

We could not
do this without you!
Thank you -
Liz

THANK YOU!
DALE

You do fantastic
work. The very best
volunteers ever in the U.S.

Thank you
for all you do
to help people!
You make a
difference!
Diana

Thank you
for all you
do!
R

Thank You! You
are amazing. There
is no one else that
does this important
work to help people
navigate Medicare.
Thank you Judith

I appreciate each and
every volunteer and how
hard you work. You make
my job so awesome and
special! Thank you!
We have the
terrid.

Thank you SHIBA
Volunteers! We
can't do the work
of SHIBA with
out you!
Vansat

Best volunteers
in the world.
Thank you.
TODD

The work you
do is invaluable!
Thank you!
Melanie H.

You are
appreciated!

-Diana H.

Thank you
for giving so much
to help our Medicare
clients
Truly thankful for you!
Pam B.

Thank You!
-John

You are
the best -
every last one
of you! :D
Your community is
very lucky to have
you! Volunteers
matter!
Joe K.

SHIBA Volunteers Rock!
You are an invaluable
resource for our seniors
Jim O

It's great working
with such good
people!
Louisa

Binder scavenger hunt activity

Answer the following as guided by your Regional Training consultant. The answers will be provided in a separate handout.

- 1.** Your client went to the pharmacy. They paid \$8.35 for a brand name drug. They're single with an income of \$1,298 per month with assets at \$1,000:
 - a.** What level copay are they?
 - b.** If a person has an \$83 deductible, what level of Extra Help do they get?
 - c.** Tell us the document you used to find the answer.

- 2.** If you're referring a client to apply on their own for classic Medicaid, what phone number and or website would you give to them?
 - a.** Tell us the document you used to find the answer.

- 3.** A client receives a "Reassignment Notice" letter. What color is the letter?
 - a.** What does the letter tell them to do?
 - b.** Tell us the document you used to find the answer.

- 4.** Your client is single and has a monthly income of \$1,032. They tell you they're on a spenddown, but haven't met it yet.

- a. Can the medical provider bill your client for co-payments and/or deductibles?
 - b. What program are they likely in?
 - c. What publication did you use?
5. If your Rx costs reach \$7,508.75, what coverage period are you in?
 - a. Tell us the document you used to find the answer.
6. If your client is newly eligible for LIS and has not yet enrolled in a Part D Rx plan, what "temporary" program is he or she eligible for?
 - a. What is the phone number?
 - b. What information will help the pharmacy dispense medication(s) to your client?
 - c. Tell us the document you used to find the answer.
7. Your client is moving to the US Virgin Islands Saint Thomas. What SHIP number would you give them?
 - a. Tell us the document you used to find the answer.
8. The VA and IHS are both healthcare delivery systems:
 - a. Is VA or IHS's prescription drug coverage considered creditable prescription coverage?

- b.** How long does a person have to serve in the military to be eligible for TRICARE?
 - c.** Does TRICARE require enrollment in Medicare?
 - d.** What document did you use to find this information?
- 9.** What's the name of the document that gives guidance to SHIBA volunteers about their role to assist PEBB retirees?
 - a.** List the ways SHIBA volunteers cannot assist PEBB retirees on Medicare.
 - b.** What phone number should PEBB retirees should call for PEBB counseling?
- 10.** Medicare's General Enrollment Period (GEP) runs from January 1 through March 31 each year for Parts A and B. When can someone enroll in Part C and/or D?
 - a.** Tell us the document you used to find the answer.
- 11.** What information do you need to have ready to best use your SHIP Unique ID?
 - a.** What is the toll-free number you dial to use your SHIP Medicare Unique ID?

- b.** Tell us the document you used to find the answer.

- 12.** Do you need to collect the client's date of birth when submitting a complaint to the SHIBA Complaints Coordinator?
 - a.** Where do you document the date of birth?
 - b.** Tell us the document you used to find the answer.

- 13.** When orienting a new Medicare beneficiary, what document should you use that illustrates the different Medicare coverage choices?

- 14.** If someone does not have premium-free Part A, what could they pay for their monthly Part A premium?
 - a.** What does the beneficiary pay for home health care under Part B?
 - b.** What would a beneficiary pay for medically-necessary clinical laboratory services?
 - c.** What is the Part A deductible for 2018?
 - d.** What is the Part B deductible for 2018?
 - e.** Tell us the document you used to find the answer.

- 15.** What's the least expensive stand-alone Part D plan premium for 2018 in Washington state?
- a.** What's the most expensive stand-alone Part D plan premium for 2018 in the Washington state?
 - b.** Tell us the document you used to find the answer.
- 16.** How many companies currently sell Medicare Supplements in Washington state?
- a.** Which companies list separate rates for people under 65?
 - b.** Which companies offer a Medicare Select Plan?
 - c.** What is a Medicare Select Plan?
 - d.** What's the standard deductible for the High Deductible Plan F for 2018?
 - e.** Tell us the document you used to find the answer.

Reminders

Please fill out your evaluation. As always, we value any feedback you provide.

For the May training, be sure to bring your advisor binder and your Basic training binder, if you still have one on hand.

Thanks again for all you do to support SHIBA's commitment to providing excellent advice and customer service to our clients!

**We cannot do this without you.
Thank you!**



Notes:

Training course evaluation

Date of Training: _____ Training Location: _____

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

Optional: If you would like to be contacted, please provide your name and contact information. Someone in our office will contact you. Thank you!

Name: _____

Day Phone: _____ Email: _____

If you prefer to give electronic feedback about curriculum or training, please contact: Diana Schlesselman: dianas@oic.wa.gov or Liz Mercer: lizm@oic.wa.gov.