D-SNPs)

## **D-SNPs vs other types of MA plans**

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D-SNPs differ from other types of MA plans in several important ways. For example, in addition to being required to hold contracts with state Medicaid agencies, all D-SNPs must:

- At least coordinate (and in some cases integrate or cover) Medicaid benefits for their enrollees;
- Have a Model of Care that is approved by the National Committee for Quality Assurance (NCQA) that describes how the D-SNP will coordinate care for its enrollees, assess their needs, and develop individualized care plans (ICPs);
- Screen their enrollees for health-related social needs.

Additionally, because D-SNPs solely serve dually eligible individuals, they can cater their plan benefits, including supplemental benefits, to dually eligible populations.

## **D-SNPs costs<sup>1</sup>**

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Medicare Advantage plans typically include some cost sharing in the form of premiums, copayments, coinsurance, and deductibles. But since a D-SNP qualifies members for additional support, most people pay little to no out-of-pocket costs

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

under this plan. Beneficiary level of cost sharing depends on their category of Medicaid eligibility.

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

## **Counselor corner**

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### **Plan's responsibility**

It is the plan's responsibility, not the SHIBA advisor's, to assess beneficiary's needs and accurately determine beneficiary's MSP and Medicaid qualification levels and benefits they qualify for.

- The plan works with Medicaid to ensure beneficiaries receive the full benefits of both programs, including coverage for services, cost-sharing, and access to specialized services. For example:
  - It is plans' obligation to educate network providers, suppliers, and pharmacies about, and ensure compliance with, QMB billing rules.
  - Plans' coordination teams (e.g., care managers, social workers, nurses) help beneficiaries navigate their healthcare needs.

### **SHIBA responsibility**

When explaining Dual Special Needs Plans (D-SNPs) to beneficiaries, you are only expected to cover the aspects you feel comfortable discussing.

These may include:

- **The role of the D-SNP in coordinating care:** Inform that D-SNPs are designed to provide comprehensive care for individuals who are dually eligible for Medicare and Medicaid, and that they offer care coordination as a key feature.

- **The benefits of care coordination:** Highlight the advantages of having a coordinated care plan, such as improved access to services, better communication between providers, and a more cohesive healthcare experience.
  - Inform that plans' coordination teams (e.g., care managers, social workers, nurses) help beneficiaries navigate their healthcare needs.

Be sure to remind beneficiaries to carefully review and confirm with the plan their specific plan benefits.

**Notes:**

# WA D-SNPs

Federal rules issued in 2019 defined three different types of D-SNPs: “fully” integrated D-SNPs (FIDE SNPs); “highly” integrated D-SNPs (HIDE SNPs); and Coordination-only (CO) D-SNPs, and also defined “applicable integrated plans” (AIPs).

Washington D-SNPs are classified into two categories: Coordination-Only (CO) and Highly Integrated (HIDE).

## **Coordination Only (CO) Dual-Eligible Special Needs Plans**

CO D-SNPs are D-SNPs that meet minimum CMS requirements but do not qualify as a HIDE SNP. CO D-SNPs must: (1) hold a contract with the state Medicaid agency; (2) coordinate the delivery of Medicare and Medicaid services for its enrollees; and (3) meet the information-sharing requirements (must share specific patient information on Medicare-covered services with state Medicaid agency).

CO D-SNPs (Coordination-Only D-SNPs):

- Meet basic requirements for D-SNPs: Focus on coordination of care between Medicare and Medicaid benefits but don't offer the same level of integration as HIDE SNPs.
- May not have the same comprehensive Medicaid benefit coverage as HIDE SNPs.

In essence CO D-SNPs are a basic type of D-SNP.

## **Highly Integrated Dual-Eligible (HIDE) Special Needs Plans**

HIDE SNPs are D-SNPs that provide coverage of Medicaid benefits, including coverage of long-term services and supports (LTSS), behavioral health benefits, or both, under a contract with the state Medicaid agency.

HIDE SNPs:

- Represent a higher level of integration between Medicare and Medicaid benefits than CO D-SNPs. They offer a more unified approach to care, aiming to streamline access to both Medicare and Medicaid services.
- Provide a more comprehensive package of benefits: by combining Medicare and Medicaid coverage under a single plan.

**Notes:**

# Special Enrollment Periods for dually-eligible and Extra Help eligible individuals (SEPs)<sup>2</sup>

## New Special Enrollment Period (SEP) for Low-Income Subsidy (LIS) enrollees and dually-eligible beneficiaries

LIS enrollees and dually-eligible beneficiaries eligible for both Medicare and Medicaid have an option to participate in a Special Enrollment Period (SEP), which will go from being available on a quarterly basis to a monthly basis.

