

MODULE 13: ROLE OF COORDINATOR AND COUNSELOR

OBJECTIVES

Module 13 will review HIICAP's purpose and explore methods of counseling, roles and responsibilities, communication skills, and the counseling process—including documentation.

INTRODUCTION TO HIICAP

The Health Insurance Information, Counseling and Assistance Program (HIICAP) is sponsored by the New York State Office for Aging (NYSOFA) and coordinated by county Area Agencies on Aging (AAA) or Offices for the Aging (OFA). HIICAP provides free, accurate and objective information, counseling, assistance and advocacy on Medicare, private health insurance, and related health coverage plans. HIICAP helps people with Medicare, their representatives, or persons soon to be eligible for Medicare.

To learn more about NYSOFA's HIICAP program and how to access information, visit the Program and Services site at <https://aging.ny.gov/health-insurance-information-counseling-and-assistance-program-hiicap>

To contact a HIICAP counselor in your area, call 1-800-701-0501

What is HIICAP?

HIICAP is...

- **Dynamic**

HIICAPs are, by definition, dynamic. Health insurance needs, rules, processes, procedures, and eligibility are constantly changing. HIICAPs must keep pace with these changes to provide accurate, timely, and objective information to consumers.

It is the responsibility of the HIICAP coordinator to provide ongoing training to counselors and volunteers. There are tools and resource available through many sources below are a few we suggest:

SHIP TA <https://www.shiphelp.org/>

Center for Medicare Services (CMS): <https://www.cms.gov/Medicare/Medicare>

Medicare: <https://www.medicare.gov/>

- **Flexible**

HIICAPs gain considerable strength by promoting flexibility and responsiveness to local community needs. The program and its volunteers generally reflect the cultural, ethnic, economic and geographic diversity of the community they serve. Coordinators and counselors develop problem-solving skills and educational materials to address their clients' most prevalent concerns.

HIICAPs strive to respond quickly and effectively to emerging local problems, such as plan terminations, increasing costs of health care services, provider network issues and misleading sales practices.

Empowering

Empowering consumers to make informed decisions and take appropriate action on their own behalf speaks to the mission of the HIICAP program.

HIICAP instills confidence in consumers. The confidence consumers gain by acquiring the information and assistance necessary to navigate their own Medicare and health insurance issues, may save them money and provide them with peace of mind.

Peer counselors serve as positive role models for their clients. They communicate a subtle but powerful message: *If I can learn and master this, so can you!*

- **A Model of Commitment**

Becoming part of HIICAP demands a certain level of commitment on the part of *the coordinator, the counselor, and even the client*.

To be effective, a commitment of time and effort necessary to learn, apply, and follow-up, as needed, on the information provided is crucial.

Meaningful efforts produce significant rewards including grateful, empowered clients and counselors who take pride in the work they do!

Simultaneously, HIICAP counselors gain a unique set of skills which often leads to recognition by their colleagues and peers. All of this, of course, reflects positively upon the HIICAP program, the coordinator and sponsoring Area Agency on Aging.

- **Cost-Effective**

Relative to other community services, HIICAPs have the potential to be incredibly cost-effective. They rely primarily on volunteer counselors who serve to keep the program consumer-oriented.

HIICAPs can save income eligible consumers hundreds of thousands of dollars each year by assisting them in applying for low-income programs. By explaining the benefits of existing assistance programs; and by identifying possible duplicate policies beneficiaries health care dollars can be used more effectively.

- **Professional**

Coordinators and volunteers receive an initial orientation and ongoing training to ensure that the services they provide are accurate and up to date.

Participation in the New York State Office for Aging HIICAP is contingent on adherence to client confidentiality and provision of unbiased information and assistance. Volunteers and clients are encouraged to sign agreements, which clarify their roles and responsibilities.

Though it may be challenging at times, HIICAP counselors and coordinators must always maintain an impartial and professional demeanor when representing the program to clients and the community.

In summary, people with Medicare and their caregivers in New York State can expect to receive the following from their local HIICAP:

- accurate and timely information, education, and assistance
- free, confidential, and unbiased help
- problem resolution
- simplified resource materials and knowledgeable counselors

HIICAP is not...

- **A Substitute for Personal Responsibility**

HIICAP counselors sometimes are pressured by clients to tell them what to do or to identify which policy is the best one to buy. Counselors are also pressured to completely take over a client's paperwork, doing all the claims processing FOR the client as opposed to doing it WITH the client. These scenarios are not uncommon. Counselors must resist the temptation to respond to such client requests.

It is not in the best interests of the client to respond positively to such requests, and it is in direct conflict with the mission and goals of HIICAP. Such dependence upon the program, which cannot be maintained over the long-term, would result in fewer seniors being served overall. Remember: HIICAP strives to empower clients to make their own decisions.

Clients must understand at the beginning that the success or failure of the counseling session depends almost entirely on their willingness to take personal responsibility for their health insurance problems and paperwork. The HIICAP counselor and coordinator can help, but the decisions and the responsibility ultimately lie with the client.

Note: There are some special instances when a client lacks the intellectual or physical capacity to act on their own behalf and have no others to help them with their health insurance affairs. After careful review with their coordinator, HIICAP counselors may provide more extensive short- or long-term assistance to such a client. However, this situation should be the exception rather than the rule for counseling. A counselor can recommend a follow-up counseling session with a family member, friend, or case manager present who can assist the client.

- **A Free Billing Service**

Misconceptions about the scope of services provided by your local HIICAP can be avoided via program publicity, screening of clients before counseling, and review and signature of the client agreement form.

Again, if the client is able but unwilling to take personal responsibility for his or her own health insurance paperwork, the counselor will be limited in their ability to help the client. To do otherwise would deprive other clients of the HIICAP service that they too need.

- **Experts**

There are so many facets of this dynamic industry! Anyone would be hard-pressed to claim expert status in all aspects.

Volunteer counselors are not expected nor required to be experts in the field. They are not expected to memorize or know all the answers to all the questions that might be presented to them. This is where the HIICAP coordinator plays a critical role as leader and expert. Even

though the coordinator is not expected to have all the answers all of the time, they do have the resource connections to get the necessary answers and to communicate them to the counselors.

NYSOFA encourages counselors to specialize in an area of interest, e.g., Medicare, Supplemental Insurance, Medicare Advantage, Retiree coverage, VA Coverage, Medicare Savings Programs and other needs-based assistance or claims and appeals.

However, they should strive to be familiar with basic health insurance information, procedures, and resources and expect to communicate these to clients in a sensitive and professional manner.

▪ **One-on-One Counseling for Everyone Who Requests It**

HIICAPs are also not obligated to provide one-on-one counseling for every client who requests it. In time of high demand for services, HIICAPs can screen clients and provide counseling services to those whose situation merits it. Clients may want a level or type of service that is beyond the scope of HIICAP. A possible substitution for one-on-one counseling may be answering questions over the telephone or in a group educational seminar. Prioritizing those clients in need of counseling services may help to ensure that clients who really need this level of assistance receive it.

