

SHIBA



Senior

Health

Insurance

Benefits

Assistance

Section 9

Volunteer Roles

Section 9, Volunteer Roles

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Volunteers and Their Roles

Goal

SHIBA volunteers will have complete and accurate information about their role as volunteers. They will also have guidelines and tools to assist them in helping clients with their prescription drug coverage, Medicare, Medicare supplement insurance, Medicare Advantage options, Medicaid, and long-term care insurance.

Learning objectives

On completion of this module, the SHIBA volunteer trainee will:

- ◆ Understand his or her role as a volunteer assistant.
- ◆ Have guidelines to follow and resources to use when assisting clients.
- ◆ Have tools to: recognize clients' needs, analyze problems, and identify appropriate steps to help clients recognize their options.
- ◆ Be an advocate within the SHIBA program and the Medicare system.

Role of the SHIBA Volunteer

As SHIBA volunteers, you have a complex job to do. You are trying to share complicated information with people and help them solve their problems. This task is made more difficult by the fact that the person with the need for information may have many barriers to hearing and understanding the SHIBA information.

SHIBA volunteers conduct most of their work on a one-on-one basis with Medicare beneficiaries. All volunteers bring a unique experience base and set of skills to their counseling sessions. The success or effectiveness of these counseling sessions is a product of both the volunteer and the person seeking assistance.

To help you in your work, this module will present some principles of communication, some specific interviewing skills and basic counseling guidelines.

SHIBA volunteers often find themselves in situations that may be difficult.

- ◆ People will want you to recommend or endorse a specific insurance policy.
- ◆ They may want you to tell them what to do relating to all kinds of insurance decisions.
- ◆ You will find yourself in situations where the persons with whom you are working begin sharing very personal information or may be overcome with feelings.
- ◆ You may be the first objective person they have talked to since their spouses died or became ill.

The fact that you are talking about their health and other personal information related to insurance needs may provide the open door for their previously closed-in feelings. Don't be alarmed. This module will discuss some skills for dealing with these situations, too.

As you practice your counseling, don't worry about specific words or phrases used in the examples. We all use words differently. The intent of the examples is to present a way of addressing an issue in a manner that has been helpful to others. Remember, be yourself.

Counseling and Interviewing Techniques

Introduce yourself

After introducing yourself, hand the client the *Activities of a Volunteer* flyer (see Appendix A of this module) that tells the client what volunteers can and cannot do. Allow about five minutes or so for the clients to read the flyer and ask questions.

Help the client feel comfortable

To help put the client at ease, ask a few questions about how the person is doing or about some other topic. The intent is to make the client more comfortable and help him or her to open up.

Ask client to describe problem

Ask why he or she has come to see you and how he or she heard about the program. Use open-ended questions. (Example: Could you tell me about the problem?) Be sure to listen carefully as the client describes the problem. It may take quite a while to get to the real problem. People often talk in circular ways and do not get at the real issue immediately. Be an active listener. Taking notes and asking questions shows interest. Respond appropriately to the client's questions to show you are interested.

Restate client's problem back to client

After carefully listening to the client describe the problem; restate the problem, as you understood it. For example, you might say, "What I heard you say is that you need help organizing your Medicare Summary Notice (MSN's) that have piled up over the last few months. Ask if you are correct in your understanding of the issue. Remember to use *I* statements as much as possible.

Develop a strategy to address the issue

Once you believe you understand your client's problem, think about how you want to address it. You may have to look into your manual to check a particular section or call a resource person who can give you information about addressing the issue. Many problems require more time.

If you need more time to work out a strategy, agree to contact the client when you have developed a specific way to address the problem. After you have decided how to address the problem, share your recommendation with the client. Use a moderate rate of speech when responding to the client. Use a slower rate of speech when explaining technical material. Speak with clarity and avoid using acronyms the client may not understand.

Options

- ◆ Research the problem by using your manual and develop a strategy based on what you discover in the manual.
- ◆ After looking in your manual, if you have a question, consult with experienced volunteers in your area.
- ◆ You may call one or more of the Resource numbers (in the Resources section of your manual) for advice about handling this case.
- ◆ If you refer the client to another agency for assistance, you may want to assist the client by making sure the client is connected to a specific staff person in the agency.

