

OSHIIP OVERVIEW

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Welcome to OSHIIP

Welcome to OSHIIP!

Thank you for taking the first step in becoming a volunteer with the Ohio Senior Health Insurance Information Program, or OSHIIP. You're joining a group of dedicated people who work to help people covered by Medicare. Clients may want our assistance with a billing problem or they may simply need help understanding their coverage, their rights and their responsibilities.

Whether training in the classroom or working in the field, you can count on OSHIIP's professional staff and your fellow volunteers for guidance when you have questions.

We know many volunteering opportunities exist and we appreciate your commitment to serving OSHIIP clients. Please let us know if there's anything we can do to make your OSHIIP experience more rewarding.

Best wishes,

Chris Reeg

Program Director, OSHIIP



All Aboard!

- Medicare and related products/programs are complex and confusing
 - Our goal is to provide unbiased information on Medicare and related topics
- Together we can help Medicare beneficiaries better understand the program and health insurance
 - Beneficiaries need unbiased information to make decisions based on individual health, budget and lifestyle needs
- OSHIIP began in 1992
 - Mix of Federal and State funding
 - Housed and supported by the Ohio Department of Insurance



OSHIIP Overview

- OSHIIP is managed and administered by the Ohio Department of Insurance. Our mission is twofold, as described below:
 - Educating people covered by Medicare, and those who help them, about Medicare and other health insurance issues
 - Providing accurate and objective counseling, assistance, and advocacy relating to Medicare, Medicaid, and private health insurance
- Volunteer counselors are trained to provide information and assistance to individuals or groups of interested citizens of Ohio.
- We salute our volunteers for their commitment to serving others. You are the essential component of OSHIIP.



County Coordinator**

OSHIIP County Coordinator

- Develops, supervises and supports a group of volunteer counselors for the purpose of providing health insurance information and assistance to people covered by Medicare

Responsibilities:

- Provides a liaison between assigned volunteer counselors and OSHIIP in Columbus
- Maintains a roster of certified counselors
- Provides volunteers with information necessary to counsel people on Medicare
- Insures that counselors prepare client contact forms and report data to the home office
- Evaluates the effectiveness of procedures and counselor activities in order to confer with the Program Director / Trainer
- Meets with counselors to discuss counseling activities and update information on health insurance issues for people covered by Medicare
- Attends coordinator's meetings as scheduled by the home office
- Promotes speaking engagements on OSHIIP and senior health issues
- Coordinates local publicity
- Assists in recruiting new volunteers

**Please check with your OSHIIP Community Liaison to see if there is a county coordinator in your area (this is an unpaid volunteer)



Volunteer Responsibilities

Volunteer counselor responsibilities include:

- Responsible for personal and phone contact with clients
- Provide information, assistance and referrals to other resources
- Conduct individual health insurance counseling sessions confidentially without conflict of interest
- **Complete and submit an OSHIIP Client Contact Form for each client counseled**
- Conduct follow-up contact with clients to ensure that problems are resolved

OSHIIP Certification

This class is only one part of our volunteer training. Frequent changes in the federal health insurance program and other regulations require an annual training update.

Each calendar year you:

★ Must average a minimum of two (2) reports (Client Contact form or Public and Media form) per week

AND

★ Must complete at least one update training session

- Training and certification assure that Ohio's Medicare recipients receive quality service.



Liability Issues

- Liability issues that are related to educating and assisting clients are a concern among some OSHIIP volunteers.
 - Volunteer Protection Act of 1997 establishes legal guidelines in protecting those of us that have good intentions and want to help others.
- It is very important that you read the OSHIIP Liability Issues form in its entirety before signing the Acknowledgment. This form clearly explains our expectations for volunteer counselors to personally meet with clients and to utilize the Disclosure Statement.
- You must refrain from advising clients to enter into or to terminate specific transactions. Your job is to educate clients in an unbiased manner on elements of transactions that they may wish to consider.
 - Your actions should be in good faith, within the scope of your duties, and without negligence or malicious intent.



Disclosure Statement

Notice for All OSHIIP Clients

- The Notice for All OSHIIP Clients, also known as the Disclosure Statement, should be reviewed with the client in person or over the phone before counseling begins. If the client is present, be sure he or she signs the form after counseling. A second statement need not be signed if you are working with a client on an ongoing basis. Please review the contents of this statement with the client when counseling someone only occasionally over many months.
- Anytime you counsel over the phone, we ask that you read the last two paragraphs of the Disclosure Statement to the client. Always emphasize our need to be unbiased and objective in the delivery of pertinent information. Volunteers should note, on a blank Disclosure Statement, the person's name and the date the phone counseling session took place.