▪ **A Guarantee that the Client's Situation Will Improve as a Result of the Information Provided**

Sometimes clients do not follow through as planned, or they choose a course of action, which the counselor feels may not be logical or consistent given the facts. Consider the following example: A client decides to keep a specific health insurance policy even after careful review shows it to be duplicative and beyond the client's financial means. The client rationalizes their decision by saying "I've paid premiums all these years; I might as well keep it and get my money out of it someday."

That someday may never come. However, clients always have the right to self-determination—to make their own decisions about their own health insurance affairs—even if the counselor believes it may be the wrong decision.

Instances where an individual is making what the HIICAP counselor believes is an illogical or irrational choice based on cognitive impairments such as mental illness or Alzheimer's Disease or dementia poses an especially difficult counseling situation. It is essential to recognize a client's right to self-determination while at the same time ensuring that the individual is not a danger to themselves or others. If a counselor believes that the individual's health and well-being is in serious jeopardy, the HIICAP coordinator may need to step in to determine whether it is appropriate to contact Adult Protective Services, family members or other resources in the community better equipped to handle the situation.

In summary, people with Medicare and their caregivers in New York State may have the mistaken impression that HIICAP will provide:

- free billing services
- all the answers
- advice on issues unrelated to health insurance
- help to all who want or need it

HIICAP ROLES

Coordinator

A HIICAP coordinator is responsible for recruiting, screening, training, supervising, and retaining HIICAP counselors. A coordinator provides timely reports to the New York State Office for Aging (NYSOFA). The HIICAP coordinator is also responsible for scheduling and providing presentations to the public and other professionals on a variety of topics related to Medicare and health insurance.

Counselors

HIICAP counselors assist people and their families with understanding Medicare, helping them make choices related to their Medicare coverage by providing accurate, unbiased health insurance information. HIICAP counselors empower consumers to make informed decisions and take appropriate actions on their own behalf. They are usually volunteers.

Counselors must have good written and oral communication skills, the ability to learn and apply technical information, and the time and emotional capacity to devote to helping others. Other special volunteer resources or skills, such as having a car or the ability to speak a second language may also be helpful.

HIICAP counselors have varied life experiences which, when augmented with extensive HIICAP training, create an extremely capable and effective counselor corps.

RISK MANAGEMENT

Memorandum of Understanding (HIICAP Volunteer Agreement)

The HIICAP Coordinator screens HIICAP volunteers prior to training to ensure that the goals and expectations of the individual and the program are compatible. This relationship is formalized in the written Memorandum of Understanding (HIICAP Volunteer Agreement) between the volunteer and the sponsoring Area Agency on Aging. This agreement (found in the Appendix) is an important step toward ensuring the viability of the program and the quality of services.

New York State HIICAPs use this agreement, or a modified version of it. Coordinators are encouraged to use this boilerplate agreement to initiate a review by their own AAA legal counsel. HIICAPs are strongly encouraged to develop an agreement that includes the components below.

- **Section 1: Identifying Information**

This simply identifies the volunteer's name, mailing address, telephone number(s), and email address. If not printed on the sponsor's letterhead, additional lines and space should be provided to include the sponsor's name, address and telephone number.

- **Section 2: Waiver of Liability/Disclaimer**

This section sets forth the volunteer's intention to adhere to HIICAP guidelines. It also releases the New York State Office for Aging and the sponsor of any responsibility for actions taken by the volunteer outside those contained in the guidelines.

▪ **Section 3: Nature of Services**

This section describes the basic volunteer responsibilities, providing accurate and objective counseling and assistance with health insurance affairs. It also identifies the target recipients of HIICAP services, the possible methods of counseling to be employed, the volunteer's commitment to initial and ongoing training; and the volunteer's commitment to submit timely and complete reports to the coordinator.

▪ **Section 4: Confidentiality**

This paragraph sets forth the volunteer's commitment to maintain confidentiality of all client data and appropriate use and disclosure of such data. Client confidentiality is the cornerstone of the foundation on which HIICAP is built.

▪ **Section 5: Non-Conflict of Interest**

This section details specific instances in which counselors shall not promote private or personal interest in conjunction with the performance of HIICAP duties.

Prohibited are:

- market research or steering, directing or advising clients, and
- disclosure of confidential information for personal or professional gain. This again acknowledges the volunteer's obligation to maintain client confidentiality and to exercise good faith and integrity in the performance of HIICAP duties.
- In this paragraph, the volunteer acknowledges that he or she is aware of the possible repercussions—decertification and potential legal liability—for breaching client confidentiality.

▪ **Section 6: Terms of Service**

This sets forth the volunteer's intention to remain with the program for at least one year, at a specified number of hours per month.

▪ **Section 7: Confirmation**

After careful review, both the volunteer and the coordinator sign and date the agreement. Memorandums of Understanding should be reviewed and updated each year.

The importance of the Memorandum of Understanding cannot be over-emphasized. Memorandums of Understanding, plus the client agreement form that is discussed later in this Module, help to clarify roles and expectations from the start. They may also provide documentation, which could prove critically important in defending the local HIICAP staff and volunteers in a legal suit.

The Client Intake Form contains much of the same language as the volunteer's Memorandum of Understanding, but from the client's perspective. The Client Intake Form helps set a professional tone for the session and realigns client expectations about the scope and nature of services to be provided.

HIICAPs are strongly encouraged to use this or a modified form with every client. It is important to note that most clients sign the form with little reservation. Experience has shown that counselors tend to be more concerned about using the form than clients, even in well-established programs that did not use the form prior to statewide HIICAPs.

Key words such as "good faith" and "hold harmless" provide measured legal protection to the program, as does the disclaimer in paragraph 2: "I understand that the counselor assumes no

responsibility for decisions made or actions taken as a result of counseling.” Several sentences clarify the unbiased, free, and confidential nature of the service.

Lastly, the Client Intake Form releases the HIICAP coordinator, HIICAP counselors, staff, and the sponsoring organization from any liability because of service provision, when provided in accordance with the Program guidelines. Thus, any legal protections afforded are contingent upon volunteers and staff adhering to established HIICAP guidelines, which are set forth for the volunteer in the Memorandum of Understanding.

Again, coordinators should take the appropriate steps to review these issues and agreements with legal counsel to determine the most appropriate steps to take. (See Risk Management)

Client Intake Form

Insurance for Health Insurance Counseling Programs?

The Volunteer Protection Act of 1997 removed volunteers from liability for negligent acts or omissions. But that does not include willful or criminal misconduct, gross negligence, indifference to the rights of individuals, crimes of violence, including hate crimes and sexual offense, or harm caused by their operation of a motor vehicle.

