

Training

Statewide Health Insurance Benefits Advisors (SHIBA)

Fraud and Abuse

February 2017 Training

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Learning objectives

Fraud, errors and abuse

Volunteers will know or be able to:

- Define what the SMP program is.
- Access a list of SMP sponsors in Washington state.
- Help people learn to prevent, detect and report possible fraud.
- Identify how much Medicare fraud costs.
- Define Medicare fraud.
- Define Medicare errors.
- Share tips to help people protect themselves from Medicare fraud.
- Be familiar with the QRC on reporting possible fraud or errors.
- Practice scenarios on responding to client's questions about fraud or errors.
- Find more information about Fraud in *Medicare & You 2017* (pages 112 – 114).
- Receive a copy of the SMP Personal Health Journal and information about how to get more if they want to share with clients.

Even though not all Sponsors have SMP contracts, all SHIBA volunteers are welcome to take the SMP Foundations training online. If interested, they need to send email to Tonya Blake TonyaB@oic.wa.gov requesting access.

OIC complaint process

Volunteers will know or be able to:

- Explain how to submit a complaint to the OIC Complaints Coordinator.
- Be familiar with the information they need to collect in order to submit a complaint.
- Practice scenarios on collecting information to submit complaints.

OIC Consumer Advocacy Program (CAP)

Volunteers will know or be able to:

- Have a basic understanding of the OIC Consumer Advocacy Program and how it relates to the SHIBA program.
- Demonstrate familiarity by completing a 10 question survey about CAP.



Prevent Medicare fraud, scams and identity theft

January 9, 2017



OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE



WASHINGTON STATE SMP
Paid for by AoA and is hosted by the
Washington State Office of the Insurance Commissioner

Medicare fraud, errors and abuse affect...

Everyone

- Billions of taxpayer dollars lost to improper claims
- Medicare trust fund at risk

Medicare beneficiaries

- Higher premiums
- Quality of treatment
- Less money for needed benefits



What is the Senior Medicare Patrol (SMP)?

SMPs...

Help Medicare & Medicaid beneficiaries **prevent, detect** and **report** health care fraud

Protect older people and help preserve the integrity of the Medicare & Medicaid programs

Rely on **volunteers** to help perform SMP work

Volunteers matter!

Reaching approximately **two million beneficiaries** each year would not be possible without the **5,000 volunteers** engaged with the SMP program.



What is Medicare fraud?

Intentionally billing Medicare for services beneficiaries never received, or billing for a service at a higher rate than is actually justified.



What is Medicare abuse?

Providers who are supplying services or products that are not medically necessary or that do not meet professional standards.



Examples of fraud and abuse

Billing for services, supplies or equipment that were not provided

Billing for excessive medical supplies

Obtaining or giving a Medicare number for “free” services

Improper coding to obtain a higher payment

Unneeded or excessive x-rays and lab tests

Claims for services that are not medically necessary

Using another person’s Medicare number, or letting someone else use your number, to obtain medical care, supplies or equipment

What about errors?

Health care services and billing are complicated, which can lead to errors.

Only a review and investigation of the issue will determine if it is an error, fraud or abuse.

Consequences to consumers

Fraudulent use of a client's Medicare number may affect HIS/HER Medicare benefits!

- If a Medicare number is stolen, it **can't** be cancelled or changed.
- Client's file may be flagged **do not pay**.
- Errors in medical history records can result in benefits being denied later when he/she needs them!

Theft of a client's Medicare number may also lead to theft and misuse of a client's:

- Social Security Number & his/her identity
- Medical identity
- Banking & credit information

Consequences to perpetrators

It's a federal crime to defraud the U.S. government or any of its programs!