LIS enrollees and duals would have a monthly option to leave their combined Medicare Advantage prescription drug plan (MA-PD) and:

- Switch to traditional fee-for-service Medicare along with a standalone prescription drug plan (PDP)

**or**

- Move from one PDP to another.

An LIS enrollee or dually eligible individual **could not**, however, use this SEP to enroll in an MA-PD.

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<sup>2</sup> For complete list of Special Enrollment Periods for Medicare Advantage Plans and Medicare Part D Drug Plans please see <https://www.medicareinteractive.org/pdf/SEP-Chart.pdf>

## New Integrated care SEP

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The integrated care SEP allows **full-benefit dually eligible individuals** (QMB+, SLMB+, FBDE) a once-per-month election into one of Washington **highly integrated dual eligible special needs plan** (HIDE SNP).

### SEP: For those who gain, lose, or have a change in their Medicaid, MSP, or Extra Help eligibility status<sup>3</sup>

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Have a SEP if...	SEP lasts...	Coverage begins...
A beneficiary becomes eligible for Medicaid, any MSP, or Extra Help.	They have a one-time SEP to disenroll from or switch their Medicare Advantage Plan or Part D plan for three months after you are notified.	The first day of the month after they submit a completed application.
A beneficiary loses eligibility for Medicaid, an MSP, or Extra Help.	They have a one-time SEP to disenroll from or switch their Medicare Advantage Plan or Part D plan for three months after they are notified.	The first day of the month after they submit a completed application.
The level of assistance they receive changes (for example, they stop receiving Medicaid but still qualify for Extra Help).	They have a one-time SEP to disenroll from or switch their Medicare Advantage Plan or Part D plan for three months after they are notified.	The first day of the month after they submit a completed application.

<sup>3</sup> <https://www.medicareinteractive.org/pdf/SEP-Chart.pdf>



## Knowledge check 2

If someone qualifies for the Qualified Medicare Beneficiary (QMB) program in February, which Special Enrollment Periods (SEPs) are they eligible for? When is the next time they can switch their Medicare Advantage (MA) plan?

**Answer:**

## Assignment: Washington HIDE D-SNPs

1. Go to <https://www.insurance.wa.gov/resources-help-counseling-clients> and use the first link titled: [2025 All Counties D-SNP \(Excel, 73.02 KB\)](#)
2. Note which eligible for Integrated SEP D-SNPs cater to full dual eligible individuals.
3. Note which eligible for Integrated SEP D-SNPs (see the table on the next page) are offered in your county (See line 40).
4. In the table on the next page, please indicate all Integrated SEP-eligible D-SNPs available in your county.

## WA Integrated care SEP eligible D-SNPs

Contract ID	Plan ID	Plan Name/Dual eligibility levels	Plan serves clients with Full dual eligibility	Integration Status	Available in your county <sup>4</sup>
H0029	007	<b>Allwell: Wellcare Dual Liberty</b> QMB+, SLMB+, Full-Dual-only		HIDE	
H0029	008	<b>Allwell: Wellcare Dual Access</b> QMB only		HIDE	
H1894	002	<b>Wellpoint</b> Full Dual Advantage QMB, QMB+, SLMB+, Full Dual only		HIDE	
H1894	011	<b>Wellpoint Full Dual Advantage</b> SLMB, QI-1, QDWI only		HIDE	
H2001	051	<b>UHC Dual Complete WA-S5</b> QMB+, SLMB+, Full Dual only		HIDE	
H2001	081	<b>UHC Dual Complete WA-S2</b> QMB+, SLMB+, Full-Dual-only		HIDE	
H5008	002	<b>UHC Dual Complete WA-S6</b> QMB+, SLMB+, Full-Dual-only		HIDE	
H5008	020	<b>UHC Dual Complete WA-S4</b> QMB+, SLMB+, Full Dual only		HIDE	
H5823	006	<b>Molina Medicare Complete Care</b> QMB, QMB+, SLMB+, Full Dual only		HIDE	
H5826	014	<b>Community Health Plan of WA Dual Complete</b> (no specific MSP given)		HIDE	
H5826	017	<b>Community Health Plan of WA Dual Select</b> (no specific MSP given)		HIDE	
H5965	004	<b>Wellcare Dual Liberty Open</b> QMB+, SLMB+, Full Dual only		HIDE	
H5965	006	<b>Wellcare Dual Access Open</b> QMB only		HIDE	

<sup>4</sup> Use SHIBA job aid [2025 All Counties D-SNP \(Excel, 73.02 KB\)](#)

# Counseling case preparation

## Learning objective

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By preparing for the call, you will be equipped to provide a client with accurate information, guidance, and support regarding their options due to MSP and Extra Help eligibility.

<b>Question</b>	<b>Answer</b>
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**

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

## **Activities**

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Listen to the counseling session and evaluate it using the provided checklist (Appendix A).