HIICAP sponsoring organizations may wish to purchase professional liability insurance, or expand their existing coverage, to include HIICAP counselors and coordinators. Such insurance may help to cover legal costs, which can far exceed the cost of a policy, should a suit be brought against the program.

It is often possible to expand an organization’s commercial and automobile liability insurance to encompass volunteers. This insurance will act as a supplement to the volunteer’s own insurance. If the policy contains an automobile coverage clause, obtaining a copy of the volunteer driver’s license and insurance card annually is recommended.

For non-profit organizations, Directors and Officers Insurance may cover volunteers with a special rider in the policy as added protection.

Assessing the Risk

Legal Counsel for the Elderly, Inc., noted in their 1991 publication *Medical Bill and Health Insurance Counseling: How to Build a Volunteer Program* that their national review “located almost no lawsuits or even threats of lawsuits against any of the programs, [however] risks do exist and program planners need to evaluate them.”

They suggest that the evaluation include whether or not to purchase:

- Errors and Omissions (E&O) Liability Insurance - which covers mistakes in counseling
- Personal Liability Insurance - which covers negligent personal injury and possible damage to property of third parties by volunteers (automobiles excluded)
- Non-Owned Automobile Insurance - which provides liability coverage in which it is alleged the volunteer, in the course of the work for the program, negligently operated their automobile causing injury or property damage

- Dishonesty Bond - to protect against the risk that a volunteer may steal property of the client or be accused of this
- Personal Injury Insurance - to cover injury to the volunteers themselves (accident insurance or possible extension of worker's compensation coverage)

Legal Counsel for the Elderly recommends that programs evaluate the risk involved and the cost of protecting against the risk. Variables to consider include:

- the probability of a lawsuit
- the cost of the insurance
- any immunity for the volunteers which state law may provide
- the extent of program resources and alternative uses for funds which would have to be spent for insurance premiums
- the number and dollar amount of claims likely if the organization opted to be a self-insurer
- a moral obligation to protect volunteers from exposure to unreasonable risk of financial loss as a result of their commitment and generosity

Whether or not to insure, and at what level, remains the decision and the responsibility of the local Area Agency on Aging.

In addition to supplementing the volunteer's own insurance, there are many ways to reduce risk and limit legal exposure for your organization. Many of the techniques are simple common-sense measures. HIICAP coordinators should treat volunteer counselors as they would treat paid staff, and keep documentation to demonstrate "due diligence."

Tips for Reducing Risk and Potential Liability

- Carefully screen volunteer applications
- Train and closely supervise volunteers
- Document attendance at trainings and other events
- Provide a client feedback mechanism and investigate any complaints promptly
- Implement a client sign off sheet on intake forms and other specialized signoff sheets for particular situations
- Restrict counseling to designated sites and during supervised hours. Create a policy for in-home counseling that requires two counselors to be present
- Build in annual reviews and deal with any problems by dismissal if necessary

The New York State Office for Aging assumes no responsibility or liability for individual HIICAPs. Coordinators should check with their local legal counsel for recommendations and communicate this information—procedures, development and use of forms, and risks—to HIICAP counselors.

HIICAP COUNSELOR CLIENT COMMUNICATION

The training HIICAP counselors receive provides opportunities for developing and applying communication skills and techniques.

Regardless of the method of counseling (e.g., walk-in, telephone, one-on-one, or in-home), HIICAP clients should feel comfortable in seeking assistance. We want clients to understand what their counselors are telling them. All of your training and all the information you have learned will be useless if you do not practice the art of listening.

Listening Skills for Counselors

Most of us are not good listeners. We hear but do not listen. We are so busy thinking about other things, reacting to what is being said, or thinking about our response to what is being said that we do not hear.

Here are some tips to improve your listening skills:

- **Desire** - First, you must want to hear what a person is saying. If you are too tired or simply not interested, you will not be a good listener.
- **Patience** - Give the person time to express themselves. Do not automatically jump to conclusions or give a quick answer.
- **Attention** - Look at the person and maintain eye-to-eye contact. Lean forward, toward him or her. Eliminate distractions. Clear your workspace and provide a quiet environment. Focus on the person.
- **Feelings** - Focus on the feelings the person is expressing as well as the content or information. This helps to define what the person is really seeking.
- **Body Language** - Pay attention to non-verbal cues. An estimated 85% of communication is non-verbal.
- **Accept** - Accept what the person is feeling. Accepting and agreeing are two different things. Accepting means acknowledging that the person is upset, frustrated, or sad. It does not mean that you condone or justify that feeling or the way it is expressed.
- **Reflect** - Try to periodically summarize or reflect on what you have been hearing. Match the speaker's tempo and tone. It shows you are following what is being said and lets the speaker clear up misunderstandings.
- **Understand** - First, understand what the person is trying to say, and then seek to be understood yourself.

Communication Techniques

The HIICAP counseling session should proceed, much like a focused conversation, with both the client and the counselor doing a fairly equal amount of talking and listening. The following communication techniques may help facilitate understanding between you and your clients:

- Greet the client and explain the process.
- Provide assurances of confidentiality.
- Review the client intake form and have the client sign it.
- Treat your client with respect from your initial contact through all phases of the service you provide.
- Ask clarifying questions to focus the discussion.

- Ask open-ended questions to clarify information and to check that you understand key points.
- Maintain a cordial but professional tone throughout your interactions with the client.
- Listen supportively and patiently as the client describes his or her situation.
- Keep the conversation focused on the highest priority and most immediate need of the client and avoid tangents by redirecting the conversation back to the highest priority need.
- Observe signs of anxiety or misunderstanding and provide appropriate assurances to ease your client's discomfort.
- Summarize often during conversations with your client to confirm that you understand the client's situation.
- Take care to define terms and explain concepts in ways that the client will understand.
- Provide precise explanations paced appropriately to avoid misunderstanding.
- Encourage the client's participation in pursuing ways to resolve his or her health insurance-related problems.
- Remain flexible about your ideas for resolving problems and be open to your client's ideas.
- Obtain the client's approval before taking action on his or her behalf.
- Schedule a subsequent appointment if there are additional needs that cannot be fully addressed with the timeframe of the counseling appointment.

METHODS OF COUNSELING

As noted earlier, the strength of local HIICAPs is their ability to respond to the needs and resources of the elderly and disabled communities.

There are various methods of delivering HIICAP services—individually, by group, telephone, or by appointment. HIICAPs are encouraged to select the method(s) that work best for their particular program and particular situation.

Some of the more common methods are identified below with advantages and disadvantages of each.

