TELECENTER
PROGRAM MANUAL

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Acknowledgement
A special thanks is extended to the Telecenter Program Coordinators and Volunteers who all provided input and ideas for this manual.
Introduction

his manual is written for local sponsors of the APPRISE Telecenters. It contains information and guidance for Telecenter coordinators, counselors and Sponsoring Agencies. The manual should be used as a tool by Telecenter programs for operation of the 1-800-APPRISE call center.

Program Overview

The APPRISE State Health Insurance Assistance Program (SHIP) is part of a national network funded by the Center for Medicare and Medicaid Services (CMS). Through the coordination and support of the Center for Medicare and Medicaid Services (CMS), the Pennsylvania Department of Aging (PDA), Area Agencies on Aging (AAA) and other sub-contractors, APPRISE offers consumers a competent, committed and compassionate consumer-focused network of staff and volunteers.

In many states, the 1-800 hotline service is handled by the individual state. In Pennsylvania, the PDA contracts with twelve local APPRISE programs to service the 1-800 calls on behalf of the State.

The APPRISE 1-800 number was established as a central clearinghouse, providing information and referrals to local APPRISE Programs for problem resolution. The Telecenters are staffed by volunteer counselors and operate Monday through Friday from 9:00 am to 4:00 pm. Annually, the 1-800 number receives over 36,000 requests for information and assistance with Medicare and other health insurance-related issues.
PROGRAM OVERVIEW

Mission & Focus

The mission of the Telecenters is to serve consumers of Pennsylvania’s APPRISE State Health Insurance Assistance Program (SHIP), by providing accurate and objective information regarding health insurance and related issues while representing the Pennsylvania Department of Aging. Telecenters are unique in their service to the APPRISE program because of the level of professionalism and overall knowledge base Telecenter counselors must possess and utilize. As direct representatives of the PDA, Telecenters reflect and promote the many services of the Department, and are often the initial contact a consumer has with the APPRISE program. As a vital component of Pennsylvania’s APPRISE Program, and given this great responsibility, Telecenters continually strive to improve and advance the quality of service they provide.

The State Health Insurance Assistance Programs (SHIP) must attest to a minimum requirement of activities. The APPRISE Program Telecenters play an essential role in meeting these requirements and must encompass and, to some extent, exceed all of the following activities:

➢ Provide counseling and assistance to Medicare beneficiary individuals in need of health insurance information.

➢ Have systems of referral to appropriate federal and state departments or agencies, as well as local programs that provide assistance with problems related to health insurance (including legal problems).

➢ Have at least two staff members or volunteers to operate and provide the services of the Telecenter.

➢ Assure that APPRISE staff members and volunteers have no conflict of interest in providing health insurance information and counseling assistance, and adhere to all privacy protection policies.

➢ Collect and disseminate timely and accurate health insurance information to staff members and volunteers.

➢ Carry out training programs for staff members and volunteers.
PROGRAM OVERVIEW

Sponsoring Organizations

Pennsylvania Department of Aging (PDA)

PDA administers the APPRISE Program for the State of Pennsylvania. The Department distributes CMS grant monies to Area Agencies on Aging for the operation of APPRISE activities. Organizationally, the Department of Aging provides significant work and contribution to the APPRISE Program, providing auxiliary services, such as mailing and shipping, secretarial services and fiscal administration.

Area Agencies on Aging (AAA)

The vast majority of counseling services are delivered through the network of 52 Area Agencies on Aging which serve all 67 counties in Pennsylvania. AAA receive a distribution of CMS grant monies to deliver services to Medicare beneficiaries.

Center for Medicare & Medicaid Services (CMS)

The Center for Medicare and Medicaid Services provides State Health Insurance Assistance Programs guidance principles and primary funding through federal grants. These grants help ensure that states have a network of staff and volunteers to provide accurate and objective health insurance information and assistance.

Sub-Contractors

Area Agencies on Aging may choose to subcontract the APPRISE Program to other organizations within the community. These agencies include Retired and Senior Volunteer Programs (RSVP), Community Colleges, Senior Centers, Faith-based organizations, hospitals and Mayors’ Commissions.

Sub-contractors administer program services on a local level, adhering to and following principles set forth by the Pennsylvania Department of Aging and county Area Agencies on Aging. Some of the sub-contractors also operate Telecenters as an extension of their APPRISE program responsibilities.
PROGRAM OVERVIEW

Staff

State APPRISE Program Director

The State APPRISE Program Director is an employee of the Pennsylvania Department of Aging. It is the State Director's responsibility to ensure that the APPRISE program’s Mission and Focus are carried out on a state level, in accordance to the State Health Insurance Assistance Program’s minimum standards. The State Director also provides initiative and direction to local programs for service improvements and advancements.

Regional APPRISE Program Coordinators

The role of the Regional Coordinator is to provide support to local APPRISE Programs. Specifically, these coordinators assist in the development of training materials, provide new counselor trainings, plan and implement regional update trainings, and provide technical assistance to local APPRISE Programs. The Telecenters have been divided into four regions, Northwest, Southwest, Northeast and Southeast, each region having a Regional Coordinator.

Local APPRISE Program Coordinators

At the local level, each APPRISE Program has a staff person designated as the APPRISE Coordinator. In most cases, the APPRISE Coordinator is a staff member of the Area Agency on Aging or the Sub-contracting Agency. The person is usually full or part time, and may be responsible for other programs or services within the sponsoring organization.

The APPRISE Program Coordinator is responsible for oversight of the program and ensuring services are provided to local consumers. Other responsibilities include coordinating outreach, volunteer recruitment, supervision and reporting.
PROGRAM OVERVIEW

Staff Counselors

Other staff members of the Area Agency on Aging or Sub-Contractor Agency may be trained as counselors and provide services on behalf of the Local APPRISE program.

