

# Medicare Minutes Volunteer Orientation

Senior Health Insurance  
Information Program

*a division of the Arkansas Insurance Department*

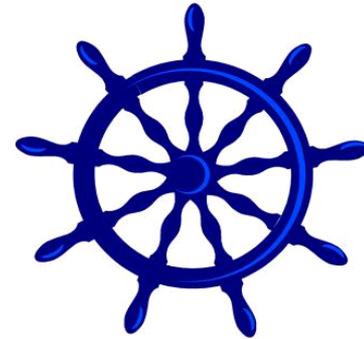
**Welcome To SHIIP!**

# Why Volunteer

- Have a desire to help others
- To do something meaningful and rewarding with your time
- To be a part of something rewarding
- To learn something new
- To share what you have learned
- To give back to your community
- Because you care

# SHIIP Volunteer Training

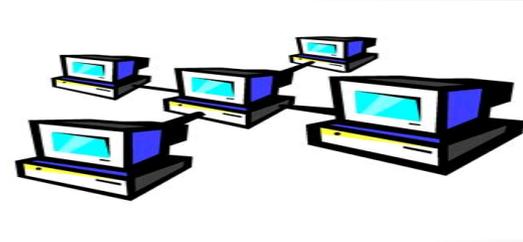
- Introduction to SHIIP
- Introduction to Medicare
- Medicare Minutes
- Speaker Tips



# What is SHIIP

- State Health Insurance Assistance Program
- National program that offers free one-on-one assistance to people with Medicare
- Uses federal grants directed to states to provide free counseling and assistance via telephone, face-to-face, public education presentations and media activities

# The SHIP Network



- Nationwide network of over 1,300 local sponsoring organizations
- Offices in all 50 states plus U.S. territories
- Over 12,000 counselors (mostly volunteers) and staff
- In 2008, SHIPs served over 2.5 million Medicare beneficiaries

# Arkansas SHIIP

- Arkansas Senior Health Insurance Information Program
- Funded by Centers for Medicare and Medicaid Services
- 19 years of Counseling Medicare Beneficiaries in Arkansas

# What Does AR SHIIP Do?

- Provides free and unbiased Medicare education and information to Arkansans
- Presentations and Q&A sessions to individuals and in group settings
- Recruits and trains volunteers
- Recruits and trains partner organizations
- Toll-free number 1-800-224-6330