Decide on the next steps for action

Once you have developed a strategy to address the issue, and discussed it with the client, inform your client the approximate time involved (e.g., I will do this tomorrow, this will take about three weeks). Let the client know when you will contact him or her for the next steps or to assure him or her that the issue is resolved. Be sure to get the client's phone number and follow through by contacting the client with an update (even if the issue is not resolved).

Develop client's ability to take care of this problem next time

If the client's problem is fairly simple, such as organizing bills or filing MSNs or supplemental insurance statements, you should be able to give some advice to help organize the bills in the future. Many people simply need a few good suggestions to get organized. Other issues may be too complicated. For instance, the client should not be expected to master the details of Medicare regulations. You may see a client on a regular basis (e.g., weekly or monthly).

Close the case and record the service on your volunteer report forms

Be sure you let the client know when you close the case. Invite the person to contact you again if the need occurs. Also, encourage clients to inform their acquaintances about this service. Before you close a case, ask how the client heard about this service so the coordinator can tell if our outreach efforts are working.

Paperwork

Additionally, be sure to record this service on your Record of Assistance form. These report forms will be returned to your volunteer coordinator on a regular basis, no less than every other month. By keeping accurate records of the number of people you serve and the kinds of problems you solve, the office will see how well the SHIBA program works and how we can better meet the needs of volunteers.

Tools for assisting clients

If possible, before the appointment, **call clients to remind them of the appointment date, place, and time, and to find out a little about their problem** so you can advise them what to bring to the appointment.

If clients need claims assistance, ask them to bring their insurance identification cards, bills, MSNs, insurance Explanation of Benefits (EOB), and records of payment applicable to the claim.

If clients need help comparing their existing policy to another policy or if they have questions about their policy, have them bring the applicable policies with them.

Step 1

Relax. Remember, you've been trained and know much more about Medicare, Medicare supplements, and long-term care insurance than your clients and most of the rest of the population.

- ◆ If you can't answer a question, take the client's name, telephone number, policy number (if applicable), write down the question, and tell the client you'll get back to him or her with an answer as soon as possible. Discuss the question with your coordinator or other volunteers in your organization. If you and they cannot answer the question, call the appropriate information source to find the answer. If you still cannot find the answer, call the SHIBA field officer for assistance.
- ◆ The only blunder is to give out wrong or prejudiced information. It's OK to say you don't know the answer to a client's particular question. The field of insurance is very dynamic and complex. No one knows everything about every policy.

Step 2

- ◆ Find out what sorts of assistance the client may already be receiving or may be eligible to receive. Ask these questions:
 - Is the client 65 or older?
 - Is the client younger than 65; but on Social Security disability?
 - Check the client's Medicare card. Does the client have Part A (hospital insurance) and Part B (medical insurance) coverage?
 - Does the client have additional insurance?

Step 3

Explain Medicare as needed. Use available resource materials to show clients what Medicare will and won't pay. Explain the gaps in hospital and skilled nursing home care coverages under Medicare Part A:

- ◆ Hospital deductible.
- ◆ Regular skilled, intermediate, and custodial care.

Explain under Medicare Part B, there are gaps in doctor and medical services:

- ◆ Difference between Medicare's payment and the doctor's bill.
- ◆ Explain that the client is responsible for \$100 deductible each calendar year, (\$110 in 2005), coinsurance payments, all other non-covered charges, and the difference between the Part B approved charge and the provider's actual billed charge for non-assigned claims (actual charge cannot exceed 115% of Medicare's approved charge).
 - Medicare was never intended to pay for everything.
 - Medicare enrollees pay a monthly premium.
 - Medicare does not provide worldwide coverage.
 - Medicare will not pay for outpatient prescriptions.

Step 4

Discuss costs vs. benefits for Medicare and Long-term care insurance options. Although the decision to buy insurance always rests with the client, some clients have not had the opportunity or the information to do a systematic analysis of their health insurance needs and assess the benefits they are likely to receive from a given policy.

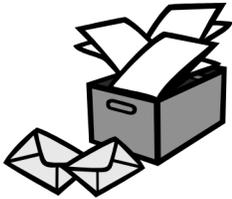
- ◆ Most gaps in Medicare coverage can be filled by purchasing one Medicare supplement policy, joining a Medicare Advantage plan, or maintaining retiree benefits.
- ◆ Complete coverage of all gaps in Medicare benefits can be expensive and may not be possible. Has the client compared various types of insurance coverages?