Can be criminal and/or civil

- May result in prison sentences, restitution (repayment of the stolen funds), and/or steep fines
- Result in mandatory exclusion from the Medicare program for a specific length of time



Medical equipment fraud

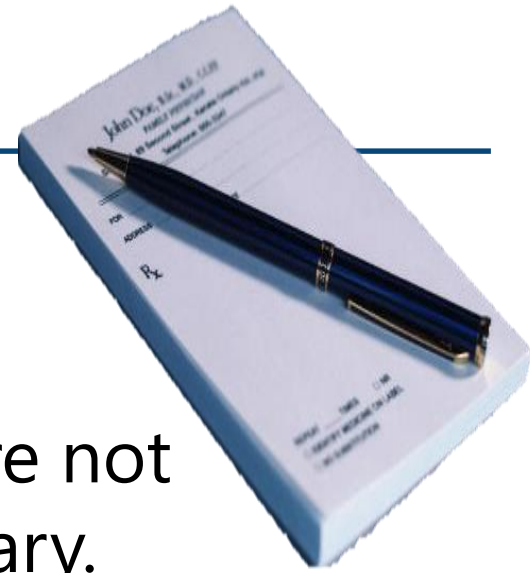


**ETIENNE
ALLONCE**



- Owner of fraudulent medical equipment supplier
- Posed as employee of a legitimate supplier who contracts with the nursing homes
- Gained access to several nursing homes
- Accessed medical charts
- Billed Medicare
- Stole medical information

Prescription drug fraud



Things to look for:

- Prescriptions for medications that are not medically necessary for the beneficiary.
- Beneficiaries seeking fraudulent prescriptions.
- Criminals acquiring Medicare and Medicaid numbers to bill for prescriptions the beneficiary never received.

Who commits fraud, waste and abuse?

Most providers are honest.

Only 2-3% of providers bill fraudulently.



Protect from Medicare fraud & abuse

DO

- Treat a Medicare card and number like credit cards.
- Watch out for identity theft.
- Be aware that Medicare doesn't call or visit to sell anything.

DON'T

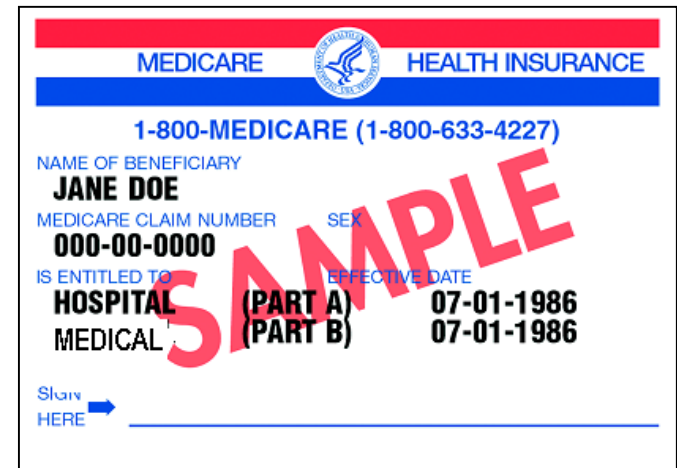
- Give out a Medicare number except to a doctor or other Medicare provider.
- Don't carry a Medicare card unless it's needed.

Protect from Medicare fraud & abuse

Protecting a Medicare number helps prevent
IDENTITY THEFT.

What else can clients do?

- ✓ DO not call list
- ✓ Shared private information
- ✓ Hang up on marketing calls
- ✓ Avoid clicking on links in email



A sample Medicare Health Insurance card for Jane Doe. The card features a red header with 'MEDICARE' and 'HEALTH INSURANCE' in white, and a blue header with '1-800-MEDICARE (1-800-633-4227)'. The beneficiary's name is 'JANE DOE'. The Medicare claim number is '000-00-0000'. The card is titled to 'HOSPITAL MEDICAL' and includes 'PART A' and 'PART B' with an effective date of '07-01-1986'. A large red 'SAMPLE' watermark is overlaid on the card. At the bottom left, there is a 'Share HERE' label with a blue arrow pointing to a blank line.