Counselors advise callers about their Medicare rights, educate callers on how to navigate health insurance choices and, occasionally, prepare them for appeals. They may also directly intervene and advocate with health plans, health care providers, government agencies and others, to resolve consumers’ problems.

Volunteer Counselors

Volunteer Counselors are essentially the heart of the APPRISE Program. They expand the resources of the program beyond paid staff and allow for greater outreach of program services.

Volunteers are specially trained and devoted to their task. Like staff counselors, they advise callers about their Medicare benefits and educate callers on how to navigate health insurance choices. They may also directly intervene and advocate with health plans, health care providers, government agencies and others to resolve consumers’ problems.
Office Space and Layout

Office space and equipment layout are very important for Telecenter operations. A well laid out office will reduce clutter and confusion, increase efficiency, and make a more comfortable environment.

Desk and Work Station Space & Location

Telecenters will usually have two desks or tables on which phones and computers are set up. These will serve as the counselors’ workstations. The desks should be placed separate from each other to avoid background noise. For instance, desks that face away from each other will allow counselors more privacy and fewer distractions.

Also, desks and workstations should have adequate space to store computer terminals, keyboards, phones and writing areas.

Resources and Print Material Space & Location

An essential element and function of the Telecenters is mailing print material information to consumers. In designing an office layout, print materials should be accessible and have adequate space for storage.

Print Materials should be cataloged and stored in an organized manner that allows easy locating, inventory control, reordering and restocking. Cabinetry or shelving with labels will work best.

Of course, final layout of an office and workstations will ultimately depend on the size of the office and available space provided by the sponsoring organization.
**Equipment and Technical Support**

FIGURE 2.1

The diagram 2.1 depicts a standard office layout and setup.

**Computers**

Computers play a vital role in a Telecenter’s operations. Many resources which Telecenters depend on for information as well as situational updates, including the APPRISE CD-ROM manual, e-mail updates and Internet sites, are delivered electronically. In addition, computers are needed to access information and resources over the web, allowing counselors to receive, first hand, the most recent and accurate information available.

There should be one computer per Telecenter operator. If your Telecenter does not have one per operator, contact the APPRISE Program State Director.

**Hardware**

All Telecenter computers should be equipped with CD-Rom drives to utilize the APPRISE Telecenter Resources Manual and other informational CDs.

All computers should have Internet access. This will enable users to access the World Wide Web to further their availability of information and resources provided on relevant website postings.
Equipment and Technical Support

Programs

Basic programming on all PCs is necessary for normal operations.

Microsoft Word should be standard software for all TC computers for letters to consumers and memos to staff.

All computers should also have the Internet Explorer Program and icon to read the APPRISE CD-Rom Manual.

Internet Access

Internet access is necessary and should be available to all counselors operating the Telecenters. Internet access allows counselors to extend the resources they have available to assist consumers. The Internet is also where the most updated information regarding particular programs or services can be found.

All Telecenter counselors should adhere to their sponsoring organizations’ Internet Usage Policy, as most organizations will allow access to the Internet for business use.

A shortcut Icon should be available on each computer desktop allowing counselors easy access to the Internet. Since time is of the essence, when counseling an individual, the most important websites (as listed below) counselors may use should be bookmarked under “Favorites.” This will increase efficient usage.

Most important sites:

- [www.aging.state.pa.us](http://www.aging.state.pa.us)
- [www.hgsa.com](http://www.hgsa.com)
- [www.insurance.state.pa.us](http://www.insurance.state.pa.us)
- [www.cms.hhs.gov](http://www.cms.hhs.gov)
- [www.veritusmedicare.com](http://www.veritusmedicare.com)
- [www.umd.nycpic.com/dmerc.html](http://www.umd.nycpic.com/dmerc.html)
- [www.pda-apprise.org](http://www.pda-apprise.org)
Email Access

E-mail is not necessary for volunteer counselors, but is an essential tool for communicating with coordinators. All Telecenters coordinators are required to have access to personal e-mail.

E-mail is the main avenue of communication for providing coordinators with updates and notices regarding Telecenter operations, resources and other related matters. Alerts about immediate and urgent issues are e-mailed first to Telecenter coordinators to ensure adequate response time to the situation or issue. For these reasons, coordinators must have immediate and instant access to their email.

In the event of an absence, the coordinator should have a designated person who is authorized by the sponsoring organization, check for updates and provide any necessary information to counselors.

Phone System

Through the AT&T Ready Line Service a single 1-800 number can be used to route calls to each of the twelve Telecenters on the days that they are scheduled to receive calls.

In order to route calls to the Telecenters, the sponsoring organization must have three telephone lines that are dedicated for APPRISE Telecenters usage. One line is designated to receive calls from the AT&T Ready Line Service. This line must have roll-over features so that, if the designated line is busy, all calls will be automatically rolled over to the second line. If both lines are currently busy, the caller will receive a busy signal. Calls are sent in batches of two to a Telecenter site. If both lines are busy, calls will not be forwarded to the other Telecenter sites. The third phone line will be discussed in further detail under Three-way Calling.

This system is controlled by computer program. Any changes to the regular routing system must be made through AT&T. Common changes that would be made include closings for holidays, inclement weather, or the Telecenter is unable to man the phones on their scheduled day. When these occur, the APPRISE Coordinator must contact the Regional Coordinator or State
Director who will contact AT&T to change the computer to alter the normal routing of calls. AT&T must also be contacted to convert the call routing system back to normal. Occasionally, glitches occur that result in the system not converting back to the normal routing schedule. If that should occur, the Telecenters may not receive calls on their designated day. If a Telecenter does not receive a call by 9:30 a.m. on their scheduled day, they should contact either the APPRISE Regional Coordinator or the APPRISE Program State Director to determine whether the lack of calls is a result of improper call routing.