One-on-One (Personalized) Counseling by Appointment

- **Advantages:**
 - more personal
 - more confidential
 - ability to gauge client understanding, maximize verbal and non-verbal cues
 - screening allows for client and volunteer preparedness
 - maximizes counseling effectiveness
 - reinforces the value and professionalism of HIICAP services
- **Disadvantages:**
 - need centralized, appropriate site
 - need pre-screening support (e.g., telephone, personnel)
 - requires oversight of the scheduling and timing of individual appointments, sometimes at multiple sites
 - may be client and significant other with different needs in one counseling session that will need to be managed skillfully by the counselor

Walk-in Service

- **Advantages:**
 - immediate access
 - more personal
 - more confidential
 - problems can often be quickly resolved
 - may pave the way for expanded HIICAP or other services
- **Disadvantages:**
 - inability to manage counseling services or to prioritize clients in times of high demand
 - no guarantee of help from a counselor when the client arrives and often the responsibility of the HIICAP coordinator to meet the immediate need of the client
 - the client is not always prepared, lacking necessary paperwork
 - fluctuating activity can be difficult to plan for (e.g., too many or few clients per counselor)

- may be frustrating to client and counselor when expectations are unclear regarding the nature of available service and how it is provided.

Telephone

- **Advantages:**

- transportation not needed
- very accessible
- quick answers
- no need for physical site
- often paves the way for expanded HIICAP or other services

- **Disadvantages:**

- client who wants quick answer may put off counseling until crisis stage
- counseling can be severely limited without actual documentation in hand
- lengthy follow-up, often with repeated call-backs
- limited communication channel - loses benefit of non-verbal, visual cues, hearing disabilities common in the elderly may prohibit understanding
- inability to obtain client signature on intake form immediately to reduce liability
- may be complicated if multiple individuals and no conference call capability

In-Home Counseling

- **Advantages:**

- more personal
- more confidential
- ability to gauge client understanding
- screening allows for client and volunteer preparedness
- serves clients in greatest need
- allows for informal assessment for other client needs
- referral often allows for immediate access to additional, needed documentation
- serves rural clients and volunteers especially well

- **Disadvantages:**

- Assuming the client is homebound, generally more complex cases requiring multiple sessions with highly-experienced counselors
- unknown access to internet, computers, printers, may require multiple contacts
- additional resources required if the recommended two counselors are assigned to each home visit to reduce liability
- in-home distractions
- generally more time-consuming
- requires resources for screening
- possible increased risk to counselor safety and increased liability for agency

- potential duplication of services since many homebound seniors have case managers or other in-home service professionals who can act as appropriate contacts

Group Counseling

- **Advantages:**

- Multiple clients served simultaneously in times of high demand
- Easier scheduling of presentations based on one presenter's schedule
- Ability to involve counselors at conclusion of controlled presentation to offer one-on-one assistance
- Ability to screen clients for those who truly need one-on-one counseling vs. those whose needs are met by the information relayed to the group

- **Disadvantages:**

- Less personal
- Less confidential
- More difficult to address individual concerns, unless one-on-one assistance offered following the presentation
- Requires a skilled presenter who can control the audience and redirect the group back to the topic

COUNSELING SESSION GUIDELINES

The method of counseling will shape HIICAP resource requirements, client expectations and the specific counseling procedures followed. However, there is a general HIICAP counseling process, which should be applied regardless of the method of counseling. An outline of this process appears below; the components of which will be discussed in detail in the section that follows.

The HIICAP Counseling Process

1. Preparing for Counseling Sessions
2. Opening
3. Beneficiary Contact Form
4. Problem Identification
5. Action Plan
6. Processing
 - a. Information
 - b. Claims
 - c. Advocacy
7. Closing
8. Documentation

Step 1: Preparing for Counseling Sessions

Older and disabled adults may seek HIICAP assistance through a variety of ways. They may contact the sponsoring agency directly or they may ask for an individual appointment following a consumer education activity. Often word-of-mouth referrals will result in a request for HIICAP assistance.

Whether by telephone, walk-in, or in-home or other method of counseling, HIICAP counselors will need to be prepared. Counselors will want to assemble materials and information necessary to conduct a productive meeting. Additional materials should be made readily available in an accessible office area for counselors who need additional supportive documentation. Counselors should bring their HIICAP Notebook and/or HIICAP Counselors Resource Guide or have access to the latest versions for reference at the counseling site, and, if not already provided, office supplies (e.g., pen or pencil, stapler) and any client materials.

Many HIICAP coordinators find it useful to prepare a packet of materials ahead of time to be given to counselors to use with clients during a counseling session. These may include the Client Intake Form(s) and evaluation forms, a sponsor agency brochure, booklets or photocopies of information on Medicare, Medigap, and prescription drug programs and/or other education or promotional materials. This is especially convenient for use with in-home counseling or for counseling away from the sponsor's business office.

Clients should be asked to bring with them all their health insurance policies, claim forms, MSNs, EOBs, medical and hospital bills, Medicare card and any other pertinent health care and health insurance documents. The client should also bring their latest Social Security statement, latest tax forms, and a bank statement to enable the counselor to screen for program eligibility based on income. The client may also be advised to bring a trusted relative or friend to the counseling session if there is any concern over the client's ability to understand the information presented or make decisions on their own.

Clients should be screened as to the type of their health insurance problem: claims processing, information regarding Medicare or other health insurance, appeals, etc. Some HIICAPs find a telephone log useful in screening clients. Information regarding the name, type of problem and, depending on the method of counseling and local HIICAP procedures, possibly the client's telephone number and address, should be given to the HIICAP counselor prior to the session.

Many HIICAP coordinators request that counselors sign up for sessions by location and/or date at their regular in-service training meetings. Others may have the HIICAP coordinator screen the client and assign the case to a specific counselor, who then contacts the client directly to schedule a counseling session. This works well in rural areas, which lack a regularly scheduled, centrally located site. In this situation, the counselor and the client are able to schedule a mutually convenient date, time and location for the session. Counselors will want to get to the counseling site about 10 minutes early to make sure everything is in order and to be able to greet the client when they arrive.



Caution: Regardless of how clients are scheduled for appointments, central scheduling should be enforced to ensure the HIICAP coordinator is always informed of when, where and with whom a session is scheduled. To do otherwise poses serious liability risks to the program. The corollary to this principle is that clients should not contact a HIICAP counselor directly for questions or additional assistance. All cases—even repeat cases—need to be centrally managed by the HIICAP coordinator.

HIICAP coordinators should establish written policies for emergency or unforeseen circumstances such as illness, inclement weather, holidays, and vacations. These should include a contact person to notify in such circumstances, procedures for contacting clients and counselors, and other relevant parties. These do not have to be elaborate, but they can help the program run smoothly during atypical situations.

Step 2: Opening

The opening should include an introduction to the client, summarizing the role of a HIICAP counselor and the mission and scope of HIICAP. Explain how HIICAP can help the client by providing objective information to enable him or her to reach well-informed decisions. HIICAP counselors should determine in this initial opening how the client wishes to be addressed, i.e. Mr., Mrs., Dr. etc.