NAME OF BENEFICIARY	SEX
JANE DOE	

MEDICARE CLAIM NUMBER	SEX
000-00-0000	

IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	07-01-1986
MEDICAL (PART B)	07-01-1986

Share HERE → _____

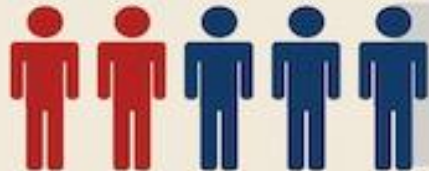
Medical identity theft

\$20,663

AVG COST TO VICTIM OF
MEDICAL IDENTITY THEFT



24% suffer
time lost fixing
medical records



37% suffer
embarrassment



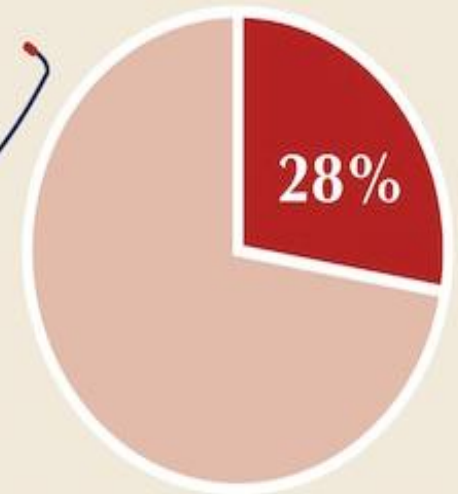
19% suffer
decreased credit
ratings

36%

of perpetrators are family
members of the victims



DENIED



Receive either misdiagnosis or
suffer a mistreated illness

Detect Medicare fraud and abuse

Tell clients to review Medicare Summary Notices (MSNs) and other statements for:

1. Services they didn't receive
2. Double-billing
3. Services not ordered by their doctor

Detect Medicare fraud and abuse

Use the Personal Health Care Journal

- Record doctor visits, tests, and procedures in this journal.
- Encourage clients to take it with them to appointments.
- Clients can ask themselves questions about their health care & write the answers down and other information in the journal.
- Use the journal to compare their MSNs and other statements to make sure they are correct.



Report suspected Medicare fraud & abuse

- ✓ Call the provider
- ✓ Gather information and documentation.
- ✓ Check to see if there is a SMP sponsor in your area.
- ✓ Call 1-800 MEDICARE

Top 10 financial scams targeting seniors (NCOA)

Financial scams targeting seniors have become so prevalent that they're now considered "the crime of the 21st century." Why? Because seniors are thought to have a significant amount of money sitting in their accounts.

Financial scams often go unreported or can be difficult to prosecute, so they're considered a "low-risk" crime.

It's not just wealthy seniors who are targeted. Low-income older adults are also at risk of financial abuse. And it's not always strangers who commit these crimes. Over 90% of all reported elder abuse is committed by an older person's own family members.

Review our list below, so you can identify a potential scam.

1. Medicare/health insurance scams

Every U.S. citizen or permanent resident over age 65 qualifies for Medicare, so there is rarely any need for a scam artist to research what private health insurance company older people have in order to scam them out of some money.

In these types of scams, perpetrators may pose as a Medicare representative to get older people to give them their personal information, or they will provide bogus services for elderly people at makeshift mobile clinics, then use the personal information they provide to bill Medicare and pocket the money.

2. Counterfeit prescription drugs

Most commonly, counterfeit drug scams operate on the Internet, where seniors increasingly go to find better prices on specialized medications.

The danger is that besides paying money for something that won't help someone's medical condition, victims may buy unsafe substances that can inflict even more harm. This scam can be as hard on the body as it is on the wallet.

3. Funeral & cemetery scams

The FBI warns about two types of funeral and cemetery fraud perpetrated on seniors.

1. Scammers read obituaries and call or attend the funeral service of a complete stranger to take advantage of the grieving widow or widower. Claiming the deceased had an outstanding debt with them, scammers will try to extort money from relatives to settle the fake debts.
2. A tactic of disreputable funeral homes is to capitalize on family members' unfamiliarity with the considerable cost of funeral services to add unnecessary charges to the bill. For example, funeral directors will insist a casket is necessary even when performing a direct cremation, which can be accomplished with a cardboard casket rather than an expensive display or burial casket.

4. Fraudulent anti-aging products

In a society bombarded with images of the young and beautiful, it's not surprising that some older people feel the need to conceal their age to participate more fully in social circles and the workplace.