**Note**

Holiday closings require AT&T to post a special message on the 1-800 line. All APPRISE Telecenter Coordinators are asked to provide their holiday closing schedule to the Regional Coordinator by December 15th for the upcoming year.

Three-way Calling

Three-way calling provides an excellent opportunity to enhance the counseling activities of the Telecenters. Three-way calling is enabled through the required third telephone line in each of the Telecenters. This line must also be a dedicated phone line used only by the Telecenters. Three-way calling features must be available in each Telecenter. Arrangement for three-way calling is the responsibility of the Telecenters. These arrangements are made through your local telephone service carrier. Local Telecenters are required to insure that all counselors are trained in the use of the three-way calling.

**Uses of Three-way calling**

- Three-way calling is a required feature to enable a Telecenter access to the Language Line translation service.

- Three-way calling can be used to connect an individual to an Area Agency on Aging, to make arrangements to set up an appointment. This would be particularly helpful if the counselor believes that the caller may not follow through and make the call on his or her own behalf.
Equipment and Technical Support

- Three-way calling may also be helpful if a caller was given the APPRISE number by an agency that should have been able to handle the situation i.e. Social Security gave the caller the APPRISE number to call if the caller was requesting a replacement of his/her Medicare card.

- The APPRISE counselor believes that, based on the information the caller provided; they were given misinformation by an organization. i.e. HGS Administrators, a Medigap insurer, Social Security, Medical Assistance office, 1-800 Medicare. However, a word of caution, do not assume that they actually provided misinformation. More than likely, there was a misunderstanding between the two parties. The APPRISE counselor’s role is to clarify and seek additional information.

*Tip:*

*When using three-way calling, before you start the procedure ask for the caller’s telephone number in the event that you inadvertently disconnect the caller as you are setting up the three-way call. When soliciting their telephone number tell them if you should get disconnected, you will call them back. Otherwise, you may get a busy signal when you call them back because they are on the telephone calling you back!*

Language Line Translation

Language line translation is an invaluable service. Many people for whom English is a second language often feel disenfranchised from social services because they get frustrated trying to communicate their problem and understand the assistance that the agency is conveying.

The Language Line translation service offers translation services in 54 languages. Not only can you use translation services for those who are unable to communicate in English, it can also be used for people that do not have a good command of English. It is not uncommon for
Equipment and Technical Support

people to fake understanding what you are saying because they do not want you to feel uncomfortable.

The procedures to activate the language line service should be posted near the phone. The State APPRISE Program will make available callers to your Telecenters who speak languages other than English, to allow your counselors the practice of using the Language Line service. Contact Mark Prasko to arrange for this training. However, before setting up this training, make sure that your counselors are very familiar with the three-way calling feature.

Instructions for Language Line

To Access Language Line Over the Phone Interpretation Service

1. **Outbound Calls:**

If you need to place a call to someone who you know does not speak English, follow the procedures below:

- DIAL Language Line Services: 1-800-874-9426
- Give the Language Line Representative the following information:
  - Language you need interpreted
  - 6-Digit Client ID # **507045**
  - Organization name: **PA Dept of Aging**
  - Personal Code: **Telecenter Site Name**
- Wait for representative to conference in your interpreter.
- Brief your interpreter on the nature of your call. Summarize what you wish to accomplish, giving any special instructions.
- Add non-English Speaker to the line. Be prepared to give the phone number of your client to your interpreter. Language Line will place the call for you at no extra charge (for domestic calls only).
- Your interpreter will relay your questions to the client and interpret back to you the client’s response.
2. **Inbound Calls:**

If you receive a call from someone who doesn’t speak English, please follow these procedures:

- Request the caller to please wait while you contact Language Line (1-800-874-9426). Place the caller on hold.
- Give the Language Line Representative the following information:
  - Language you need interpreted
  - 6-Digit Client ID #: **507045**
  - Organization name: **PA Dept of Aging**
  - Personal Code: **Telecenter Site Name**
- Wait for the representative to connect you to your interpreter.
- Brief your interpreter on the nature of your call. Summarize what you wish to accomplish, giving any special instructions.
- Add non-English Speaker to the line.
- Your interpreter will relay your questions to the client and interpret back to you the client’s response.

**Note**

For more information or to hear a recorded demonstration of the Language Line over-the-phone interpretation, call the demonstration line at **1-800-821-0301**, or visit the website at [www.LanguageLine.com](http://www.LanguageLine.com), or you may contact their Customer Service at 1-800-752-6096 (option1).

**TTY/TDD**

TTY/TDD are typewriter–like communication devices that permit individuals with speech or hearing impairments to communicate over telephone lines. Usually individuals who need to use these services to call the 1-800-APPRISE number will utilize their own communication devices, and call the Pennsylvania Telecommunications Relay Service. The Pennsylvania Telecommunications Relay Service will
then assist the caller in communicating with the counselor through the assistance of specially trained Communications Assistants.

If a counselor would need to access the TTY/TDD Pennsylvania Telecommunications Relay Service, they can call 1-800-654-5988. This is a voice-only number which will access the PA Relay Service. The counselor would then press option #1. This will prompt a request to type in the number you wish to call, or to talk with a Communications Assistant. Either option will proceed with contacting the party you wish to contact and communicate with.