## Session transcript

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**Client:** Hello.

**SHIBA Counselor:** Hi, this is Mary with Washington SHIBA. We help people with Medicare. Is this Kathy?

**Client:** Yes, this is Kathy.

**SHIBA Counselor:** Hi, Kathy. I received a message that you were approved for Medicare Savings Program, how can I help you?

**Client:** Oh great. My Premera plan that I had for the past few years was not available for this year, so I got a new plan.

Then last month I went to my doctor and he decided he wanted to make some changes to my prescriptions, so I called my pharmacy to see how much my medications were going to be and they were going to be really, really expensive. I wasn't going to be able to afford them without using my emergency savings, so my neighbor suggested I call SHIBA.

So, I called for some help and Elise explained Medicare Savings Programs to me, so I applied.

She told me once I received a letter that I was approved or declined, to call back and somebody could help me figure out what I can do. I got the letter saying I was approved for Qualified Medicare Beneficiary effective the 1<sup>st</sup> of next month, so I am calling back.

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*Is there another way to gather this information about the caller in advance, so you can be better prepared for the conversation?*

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**SHIBA Counselor:** Well, that's good news that you were approved for Qualified Medicare Beneficiary or QMB. It will save you a lot of money because you will get the amount for your Part B premiums back in your check and you will no longer have to pay for the cost of Medicare services beyond what Medicare pays and have lower prescription costs because you will also have Extra Help.

You can get a Medicare Advantage plan like your Premera or current plan, but with more benefits, or have original Medicare and a separate Part D plan with these benefits. Did Elise explain to you how that works?

**Client:** She kind of did, but she said we would talk more about it when we knew what options I would have.

**SHIBA Counselor:** OK so aside from your medical care and prescription costs, what is most important to you?

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*What questions do you usually ask the client at this stage to ensure you have all the necessary information?*

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**Client:** I want to be able to stay with my Primary Care doctor and need dental coverage. I went to the dentist not that awfully long ago, and it appears I'm going to need a root canal and a new crown. But that that's a big deal. A root canal and a crown. They're really quite expensive. And the dentist's office told me it would cost over \$1,000, even with my insurance. I guess my new plan wasn't going to cover that very well, either.

And I suspect I'll probably need some other dental work done as well.

**SHIBA Counselor:** So dental coverage is a big concern for you.

**Client:** It is.

**SHIBA Counselor:** Alright, so we're definitely going to want to look at Medicare Advantage plans for you – particularly Dual-Eligible Special Needs plans that have more benefits than the regular Medicare Advantage plans you have had. As we go on, you might hear me call those D-SNP plans.

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*Would this be your approach as well at this stage, or would you handle it differently?*

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**Client:** OK.

**SHIBA Counselor:** So, just like the Medicare Advantage plans you have had, these plans include all of your Medicare benefits and the plans available to you depend on your Medicare Savings Program level and where you live.

So where do you live?

**Client:** I live in Spokane.

**SHIBA Counselor:** And what is your zip code?

**Client:** It is 99203.

**SHIBA Counselor:** Great. Thank you. Have you received your letter from Social Security that you are approved for Extra Help yet?

**Client:** I did

**SHIBA Counselor:** Great! As you know, your new assistance means you have new options for Medicare coverage, so I'm going into the Medicare plan Finder on the Medicare website. You might be familiar with this. Did you have help getting your new plan for this year after Premera plan ended?

**Client:** My neighbor helped me.

**SHIBA Counselor:** It sounds like you have a good neighbor.

**Client:** I do.

**SHIBA Counselor:** That is always nice, isn't it? So, what we are going to do next is enter your prescriptions into the Medicare Plan Finder. Do you know if your neighbor did that when she helped you?

**Client:** I'm not sure. I know she put my information into a program on her computer.

**SHIBA Counselor:** Ok, well, the Medicare Plan Finder allows us to see how all of the plans available to you will cover your prescriptions, and ranks them by cost, because that is a key part of Medicare coverage. So, do you happen to have your information on your prescriptions available?

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*What additional information, if any, would you have shared about the Plan Finder at this stage?*

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**Client:** I do.

**SHIBA Counselor:** Great. So, What is the first prescription that you take?

**Client:** I take Lisinopril 10 milligrams.

**SHIBA Counselor:** And is that once a day?

**Client:** Yes.

**SHIBA Counselor:** OK, and what else?

**Client:** I take Gabapentin, 300 milligrams. I take 2 capsules 2 times a day.

**SHIBA Counselor:** Got it.

**Client:** OK. But my doctor has talked about increasing that so that I would take two capsules three times a day. So currently it's just two times but I will probably



be needing to take it three times a day very soon.

**SHIBA Counselor:** OK. So, three times a day would be 6 tablets, so that would be 180 a month. Let's update that, all right. What's what else do you take?