It's in this spirit that many older Americans seek out new treatments and medications to maintain a youthful appearance, putting them at risk of scammers. Whether it's fake Botox or completely bogus homeopathic remedies that do absolutely nothing, there is money in the anti-aging business.

Botox scams are particularly unsettling, as renegade labs creating versions of the real thing may still be working with the root ingredient, botulism neurotoxin, which is one of the most toxic substances known to science. A bad batch can have health consequences far beyond wrinkles or drooping neck muscles.

5. Telemarketing/phone scams

Perhaps the most common scheme is when scammers use fake telemarketing calls to prey on older people, who as a group make twice as many purchases over the phone than the national average. While the image of the lonely senior citizen with nobody to talk to may have something to do with this, it's far more likely that older people are more familiar with shopping over the phone, and therefore might not be fully aware of the risk.

With no face-to-face interaction, and no paper trail, these scams are incredibly hard to trace. Also, once a successful deal has been made, the buyer's name is then shared with similar schemers looking for easy targets, sometimes defrauding the same person repeatedly.

6. Internet fraud

While using the Internet is a great skill at any age, the slower speed of adoption among some older people makes them easier targets for automated Internet scams that are universal on the web and email programs. Pop-up browser windows simulating virus-scanning software will fool victims into either downloading a fake anti-virus program (at a substantial cost) or an actual virus that will open up whatever information is on the user's computer to scammers.

Their unfamiliarity with the less visible aspects of browsing the web (firewalls and built-in virus protection, for example) make seniors especially susceptible to such traps.

7. Investment schemes

Many seniors find themselves planning for retirement and managing their savings once they finish working. A number of investment schemes have been targeted at seniors looking to safeguard their cash for their later years.

8. Homeowner/reverse mortgage scams

Scammers like to take advantage of the fact that many people above a certain age own their homes, a valuable asset that increases the potential dollar value of a certain scam.

A particularly elaborate property tax scam in San Diego saw fraudsters sending personalized letters to different properties apparently on behalf of the County Assessor's Office. The letter, made to look official but displaying only public information, would identify the property's assessed value and offer the homeowner, for a fee of course, to arrange for a reassessment of the property's value and therefore the tax burden associated with it.

Scammers can take advantage of older adults who have recently unlocked equity in their homes. Those considering reverse mortgages should be cognizant of people in their lives pressuring them to obtain a reverse mortgage, or those that stand to benefit from the borrower accessing equity, such as home repair companies who approach the older adult directly.

9. Sweepstakes & lottery scams

This simple scam is one that many are familiar with, and it capitalizes on the notion that "there's no such thing as a free lunch." Here, scammers inform their mark that they have won a lottery or sweepstakes of some kind and need to make some sort of payment to unlock the supposed prize. Often, they'll send seniors a check they can deposit in their bank account, knowing that while it shows up in their account immediately, it will take a few days before the (fake) check is rejected. During that time, the criminals will quickly collect money for supposed fees or taxes on the prize, which they pocket while the victim has the "prize money" removed from his or her account as soon as the check bounces.

10. The grandparent scam

The grandparent scam is so simple and so devious because it uses one of older adults' most reliable assets, their hearts.

Scammers will place a call to an older person and when the mark picks up, they will say something along the lines of: "Hi Grandma, do you know who this is?" When the unsuspecting grandparent guesses the name of the grandchild the scammer most sounds like, the scammer has established a fake identity without having done a lick of background research.

Once "in," the fake grandchild will usually ask for money to solve some unexpected financial problem (overdue rent, payment for car repairs, etc.), to be paid via Western Union or MoneyGram, which don't always require identification to collect. At the same time, the scam artist will beg the grandparent "please don't tell my parents, they would kill me."

While the sums from such a scam are likely to be in the hundreds, the very fact that no research is needed makes this a scam that can be done over and over at very little cost to the scammer.

If you suspect you've been the victim of a scam...