Disclosure Statement



50 West Town Street
Third Floor - Suite 300
Columbus, OH 43215-4186
(614) 644-2658
www.insurance.ohio.gov

DISCLOSURE STATEMENT Notice to all OSHIIP Clients

The Ohio Senior Health Insurance Information Program (OSHIIP) is sponsored by the Ohio Department of Insurance in order to make information on health insurance more widely available to, and understandable for, Ohio Medicare beneficiaries. While neither OSHIIP nor the OSHIIP volunteer counselors can advise you on the purchase, renewal or termination of specific insurance products or programs, they can give you helpful information on how you can compare those products and the services they provide.

OSHIIP has been designed to provide you with a broad range of information on Medicare benefits, Medicare supplement insurance, long-term care insurance, Medicare Advantage plans and other kinds of health insurance programs and policies. OSHIIP volunteers have been trained to deal with commonly raised questions in these areas. These counselors can assist you in analyzing the different kinds of policies and insurance programs in which you have interest.

Health insurance transactions could involve the most important and costly decisions that you make. You may need to consult an attorney, accountant, government office, public service agency or other information resource before making such a decision. The OSHIIP counselors are available to help identify these resources for you or your community groups. OSHIIP and its counselors do not endorse any particular insurance policy, program or company, nor can they provide legal advice or make decisions for you. OSHIIP can give you information and assistance to help make those decisions easier.

If you have any additional questions regarding OSHIIP, please call 1-800-686-1578.

Client Signature _____

Date _____

Counselor Signature _____
INS-2303

Date _____

Accredited by the National Association of Insurance Commissioners (NAIC)
Consumer Hotline: 1-800-686-1526 Fraud Hotline: 1-800-686-1527 OSHIIP Hotline: 1-800-686-1578
TDD Line: (614) 644-3745 (Printed in house)



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OSHIIP CCF

- Here is a copy of the OSHIIP Client Contact form.
- All counselors are to complete the OSHIIP Client Contact form following either a one-to-one or a phone counseling session.
- You will get a link to this form each week in the OSHIIP Weekly Update.
- Please return a completed form on a regular basis.
- Now we will take a look at how to complete an OSHIIP Client contact Form:

EZ CCF

OSHIIP Volunteer Name: _____

County: _____ Zip Code: _____

Date Range: _____ (ex. 7/1/13 – 7/5/13)

_____ TOTAL NUMBER OF CLIENTS

_____ AVERAGE TIME SPENT WITH EACH CLIENT

How many of your total clients were: (please enter a number for each)

1. _____ Male _____ Female
2. _____ By Phone _____ At a Site _____ At Home _____ E-mail or Mail
3. _____ Under 65 _____ 65-74 _____ 75-84 _____ 85 or Older
4. _____ African Amer. _____ White _____ Hispanic _____ Other: _____
5. _____ Income/Assets ABOVE LIS _____ Income/Assets BELOW LIS

I discussed: (Check all that apply)

- Medicare Part A and Part B
- Medicare Supplemental Insurance
- Medicare Part D
- Extra Help or LIS
- Medicare Advantage Plans
- Employer Group Coverage
- Medicaid
- Medicare Savings Programs (MSP)
- Appeals
- Long-Term Care
- Other _____

I enrolled: (Enter # only if applicable)

- _____ Medicare Part D
- _____ Medicare Advantage
- _____ Extra Help or LIS
- _____ MSP
- _____ Medicare A &/or B

Dollars Saved for Clients: \$ _____

Fax or Mail To: OSHIIP (614)752-0740 50 West Town Street, 3rd Floor-Ste 300, Columbus, Ohio 43215



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Ohio Department
of Insurance

Client Contact Form (CCF)

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File Edit View Window Help

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EZ CCF

OSHIP Volunteer Name:

County: Zip Code:

Date Range: (ex. 7/1/13 – 7/5/13)

TOTAL NUMBER OF CLIENTS

AVERAGE TIME SPENT WITH EACH CLIENT

How many of your total clients were: (please enter a number for each)

1.	<input type="text"/> Male	<input type="text"/> Female		
2.	<input type="text"/> By Phone	<input type="text"/> At a Site	<input type="text"/> At Home	<input type="text"/> E-mail or Mail
3.	<input type="text"/> Under 65	<input type="text"/> 65-74	<input type="text"/> 75-84	<input type="text"/> 85 or Older



OSHIIP PAM

- Here is a copy of the Public and Media Form.
- The public and media form is used to track any kind of other services volunteers provide for OSHIIP.
- This would be for activities like health fairs, group presentations, or any kind of publicity you do for the program.
- Now we will take a look at how to complete a PAM form:

EZ PAM

Volunteer Name: _____ Activity Name: _____

County: _____ Zip Code: _____

Address of Activity: _____

Date of Activity: _____ Time spent on Activity: _____

TOTAL NUMBER OF Persons Reached _____

TYPE of ACTIVITY: (circle one)