- ◆ Encourage the client to use the *Oregon Consumer Guide to Medigap & Medicare Advantage Plans* and the Long-term care (LTC) Shopper's Guide to assess Medicare supplement and Long-term care insurance costs vs. benefits for his or her own needs.

Step 5

Analyzing existing Medicare supplement policies

Analyze the client's policy using the Medicare Supplement Comparison Form (suggested form in Module III) for policies older than 1990.



Important: Never attempt to answer questions about a client's insurance policy unless you have it in your hands. Stop the interview here and resume only when you have the policy to look at.

Be sure you have the client's actual policy to check against the comparison form.

Check:

- ◆ Exact name of insurance company
- ◆ Form number (policy number)
- ◆ Type of insurance policy
- ◆ Policy riders for additional coverages
- ◆ Be aware that insurance companies may be selling several very similar policies in this state at the same time. The seemingly subtle differences among them can be very important to a particular client. Be careful.
- ◆ Find the client's disclosure form. Agents are required by law to leave this with the client at the time of sale of the insurance policy.
- ◆ If the policy in hand is a replacement for an earlier policy, check for a replacement form. Agents are required to have the client sign this form at the time of sale of the new insurance policy.
- ◆ Use the completed comparison form to assess what the policy offers when combined with Medicare.

- ◆ If the client has more than one policy, repeat this process for each policy to determine overlapping coverage.

Step 6

The client may mention or advise you of his or her financial situation. This may clue you that the client could possibly be eligible for a medical assistance program for certain low-income people.

- ◆ Is the client's monthly income at or less than \$1,010 or in the case of a couple, \$1,364?* Do the client's resources (savings accounts, checking accounts, cash on hand, non-home real estate, etc.) total \$4,000 or less for an individual (\$6,000 or less for a couple)? If yes, refer the client to the Seniors and Persons with Disabilities, Area Agency on Aging for possible eligibility for one of the medical assistance programs available through Medicaid.

*2004 levels. For nursing home and some in-home care, resource standards may be higher. (*See the flyer Income and Resource Standards*) Income and Resource Standards may change each January and/or April for the various Medicare Assistance programs.

Step 7

Helping people through the Medicare maze may be the most gratifying experience of your life. It may also be one of the most frustrating, especially when the beneficiary walks in with a box of MSNs, checks, and bills. But remember that your imagination and ingenuity, combined with a sense of adventure will be as valuable in solving problems as having a set of instructions to follow.

Step 8

There may be some problems you can't solve. Never say you or another person or agency will or can solve their problem. Remember to help each other and use the SHIBA field officer as a resource as needed.

Counseling guidelines

Avoiding personal views and opinions. During a SHIBA counseling session, people may discuss their attitudes regarding doctors, hospitals, the government, insurance companies, welfare, and many other subjects as they explore their insurance needs with you.

You may or may not share their views. It serves little purpose to get involved in a discussion of your differing views. If you are asked specifically how you feel about a particular action, be careful. Decisions about health care should reflect the individual's beliefs and values, not their advisor's. An appropriate response may be, "I believe we all need to decide what fits us personally."

Confidentiality. The discussion of health insurance often covers such topics as personal health history and financial circumstances. These are both considered by many to be very personal subjects and require trust that the information will be confidential. It is critical that such confidence not be betrayed. The setting of interviews should provide adequate privacy for safe sharing of personal information.

Show empathy. Often people do not investigate their insurance needs until a specific crisis occurs. This means that many people are seeking assistance from a SHIBA volunteer in a time of emotional distress. Frequently women recently widowed are trying to identify for the first time the scope of their present insurance coverage. Others may be confronting the discovery of a major illness. Be sensitive and responsive to their distress by acknowledging their feelings. It does not require that you *fix* the problem.

Help them move forward. Sometimes people just need to be able to express their sadness or their anger to someone who can listen. Once they have had this opportunity, try to refocus the conversation. You might say something like: "It is clear that you still have strong feelings about this. Would you like to talk to someone who could be more helpful with that?" *or* "Would you like to postpone our examination of these policies until later or would you rather get back to work on them now?"