# Medicare

# What is Medicare?

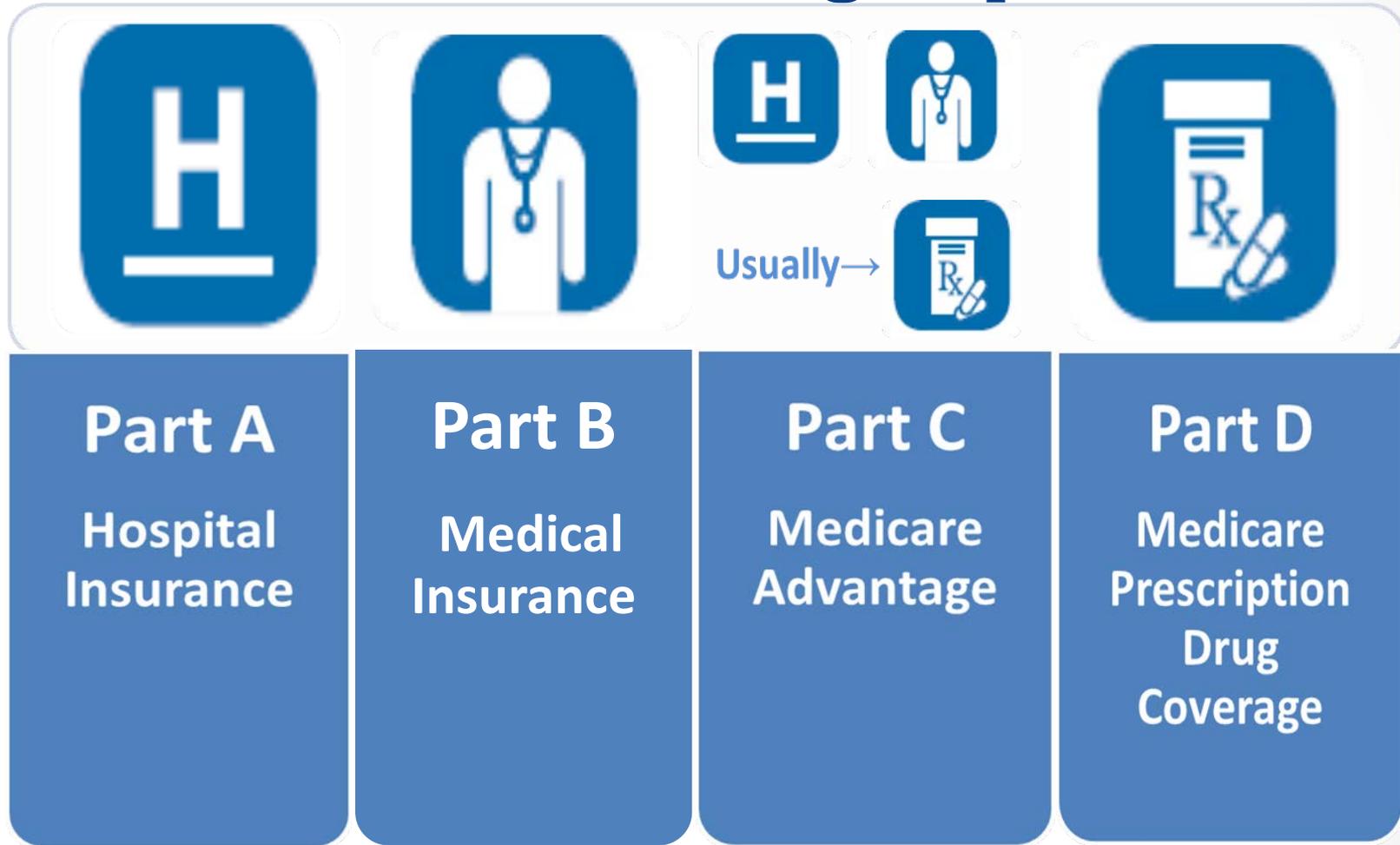
- A federal health insurance program
- Health insurance for three groups of people
  - 65 and older
  - Under age 65 drawing SSI for 24 months
  - Any age with End-Stage Renal Disease (ESRD) or Lou Gehrig's Disease (ALS)

# Applying for Medicare

- Visit your local Social Security office
- Visit [www.ssa.gov](http://www.ssa.gov)

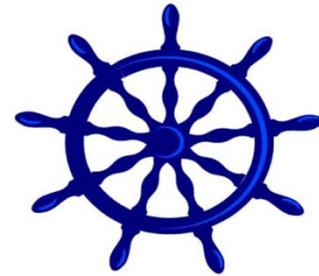
| MEDICARE                        |  | HEALTH INSURANCE           |  |
|---------------------------------|--|----------------------------|--|
| 1-800-MEDICARE (1-800-633-4227) |  |                            |  |
| NAME OF BENEFICIARY             |  |                            |  |
| <b>JANE DOE</b>                 |  |                            |  |
| MEDICARE CLAIM NUMBER           |  | SEX                        |  |
| <b>000-00-0000-A</b>            |  | <b>FEMALE</b>              |  |
| IS ENTITLED TO                  |  | EFFECTIVE DATE             |  |
| <b>HOSPITAL</b>                 |  | <b>(PART A) 07-01-1986</b> |  |
| <b>MEDICAL</b>                  |  | <b>07-01-1986</b>          |  |
| SIGN HERE → _____               |  |                            |  |