**Client:** I take Eliquis 5mg. I take 2 a day.

**SHIBA Counselor:** OK. Is that one that is expensive on the plan you have for this year?

**Client:** The pharmacy said it would be really expensive.

**SHIBA Counselor:** OK. Well, as long as plans cover it, the Extra Help will lower that cost significantly.

**Client:** That would be wonderful. I also take Lantus. 3ml pens with 100 unit/ml I get a pack of 5 pens every month.

**SHIBA Counselor:** OK.

**Client:** With the Lantus, however, my doctor said that isn't enough.

And he's talking about possibly changing me to taking Ozempic, but that was going to be WAY to expensive on my plan, so I said I couldn't do that.

**SHIBA Counselor:** OK. I'm going to Include the Ozempic on your list too, then, to see if it can be covered, and we will take it off if it isn't, OK?

**Client:** Sure, that sounds great.

**SHIBA Counselor:** OK. Do you take anything else? Any prescriptions you don't use or fill as often but we still want to be covered, if possible - eye drops, salves? Seasonal inhalers?

**Client:** No

**SHIBA Counselor:** OK. So I'm just going to run through your list to verify I have it all right. We have lisinopril 10 milligram tablets once a day.

**Client:** Mm hmm.

**SHIBA Counselor:** We have gabapentin 300mg capsules at the higher quantity of two capsules three times a day, for 6 a day or 180 each month to see how that's

covered. Then ELIQUIS 5mg – 2 tablets a day. And Lantus one pack of 5 pens per month.

**Client:** Correct. I do take some over the counter vitamins, supplements, things. But that's all my prescriptions.

**SHIBA Counselor:** OK. The over-the-counter items aren't covered by the prescription drug coverage, so we can see if there are benefits to help cover those.

**Client:** Oh, that would be nice. Every little bit helps.

**SHIBA Counselor:** I agree. What pharmacy do you like to use?

**Client:** I like to use the Safeway on 29<sup>th</sup> and Southeast Blvd.

**SHIBA Counselor:** OK. Is there anywhere else that would be convenient if it will save you money?

**Client:** Yes, I could go to Rosauer's – it is just across the street from Safeway. And I shop at Fred Meyer and Walgreen's sometimes too, so those could be OK.

**SHIBA Counselor:** Great.

I have all of your plan options pulled up on the Medicare PlanFinder now, so I'm going to look at the special needs plans - those D-SNP plans I mentioned earlier to see how those compare.

To do this I'm going to switch to a chart with information on the special needs plans. There are a bunch of these in Spokane County, but only some that are designed for people who have QMB benefits, so if you can bear with me, I am going to edit the chart so I am only looking at those that are relevant for you.

---

*At this point, the counselor switched to the chart<sup>5</sup> provided by SHIBA.*

*Do you use this chart?*

*Do you find it helpful when assisting customers with D-SNPs?*

*What key information can you gather from it?*

---

**Client:** OK

**SHIBA Counselor:** Thank you. So one of the big changes for you, with QMB, is that you can no longer be charged for Medicare covered services. That means you will not have co-pays for services covered by Medicare Part A or Part B – like hospital stays, physical therapy, specialist visits appointments or medical equipment. This is incorporated into all of these plans. They also have \$0 premiums, and some have no cost-sharing for covered prescriptions, meaning you could have no co-pays for your medications.

**Client:** That's just fantastic.

**SHIBA Counselor:** It is, but it is important to remember that does not apply to services that are not covered by Medicare, including dental, vision, hearing, fitness benefits – so the costs for those services can vary.

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<sup>5</sup> [2025 All Counties D-SNP \(Excel, 73.02 KB\)](#)

So, there are a total of about 10 plans designed for people with QMB available to you. There are not many differences for medical or prescription costs, so I think it would be good to look at other factors.

---

*How would you approach narrowing down the choices?*

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You said that you are expecting to have high dental needs, right?

**Client:** Yes.

**SHIBA Counselor:** So, I think for your situation, it would be good to focus on plans with more dental coverage.

One company called Community Healthcare Community Health plan of Washington only offers up to \$750 in dental care, other plans offer more.

Are you comfortable with me eliminating them from the list of possibilities as we're looking at this, just because their dental benefit is so much lower?

**Client:** Yes, I think that's a good idea.

**SHIBA Counselor:** OK. So, the first thing you need to do is ensure any medical providers you want to keep are in-network with the plan you choose.

You mentioned that you had Premera so you had to get a new plan this year. Did you happen to talk to your doctor's office and find out which companies they were in network with when you were changing plans?

**Client:** Well, they told me that they are in-network with most companies, but do not take WellCare.

**SHIBA Counselor:** OK.

Alright, well, some of the plans that were on our list were WellCare plans too. You

mentioned that you would like to be able to keep your doctor, so should I remove those as well?