Practice counseling - Situation 1

Mr. Abel asks to see you. He recently had surgery and has a bill from Dr. Welby for \$1,200. He brought with him his bill from Welby, his Medicare card, and his card from his supplement, Plug-the-Gaps Company. He asks you to submit the claim to Plug-the-Gaps for him, saying that it always takes so long, he'd rather submit the claim to them first. Counsel him.

Volunteer: Hello, Mr. Abel I am (*your name*). Won't you sit down (indicate chair Mr. Abel is to sit in). How are you today?

Mr. Abel: I'm fine. How are you?

Volunteer: I'm great. Isn't this weather wonderful? I understand you have a problem I may be able to help you with. I am a volunteer working with SHIBA, the Senior Health Insurance Benefits Assistance program through the State of Oregon. I have been specially trained to help beneficiaries who have problems or questions on Medicare, Medicaid, and supplemental insurance policies, Medicare choices, and long-term care. I can help you with your specific problem or questions and then help you understand specific parts of the Medicare system so you can effectively manage your own affairs. Let's go over this *Activities of a Volunteer* sheet (pulls out sheet) so that you know what I can help you with and then we'll get to work on your problem. (The volunteer goes over the sheet with Mr. Abel). I'll also fill out a record of assistance form about this meeting. I'll need to jot down a little information about you, such as your name, and address. Then I'll ask you a few questions about what insurance coverage you have. Following our visit, I'll be writing a summary of what we've talked about and any referrals I have made. (Volunteer goes through record of assistance, asking appropriate questions and writes down Mr. Abel's responses.)

Volunteer: Tell me more about the problem you are having, Mr. Abel.

Mr. Abel: Well, I recently had an appendectomy and I have a bill from Dr. Welby for \$1,200. I have my bill right here, along with my Medicare card, and my card from Plug-the-Gaps Company. Medicare always takes so long to process things that I want this bill submitted to Plug-the-Gaps first, and I want you to do that for me.

Volunteer: What I heard you say Mr. Abel is that you are concerned about the time that Medicare takes to process a bill and you want me to submit your claim to Plug-the-Gaps, first.

Mr. Abel: Yes, that's right.

Volunteer: Well, Mr. Abel your doctor is required by law to submit your claim to the Medicare carrier. The carrier will pay Dr. Welby 80 % of the Medicare-approved amount. The carrier will then send you a Medicare Summary Notice (MSN) form detailing the charges from the claim, or they may send it directly to Plug-the-Gaps. The carrier will note on your MSN if it was forwarded to Plug-the-Gaps. If the carrier didn't forward a copy, you will need to submit it to Plug-the-Gaps. Be sure to keep a copy for your own records. Does Plug-the-Gaps require you to submit a special claims form to them?

Mr. Abel: I don't know.

Volunteer: Very few policies require anything beyond a MSN to be submitted for payment, but if Plug-the-Gaps does require a claims form, and you need help filling it out, I'll be glad to help you.

Mr. Abel: I really appreciate that.

Volunteer: Does your doctor accept Medicare assignment?

Mr. Abel: I don't know.

Volunteer: Let's call your doctor's office and find out. If the doctor agrees to accept what Medicare approves as payment in full, Medicare will send payment directly to the doctor. If the doctor doesn't accept assignment, the doctor doesn't agree to accept what Medicare approves as payment in full, you will receive payment from Medicare. It will be your responsibility to turn the Medicare payment and the insurance check from Plug-the-Gaps over to the doctor or cash the checks and pay the doctor. Also, if your doctor doesn't accept assignment, you could be billed more than the Medicare approved amount. Let me explain that to you. (Volunteer shows difference between assignment and non-assignment.)

If six weeks or more passes, and you have not heard from Medicare, you can check with Dr. Welby's bookkeeper or the Medicare carrier to assure the bill has been submitted for payment. Also, if Dr. Welby sends the claim to Plug-the-Gaps, you will know because you must sign a form for him to be able to submit the claim and receive the payment.

Here's my card with my name and phone number so you can call me if you need further help with this problem or have other questions in the future. If you know other Medicare beneficiaries that could use our services, please give them my name and number, also. By the way, Mr. Abel for our records, how did you hear about our service?

Mr. Abel: Joe Potts, from the Senior Center told me that he had gotten some excellent service from one of the volunteers here. Do you know Joe?