# Medicare Coverage Options



# Extra Help

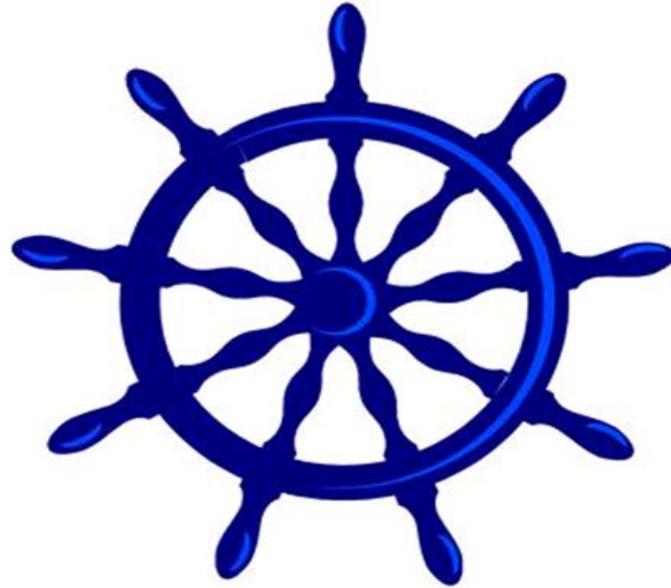
- Help for people with limited income and resources
- Social Security makes determination
- Some groups automatically qualify
  - People with Medicare and Medicaid
  - Supplemental Security Income (SSI) only
  - Medicare Savings Programs
- Everyone else must apply



# Medicare Minutes

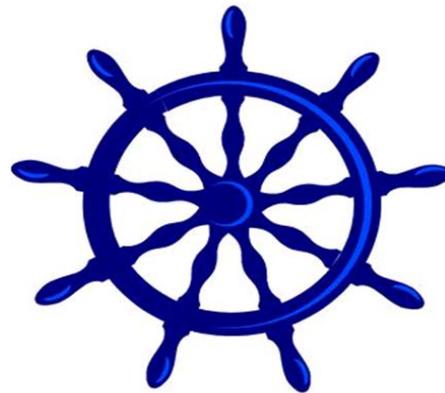
# Medicare Minutes

- What it is
- Volunteering
- Materials
- What it is Not
- Recordkeeping
- Tips for Speakers



# Medicare Minutes

Medicare Minutes are a presentation of the Medicare Rights Center leased to Arkansas SHIIP and presented by trained volunteers.



# Medicare Minutes

Medicare Rights is a national, nonprofit consumer service organization working to ensure access to affordable health care for older adults and people with disabilities through:

- Counseling and advocacy
- Educational programs
- Public policy initiatives

# Medicare Minutes

Visit <http://youtu.be/UN8nAMcJ-CM> to view video detailing Medicare Minute program

# Medicare Minutes is

Medicare Minutes are short presentations on a timely Medicare topic

- Clear and simple
- Take 10 to 20 minutes to present
- Give real-life examples
- Often allow time for SHIIP Volunteers to chat with audience members and answer questions
- Good for monthly scheduling as a series
- Best scheduled as part of another event or meeting
- Nonpartisan messages

# Medicare Minutes Volunteer Commitment

Medicare Minutes volunteers must commit to:

- Complete a Medicare Minutes Volunteer orientation
- Participate in monthly Medicare Minutes Conference Call
- Commit to a minimum of 2 speaking engagements per month at a location of your choosing
- Submit Public and Media Forms upon completion of each Medicare Minutes presentation

# Medicare Minutes Materials

Script

Teaching Materials

Handout

# Medicare Minutes Materials

## **Script**

- Information SHIP Volunteers read aloud to the audience members
- One-page, easy-to-read format
- Scripts can be read in 5-10 minutes

# Medicare Minutes Materials

## **Teaching Materials**

- Explain the Medicare Minute topic in more detail
- Can be used to help volunteers prepare themselves before giving the Medicare Minute presentations

# Medicare Minutes Materials

## **Handout**

- One-page summary of the Medicare Minute
- Can be left with audience members after the presentation

# Medicare Minutes is Not

- Is not a vehicle for sales agents to promote products of any kind
- Is not a marketing mechanism for private plans, agents or brokers to sell insurance
- Is not a vehicle to promote services that result in fees or charges of any kind
- It is not a replacement for individualized counseling which might require a confidential or private setting

# Recordkeeping (PAM forms)

Medicare Minutes Public and Media Events Form should be sent to SHIIP within 15 days of completing your Medicare Minutes presentation.