**Client:** Yes, that's fine.

**SHIBA Counselor:** OK. And then is there anything else that's a concern? You mentioned that dental work. Would you like to keep the same dentist?

**Client:** Yes, if I can, but there are a few other dentists I am comfortable with, so it is more important that my insurance covers as much of it as possible. So I might be willing to switch – except to Molina. My neighbor who was helping me had Molina and she could not find a dentist in-network within 100 miles, so ended up having to pay for all of her dental work herself. So no Molina.

**SHIBA Counselor:** OK. So Molina is off the list.

That leaves us with 3 plans, 2 from United health care and 1 from Humana. All 3 offer the freedom to see any dentist, but that does not mean any dentist needs to accept you and the coverage the plan offers, so you should verify what this means with each of the companies.

---

*Would you provide any additional information about these plans? (see Appendix C)*

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**Client:** OK.

**SHIBA Counselor:** Besides there being no premium or cost sharing for medical services, all of these plans offer coverage for Part D cost sharing, so you will not have any costs for prescriptions as long as they are covered by the plan. As I stated earlier, all of the medications we entered into the program are covered

according to the information in the PlanFinder, so you would have no costs out-of-pocket.

You want to be careful, though. If the plan does not cover a medication you will have to pay for it entirely, yourself.

The plan will also enter your medication information to verify the coverage and costs before they enroll you.

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*Is there any additional medication-related information you would share with the client?*

---

**Client:** Oh, great. I think we should stick with something that says zero out of my pocket.

**SHIBA Counselor:** OK, so I am going to look at the at the benefits for the 3 plans left side by side and see what some of the other differences are.

We talked about the dental - the Humana plan has more dental coverage than the United Healthcare plans have so that is in its favor, but what else is important to you?

**Client:** So with my new plan I did got a flex card I could use to buy my vitamins and supplements. It also came with a gym benefit. Going to the gym and working out has been really good for me for my, you know, mental health and as kind of a social thing as well. I really like being able to go to the gym.

**SHIBA Counselor:** OK. Is there anything else that's important to you?

**Client:** Umm. The only other thing I could think of maybe is a vision benefit. I wear glasses, so it is nice to get my vision checked and have help paying for them.

**SHIBA Counselor:** OK. So, all three plans that we've been looking at, the United Healthcare Dual Complete PPO or the HMO that you're eligible for, or the Humana Gold plan have vision coverage.

The Humana plan offers a \$3,000 allowance for dental but doesn't seem to offer a fitness benefit and the United Healthcare plans offer \$1,500 for dental and offer a fitness benefit. has a higher allowance for dental care, but it doesn't have a fitness benefit.

So you might want to consider calling your gym and asking them how much it would cost for you to pay for your membership, and decide which way is best – more dental, no gym or less dental allowance with a gym membership.

**Client:** OK.

**SHIBA Counselor:** So, your decision on that one could be, is it worth it to have the extra dental allowance but not be able to have your gym membership paid by your plan?

**Client:** That and if I would actually pay for the gym membership if I had to.

**SHIBA Counselor:** So your first step is to verify that your doctor is in-network for the Humana and United Healthcare for the special needs plans you are considering.

Then you want to check on the gym membership, to get that cost, and ask the companies about the dental coverage.

---

*Is there anything else you would add to the client's homework list?*

---

I can send you the information on the plans, so you have the plan numbers, contact information and the information shown in the Medicare Plan Finder.

Do you use e-mail?

**Client:** I do. My email address is K-a-t-h-y-B-r-o-w-n@gmail.com

**SHIBA Counselor:** OK. I will send that information to you. The plans have specific details we don't have, so if you have more questions, ask them!

---

*Are there any key questions you would suggest clients ask?*

---

They can also enroll you in the plan you want once you have made a decision – but remember, you don't have to choose something just because they helped you. You can pick what feels best for you – so if you have more questions, feel free to call us back, and we will help you as best as we can.

**Client:** That sounds great.

I really appreciate all this information and the time you spent with me today.

**SHIBA Counselor:** You're so welcome. Is there anything else I can help you with?

**Client:** I don't think so. But I can call back if I need to, so I really appreciate it.

**SHIBA Counselor:** Thank you very much.

**Client:** You too. Bye.

---

*Is there anything else you would have added?*



*Is there anything you would have handled differently during the counseling session?*

---

**Notes:**

# Final reflections

## **Learning outcome**

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Do you feel more confident explaining to beneficiaries the benefits provided by MSP?

Do you feel more confident explaining to beneficiaries the benefits provided by Extra Help?

How has this training improved your ability to counsel clients who qualify for MSP and Extra Help?

How has this training improved your ability to counsel clients who qualify for D-SNPs?