Step 3: Beneficiary Contact Form

It is very important that counselors and coordinators complete a Beneficiary Contact Form for every person they assist. Reporting all of your client contacts is a critical component of your work. Continued funding is contingent upon good and accurate data gathering and reporting. It shows the valuable work that you do. (See Step 8: Documentation for more information.)

General questions, such as times and locations of counseling sites, or questions to determine whether or not a counseling session is actually needed, would not require that a contact form be completed.

However, even quick questions regarding health insurance should be recorded on a contact form. This is especially true for telephone counseling. It is easy to take a quick telephone call from a consumer or professional in the community and forget to record the information either before or immediately after the call. This results in under-reporting of the numbers of people actually served and the amount of time actually devoted to HIICAP.

Use the Beneficiary Contact form (*which appears in the Appendix*) to define the nature of the services you will be providing. The client may jump into details about his or her situation before the counselor has all the information, they need to help him or her. Following the contact form is a good way to keep the counseling session focused and on track.

At the very least, the client's name, date, basic demographic information, type of assistance needed, amount of time spent on the case, and the counselor's or coordinator's name, and signature for face-to-face counseling sessions should be recorded on the contact form. Beneficiary Contact forms also identify the name of the sponsor organization, and counseling date and location. If a spouse, relative, friend or other representative is seeking help on the client's behalf, be sure to record that contact person's information as well. Additional information can also be recorded related to the client's current health insurance company and policy name(s), type of health insurance, identifying policy numbers, and monthly or annual premium costs.

Step 4: Problem Identification

At this stage, ask the client to summarize his or her reasons for meeting with you. This is the counseling need or reason for contact to be indicated on the contact form.

If multiple concerns are expressed, all that are presented to the counselor should be identified on the form. You may well find during counseling that the client has a different or more serious health insurance problem than the one(s) the client has presented. This real problem information should be recorded in a narrative or summary section on the contact form.



Caution: Even the most experienced counselors and coordinators may make assumptions or jump to conclusions regarding the real problem versus the presented problem in a counseling session. It's important to ask—and keep asking—more and more focused questions until you get to the heart of the client's health insurance problem. Then be sure you understand the client's answers, as well as their questions, before you provide information.

Consider the example below:

Marjorie B. is certain that her Medigap policy is overpriced and simply does not cover enough of her health care costs.

She presents her problem to the HIICAP counselor: “This policy is too expensive and I’m seriously thinking about canceling it.”

The counselor could immediately start to review other, less expensive Medigap policies—but there may be other things to consider such as the following:

- whether she understands her current policy
- whether she understands Medicare's benefits and gaps in coverage
- is she aware of less expensive Medicare Advantage policies and understands and accepts the greater cost sharing risk associated with these policies
- what is the status of her health
- is she eligible for Medicaid, QMB, SLMB, QI, EPIC, or other forms of assistance to reduce overall costs making the current policy more affordable

Asking probing questions will enable the counselor to zero in on the client's highest priority problem. Once the problem has been identified, and the client has been profiled, the HIICAP Counselor can then provide information that will enable the client to make an informed decision to keep her current policy, cancel her current policy and retain original Medicare without a supplement, or select a Medicare Advantage plan as an alternative.

Step 5: Action Plan

The HIICAP counselor and the client should discuss and agree upon a course of action to be taken to resolve the client's most pressing problem. It is important to remember at this juncture that the ultimate goal of HIICAP is to help people with Medicare and their caregivers become empowered consumers, capable of making informed choices. It is not necessary to verify that the client actually took the desired action, only to document the intent of the client as the outcome of the counseling session.

Always encourage clients to act on their own behalf, or to enlist the support of a family member or caregiver to assist. A simple checklist included with counseling materials can be used to remind the client of the actions they intend to take after the counseling session is complete.

Often billing and claims problems may require several counseling sessions over a period of several weeks or even months. It is helpful to provide a client with an estimate of how long it may take to

resolve their problem to encourage patience and realistic expectations. The HIICAP coordinator should define the scope of billing and claims services provided by HIICAP and communicate that to HIICAP counselors who specialize in this area. It is important to keep the counseling session on track and within the allotted time. If necessary, scheduling a subsequent counseling session is preferable over keeping another client waiting or monopolizing too much of a counselor's time.

The following can add to the time needed to resolve a particular health insurance problem:

- necessary documentation, such as EOB/MSN or bills, may be missing and must be requested
- action may be initiated and ample time is needed for health care providers, insurance companies, and Medicare Administrative Contractors to process and respond
- the complexity of the case and sheer volume of paper—some necessary, some unnecessary—resulting from extensive use of health care services may require additional time to simply sort through and record the information
- unusual or highly technical cases may require additional follow-up with the coordinator or other resource, such as the Medicare Rights Center HIICAP Hotline for technical assistance (800-480-2060)

Step 6: Processing

Once the HIICAP counselor has determined the client's intended plan of action, the next step is for the client to implement it.

The HIICAP counselor can increase the client's ability to carry out their intended action by providing information, claims assistance, or advocacy. Some cases will require more than one approach.

Consider, for example, the case of a client who is shopping for a Medigap policy, but who never signed-up for Medicare Part B. The client may need a Medigap—but the place to start is with Medicare Part B coverage before applying for coverage through a supplement. This is an example of how one problem may lead to the uncovering of another higher priority problem.

When a client needs...

- **Information:**
 - a. Relate Medicare's benefits and gaps in coverage to their current health insurance coverage (is there duplication? gaps? is the cost worth the benefits provided?)
 - b. Clarify unmet needs and other health insurance options (e.g. Medicaid, QMB, SLMB, QI, Medicare Advantage, EPIC, Medicare prescription drug coverage, employer plans, etc.)
- **Claims Assistance (counselors specializing in billing and claims):**
 - a. Educate regarding terminology (e.g. MSN, assigned, and unassigned providers, etc.) and the claims process for their particular situation
 - b. Assist the client in sorting and organizing the paperwork
 - c. Demonstrate how the client can record by date of service on the Insurance Claims Record for each medical service provided
 - d. Show the client how to complete any necessary claim forms
- **Advocacy on Claims and Appeals:**

- a. Provide information to the client regarding beneficiaries' rights and responsibilities (e.g. appeals, assignment, etc.)
- b. Provide information regarding the process for exercising beneficiary rights and responsibilities (e.g. time and dollar limits on Medicare appeals, filing a complaint with the NYS Department of Financial Services, contacting a health care provider, etc.)
- c. Consult with HIICAP coordinator on the degree of HIICAP involvement appropriate for each client's situation.
- d. Advocate for resolution of the client's claim or appeal (showing how to request Medicare review on an MSN, helping to complete the NYS Department of Financial Services complaint form, writing down the name, telephone number and how to state their concern or position to a health care provider, etc.)