PAM forms are used to keep track of the following:

- SHIIP Volunteers' names
- Sites where SHIIP Volunteers are presenting
- The number of audience members at each Medicare Minutes presentation
- Medicare Minute topic presented

# PAM Form

## MEDICARE MINUTES PUBLIC AND MEDIA EVENTS

| Presenter(s)        | First Name | Last Name |
|---------------------|------------|-----------|
| Primary Presenter   |            |           |
| Secondary Presenter |            |           |

|  |  |  |  |  |                  |    |    |  |   |   |   |  |
|--|--|--|--|--|------------------|----|----|--|---|---|---|--|
| <b>1</b>   | <b>Interactive Presentation to Public, Face to Face In-Person</b>      |  |  |  |                  |    |    |  |   |   |   |  |
| Estimated Number of Attendees  |  |  |  |  |                  |    |    |  |   |   |   |  |
| <b>2</b>   | <b>Booth or Exhibit. At Health Fair, Senior Fair, or Special Event</b> |  |  |  |                  |    |    |  |   |   |   |  |
| Estimated Number of Direct Interactions with Attendees                             |  |  |  |  |                  |    |    |  |   |   |   |  |
| <b>3</b>   | <b>Event Information</b>   |  |  |  |                  |    |    |  |   |   |   |  |
| Event  |  |  |  |  | Medicare Minutes |    |    |  |   |   |   |  |
| Group Name   |  |  |  |  |                  |    |    |  |   |   |   |  |
| Contact Name   |  |  |  |  |                  |    |    |  |   |   |   |  |
| Contact Phone Number   |  |  |  |  |                  |    |    |  |   |   |   |  |
| Contact Email Address  |  |  |  |  |                  |    |    |  |   |   |   |  |
| Contact Mailing Address<br><i>(incl. street address, city, state and zip code)</i> |  |  |  |  |                  |    |    |  |   |   |   |  |
|  |  |  |  |  |                  |    |    |  |   |   |   |  |
| Start Date of Activity   |  |  |  |  |                  | /  |    |  | / | 2 | 0 |  |
| End Date of Activity   |  |  |  |  |                  | /  |    |  | / | 2 | 0 |  |
| Start Time of Activity   |  |  |  |  |                  | AM | PM |  |   |   |   |  |
| End Time of Activity   |  |  |  |  |                  | AM | PM |  |   |   |   |  |
|  |  |  |  |  |                  |    |    |  |   |   |   |  |

Please complete Topic Focus and Target Audience information on back side of this form.

# PAM Form

| Topic Focus - Check All That Apply |  |
|------------------------------------|--|
| 1                                  | Medicare Parts A and B                                 |
| 2                                  | Plan Issues - Non-Renewal, Termination, Employer-COBRA |
| 3                                  | Long-Term Care   |
| 4                                  | Medigap - Medicare Supplements                         |
| 5                                  | Medicare Fraud and Abuse                               |
| 6                                  | Medicare Prescription Drug Coverage - PDP / MA-PD      |
| 7                                  | Other Prescription Drug Coverage - Assistance          |
| 8                                  | Medicare Advantage                                     |
| 9                                  | QMB - SLMB - QI  |
| 10                                 | Other Medicaid   |
| 11                                 | General SHIP Program Information                       |
| 12                                 | Medicare Preventive Services                           |
| 13                                 | Low-Income Assistance                                  |
| 14                                 | Dual Eligible with Mental Illness Mental Disability    |
| 15                                 | Volunteer Recruitment                                  |
| 16                                 | Partnership Recruitment                                |
| 17                                 | Other Topics - Describe:                               |