Encourage clients to not be afraid or embarrassed to talk about it with someone they trust. They're not alone, and there are people who can help. Doing nothing could only make it worse. Tell them to keep handy the phone numbers and resources they can turn to, including the local police, their bank (if money has been taken from their accounts), and Adult Protective Services. To obtain the local contact information for Adult Protective Services, call the Eldercare Locator, a government sponsored national resource line at: 1-800-677-1116, or visit their website at: www.eldercare.gov

Tips from the AARP fraud fighters

- Post your mail at the post office or a US mail receptacle. Never leave mail for your mailman to pick up.
- Update your sidewalk mailbox. Unsecured mailboxes are an easy touch for theft and identity theft.
- Don't leave anything inside your car.
- At the mall or store, never put things in your trunk and leave your car unattended. Thieves are watching and will target your car.
- Don't answer the phone if you don't know the number – let them leave a message.
- Never call back suspicious numbers left on your machine.
- Don't share family loss or drama with strangers on the phone. They use this to gain your trust.
- If they keep calling, just hang up – they'll stop eventually...or blow a whistle into the phone.
- Never give personal information over the phone – SSN, birthday, bank account number, etc.
- Sign up for "do-not-call."
- If wiring cash or immediate payment is needed – it's a scam. Hang up!
- The IRS mails a notice, not a phone call. Payments are made to U.S Treasury – never wired to Western Union, Money Gram, etc.
- Foreign lotteries/sweepstakes are against the law!
- Never pay to play – you never have to pay a fee if you won.
- Think twice about entering sweepstakes.
- Be careful using paper checks – they can be easily copied.
- Never click on an email from a stranger, or "pop-up" on the Internet.
- Facebook privacy settings – set them so your birthday, city, high school, etc. do not show.

Scenarios (using volunteer complaint process)

1. Steve contacts the SHIBA office stating he wants help getting his plan to pay the claims on tests he had performed that are covered by their contract. He states he's on a Medicare Advantage plan. He provides his name, address, phone and email information.

What additional information do you need to collect?

2. Suzy calls SHIBA and states she went to fill a prescription and was told her Prescription Drug Plan was cancelled. After talking with the client, the volunteer discovers she was late in paying her Prescription Drug Plan premium and the plan has now cancelled enrollment. She is wanting to get reinstated into her plan to avoid a lapse in coverage. The volunteer gathers client's contact information (address, phone and email).

What other information should the volunteer obtain?

3. Lisa walks into a SHIBA office asking for help to drop her Medicare Advantage Plan and return to Original Medicare with a Prescription Drug Plan and a Medigap policy. She joined the Medicare Advantage plan for the first time six months ago when she turned 65 and isn't happy with the plan. The volunteer gathers client address, phone, email and date of birth information. As well, the volunteer runs Plan Finder with client's medications and finds a plan that will work for client's situation.

What additional information does the volunteer need?

Scenarios (using SMP information/slides)

1. Betty received a bill for a wheelchair she never received. Her friend Sally told her to call her local SHIBA office.

How can you help Sally?

2. Bob came in to the SHIBA office with five different statements from when he was hospitalized. He is not understanding why each bill has a different total amount.

How can you help Bob?

3. **In assisting a client, what advice would you give to detect Medicare fraud and abuse?**

4. **As a SHIBA volunteer, how do you report suspected Medicare fraud and abuse?**