Counselors should be advised that, when using Relay Services, the Communications Assistant (CA) is using a typewriter device to talk with the person. The CA will type all words and sounds they hear to the person. The counselor should talk slow and clear and, when finished with a sentence or phrase they want to relay, say, “Go ahead.” This will prompt the CA to then send the message to the person. The CA will then voice back to the counselor any responses.
Operating Duties

Telecenters usually operate only one day a week, therefore, it is important that coordinators have in place standard operating duties. Standard operating duties provide consistent direction for coordinators and counselors to follow to ensure their Telecenter is in order and prepared for a day of operation. The following sections describe some standard duties coordinators and counselors should follow for their Telecenter operation day:

Standard Duties for Coordinators

✓ Check for “Updates” and “Alerts”
  Check for daily emails and fax messages from the APPRISE Program State Director or Regional Coordinators. This should be done on a regular basis as issues often arise prior to the day a Telecenter is scheduled for operation.

✓ Copies of all updates and alerts should be made for counselors.
  Have volunteers who are working the Telecenter show up a few minutes early, before calls start coming in, and conduct a briefing on what the new issues are and any special instructions they need to know.

*Tip:
*Some Telecenters have a message center where their volunteers are instructed to check before the start of each day.
OPERATING DUTIES

✓ Check volunteer schedule
   Phone calls to volunteers prior to the start of a shift are recommended if the volunteer agrees to be notified prior to their scheduled working time.

✓ Check all Telecenter equipment to be sure everything is working properly and ready for counselor use. This includes phones, headsets (if counselors use), computers and printers.

✓ Turn on computers, connect to the Internet and have the APPRISE CD available.

✓ Check print materials for adequate supplies and that all versions are up to date.

✓ Doing a weekly inventory check and review will allow coordinators to identify any material needs they have so that an order can be placed well in advance of any material shortages.

✓ Check envelope, label and form letter supplies at the end of each day.

✓ Set out volunteer reporting forms, notepads, pencils and any updates they will need.

✓ Be readily available for volunteers in case of complex issues over the phone, equipment problems and/or emergencies.

✓ Collect all reporting forms at the close of the day. Check for accuracy as soon as possible.

Standard Duties for Counselors

✓ Check for updates and alerts
   Arrive a few minutes early before your shift starts to receive updates and become familiar with the issues. Check your Telecenter Message Center for information and updates.
OPERATING DUTIES

✓ Check workstation
   Make sure your station is properly equipped and everything is in working order. Notify your coordinator immediately if you detect any technical problems.

✓ Check reporting forms to ensure you have an adequate supply to capture needed reporting data.

✓ At the end of the day check reporting forms for completeness and provide to coordinator.

✓ Check the schedule for your next Telecenter duty.
This section describes the standard model for serving consumers and providing assistance to those who call in to the hotline.

**The Counseling Model**

**Stage 1:** Develop Relationship and Trust

**Stage 2:** Define and Clarify the Problem

**Stage 3:** Provide Information and Guidance

**Stage 4:** Explore and Discuss Referrals and Alternatives

**Stage 5:** End the Call

**STAGE 1: Develop Relationship and Trust**

This stage is most important because the quality of the relationship determines not only the nature of the personal exchange, but whether the call will continue at all. The following are all key elements in building that initial relationship and trust with a caller.

**Call Greetings**

Greetings are a critical first step toward helping callers feel welcome, comfortable and important. The first few words a consumer hears literally set the tone for the entire call. An unprofessional or convoluted greeting will set a negative tone for the call. Use an upbeat, warm and professional tone when answering the call. This will send a positive signal to the caller,
letting them know it’s okay to proceed with the call, and it encourages them to begin speaking.

All counselors answering the phone for the Telecenters will use the following in their greeting:

- **Opening Phrase**: Good Morning, Good Afternoon, or Thank you for calling
- **State name of program**: You have reached APPRISE
- **Short Description**: State Health Insurance Assistance Program
- **State your name**: This is John.

A total greeting will sound like this:

> “Good Morning; you have reached APPRISE, State Health Insurance Assistance Program; this is John.”

All Telecenters should use this same greeting. Callers should feel as if they are reaching the same program and same place each time they call, regardless of when they call. This should be emphasized to all counselors answering the calls.

**Tone of Voice and Empathy**

When handling a call always speak clearly with a subtle tone and at a pace the caller will understand, *never rush through a call*. Always be empathetic and supportive, even if he/she becomes difficult. By being empathetic, you are saying, “you understand,” not that “you agree.” Being supportive allows you to calm someone when they are upset. But do not overdo it, you must be sincere to the caller or it will backfire. A simple rule to remember is, “Treat others as you would want them to treat you.”

**Positive Language**

Always use positive language when assisting a caller. Avoid phrases like, “we’ll try,” “I don’t know,” “can’t help you there,” or “you have the wrong number.” These phrases and words, like can’t, don’t, try, wrong, all set a negative connotation.
Counseling

Using vague and impersonal language will also frustrate callers and may often may make them more irate then they already are. They don’t want to know what you will try to do to help them. They want to know what you will do to help them. Other words and phrases such as, maybe, hopefully, I think, probably and possibly also have a negative tone and effect to them. These words position a counselor as someone who doesn’t know his/her job and can’t be trusted. Avoid using them unless they are appropriate.

Example:
Instead of using a negative phrase like: “You have the wrong number,” replace it with: “I am sorry, you have reached the APPRISE Program. I can help you by giving you the correct number for the person you wish to contact.

Use: “I can explain how supplemental insurance works to you right now, Mr. Jones,” and avoid, “Let me see if I can try and explain to you how supplemental insurance works.”

Jargon
Avoid using acronyms and language that will confuse callers and end up costing time by stopping and having to explain to a caller what these terms mean.

Example:
Avoid: “Have you checked into the “Quimm Bee” or “Slim Bee” programs Mr. Smith?”
Use: “Mr. Smith, I am going to provide you with some information about a program that may help with payment of your Medicare premium, co-insurance and deductible. It is called the Qualified Medicare Beneficiary Program.”