How will you apply what you've learned in your future counseling sessions?

Are there any additional knowledge or skills you believe you need to better support clients qualifying for assistance programs and D-SNPs?

### **Share with us!**

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Please share your responses with us so we can better understand how our team can further support you: [Elena.Garrison@oic.wa.gov](mailto:Elena.Garrison@oic.wa.gov)

# Appendix A: Counseling checklist

## D-SNP for QMB counseling session checklist

Step#	Done	Description of step or sub-step	Tool/Resource	Notes
1.		Explain deadline for changing plan (SEP for new assistance).		
		SEP end date : <input type="text"/>		
2.		Verify client coverage situation.		
		<ul style="list-style-type: none"> <li>Other coverage/services – VA, Tribal, retiree</li> </ul>		
		<ul style="list-style-type: none"> <li>County of residence/zip code</li> </ul>		
		<ul style="list-style-type: none"> <li>MSP eligibility level and start date (on letter)</li> </ul>		
		<ul style="list-style-type: none"> <li>Current coverage (OM+PDP or MA/MAPD) Plan Info: <input type="text"/></li> </ul>		
3.		Explain options available because of new assistance.		
		<ul style="list-style-type: none"> <li>Original Medicare (OM) + PDP (QMB eliminates balance billing)</li> </ul>		
		<ul style="list-style-type: none"> <li>Standard Medicare Advantage (with or without Part D)                             <ul style="list-style-type: none"> <li>Medical benefits and extra benefits the same as for public – no Medicare service co-pays</li> <li>Extra Help is applied to Part D costs</li> </ul> </li> </ul>		
		<ul style="list-style-type: none"> <li>D-SNP Medicare Advantage                             <ul style="list-style-type: none"> <li>Plans designed for QMB only</li> <li>No co-pays on A &amp; B charges</li> <li>Generally have more robust extra benefits</li> </ul> </li> </ul>		

Step#	Done	Description of step or sub-step	Tool/Resource	Notes
		<ul style="list-style-type: none"> <li>• Provider does not need to be in network, but can refuse to accept QMB clients when out-of-network for client's plan.</li> <li>• Prescriptions must be on plan formulary to be covered (even with Extra Help)</li> <li>• All plans offer Care Coordination</li> </ul>		
<b>4.</b>		Learn what coverage client has and what they like/dislike about current coverage.		
		a. What they like about current coverage		
		b. What they don't like		
		c. Are they expecting big changes, major procedures, etc.?		
5.		Open PlanFinder – Select that client has Medicaid		
6.		Enter prescriptions & verify list		
<b>7.</b>		Do they have a particular pharmacy they like and want to continue using?		
		a. Are they open to using another pharmacy if it saves them money?		
		b. IF NO – add only client's preferred pharmacy in PlanFinder		
		c. IF YES – Ask if selections nearby in PlanFinder are OK or if there are any pharmacies they do not want to use.		
<b>8.</b>		Beyond medical, what services/benefits are important to client?		
		a. Dental		
		b. Vision		

Step#	Done	Description of step or sub-step	Tool/Resource	Notes
		c. Hearing Aids		
		d. Gym		
		e. Transportation		
		f. Over-the-Counter/Flex benefits for food/utilities		
<b>9.</b>				
<b>10.</b>		Explain which options seem most in line with client's priorities. (Do client's likes/dislikes align with OM or MA/D-SNP?)		
<b>11.</b>		Explain issues/coverage concerns for any option given client location or needs.		
<b>12.</b>		Does client have providers they want to keep or be able to use?		
		a. YES – client should verify providers accept their preferred coverage (OM or MAPD)	PlanFinder	
		i. MA: Compile list of companies/plans to check from PlanFinder, send via email if possible – ask them to write down if no email.		
		ii. If gym is important, recommend they check gym network so it can be considered for plan choice. Fitness program options: a) Silver Sneakers b) Silver & Fit or c) Renew Active Fitness (add to email)		
		iii. Suggest they speak to billing at medical practice, gym, etc.		
		b. NO – advise client they will need to ensure providers accept the coverage/are in-network to minimize		

Step#	Done	Description of step or sub-step	Tool/Resource	Notes
		costs.		
13.		Check for client understanding.  a. Task(s) - What they are going to do b. Deadline - When they are going to do it by		
14.		Any questions?		
15.		Verify email address if sending information, or receipt of email (if possible) if sent during session.		
16.		Email list of plans & programs for client to check networks for important providers & services.		