Volunteer complaint process

CCR SECTION	Following the volunteer complaint process will ensure you capture the necessary client information to file a complaint.
2	<p>Assistance requested by</p> <ol style="list-style-type: none"> 1. Provider: SHIBA can't submit any personal health information (PHI) without the client's consent. List the provider as the beneficiary if SHIBA doesn't have the client's consent to file a complaint on their behalf. 2. Self/client: List the client's name. If someone is calling on behalf of the client list that person under "Representative." 3. Caregiver/family member: Same rules apply as provider. <p>Demographics</p> <ol style="list-style-type: none"> 1. Required fields: Name, mailing address, email (if client has one) and phone number.
3	Required fields: Gender, Race/Ethnicity, Age
4	Topics discussed (at least one topic must be checked)
5	<p>Complaint information</p> <ol style="list-style-type: none"> 1. Medicare number OIC can't submit complaints to CMS without a MEDICARE number. 2. Complaint details and narrative (section 5) Apply: Who, what when and where concepts <ol style="list-style-type: none"> A. For Part D or Medicare Advantage, verify client has contacted the plan. The plan must have an opportunity to respond/process client request. B. In the notes, be specific – date of event, letters, phone numbers, etc. C. Before referring case, client needs to be aware their name will be used in the investigation. If client agrees, must mark YES in this section. D. What is the clients' desired outcome? Be clear on what client wants. E. Supply supporting documents if available. Send the information to the Complaint Coordinator at the OIC and reference the CCR number.
6	Notes: Include date of birth in the notes section.
	Urgent complaints: Client has less than 3 days of medication or unable to access needed medical care. Notify Complaints Coordinator, your Volunteer Coordinator or your Regional Training Consultant.
1	Close the CCR. If the CCR isn't closed , the complaint won't forward to the Complaint Coordinator and it won't be processed.
	Tell clients you are sending their complaint on to the Complaints Coordinator at the OIC, and they should expect a phone call or letter in the next 7 to 10 business days.

Volunteer complaint process

If the client prefers to submit the complaint online, he/she can go to:

<https://www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/>

Helpful tips:

- Let clients know you're forwarding their information on, but be careful about promising any specific results. We can't always resolve every complaint.
- The Complaints Coordinator will triage complaints and refer them on as appropriate. We need you to give her the most complete information possible to efficiently help our clients. Notes should include who, what, where and when.
- Be careful about transmitting personal information about clients that includes names, Medicare numbers, date of birth, health and financial information. Information entered into SHIBA Online is secure, so only reference the CCR number if sharing with another SHIBA person.
- If the client has supporting documents, such as letters, EOBs or bills, note that in the CCR. Documents must be sent securely. Include the CCR number on the documents:
 - FAX: 360-586-4103
 - U.S. mail: Office of the Insurance Commissioner
Attn: Becky Fueston
PO Box 40255
Olympia, WA 98504-0255
- To check on the status of a case, look up the CCR in SHIBA Online and read the Notes section.
- Unless the caller has Power of Attorney, our Complaints Coordinator will have to get an okay from the client to pursue any complaint.
- In all cases, if you have questions about how to proceed with a complaint, contact your Volunteer Coordinator, Regional Training Consultant or the Complaints Coordinator for assistance.

What to do if you suspect errors or fraud

1. Rule out an error:

- Recommend the client review any documents he/she has such as Medicare Summary Notice (MSN), Explanation of Benefits (EOB), bills from providers, etc. It's appropriate for you to assist if the client needs help.
- Explain to the client they may need to contact their provider/supplier to review, get details and facts or ask questions about their concerns. It's appropriate for you to assist if the client needs help.

2. Issue is not related to an error, or you and the client have not been successful in resolving it:

- If the problem is with billing, coverage or appeals that can't be resolved after taking the steps above, submit a complaint to the SHIBA Complaints Specialist using the Volunteer Complaint Process.
- If the problem is suspected fraud or abuse, AND you have documentation such as MSNs, EOB, bills, submit a complaint to the SHIBA Complaints Specialist using the Volunteer Complaint Process.
- If the problem is suspected fraud or abuse, AND you don't have documentation, you or the client can call 1-800-MEDICARE to report it.



Consumer Advocacy Program

January 5, 2017



OFFICE of the
**INSURANCE
COMMISSIONER**
WASHINGTON STATE

The OIC's Consumer Advocacy Program

- Answers consumer inquiries about insurance and their legal rights
- Investigates complaints filed against insurance companies
- Educates citizens to enable them to make informed choices about their insurance needs and options

We are

- 10 Life & Health insurance analysts/experts
- 7 Property & Casualty insurance analysts/experts
- 7 Hotline specialists trained to triage and refer consumer calls for help to Consumer Advocacy, SHIBA & the OIC's producer licensing program

Consumer Advocacy 2016 results

- Recovered more than \$11.2 million for consumers
- Responded to more than 67,000 consumer calls
- Mailed more than 1, 900 publications and consumer-related materials
- Completed more than 7,900 complaint investigations
- Answered more than 3,400 consumer requests for information