Objectivity
APPRISE counselors are required to practice objectivity when assisting consumers. It is the mission of the Telecenters to assist each consumer with the best and most suitable information possible that will meet the consumer’s needs, regardless of the personal or political beliefs of the counselor.
Counseling

Should a counselor be subjective and display behavior that would violate the objectivity standard, take necessary actions. Volunteer counselors should attest in writing, on their volunteer application, that they will be objective counselors and keep the best interest of the consumer in mind when providing assistance.

Example:
A counselor who is comparing health plans for a consumer should be fair and provide the same information about all plans available, not favor one plan over another or their personal opinions about managed care plans.

The role of the counselor is to provide objective information that will allow a consumer to make an informed decision about what is best for them.

Example:
A beneficiary is requesting information on Medicare Prescription Drug Discount Cards. The beneficiary is frustrated about the difficulty in selecting a card. The counselor should focus on helping the consumer to sort out the difficulties in comparing cards and avoid criticizing the cards. It is easy for the counselor to criticize the card, but by doing so we risk the possibility of not helping the caller.

STAGE 2: Define and Clarify the Problem

Once the relationship has been developed and the trust established a counselor needs to define and clarify exactly what the caller’s problem is.

- Tell the caller you would be glad to provide them the information they request.

The start of a discussion usually begins with the caller asking a question about a particular issue or problem. The counselor should respond and provide the information the caller requests but should not end the call there.
Counseling

- Follow up with a question to the caller as to why this is an issue or problem to them. Many times the real problem or issue is not the problem, or issue they first ask about.

Ask them if they are having problems or why this has become an issue to them. As the conversation unfolds, with the help of some occasional questions, you can clarify what they are really saying or trying to explain to you. Ultimately uncovering what the real problem may be.

- Most callers will not know what exactly it is they are dealing with.

People are not always sure about what they want to know or what is really bothering them. But people will, in their own way; tell you what you need to know. This is where good listening skills pay off. Listening will help alleviate unnecessary questioning and allow the caller to remain in control and ultimately responsible for resolving the problem.

- Counselors will also find that problems and issue tend to cluster together.

Callers rarely ever have just one problem or issue to resolve. Be thorough with a caller and pay attention to all the issues and problems identified.

See Example Next Page:
Example:
A caller once asked a counselor about Long Term Care insurance and where she could get a policy. The counselor, being experienced, realized people just don’t all of a sudden want LTC insurance. Consequently, the counselor began to ask the caller questions such as, “Why are you looking for LTC insurance, what happened that made you all of sudden interested in purchasing a policy?” The counselor learned, through the course of the conversation, that the woman was elderly, in her late 80’s, and the reason she was looking for LTC insurance was because her husband was ill and she could no longer take care of him. They only have Medicare Part A & B and it does not pay for help. The counselor also learned they lived in a rural part of the state and were low income.

As you can see, the main issue to the caller was not LTC insurance, but an affordable way to care for her ailing husband. Their Original Medicare-only health insurance, their low income and their rural location were all issues as well. The counselor knew that LTC insurance was not the answer to their problem and they could not afford it, given their age and income.

Had the counselor just provided information about LTC insurance policies or company lists, the caller would have essentially been lost and not helped at all. That is why it is crucial for a counselor to define and clarify the problem.

See more, as this example continues on the next page:

**STAGE 3: Provide Information and Guidance**

- Counsel to the issue or problem, not just to the question.

Once a counselor has defined or clarified the problem or issue, they need to provide useful, helpful information. This does not always mean it is going to be information related to their question, as we identified in our example above.
Counseling

Example cont.

Information about Long Term Care may be related, but will not be useful. However, information about home and community-based programs and other services through their Area Agency on Aging will be much more for useful, although it’s not going to answer the question the caller originally asked.

- Empower the consumer; provide information with instructions on how to use it.

The information provided to a caller is only as good as the instructions they were provided on how to use it.

Example cont.

The phone number to the Area Agency on Aging, some income guidelines and descriptions about home and community-based services, would be useful information but the caller needs to be informed of what to do with it.

Instructions to call the local Area Agency on Aging, and ask to talk with an intake worker to set up an in-home assessment for the spouse, would greatly help the caller get to where they need to.

Further instruction, to talk about the spouse’s specific needs, as well as their income and qualification guidelines for the programs, will give the caller the ability to avoid a frustrating experience and, essentially, starting the resolution process all over.

- Provide information to all issues and problems

As mentioned above, callers will usually have more than one problem even though they may not know how to tell you about them.
Example cont.

The main issue in the example, of course, is the spouse’s need for Long Term Care. Appropriate information about Home and Community-Based programs, such as the Options and Waiver programs through their local Area Agency on Aging, will be talked about. But after discussing the issue with the caller, some other issues come to light:

1. Callers need for assistance, in both caring for the spouse and for their own health.
2. Caller and Spouse are low income and cannot afford services, or possibly other daily living items.
3. They also live in a rural area and probably have not heard of or been exposed to the programs they might qualify for that could help them with, not only long term care, but prescription medicines (PACE) and Medicare premiums and deductibles (Medicare Savings Programs).

Providing the caller with information about home support services and respite care available through the AAA, would help tremendously with issue #1.

Depending on their actual income and assets, the Department of Public Welfare Programs, such as food stamps, or the Department of Revenue Tax and Rent Rebate Program, might also lend a helping hand with issue #2.

Providing information about assistance programs, and then mailing the caller and spouse applications, will inform them of the programs which they may not have otherwise known about, and will help them overcome their rural isolation and information barrier with issue #3.

- Judge a caller’s ability to comprehend and use the information provided.

Ultimately, the responsibility to follow through on the information provided falls on the caller. However, a counselor
Counseling

may at times feel the caller’s ability or willingness to follow through with the information is limited. Therefore, make a judgment call whether caller will need more direct assistance.

Example cont.