**Notes:**

# Appendix B: Plan Finder

## Plan Finder resources for the counseling session

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### Confirm your drug list

[Add Another Drug](#)

<b>Eliquis 5mg tablet</b>		<b>Quantity</b> 60	<b>Frequency</b> Every month
<a href="#">Remove drug</a>			<a href="#">Edit drug</a>
<b>Gabapentin 300mg capsule</b> generic		<b>Quantity</b> 180	<b>Frequency</b> Every month
<a href="#">Remove drug</a>			<a href="#">Edit drug</a>
<b>Lantus 100unit/ml solution pen injector</b>	<b>Package Type</b> 3ml pen (sold in pack of 5)	<b>Quantity</b> 1	<b>Frequency</b> Every month
<a href="#">Remove drug</a>			<a href="#">Edit drug</a>
<b>Lisinopril 10mg tablet</b> generic		<b>Quantity</b> 30	<b>Frequency</b> Every month
<a href="#">Remove drug</a>			<a href="#">Edit drug</a>
<b>Ozempic 4mg/3ml solution pen injector</b>	<b>Package Type</b> 3ml pen	<b>Quantity</b> 1	<b>Frequency</b> Every month
<a href="#">Remove drug</a>			<a href="#">Edit drug</a>



	<p><b>UHC Dual Complete WA-Q1 (PPO D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>	<p><b>Humana Gold Plus SNP-DE H5619-166 (HMO D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>	<p><b>UHC Dual Complete WA-Q2 (HMO-POS D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>
	Out-of-network: 20% coinsurance per item		

**Drug coverage & costs**

Drugs covered/Not covered	<p>5 of 5 Prescription drugs covered Restrictions may apply</p>	<p>5 of 5 Prescription drugs covered Restrictions may apply</p>	<p>5 of 5 Prescription drugs covered Restrictions may apply</p>
Total drug + premium cost (for the rest of 2025) <a href="#">How do pharmacy networks affect what I pay?</a>	<p>FRED MEYER PHARMACY ✓ In-network \$0.00</p> <p>SAFEWAY PHARMACY #1242 ✓ In-network \$0.00</p> <p>ROSAUERS PHARMACY #26 ✓ In-network \$0.00</p> <p>WALGREENS #10946 ✓ In-network \$0.00</p> <p>Mail order pharmacy ✓ In-network \$0.00</p>	<p>FRED MEYER PHARMACY ✓ In-network \$0.00</p> <p>SAFEWAY PHARMACY #1242 ✓ In-network \$0.00</p> <p>ROSAUERS PHARMACY #26 ✓ In-network \$0.00</p> <p>WALGREENS #10946 ✓ In-network \$0.00</p> <p>Mail order pharmacy ✓ In-network \$0.00</p>	<p>FRED MEYER PHARMACY ✓ In-network \$0.00</p> <p>SAFEWAY PHARMACY #1242 ✓ In-network \$0.00</p> <p>ROSAUERS PHARMACY #26 ✓ In-network \$0.00</p> <p>WALGREENS #10946 ✓ In-network \$0.00</p> <p>Mail order pharmacy ✓ In-network \$0.00</p>

<p><b>UHC Dual Complete WA-Q1 (PPO D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>	<p><b>Humana Gold Plus SNP-DE H5619-166 (HMO D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>	<p><b>UHC Dual Complete WA-Q2 (HMO-POS D-SNP)</b></p> <p>\$0.00</p> <p>Medicare Advantage and drug monthly premium</p> <p><a href="#">Enroll</a> <a href="#">Plan Details</a></p>
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<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✓ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✓ Over the counter drug benefits</li> <li>✗ In-home support services</li> <li>✗ Health-related emergency response device</li> <li>✓ Routine chiropractic service</li> <li>✓ Home and bathroom safety devices</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> </ul> <p><a href="#">View additional benefits</a></p>	<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✗ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✓ Over the counter drug benefits</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> </ul> <p><a href="#">View additional benefits</a></p>	<ul style="list-style-type: none"> <li>✓ Vision</li> <li>✓ Dental</li> <li>✓ Hearing</li> <li>✓ Transportation</li> <li>✓ Fitness benefits</li> <li>✓ Worldwide emergency</li> <li>✓ Over the counter drug benefits</li> <li>✗ In-home support services</li> <li>✗ Health-related emergency response device</li> <li>✓ Routine chiropractic service</li> <li>✓ Home and bathroom safety devices</li> <li>✓ Meals for short duration</li> <li>✓ Annual physical exams</li> <li>✓ Telehealth</li> <li>✓ Endodontics</li> <li>✓ Periodontics</li> </ul> <p><a href="#">View additional benefits</a></p>
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### UHC Dual Complete WA-Q1 (PPO D-SNP)