Volunteer: Yes, I know Joe. I met him when he was here talking with Alicia Falkner. Joe's a real nice fella.

Mr. Abel: Yeah, Joe's a good guy.

Volunteer: Well, it's been nice visiting with you Mr. Abel. I'm glad to have been of help. Have a nice day.

Mr. Abel: Yeah, you have a nice day, too.

Practice counseling - Situation 2

Mrs. Baker comes to visit you, excited about the new cancer policy she bought earlier in the week for \$100 for six months. She purchased the policy from an agent who came to her home. She said that she was a little late but she'd heard about 20 minutes of a speech given by Margaret Davis at her senior center last month. Margaret had mentioned that with all the gaps in Medicare, one simply needed additional insurance. Mrs. Baker says that because both of her parents and two of her siblings died of cancer, she saw the policy as a necessity. She seems to be seeking your approval of her choice. Counsel her.

Volunteer: Hello, Mrs. Baker. I am (*Your name*). Won't you sit down? How are you today?

Mrs. Baker: I'm fine. How are you?

Volunteer: Just fine, thank you. I understand you have a concern I may be able to help you with. I am a volunteer working with SHIBA, the Senior Health Insurance Benefits Assistance program through the State of Oregon. I have been trained to help beneficiaries who have concerns or questions on Medicare, Medicare Choices, supplemental insurance policies, Medicaid, and long-term care. I can help you with your specific concerns or questions and then help you understand specific parts of the Medicare system so you can effectively manage your own affairs. Let's go over this *Activities of a Volunteer* sheet (pull out sheet) so that you know what I can help you with and then we'll get to work on your problem. (Go over the sheet with Mrs. Baker.) I'll fill out a record of assistance form about this meeting. I'll need to jot down some information about you, such as your name and address. Then I'll ask a few questions about what insurance coverage you have. Following our visit, I'll write a summary of what we've talked about and any referrals I have made. (Go through record of assistance, asking appropriate questions. Write down Mrs. Baker's responses.)

Volunteer: Now, Mrs. Baker exactly what can I help you with?

Mrs. Baker: I heard Margaret Davis's speech at the Pendleton Senior Center last week. I was a little bit late, but I heard about 20 minutes of it and it impressed me so much that I went out and bought myself a cancer policy to fill in the gaps of what Medicare won't pay. Both of my parents and two of my sisters died of cancer, so I want to protect myself. I know that there is a good chance that I could get cancer. I only had to give the agent \$100 for the first six-month payment on the policy. I wanted to tell you about it and see what you thought.

Volunteer: I was also at the speech that Margaret gave at the Pendleton Senior Center last week. Margaret was talking about supplemental insurance to fill in the gaps of what Medicare does not cover. Medicare provides basic protection against the cost of health care, but it will not pay all of your medical expenses, nor most long-term care expenses. For this reason, many private insurance companies sell supplemental insurance as well as separate long-term care insurance. You will probably want to look into a supplemental insurance policy. When you do so, you should shop carefully, looking at the benefits to make sure they meet your needs. Also, look at the premiums for cost comparison.

I have an *Oregon Consumer Guide to Medigap & Medicare Advantage Plans* booklet that I'll give you to help you make your decision. (Give guide to Mrs. Baker.) The addresses and phone numbers of individual insurers are included in the guide so that you can contact the insurers and ask questions about the policies.

The cancer policy that you bought is what is known as a specified-disease policy. When you buy a specified-disease policy in Oregon, you have 10 days from the time you receive the policy in the mail to look it over and decide whether or not you want to keep it. Let's go over a few things about specified-disease policies that may help you decide whether you need and want the policy. One advantage is that the policy may not restrict coverage to Medicare-covered expenses. It may pay over and above what Medicare pays and what your supplemental policy pays. Also, premiums tend to be less expensive than a Medicare supplement because benefits are so limited. The disadvantages of a specified-disease policy include the fact that it pays only in the event the beneficiary contracts the specified disease. It also may duplicate Medicare coverage.

Specified-disease policies generally do not keep pace with inflation. They may also limit the total amount of coverage.