- | | |
|------------------|--|
| 1. Presentation | 5. Electronic Activity (PSA, electronic ad or crawl, Facebook, Twitter, Website) |
| 2. Booth/Exhibit | |
| 3. Radio show | 6. Print Activity (newsletter, pamphlet, flier, poster, targeted mailing, newspaper) |
| 4. TV Show | |

TOPICS discussed: (Check all that apply)

- Medicare Part A and Part B
- Medicare Supplemental Insurance
- Medicare Part D
- Extra Help or LIS
- Medicare Advantage Plans
- Employer Group Coverage
- Medicaid
- Medicare Savings Programs (MSP)
- Appeals
- Long-Term Care
- OSHIIP
- Volunteer Recruitment
- Partnership Recruitment
- Other

Target Audience (Check all that apply)

- Medicare Pre-Enrollees
- Medicare Beneficiaries
- Family Members/Caregivers
- Low-Income
- Hispanic, Latino or Spanish Origin
- White, Non-Hispanic
- Black, African American
- Asian
- Some Other Race-Ethnicity
- Disabled
- Rural
- Professionals
- Partnership Outreach
- Presentations to Groups in Languages other than English

Fax or Mail To: OSHIIP (614)752-0740 50 West Town Street, 3rd Floor-Site 300, Columbus, Ohio 43215



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of Insurance

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EZ PAM

Volunteer Name: _____ Activity Name: _____

County: _____ Zip Code: _____

Address of Activity: _____

Date of Activity: _____ Time spent on Activity: _____

TOTAL NUMBER OF Persons Reached _____

TYPE of ACTIVITY: (check one)

<input type="checkbox"/> Presentation	<input type="checkbox"/> Electronic Activity (PSA, electronic ad or crawl, Facebook, Twitter, Website)
<input type="checkbox"/> Booth/Exhibit	<input type="checkbox"/> Print Activity (newsletter, pamphlet, flier, poster, targeted mailing, newspaper)
<input type="checkbox"/> Radio show	



OSHIIP Sites

OSHIIP Sites are places where OSHIIP volunteers can meet and counsel beneficiaries. A site could be a senior center, library, community center, or any place a volunteer could have access to a computer, phone and privacy to meet with a client.

There is a list of sites on the Ohio Department of Insurance's website, www.insurance.ohio.gov. If you are interested in making a location a site, speak with your OSHIIP trainer about signing a Memorandum Of Understanding.

Now we will take a look at the ODI website:

OSHIIP
50 W. Town St., 3rd Fl.
Suite 300
Columbus, OH 43215
(614) 644-3456
(800) 686-1578
Fax # (614) 752-0740
www.insurance.ohio.gov

Ohio Department of Insurance
John R. Kasich – Governor
Mary Taylor – Lt. Governor/Director



MEMORANDUM OF UNDERSTANDING

By and Between
The Ohio Senior Health Insurance Information Program ("OSHIIP"),
A Program of the Ohio Department of Insurance

COUNSELING SITE &/OR INFORMATION SITE
(Please check appropriate box(es))

This Memorandum of Understanding between the aforementioned parties is executed for the purpose of establishing an OSHIIP site at:

The Site Contact Person is: _____

Who can be reached at: Phone: _____ Fax: _____
Email: _____

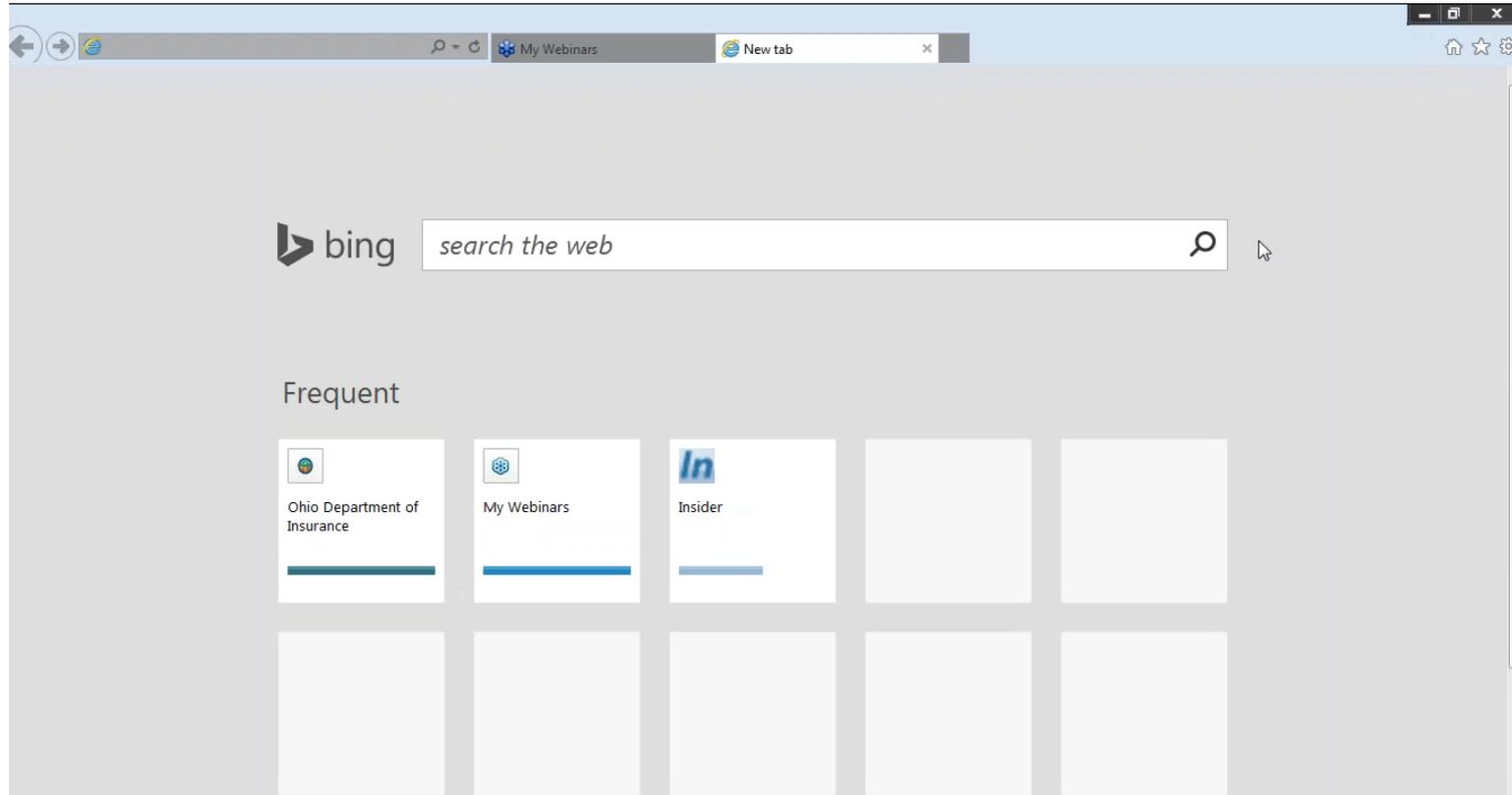
An OSHIIP site is a physical location and/or an organization that agrees to support and facilitate OSHIIP's outreach efforts in the site's community.

The OSHIIP site supports community outreach by:
(The checked boxes identify the required terms/conditions to be considered an official OSHIIP site. Please check any other boxes to indicate your willingness to provide additional services.)

Basic	Expectation/Need
<input checked="" type="checkbox"/>	Ensuring complete beneficiary confidentiality.
<input checked="" type="checkbox"/>	Agreeing the site and its staff will assist without any personal financial gain.
<input checked="" type="checkbox"/>	Educating its staff about OSHIIP.
<input checked="" type="checkbox"/>	Providing OSHIIP educational material (e.g., brochures, shopper's guides, bookmarks, etc.)
<input checked="" type="checkbox"/>	Providing a quiet location in which an OSHIIP volunteer can meet to discuss personal and sensitive issues with a beneficiary.
<input checked="" type="checkbox"/>	Activities promoting OSHIIP's program within the community (e.g., newsletter articles, displaying OSHIIP posters, distributing event flyers, etc.)
<input checked="" type="checkbox"/>	Providing access to an OSHIIP volunteer.
Optional	
<input type="checkbox"/>	Providing access to a copy machine for a reasonable amount of copies, if necessary, at a reasonable cost.
<input type="checkbox"/>	Providing Internet/Email access at the site location.
<input type="checkbox"/>	Providing access to a telephone to make toll-free and/or local calls on behalf of the beneficiary.
<input type="checkbox"/>	Allowing OSHIIP to use the site as a training location



www.insurance.ohio.gov



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of Insurance

OSHIIP is funded by the Ohio Department of Insurance and:

- A) U.S. Department of Health and Human Services
- B) Centers for Medicare (CM)
- C) Centers for Medicaid (CMD)
- D) Center for Insurance (CI)



Complete the sentence below by filling in the blank.

OSHIIP stands for: The Ohio

Health Insurance Information Program



To stay certified as an OSHIIP volunteer, it is a requirement to report two forms per week.

- A) True
- B) False



Public and Media forms are used when you are doing an activity other than client counseling.

- A) True
- B) False



The best way to turn in reporting forms is:

- A) by fax
- B) by mail
- C) by e-mail
- D) all of the above