In our example, the caller is an elderly woman in her late 80’s with an ill husband; they live in a rural area. There is a chance the caller may be very alert and aware of the information being presented and use it, but there is also a chance that the amount of information and follow-up involved will be overwhelming. In this example, if the counselor felt the caller’s ability to comprehend was limited, it would be best that the caller seek further assistance, which would include referral and three-way calling between the party who the counselor will be referring, the caller, and the counselor.

STAGE 4: Explore and Discuss, Referrals and Alternatives

A counselor should thoroughly assess a caller’s situation to determine their case, and if a referral is necessary. If a counselor feels the caller can best be assisted through another organization, how should a referral be made?

- Explain the need and use of a referral, and how the person may be able to help them.

The decision to refer a caller should not be taken lightly. Remember, many callers may have already attempted calling several places and referring them to contact another, may only frustrate the caller more. This will oftentimes result in an unsatisfied caller and leave them feeling as if they were not really helped. This can be avoided by explaining the need for a referral and how the person will help them.
Counseling

- Explain the referral process to the caller.

If a referral is going to be done as a three-way call, or if you are simply providing the caller with contact information, explain in detail what is going to take place and how the referral process works. Emphasize how the referral source will help them, and remind them they can call back if the referral did not work out.

- Explain what to say

Callers are not always familiar with agencies or program staff personnel, so it is very important that a counselor explains to the caller what to say, what to ask and, if permitted, who to ask for. This avoids a confusing and a frustrating experience for the caller and the referral person.

- Clarify expectations of potential help; be realistic and inform caller of any limitations

It is very important that a caller is made aware that a referral does not always mean they will get their issue resolved 100%. It should be explained that there is a better chance that the referral will help them, but there may be limitations. Never lie to a caller and say the referral will help them get their issue resolved if there is, in fact, a chance it may not.

- Have the consumer write down all names and numbers and read them back to you.

A counselor may judge a caller to be competent and able to follow through with a referral on his or her own. The issue then becomes one of accurate information exchange. By having the caller write down and read back names and numbers, ensures the counselor provided the correct information and the caller got the correct information for the referral.

- Judge caller’s ability to comprehend and follow through on referral
**Counseling**

A counselor may judge that the caller will not follow through and contact the referral. The counselor should ask the caller’s permission to do a three-way call to ensure the referral is complete.

- Get caller’s name and number if you feel the caller may not follow through

If a three-way call cannot be done, the counselor should also get the name and number of the caller (if permitted) so they may call them back in a few days to see how they made out with the referral.

**STAGE 5: End the Call**

**Ending a Call**

Before formally ending a call, all counselors should review with the consumer the information and assistance provided and what the next course of action is. Have the caller repeat any phone numbers or names provided. They should agree upon the next step or course of action. Counselors should always use caller’s name when finishing a call, and always let the caller hang up first.

**Example:**

“Mrs. Smith, I am going to call your local Area Agency on Aging right now with you on the line and get you in touch with an intake worker. Once the intake worker is on the line, I will stay on to help answer any questions. Once the referral is complete, I will hang up. I will then contact you in a week to make sure you are doing okay with the referral.

**Official Closing:** “Thanks again for calling, Mrs. Smith. Enjoy your afternoon.”
Counseling

Note
Before officially ending the call, ask the question: “Is there anything else I can assist you with today, Mrs. Smith?” or “Have I answered all of your questions, Mrs. Smith?” This does two things: First, it gives the caller a final opportunity to bring up an issue or ask any questions they may have forgot. Second, by using the caller’s name, it adds a personal touch and will make the caller feel you have taken care of them personally.

Telecenter Referral Types and Call Backs

Referring to local programs:

When making a referral to a local program, counselors should **NEVER** give the local coordinator’s name to the caller. This is due to the fact that coordinators may change periodically, or may not be available when the caller tries to contact them. If the coordinator is unavailable or no longer there, the caller feels as if they have been mislead and it communicates a negative image of the program.

- Counselors should give the caller the number of the local program and explain where it is located. Remember, not all programs are located within an Area Agency on Aging and, if a caller calls a subcontractor and gets an organization other than an AAA, they may feel they were given the wrong information.

- They should explain to the caller that when the organization answers they are to ask to speak with someone in the APPRISE program. That way the person answering the phone will try to put the caller in touch with whoever is available to assist them, rather than asking to speak with a specific person who may not be available. This will also avoid confusion, in that it is unlikely the organization answering the call will identify the APPRISE program in their greeting.
Counseling

Other Agencies or Assistance Program Referrals

Like local program referrals, other Agency program referrals have similar steps with the following considerations:

- Extra attention and assessment of a consumer’s problem must be made when considering an agency or assistance program referral. We do not want the caller contacting several other agencies and programs trying to find assistance.

- Take a few extra minutes to be sure the consumer has provided all the details of their problem. Review the details to be sure nothing is left out. Once a firm understanding of the problem is perceived, provide the caller with the appropriate contact information for the organization that is going to be best prepared to resolve the problem.

Example:

A Consumer is seeking information about appealing a Medical Assistance determination from the County Assistance Office. You just don’t want to refer them to the Department of Public Welfare or their local program. You will want to get as much information as possible, such as income, assets, what benefits were they seeking, or what was the explanation of why they were denied. With this better understanding, you now come to the conclusion that this may be best handle by an organization that specializes in these matters, the Pennsylvania Health Law Project.
Counseling

Contacting and collaborating with other state or federal agencies:

- Under no circumstances should Telecenter counselors or coordinators directly contact another State or Federal Agency without first consulting with the APPRISE State Director or Regional Coordinator. The Regional Coordinator will be able to determine if it is appropriate to contact the agency, or if the issue appears to require greater involvement. If required, the Regional Coordinator will then invoke the assistance of the State Director.