| Target Audiences - Check All That Apply |   |
|---|---|
| 1                                       | Medicare Pre-Enrollees - Age 45-64                      |
| 2                                       | Medicare Beneficiaries                                  |
| 3                                       | Family Members - Caregivers of Medicare Beneficiaries   |
| 4                                       | Low-Income  |
| 5                                       | Hispanic, Latino, or Spanish Origin                     |
| 6                                       | White, Non-Hispanic                                     |
| 7                                       | Black, African American                                 |
| 8                                       | American Indian or Alaska Native                        |
| 9                                       | Asian Indian  |
| 10                                      | Chinese   |
| 11                                      | Filipino  |
| 12                                      | Japanese  |
| 13                                      | Korean  |
| 14                                      | Vietnamese  |
| 15                                      | Native Hawaiian   |
| 16                                      | Guamanian or Chamorro                                   |
| 17                                      | Samoan  |
| 18                                      | Other Asian   |
| 19                                      | Other Pacific Islander                                  |
| 20                                      | Some Other Race/Ethnicity                               |
| 21                                      | Disabled  |
| 22                                      | Rural   |
| 23                                      | Employer-Related Groups                                 |
| 24                                      | Mental Health Professionals                             |
| 25                                      | Social Work Professionals                               |
| 26                                      | Dual-Eligible Groups                                    |
| 27                                      | Partnership Outreach                                    |
| 28                                      | Presentations to Groups in Languages Other Than English |
| 29                                      | Other Audiences - Describe:                             |

# Tips for Speakers

# Tips for Speakers

1. Know your material
2. Practice. Practice. Practice!
3. Know the audience
4. Know the room
5. Relax
6. Visualize yourself giving your speech
7. Realize that people want you to succeed
8. Don't apologize
9. Concentrate on the message – not the medium
10. Gain experience

# Using Body Language

- Start with eye contact
- Smile!
- Express emotion with your facial muscles
- Avoid distracting mannerisms
- Telling a story?
- Stay true to your personality
- Make gestures convincing
- Vary your speaking position by moving from one spot on the stage to another

# LET'S PRACTICE

Please have your Medicare Minute training materials handy:

- Teaching Materials
- Script
- Handout

# Important Phone Numbers

Resources for Medicare Related Information may be found on back cover of your training manual:

Arkansas Senior Health Insurance Information Program (SHIIP)

1-800-224-6330

[www.insurance.arkansas.gov/seniors/homepage.htm](http://www.insurance.arkansas.gov/seniors/homepage.htm)

Arkansas Senior Medicare Patrol (SMP)

1-866-726-2916

[www.arkansas.gov/dhs/aging/asmp.html](http://www.arkansas.gov/dhs/aging/asmp.html)

Medicare

1-800-MEDICARE (800-663-4887)

[www.medicare.gov](http://www.medicare.gov)

Social Security Administration

1-800-772-1213

[www.ssa.gov](http://www.ssa.gov)

Tricare

1-866-773-0404

[www.tricare.mil](http://www.tricare.mil)

Veterans Administration

1-800-827-1000

[www.va.gov](http://www.va.gov)

# Other Important Information

## Rx Enrollment Check-up

Review and compare plans beginning mid-October  
EVERY YEAR

[www.medicare.gov](http://www.medicare.gov)

## *Medicare & You* handbook

Mailed around late October

Contains drug coverage and plan information

## Enrollment period

October 15 – December 7

Join or change plans

Coverage begins January 1 of the following year

# Let's Review

Please visit

<http://www.surveymonkey.com/s/TQPFKJQ>

to complete a quick 5 question review of the  
Medicare Minutes PowerPoint Orientation

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