We always help

If we don't have the expertise or services a consumer needs, we refer them to others who do, including:

- SHIBA
- The Washington Health Benefit Exchange
- State and federal agencies
- Private non-profit assistance
- Insurance agents and brokers
- Even insurance companies when needed

Our complaint process

The OIC's insurance analysts

- **Send** complaints to insurance companies, who must respond within 15 business days
- **Review** insurance company responses & evaluate according to RCW 48 and WAC 284
- **Advocate** to each resolutions
- **Communicate** results and educate consumers
- **Refer** insurance violations to OIC enforcement

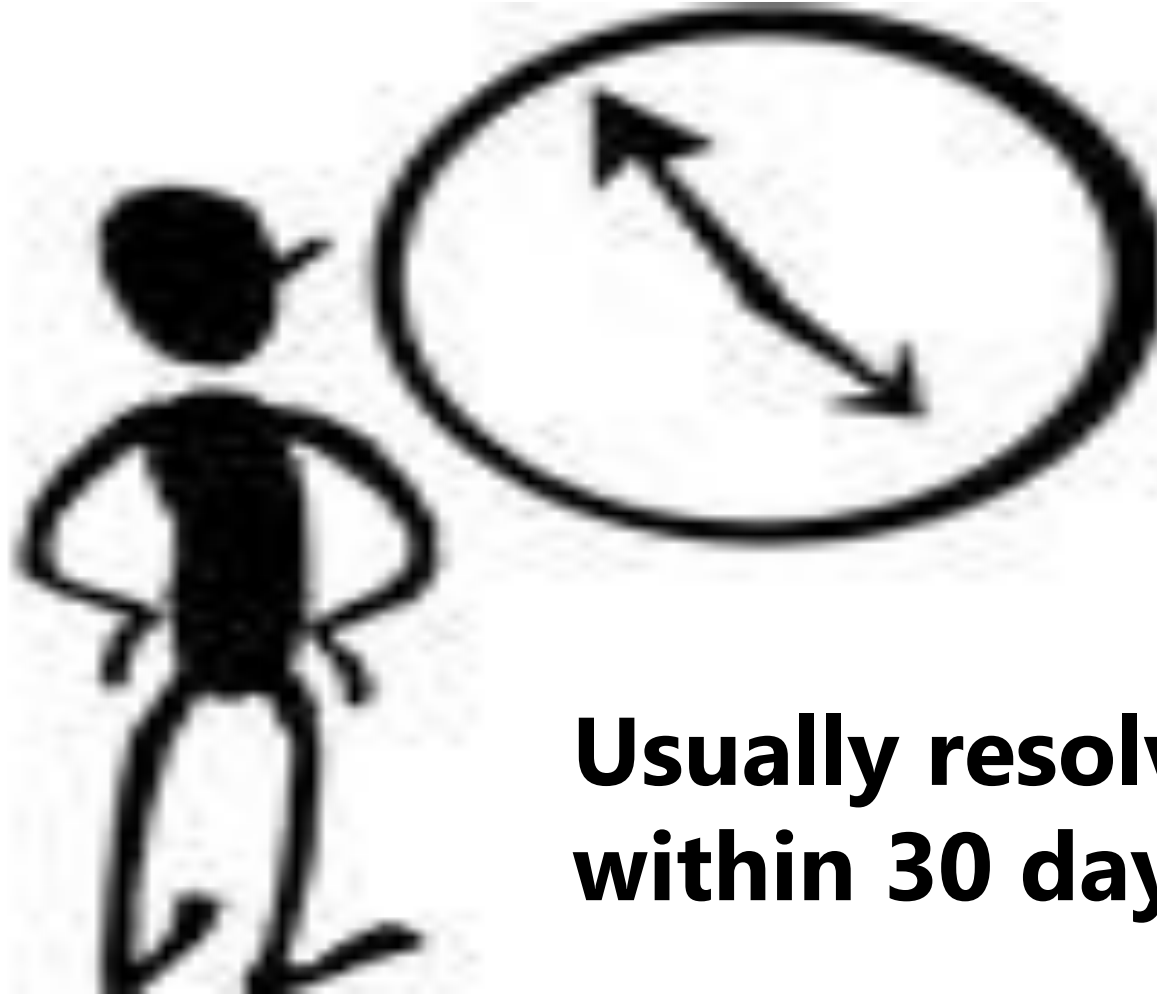
Types of complaints

- Claim delays, denials, disputes
- Coverage issues and appeals
- Cancellations and renewals
- Rate increases
- Medical necessity issues
- Company customer service issues
- Tribal and provider concerns