Step 7: Closing

At the close of the session, summarize the information reviewed and procedures followed during the session. Review (and perhaps provide a written list, or a predefined checklist to the client) any follow-up activities to be taken either by the client or counselor because of the counseling session.

Indicate whether and when another counseling session is needed, and what process should be followed to make another appointment, if necessary.

Be sure to thank the client and provide supportive comments on their willingness and capacity to take control of their health insurance affairs. Let the client know that HIICAP will be there if he or she needs further assistance.

Step 8: Documentation

Provide the client with a HIICAP Client Evaluation form (an example is shown in the Appendix). Request that they complete the form before leaving. However, if time and caseload does not permit, the evaluation should be completed as soon as possible after counseling. Let the client know that their honest opinion regarding the quality of the counseling services they received is important to all concerned.

Client evaluations are, for the most part, overwhelmingly positive. The evaluations—with their usually glowing comments—are great at building HIICAP counselor esteem and pride. HIICAP coordinators may wish to share them (anonymously, of course) with the counselors at in-service meetings. They also serve as very powerful and moving testimonials to decision-makers and funders associated with the program.

While the client is completing the evaluation form, or even after the client has left, the HIICAP counselor should take a few minutes to complete the rest of the Beneficiary Contact form. For most contact forms, this is simply a matter of indicating what referrals were made, an estimate of any financial benefit to the client as a result of the HIICAP counseling session, a clear but concise summary of the counseling provided, whether and what additional follow-up is needed, and the counselor's name.

This final step should not be delayed, as it becomes more difficult to recall the details of a particular counseling session over time. Remember: The counseling session is not really over until your paperwork is done!

Upon completion, the Beneficiary Contact Form should be forwarded as soon as possible to the HIICAP coordinator. Counselors should not hold onto contact forms until the case is completely resolved or until the next time they happen to be near the HIICAP coordinator's office.

If necessary, the sponsor Area Agency on Aging should provide postage paid envelopes for counselors to mail back their contact forms to the coordinator on a timely basis, no later than two days from the date of the counseling session.

The HIICAP coordinator should review each contact form to gain an understanding as to what transpired during the counseling session and whether or not there is any follow-up activity required. The coordinator (or their qualified designee) should initial and date the contact form to indicate that it was reviewed. Some Beneficiary Contact Forms allow space to indicate whether the information was recorded for statistical reporting purposes.

The documentation, or lack thereof, can make or break a HIICAP. The contact and client evaluation forms work as a system of checks and balances that keeps the lines of communication open between all concerned—clients, HIICAP counselors, HIICAP coordinators, Area Agency on Aging Directors, funders and the New York State Office for Aging—right on up to the Centers for Medicare & Medicaid Services (CMS). While tedious at times, accurate records of program activity are important to HIICAP funders, staff and volunteers to effectively evaluate the success of and need for the program.

With incomplete or untimely documentation, opportunities are lost—opportunities to measure and take pride in our accomplishments, to communicate our success, to improve our performance, to develop new skills or materials to address clients' and counselors' needs, to advocate effectively, and to protect the program, counselors and staff from undue risk of liability.

MODULE 13: APPENDIX

HIICAP Coordinator Job Description

HIICAP Volunteer Counselor Job Description

Counseling Tips

Memorandum of Understanding (HIICAP Volunteer Agreement)

Authorization to Release Information Form

Beneficiary Contact Form

Client Evaluation Form

SHIP Unique ID Confidentiality Statement

New York State HIICAP Coordinator: Job Description, Responsibilities and Obligations

The HIICAP coordinator, is responsible for ongoing development, implementation, evaluation and maintenance of the local HIICAP.

The coordinator may be a staff person of either the Area Agency on Aging or a local not-for-profit organization.

▪ **Responsibilities:**

- Recruit, retain, and recognize HIICAP volunteer counselors
- Design volunteer roles, interview, select, monitor, and evaluate their progress
- Provide counselors with accurate and simplified counseling materials
- Coordinate and schedule HIICAP counselors to ensure effective program operation
- Support HIICAP counselor activity through advocacy and follow-up activity when needed
- Organize HIICAP counselor in-service meetings
- Conduct and arrange public education events
- Coordinate with other organizations as appropriate
- Monitor and maintain HIICAP counseling sites and program materials
- Maintain accurate program records
- Ensure Beneficiary Contacts and Outreach and Educational events are reported on a monthly basis in SHIP Tracking and Reporting System (STARS). See Module 14, HIICAP Notebook; *NYSOFA HIICAP REPORTING*.

<https://aging.ny.gov/hiicap-notebook>

▪ **Requirements:**

- **Experience** - Two or more years human services employment or equivalent experience with an emphasis in working with older adults and volunteers
- **Skills** - Strong oral and written communication skills; strong organizational ability; outstanding interpersonal skills, including the ability to work effectively with diverse groups of people; the ability to discern volunteer counselors' special talents and abilities; and the ability to motivate counselors according to their needs.

New York State HIICAP Volunteer Counselor: Job Description, Responsibilities and Obligations

- **Purpose of Position:**
 - To provide health insurance information, assistance and referral services.
- **Is Responsible To:**
 - (_____) County's Coordinator for the New York State Health Insurance Information Counseling & Assistance Program (HIICAP)
- **Responsibilities:**
 - Satisfactorily completes certification training conducted under the auspices of New York's HIICAP
 - Satisfactorily completes continuation training as required by New York's HIICAP
 - Successfully completes HIICAP Counselor Certification online exams
 - Provides health insurance counseling services without conflict of interest and in compliance with New York's HIICAP
 - Conducts individual health insurance counseling sessions
 - Assesses client's need for information and/or assistance
 - Provides referrals to appropriate resources
 - Answers questions on Medicare, Medigap, Medicare Advantage, prescription drug coverage, and other health insurance
 - Files reports and provides follow-up as required
 - Handles client information in strictest confidence
 - For counselors specializing in billing and claims:
 - Assists with Medicare and other health insurance claims filing
 - Provides informal claims advocacy as required
- **Desired Qualifications:**
 - Ability to get along with others
 - Sensitive and caring attitude
 - Willingness to learn about and ability to retain information relevant to health insurance options
 - Good written and oral communication skills
 - Professionalism and confidentiality when dealing with personal and/or sensitive information
- **Time Commitment:**
 - Agreed number of volunteer hours/month: ____for a minimum of ____year(s)