I've given you lots to think about. Why don't you look over the guide and the cancer policy. If you decide to return the cancer policy to the insurer, you will need to: (1) Send the policy with a cover letter to the insurance company headquarters by **certified mail**. (2) Tell the company you want to cancel the policy and ask for a **full refund**. (3) **Keep a copy of your letter and the return receipt**. (4) Keep the policy number and the name and address of the insurance company as well as the agent's name for your records. It may take **60 days** to receive your refund.

If you have more questions, give me a call. Here's my card with my name and phone number. If you know other beneficiaries that could use our services, please give them my name and number. By the way, Mrs. Baker, was your visit to the senior center last month the first you heard about our service?

Mrs. Baker: I read the news release about the SHIBA program in the East Oregonian last May and I wanted to get some more information.

Volunteer: Well, I'm glad that you saw the news release and that it's an effective way to let people know of our services.

Mrs. Baker: Yes, several of my friends and I discussed it at our Wednesday morning get-together.

Volunteer: Well, I'm glad to hear that, Mrs. Baker. I've had a nice time visiting with you, and I'm glad to have been of help. Have a nice day.

Mrs. Baker: Yes, you have a nice day, too.

Practice counseling - Situation 3

Mr. and Mrs. Clark made an appointment with you to discuss their growing mountain of medical bills. Mr. Clark had cataract surgery on his left eye in 2001, for which Dr. Overcharge sent a bill of \$2,100. Medicare approved only \$1,000 and thus paid \$800 (80% of \$1,000). Even after their supplement paid \$200, they were left with \$1,100 to pay out of their own pockets. Now Mr. Clark needs cataract surgery on his right eye and they fear the same low reimbursement from Medicare. The surgery is scheduled for two months from now and they are nervous about new, surgery-related bills and the fact that Mr. Clark won't be able to keep up his \$100-a-month job as a caretaker at their church for the three months he is recuperating. This means their income will be \$1,000 a month. Their only assets are \$3,000 in savings. They want advice on avoiding another financial nightmare. Counsel them.

Volunteer: Hello Mr. and Mrs. Clark. I'm (*your name*). Won't you sit down? How are you today?

Mr. Clark: Pretty good. But we've got problems we want to talk to you about.

Volunteer: Okay, but before we get started, let me tell you how I might be able to help you. As you may already know, I'm a volunteer with the SHIBA program. I've had training in Medicare, Medicaid, and health insurance issues in order to help folks like yourselves. Let's go over the *Activities of a Volunteer* sheet so that you know how I might be able to help you. (Go over the document with the couple.) We also need to complete this *Record of Assistance* form.

Volunteer: From the information you've given me, I can see that your problem is about medical bills. Could you explain your situation to me?

Mrs. Clark: Okay. Mr. Clark needs surgery on his other eye and I don't know if we can afford it. We have Medicare and a supplement and neither one paid worth a darn on the last surgery and now we have to go through it again. Is there anything we can do when the doctor charges so much?

Mr. Clark: Here are our bills and our MSNs. See, the doctor charged \$2,100 for the surgery, Medicare only allowed \$1,000, and paid their 80% just \$800! We thought we had a good supplement, but they only paid \$200 and left us to pay the rest - \$1,100 - that's more than half of the bill! I thought my supplement would pay whatever Medicare didn't pay, but it didn't. Don't 80% and 20% equal 100%? What can I do with these bills?

Mrs. Clark: And now we have to go through this again. We have only \$3,000 in the bank. Is it going to take everything we have to pay for this next surgery?

Volunteer: Well, you have several issues to address. The first is about the surgery Mr. Clark had, Medicare's allowed charges, and the amount that the doctor charged. The next is about what you can do before this next surgery that will let you know what part of the bill you will be responsible for paying. Yet another issue is about your supplemental policy and why it paid so little of the bill. There may even be some programs for which you might qualify. Are these all the issues or concerns you have?

Mr. Clark: I guess so. What can you tell me about these bills?

Volunteer: Let's talk about those first. Have you paid the doctor anything on the \$1,100?

Mrs. Clark: Not yet. We thought the supplement was supposed to pay the rest and didn't want to pay it if we didn't have to.