Call Backs

- Often times when a counselor is working the Telecenter they will receive a call back. A call back is essentially a person who called the hotline once for assistance and was then referred somewhere else and is now calling the hotline back.

There are several reasons why this occurs:

- The caller may just be calling back because they had some additional questions.

- They called back because they forgot or misplaced a phone number or other information.

- They are calling back because they want to thank the individual who provided them assistance.

These, of course, are all reasons for a callback that are not too bad; however, there are situations when a call back is much more serious, and is usually because a caller is dissatisfied with the assistance they have received.

Again there are several reasons this may occur:

- A caller may have called a local program and the local program coordinator was unavailable.
Counseling

- The caller was unsatisfied with the local program or other organizations help.

- The caller may have been given the wrong contact information.

For the most part, common customer service skills can resolve these issues but, in some instances, such as a caller who is dissatisfied with the local program or other organization, they will need more attention and a greater involvement to resolve.

Callbacks due to a Dissatisfied Consumer

1. Provide reassurance to the caller that you will do whatever is necessary to resolve their issue.

2. Be empathetic and use supportive language to get the consumer to make contact and open up to you.

3. Once you have established a reasonable dialog with the caller, ask them if you can get some information so you can help them, so this problem won’t occur in the future. The following questions should be asked of the caller to obtain the needed information:

   - May I have your name and from where are you calling?

   - May I have your telephone number so I may call you back if we are unable to resolve your issue during this phone call?

   - With whom did you originally speak with on our hotline?

   - To what county program or organization were you referred?
Counseling

- With whom did you speak or meet with from the local program or organization?
- What was the issue you were seeking their assistance to resolve?
- What is the service you are dissatisfied with?
- What type of counseling did they provide?

4. Collect the information and provide it to the Telecenter Coordinator or Regional Coordinator as soon as possible for a follow up.

5. Once you have collected the information and you have determined the case situation does not require a referral-resolve the issue.

If the call requires a referral, it is best to attempt a three-way call with the party to whom the consumer has been referred. This extra effort will ensure the caller that you are doing everything possible to resolve their issue, and that the problem will not happen again.

If the party is unavailable, conduct a three-way call with a regional coordinator and/or transfer the call to the Telecenter coordinator for further assistance.

In summary, the emphasis in any call back is to make sure the caller is helped as much as possible, and does not suffer another negative experience.
Print Materials, Publications and Mailings

Print Materials and Publications are important tools counselors use to provide support and follow-up information to the beneficiaries. The following section describes common materials used by counselors, and procedures for use and development of materials, as well as the reordering process.

Reference Letter

A copy of the approved form letter should be included in all mailings. The letter helps confirm where or from whom the consumer received the materials, and provides viable follow-up information for further assistance.

Envelopes

APPRISE envelopes and labels should be used for all mailings to identify the program and where the mailing is coming from. All Telecenters should stamp their personal supply of APPRISE envelopes with their organization’s return address. This will ensure the materials are returned to the proper Telecenter in case of an incorrect address.

Print Materials

All materials not produced by CMS or the Pennsylvania Department of Aging must be approved by the PDA. Telecenters should not make their own items or informational updates to be sent out to consumers unless authorized to do so. As a representative of the Department of Aging, it is critical that the information distributed is accurate, up to date, and has been approved by the Department.
Print Materials should be cataloged and stored in an organized manner that allows easy locating, inventory control for reordering, and restocking.

**Approved Print Materials List:**

A copy of the approved materials is in the *Appendix*.

**Developing and Releasing Informational and Print Materials**

Coordinators who wish to develop informational print material to be mailed from the Telecenters should first email their idea and draft to the State Telecenter Coordinator. The State Telecenter Coordinator will review and forward the draft to the State Director at the Department of Aging. The State Director will then critique the material and decide if it is appropriate to send to consumers. Further approval may be required by the Department of Aging Press Secretary. Once approved, the final copy will be sent to all Telecenters.

**Ordering more materials**

Most print materials for Telecenter use will come from the following sources:

- Center for Medicare and Medicaid Services
- Pennsylvania Department of Aging
- Insurance Department
- PA Dept of Labor and Industry
- Department of Public Welfare

Other materials may be obtained from other outside agencies, but the State Director must first approve the materials.

**Procedure for ordering more materials from CMS:**

1. First access the CMS mailing list web site at: http://pubordering.cms.hhs.gov/mailinglist.
PRINT MATERIALS, PUBLICATIONS AND MAILINGS

2. Set up an account if your agency does not already have one. To do this, use the following instructions:
   a. Select the link New User? Register here
   b. Enter the password all lowercase: cms9
   c. Create a username and enter it twice.
   d. You will be prompted to change your password. The password can have numbers and/or letters. It must be at least five characters long.
   e. Proceed to fill in all forms required to register.

✓ Address information; include a room or suite, where applicable.
✓ Do not use a PO Box as part of the mailing address.
✓ You must indicate if inside delivery is needed, that is if the publications must be delivered to a location inside the building.
✓ Select the Organizational Type: Community-Based Organizations.
✓ Select the state where you are located.

3. Place an order
   a. Add quantity (number) for the publication(s) you want to order.
   b. Print the verification screen as a record of the publications you ordered.