New York State HIICAP Volunteer Counselor

Counseling Techniques, Tips and Pointers

- **Gain Experience**
 - Work together with experienced counselors to gain confidence.
 - Remember that eventually, you have to take the leap and do it alone.
 - Expect to spend some time developing your own style. Every counselor has a unique style and an approach all their own.
 - It is acceptable to say, “I don’t know, but I’ll find out” when counseling.
- **Keep Up to Date**
 - Regularly attend in-service training meetings.
 - Treat scheduled public seminars and presentations as “refresher” courses.
 - Counsel on a regular basis. Lengthy leaves of absence will make it so much harder to stay current and confident.
- **Remain Unbiased**
 - It is normal to formulate opinions as you gain experience, but remaining unbiased is critically important.
 - Explain options; do not give advice.
- **Foster Client Independence**
 - Explain the process, but encourage clients to try to navigate the system themselves.
 - Offer support and guidance, but do not offer to jump in and do things for a client if they are able to take care of it for themselves.
- **Keep Information Confidential**
 - All identifying client information must be treated confidentially.
 - Contact forms gathered outside of the agency should be kept in a locked place until transferred to the coordinator.
 - Individual client cases can be discussed in general terms, but cases involving specific client information should only be discussed with the HIICAP Coordinator, other certified HIICAP Volunteers, and authorized agency staff.
- **Keep Accurate Records**
 - Accurate reporting is critical to continued funding of HIICAP.
 - Think outcomes. Our funding sources are interested in more than just a client count. They want to see how counseling has affected clients in a positive way. Example: how much money did our clients potentially save?

HIICAP Volunteer Agreement

As a volunteer for the New York State Health Insurance Information, Counseling, and Assistance Program (HIICAP), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer job descriptions, handbooks, manuals, and other guidance. The HIICAP is not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

Nature of Volunteer Service

- I understand that as a HIICAP volunteer, I will be relied upon to serve Medicare beneficiaries and their community. The scope of responsibilities varies for each volunteer.
- I understand that my responsibilities may include providing accurate and objective counseling and assistance to Medicare beneficiaries, their representatives and caregivers, or persons soon to be eligible for Medicare.
- I understand that my responsibilities may include the use of Internet-based programs to help clients compare health and prescription drug plan options.
- I understand that my responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older Americans and people with disabilities.
- I understand that my volunteer activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.
- I understand that I must submit monthly documentation of my activities to my HIICAP supervisor.
- I understand that HIICAP volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.

Confidentiality

- I understand that I will have access to sensitive information about my clients, including medical, insurance, financial, and other confidential personal data.
- I agree to keep such information confidential and to use it only to perform my duties as a HIICAP volunteer, to the extent that a client explicitly authorizes.

Non-Conflict of Interest

HIICAP volunteers cannot promote private or personal interests as they go about performing the duties described in HIICAP program policies and guidelines. To comply with this requirement, I agree to the following:

- I will in no way attempt to conduct market research or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to

replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.

- I will not disclose or use confidential or other personal information obtained from a client through my association with HIICAP for personal gain or the gain of my employer or any other party.

Agreement

- I understand that as a HIICAP volunteer, I am committing to _____ hours each month.
- I agree to attend initial and updated training programs as required.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a HIICAP volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer's Signature: _____ Date: _____

Coordinator's Signature: _____ Date: _____

VERBAL INFORMED CONSENT TO DISCLOSE PERSONAL INFORMATION SCRIPT
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM

Client Name (first name, last name):
Address:
Phone number:
Date:

Read the following:

I would like to share the information we have collected with the following entities so that they can help us in providing you services under the HIIICAP program:

This information may include medical records, employment records, government records and any other information concerning you which you have provided. This information will be shared by fax. There are laws and regulations protecting the confidentiality of your information. We will not share your information with any other entities without your permission. Do I have your permission to release your personal information to the entities I have named?

- ☐ **Yes (if in person, written consent is required)**
- ☐ **No (If no): I can attempt to help you as best I can, but my ability may be limited if I am not able to consult with these other entities.**

Worker Attestation

☐ I attest that on the date indicated above, [Name of Client] _____ was read the above script and consented to the disclosure of his or her information to the entities named above so that they may assist in the provision of services. I believe this individual to have understood the scope and implications of what he or she was consenting to.

Signature:
Name (print):
Title:
Date:
<i>This form must be retained with the client's record.</i>

FACE TO FACE INFORMED CONSENT TO DISCLOSE FORM
HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM

Informed Consent to Share and Disclose Personal Information

I request and consent to the release by [Entity making disclosure] of all requested records, including but not limited to, medical records, employment records, government records and any other information concerning me which I have provided to [entity making disclosure] to the following entities for the purpose of assisting with the provision of HIICAP services:

I understand that these records are being released to allow the above entity or entities to help in providing me services.

I understand the information to be released, the need for the information and that there are laws and regulations protecting the confidentiality of authorized information.

I understand that signing this authorization is voluntary. I have the right to revoke this authorization at any time, except to the extent that action has already been taken based upon this authorization, by writing to and the provider of information and records named above.

I authorize use of a fax or scanned copy of this consent for release or disclosure of requested information and records.

Signature

Date

Print

BENEFICIARY CONTACT FORM			
* Items marked with asterisk (*) indicate required fields			
MIPPA Contact *:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Send to SMP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)	
Counselor Information *			
Session Conducted By* :		ZIP Code of Session Location * :	State of Session Location * :
Partner Organization Affiliation* :			
		County of Session Location * :	
Beneficiary & Representative Name and Contact Information			
Beneficiary First Name: _____		Representative First Name: _____	
Beneficiary Last Name: _____		Representative Last Name: _____	
Beneficiary Phone: (_____) - _____ - _____		Representative Phone: (_____) - _____ - _____	
Beneficiary Email: _____		Representative Email: _____	
Beneficiary Residence *			
State of Bene Res. * : _____		Zip Code of Bene Res. * :	County of Bene Res. * :
Date of Contact *:			
How Did Beneficiary Learn About SHIP * (select only one):			
<input type="checkbox"/> CMS Outreach <input type="checkbox"/> Previous Contact <input type="checkbox"/> SHIP TA Center <input type="checkbox"/> Other <input type="checkbox"/> Congressional Office <input type="checkbox"/> SHIP Mailings <input type="checkbox"/> SSA <input type="checkbox"/> Not Collected <input type="checkbox"/> Friend or Relative <input type="checkbox"/> SHIP Media <input type="checkbox"/> State Medicaid Agency <input type="checkbox"/> Health/Drug Plan <input type="checkbox"/> SHIP Presentation <input type="checkbox"/> 1-800 Medicare <input type="checkbox"/> Partner Agency <input type="checkbox"/> State SHIP Website			
Method of Contact * (select only one):		Beneficiary Age Group * (select only one):	Beneficiary Gender * (select only one):
<input type="checkbox"/> Phone Call <input type="checkbox"/> Face to Face at <input type="checkbox"/> Face to Face at <input type="checkbox"/> Email Session Location/ Bene Home/ <input type="checkbox"/> Web-based Event Site Facility <input type="checkbox"/> Postal Mail or Fax		<input type="checkbox"/> 64 or Younger <input type="checkbox"/> 85 or Older <input type="checkbox"/> 65 – 74 <input type="checkbox"/> Not Collected <input type="checkbox"/> 75 – 84	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Not Collected
Beneficiary Race * (multiple selections allowed):		Beneficiary Language *:	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Collected		English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Beneficiary Monthly Income * (select only one):		Beneficiary Assets * (select only one):	
<input type="checkbox"/> Below 150% FPL <input type="checkbox"/> Not Collected <input type="checkbox"/> At or Above 150% FPL		<input type="checkbox"/> Below LIS Asset Limits <input type="checkbox"/> Not Collected <input type="checkbox"/> Above LIS Asset Limits	
Topics Discussed * (At least one Topic Discussed selection is required. Multiple selections allowed)			
Original Medicare (Parts A & B) <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> QIO/Quality of Care		Medigap and Medicare Select <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison	