Ways we receive a complaint

- Emails and online forms submitted via our website at www.insurance.wa.gov
- Paper complaint form via mail, FAX, email
 - We mail form to consumer or
 - Consumer prints form from website
- Filed online: Online Complaint Center
www.insurance.wa.gov/complaints-and-fraud/file-a-complaint/insurance-company/

How long does it take?



**Usually resolve
within 30 days**

Success stories

Life & Health success story

- An L&D analyst assisted a consumer who received a quote for a 50% coinsurance rate for a drug his wife needed for her cancer treatment.
- Using the complaint, the analyst pointed out to the insurance company that the drug was self-administered chemotherapy and should be covered under the law using a 20% coinsurance rate instead of the 50% they were requiring.
- This saved the consumer \$18,000.

Property & Casualty success story

- P&C analyst helped a consumer who was told by their insurer that their vehicle was a total loss.
- But after buying a new car, the consumer was told their totaled vehicle was repairable after all.
- Following receipt of the OIC complaint, the company decided to allow the total loss and paid \$3,916 to the consumer.

How to get help

Need help?

Contact the OIC's Consumer Advocacy Program:

1-800-562-6900

www.insurance.wa.gov

We have insurance experts available to discuss your insurance options and concerns over the phone or via email from 8 a.m. to 5 p.m. weekdays.

CAP survey

1. Consumer Advocacy receives complaints by:

- A) MySpace
- B) Email/U.S. mail
- C) Snapchat
- D) Instagram

2. Which division is responsible for investigating complaints against insurance companies:

- A) Consumer Advocacy
- B) Rates and Forms
- C) Company Supervision
- D) Human Resources

3. How long does it usually take for a complaint to be resolved?

- A) 15 days
- B) 20 days
- C) 25 days
- D) 30 days

4. Consumer Advocacy responded to how many calls in 2016?

- A) More than 57,000 calls
- B) More than 67,000 calls
- C) More than 77,000 calls
- D) More than 87,000 calls

5. The Consumer Advocacy Program educated citizens on:

- A) Their Medicaid benefits.
- B) Making decisions about their vet bills.
- C) Making informed choices about their insurance needs and options.
- D) Their accident reports.

6. Insurance companies must respond to a complaint in how many business days?

- A) 10
- B) 20
- C) 15
- D) 25

7. What are the primary categories of insurance topics covered under the umbrella of Consumer Advocacy?

- A) Property/Casualty and Life/Disability
- B) Workers Compensation and Unemployment Insurance
- C) Medicare and Medicaid
- D) Insurance appeals

8. Which is NOT a typical complaint handled by Consumer Advocacy:

- A) Rate increases
- B) Hospital food
- C) Coverage issues
- D) Cancellations and renewals

9. Insurance experts are available to discuss insurance options and concerns at the OIC:

- A) 24/7
- B) Monday – Saturday 8 a.m. – 5 p.m.
- C) Weekdays 8 a.m. – 5 p.m.
- D) Weekly – 8 a.m. – 5 p.m.

10. How helpful was this information?

- A) Very helpful
- B) Helpful
- C) Somewhat helpful
- D) Not helpful

Training Course Evaluation

How can SHIBA improve the monthly trainings?

What additional trainings within our SHIBA scope would you like to see?

What SHIBA training materials (including QRCs) would you like to see added to My SHIBA?

Other: _____

If you prefer to give electronic feedback about curriculum please contact:
Cortney Melton: cortneym@oic.wa.gov or Liz Mercer: lizm@oic.wa.gov