Volunteer: Well, that depends on the provisions of your policy, but it looks like they may have paid all they're going to. You'll need to read the policy or bring it in for me to read to find out how much it says the company is supposed to pay. For now, we'll assume that the company has paid as much as it's going to. But even so, you might not be responsible for the entire \$1,100. You see, it's true that Medicare Part B only pays 80% of the amount they approve. Unfortunately, this was much less than the actual bill on your last surgery. In 1990, a federal law was passed that limited the amount that a doctor could charge for his services to 115% of the allowed charge if the doctor doesn't accept Medicare assignment. This means that the doctor should have only charged

\$1,150 for the last surgery and you are not responsible to pay him any more. Because Medicare and your supplement paid \$1,000, you only have \$150 left to pay. You should call the doctor's office and discuss this with them so that they can adjust the bill.

Mrs. Clark: You mean we only have to pay the doctor \$150?

Volunteer: Yes, that's right, but you should call the office and make sure that they are aware of the changes in the law.

Mr. Clark: That sounds like a good idea.

Volunteer: The next thing you could do before this second surgery is to talk to the doctor and ask if he or she will accept Medicare assignment. If the doctor says yes, it means that he or she will accept the allowed charge as full payment. If so, Medicare will pay 80 percent, your supplement will pay 20 percent, and you won't have to pay anything. If the doctor won't accept assignment, the amount you'll have to pay will be limited by the 1990 law. You might want to shop around for another doctor who will do the procedure and accept assignment. You may be able to qualify for low-income programs. What is your monthly income?

Mr. Clark: Well, with Social Security and a small retirement account, we get \$1,000 a month. I've also been working as a caretaker at the church for \$100 a month, but I won't be able to do that for three months after my surgery.

Volunteer: You could possibly qualify for the Medicaid program, which is a health assistance program based on your income.

There are about five Medicaid programs. To see if you qualify, you may contact the Seniors and Persons with Disabilities at 1-800-232-3020.

Mr. Clark: That sounds like a good idea.

Volunteer: Finally, you may want to bring your supplemental policy down so that we can discuss its limitations and whether it's adequate in your situation. You may want to get a more comprehensive supplement or Medicare MCO that would better serve your needs. Did I answer all of your questions?

Mr. Clark: Well, yes. Thanks a lot!

Mrs. Clark: Yes, thank you so much for your help.

Volunteer: I'm glad to be able to help.

Appendix A — Activities of a volunteer

I am a volunteer assistant working with the SHIBA program. I have been trained to help Medicare beneficiaries with problems or questions about Medicare, Medicaid and insurance. My goal is to assist you with your specific problem or question and then help you understand specific parts of the Medicare system so you can effectively manage your own affairs.

What volunteer assistants will do

- ◆ I will try to answer any questions you have about Medicare, Medicaid or supplemental insurance. If I cannot provide you with the answer during this session, I will either contact you later with more information or refer you to a resource person who can assist you.
- ◆ I will try to answer any questions you have about long-term care (LTC) insurance and provide you with information to make decisions about purchasing LTC insurance.
- ◆ I will help you understand and organize your Medicare bills and statements and help you develop a system to organize your Medicare-related paperwork yourself.
- ◆ I will assist you in submitting claims for Medicare and supplemental insurance.
- ◆ I will help you understand Medicare's appeals process and help you decide whether you should file an appeal for any Medicare decision with which you disagree. If you are unable to pursue an appeal on your own, I can either assist you or refer you to an agency for assistance.
- ◆ I will help you clarify which services that Medicare does not cover and help you understand your needs so you can make your own decision about buying additional insurance. I can also show you how to compare specific policies so you can make your own decision on which one to purchase.
- ◆ I will explain the different insurance options available to you, such as, Medicare supplements, Medicare Advantage, and other Managed Care Organizations (MCO).

- ◆ I will refer you to other resources and organizations in your community that can help you with Medicare-related problems that are complicated and should be addressed by a professional.

What volunteer assistants will not do

- ◆ I will not recommend or encourage you to change supplemental policies or switch to an MCO. I will provide you with the information to make your own decision.
- ◆ I will not share any information about your questions or problems with any other person or agency unless I am specifically authorized by you to do so. All contact with you will be strictly confidential.
- ◆ I will not charge you for the service that I provide as a volunteer. This service is free to everyone. I may ask you to pay for copying your bills or to pay for postage if we send information on your case to the insurance companies who administer Medicare or to your supplemental insurance company.
- ◆ I will not make the final decision for you on any matter.