UnitedHealthcare | Plan ID: H2001-079-0

Star rating: ★★★★★☆

#### MONTHLY PREMIUM

**\$0.00**

Includes: Health & drug coverage

Doesn't include: \$185.00 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

#### TOTAL DRUG & PREMIUM COST (for the rest of 2025)

**\$0.00**

Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

#### OTHER COSTS

**\$0.00**

Health deductible

**\$0.00**

Drug deductible

**\$14,000 In and Out-of-network**

**\$9,350 In-network**

Maximum you pay for health services

Enroll

Plan Details

Added to compare

#### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

#### COPAYS/COINSURANCE

Primary doctor: \$0 copay

Specialist: \$0 copay

#### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

### Humana Gold Plus SNP-DE H5619-166 (HMO D-SNP)

Humana | Plan ID: H5619-166-0

Star rating: ★★★★★☆

#### MONTHLY PREMIUM

**\$0.00**

Includes: Health & drug coverage

Doesn't include: \$185.00 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

#### TOTAL DRUG & PREMIUM COST (for the rest of 2025)

**\$0.00**

Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

#### OTHER COSTS

**\$0.00**

Health deductible

**\$0.00**

Drug deductible

**\$9,350 In-network**

Maximum you pay for health services

Enroll

Plan Details

Added to compare

#### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✗ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

#### COPAYS/COINSURANCE

Primary doctor: \$0 copay

Specialist: \$0 copay

#### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

## UHC Dual Complete WA-Q2 (HMO-POS D-SNP)

UnitedHealthcare | Plan ID: H5008-019-0

Star rating: ★★☆☆☆

### MONTHLY PREMIUM

**\$0.00**

Includes: Health & drug coverage

Doesn't include: \$185.00 Standard Part B premium

This plan is designed for beneficiaries with Medicare and Medicaid.

SNP Type: Dual Eligible

### TOTAL DRUG & PREMIUM COST (for the rest of 2025)

**\$0.00**

Retail pharmacy: Estimated total drug + premium cost

Doesn't include: Health costs

### OTHER COSTS

**\$0.00**

Health deductible

**\$0.00**

Drug deductible

**\$9,350 In-network**

Maximum you pay for health services

### PLAN BENEFITS

- ✓ Vision
- ✓ Dental
- ✓ Hearing
- ✓ Transportation
- ✓ Fitness benefits
- ✓ Worldwide emergency
- ✓ Telehealth

[See more benefits](#) ▾

### COPAYS/COINSURANCE

Primary doctor: \$0 copay

Specialist: \$0 copay

### DRUGS

- ✓ Includes drug coverage

[View drugs & their costs](#)

Enroll

Plan Details



Added to compare

# Appendix C: STARS BCF

## Beneficiary Contact Form (BCF)

---

### Activity: Session notes

Write a summary for the presented counselling session as if you were to submit it in STARS.

- Keep the notes factual and objective (avoid personal opinions).
- Ensure accuracy and completeness while maintaining conciseness.

Notes:

### A few STARS BCF tips

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<b>BENEFICIARY CONTACT FORM</b>			
<b>* Items marked with asterisk (*) indicate required fields</b>			
<b>MIPPA Contact *</b> :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Send to SMP:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SIRS eFile ID:</b> (* <b>required</b> 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
<a href="#">Application Assistance</a>	<a href="#">Application Submission</a> <i>(Includes MSP Submission)</i>	<a href="#">Preventive Services</a>
<a href="#">Application Submission</a>	<a href="#">Benefit Explanation</a>	
<a href="#">Benefit Explanation</a>	<a href="#">Eligibility/Screening</a>	
<a href="#">Eligibility/Screening</a>	<a href="#">Medicaid Application Assistance</a>	
<a href="#">LI NET/BAE</a>	<a href="#">Medicare Buy-In Coordination</a>	
	<a href="#">MSP Application Assistance</a>	
	<a href="#">Recertification</a>	

### Time Spent, Status, & Special Use fields

<b>Total Time Spent on This Contact *</b>		<b>Status *</b>	
___ Hours	___ Minutes	<input type="checkbox"/> In Progress	<input type="checkbox"/> Completed
<b>Special Use Fields</b>			
Original PDP/MA-PD Cost: _____	Field 3: _____	Field 4: _____	Field 5: _____
New PDP/MA-PD Cost: _____			
<b>Notes</b>			

*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.

# References

## **Medicare.gov**

Understanding Medicare Advantage Plans

<https://www.medicare.gov/publications/12026-understanding-medicare-advantage-plans.pdf>

## **Integrated Care Resource Center**

Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) Types in 2023 and 2025

<https://www.integratedcareresourcecenter.com/sites/default/files/ICRC-D-SNPDefinitions-2023-2025%20%284%29.pdf>

## **SHIBA**

[2025 All Counties D-SNP \(Excel, 73.02 KB\)](#)

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

## **CMS.gov**

Beneficiaries Dually Eligible for Medicare & Medicaid

[https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicare\\_beneficiaries\\_dual\\_eligibles\\_at\\_a\\_glance.pdf](https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/medicare_beneficiaries_dual_eligibles_at_a_glance.pdf)