



SHIBA Counseling Guidance

This counseling guidance is exactly that, guidance. You are invited to use it during your counseling sessions, along with the client contact form, to make sure you are asking the right questions and bringing up the topics that will best help the people you are assisting. Please make sure to check/note all that you speak about on the client contact form.

What health insurance do you have now?	<input type="checkbox"/> Employer sponsored <input type="checkbox"/> Marketplace Individual plan <input type="checkbox"/> Marketplace Family plan <input type="checkbox"/> Private non-Marketplace policy <input type="checkbox"/> Oregon Health Plan <input type="checkbox"/> Other: _____
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Are you on Medicare because you are age 65 or older (or soon will be?) Note: If a person will soon be age 65 and is not collecting Social Security benefits, the person will need to contact Social Security to enroll in Medicare. It is best to do this at least a couple months before turning age 65.	Yes What is your current age? _____ What was/is the effective date of your Medicare Part A and Part B? Part A _____ Part B _____	No What is your current age? _____ What was/is the effective date of your Medicare Part A and Part B? Part A _____ Part B _____
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Medicare Fraud and Abuse Education (For the fraud and abuse education to the right, you would mark the fraud and abuse box under “Medicare Parts A & B” on the client beneficiary contact form as well as the SMP button at the top.)	<ul style="list-style-type: none"> Is your address up-to-date with Social Security? Have you received your new Medicare card? Keep your Medicare card in a safe place. Refrain from readily sharing your Medicare number with just anyone. Medicare will never call you to ask for your Medicare number. Review any MSN or EOB mailings you receive from Medicare as a way to keep watch for possible fraud, error, or abuse. Question anything you do not understand or recognize.
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Income and Resources	Do you currently receive help, or will you receive help, from the State paying for your monthly Medicare Part B premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
	Do you currently receive help, or will you receive help, from Social Security to pay for some of your Medicare Part D costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
	If you are not receiving any help from the State or Social Security, would you like me to ask about your income and resources to see if you might be able to get help?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work	Are you or a spouse currently working?	Yes	No
	Do you have health coverage through your or your spouse's employer?	Yes	No
	Are there 20 or more employees? (More than 100 if SSDI?)	Yes	No
	Is the prescription drug coverage creditable?	Yes	No

Other Insurance	Do you have any insurance other than Medicare available to you?	Yes	No
	If you have other insurance available to you, what do you have? <input type="checkbox"/> Employer (through active work of you or a spouse) <input type="checkbox"/> Retiree coverage <input type="checkbox"/> Veterans <input type="checkbox"/> TRICARE <input type="checkbox"/> FEHB <input type="checkbox"/> PERS <input type="checkbox"/> Other (please specify) _____		

2019 SHIBA Guide Quick Reference for Important Topics	Topic(s)	Page(s)
	Your Medicare options	6-7
	Overview of Original Medicare (Parts A and B)	8-9
	Enrollment periods and deadlines	12-13
	Medicare preventive services	14-15
	Part D prescription drug coverage	22-24
	Part D Extra Help & MSP	25
	Medigap policies and Guaranteed Issue situations	30-34
	Medigap vs. Medicare Advantage	46
Medicare Advantage enrollment and disenrollment	47-50	