Topics Discussed (multiple selections allowed) (continued from p.1)***Medicare Advantage (MA and MA-PD)**

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Disenrollment
- ☐ Eligibility/Screening
- ☐ Enrollment
- ☐ Fraud and Abuse
- ☐ Marketing/Sales Complaints & Issues
- ☐ Plan Non-Renewal
- ☐ Plans Comparison
- ☐ QIO/Quality of Care

Medicare Part D

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Disenrollment
- ☐ Eligibility/Screening
- ☐ Enrollment
- ☐ Fraud and Abuse
- ☐ Marketing/Sales Complaints & Issues
- ☐ Plan Non-Renewal
- ☐ Plans Comparison

Part D Low Income Subsidy (LIS/Extra Help)

- ☐ Appeals/Grievances
- ☐ Application Assistance
- ☐ Application Submission
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Eligibility/Screening
- ☐ LI NET/BAE

Other Prescription Assistance

- ☐ Manufacturer Programs
- ☐ Military Drug Benefits
- ☐ State Pharmaceutical Assistance Programs
- ☐ Union/Employer Plan
- ☐ Other

Medicaid

- ☐ Application Submission
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Eligibility/Screening
- ☐ Fraud and Abuse
- ☐ Medicaid Application Assistance
- ☐ Medicare Buy-in Coordination
- ☐ Medicaid Managed Care
- ☐ MSP Application Assistance
- ☐ Recertification
- ☐ Other

Other Insurance

- ☐ Active Employer Health Benefits
- ☐ COBRA
- ☐ Indian Health Services
- ☐ Long Term Care (LTC) Insurance
- ☐ LTC Partnership
- ☐ Other Health Insurance
- ☐ Retiree Employer Health Benefits
- ☐ Tricare For Life Health Benefits
- ☐ Tricare Health Benefits
- ☐ VA/Veterans Health Benefits
- ☐ Other

Additional Topic Details

- ☐ Ambulance
- ☐ Dental/Vision/Hearing
- ☐ DMEPOS
- ☐ Duals Demonstration
- ☐ Home Health Care
- ☐ Hospice
- ☐ Hospital
- ☐ New Medicare Card
- ☐ New to Medicare
- ☐ Preventive Benefits
- ☐ Skilled Nursing Facility

Total Time Spent on This Contact *

____ Hours ____ Minutes

Status *☐ In Progress ☐ Completed**Special Use Fields**

Original PDP/MA-PD Cost: _____

Field 3: _____

New PDP/MA-PD Cost: _____

Field 4: _____

Field 5: _____

Notes

HEALTH INSURANCE INFORMATION, COUNSELING AND ASSISTANCE EVALUATION

Thank you for participating in the New York State Health Insurance Information, Counseling and Assistance Program.

We are very interested in maintaining a high standard of service to clients. Because of this, we would like to know how you feel about the service you received today. Please take a few moments to complete the evaluation form below regarding today's counseling session. The information you provide is strictly confidential and will help us to continue to provide quality services to our clients.

1. I believe that the health insurance counselor(s): **(Circle your answers)**
- | | | | |
|---------------------------------|------------|-----------|-----------------|
| was correct | Yes | No | Somewhat |
| was informative | Yes | No | Somewhat |
| understood my problem(s) | Yes | No | Somewhat |
| helped to resolve my problem(s) | Yes | No | Somewhat |
2. I would recommend this service to my family or friends: **Yes** **No** **Maybe**
3. I will return for further counseling if I have a similar problem in the future: **Yes** **No** **Somewhat**
4. My biggest concern regarding health insurance is:

5. Your comments are appreciated:

Please place this evaluation in the attached envelope, seal the envelope, and return it to your health insurance counselor today. Please **do not** sign your name.

THANK YOU! Feel free to call on us again if we can assist you in the future.

<hr/>	<hr/>
Counselor Signature	Date

SHIP Unique Counseling Identification

06/2021

Carrier Customer Service Representative (CSR) is a system that is set up between the Centers for Medicare and Medicaid Services (CMS), 1-800-Medicare contractors and Medicare private insurance plans through a Unique ID system to allow State and local SHIP staff to discuss a beneficiary's Medicare claim without the beneficiary being present.

In order to obtain a SHIP Unique Counseling ID, you must be registered with STARS. If you do not have a STARS Team Member Profile, please speak to your Agency HIICAP Coordinator. Once registered with STARS, email or fax this completed form to the NYS HIICAP Program (fax 518-486-2225).

Your SHIP Unique Counselor ID request will be sent to the State SHIP Director for approval. Once all documentation is received and approved, you will receive an email with your new SHIP Unique Counseling ID.

CONFIDENTIALITY AGREEMENT FOR RECEIPT OF SHIP UNIQUE Counseling ID

- I hereby agree and understand that I am accountable for the protection of the privacy and confidentiality of the information that is disclosed to me pursuant to my use of the SHIP Unique Counseling ID which has been assigned to me by CMS. This ID, along with other identifying information will allow a CSR to disclose certain beneficiary eligibility and claims payment-specific information to me for the purpose of assisting the beneficiary.
- I understand this ID is to be confidential and I am not to disclose this ID to anyone other than the CSR, Medicare contractor or Medicare private insurance plan representative.
- I understand that if I use this ID for any purposes other than to provide free, unbiased HIICAP counseling, my permissions will be terminated, and I will be subject to investigation.
- I understand that I will maintain an active STARS account by maintaining monthly updated beneficiary contacts and group or media outreach and education events.
- I understand that STARS will automatically place me into an inactive STARS status, affecting my ID, if I fail to actively report at least once every 90 days.
- I understand that I must receive privacy training on an annual basis.

Agency

Counselor Name (Print)

Counselor Signature

Date

County HIICAP Coordinator Signature

Date

NY SHIP Director Signature

Date Generated