4. For questions, please E-mail: mailpubs@cms.hhs.gov

Procedure for ordering more print materials and publications from the Pennsylvania Department of Aging:

All print materials and publication requests should be directed to:
   ATTN: Matt Brady
   Health Aging, Education & Outreach Division
   Pennsylvania Department of Aging
   555 Walnut Street
   Harrisburg, PA 17101-1919
   1-717-783-6205 or mbrady@state.pa.us
PRINT MATERIALS, PUBLICATIONS AND MAILINGS

Coordinators should complete an APPRISE publications order form and indicate all materials they wish to order. The form will list all publications available at the Department of Aging, and if any are new. Order forms can be obtained by contacting Matt Brady, an order form is also available in the Appendix. Once complete, forms can be mailed, faxed or emailed, and will require the following information:

- **Recipient:**
  - Name
  - Organization Name
  - (Mailing Address)
  - Address
  - City, State, Zip Code

- **Telephone:**
  - Contact number

- **Email:**
  - Email address if available

**Note:** Any instance where outdated or wrong materials were received following a publication request to the PDA, should be immediately reported to the APPRISE State Director. Any wrong or outdated materials should not be distributed.

**Procedure for ordering materials from the Pennsylvania Insurance Department:**

All orders for materials produced by the PA Insurance Department will be requested and delivered through the PA Department of Aging. Do not contact the Insurance Department for bulk orders.

**Procedure for ordering more materials from Department of Public Welfare and Department of Labor and Industry:**

If you are in need of materials developed by the above Departments, you should first check with the Pennsylvania Department of Aging to see if there is any in stock. The PDA will often order large amounts of widely used materials from other State and Federal Agencies for distribution to Aging Programs.
If the PDA does not have a supply of the materials you are requesting and you need to contact the State or Federal Agency directly, you should first contact the State Telecenter Coordinator for the proper procedure in contacting other Agencies, and the process for ordering their materials.

**Updates and Alerts**

The APPRISE Program State Director and Regional Coordinators will send Updates and Alerts to coordinators via email. Coordinators should check their email regularly, and also check the APPRISE Program website for issue postings and instructions. This should be done on an ongoing basis and should always be checked prior to 9:00 a.m. of the date of the Telecenter’s operation. In some situations, updates and alerts will be faxed to coordinators as back up to emails or website postings.

**Quick Reference Sheets**

The Regional Coordinators and State Director will put together “Quick Reference Sheets” for handling situational calls. Quick Reference Sheets are temporary and are developed to respond to a specific event that will generate calls to a Telecenter. These sheets are used mainly in situations where the Telecenter may be in collaboration with an outside agency, or has been listed as a referral source for those involved in the situation.

The Sheets will include a description of the situation and will explain why the Telecenters are involved. It will include facts and counseling tips to use for callers concerned with the situation. It may also include specifics options or directions counselors are to explain to callers.

Telecenters are often the first group to be informed that a “sudden event” that is occurring. Organizations often send letters with the APPRISE 1-800 number and refer callers to the APPRISE 1-800 call centers without advanced notice.
Technical or Equipment Problems

Steps to handling a technical or equipment-related problem:

- If your Telecenter is experiencing a technical or equipment problem, contact the tech department at the sponsoring organization. Most organizations will have a staff person or persons dedicated to handling technical equipment and technical issues within the facility.

- If the problem appears to be a result of the AT&T ready line service, contact the APPRISE Program State Director or the designated Regional Coordinator immediately with a description of the problem.

*Tip:
In the event that a coordinator will not be present the day of Telecenter operations, the name of the technical support staff should be made available to the volunteer counselors, along with instructions on how to reach the appropriate staff in the event of a problem.

Staffing Issues

All Telecenter coordinators should have in place a procedure for their Telecenter staff to follow in the event of staffing issues or problems.
The procedure should include the following steps:

- **Cases when a coordinator would not be available during a day the Telecenter is in operation.**

  *Suggestion:* An appropriate chain of contacts should be in place, so volunteers who have a problem can get in touch with someone capable of resolving the issue. The list should include organizational personnel who are familiar with Telecenter operations and can handle internal issues such as technical problems. The list should also include appropriate regional and state contacts for situational matters counselors may experience with callers.

- **Cases when counselors are scheduled to work the Telecenter and need to call off.**

  *Suggestion:* A proper procedure, such as who the volunteer should contact in the event of a needed call off, should be clearly explained and provided in writing to the volunteer. The procedure should contain examples of adequate notice and alternate persons the volunteer can contact and give notice of the call off should the coordinator not be available.

  Each Telecenter coordinator should discuss and set in place a list of alternative volunteers and staff who agree to be called upon with relatively short notice, in the event of a call off. Discussing the issue with volunteers and setting up a schedule of working times with substitutes will avoid confusion, last minute arrangements and staffing shortages in the event a scheduled counselor needs to call off.

- **Cases of insufficient staffing levels**

  Having the proper amount of counselors to staff the Telecenter is critical to its successful operation. The proper amount of staffing for a Telecenter program should consist of 2 counselors, who will work half-day shifts, one for each phone line. On an average Telecenter day, this would require four counselors.

  If necessary, the Telecenter Coordinator should fill in to cover any staffing shortages that are unforeseen or have short notice.
If the shortage is such that the coordinator cannot fill in or find appropriate placement, a call should be placed to the APPRISE State Director’s office to request a change in call routing. That change in call routing would ensure that the calls are routed to the other County covering the Telecenter that day. This may result in callers getting busy signals, but will prevent a call from ringing endlessly, unanswered.

- **Case Emergencies, Agency shut downs, Holiday or other closings**

In any case where the sponsoring agency is shut down, or has to shut down, a call should be placed to the **APPRISE State Director’s office (717-772-0380) or Mark Prasko (814-946-1235)**, as soon as notice of the shut down is received.

If the notice is given in advance, such as a holiday closing, a call should be placed to the APPRISE State Director’s office as soon as the date of the closing is confirmed.

In the event of a Telecenter closing, the Department will contact AT&T and request a change in call routing, or that a holiday closing message be posted for callers.

**Urgent Issues, Current Events and Situational Matters**

**Reporting new situations and issues to PDA**

Often time, counselors or coordinators will learn of a situation or issue that will have an impact on the Telecenters. Sometimes the event is local, such as an HMO withdrawal from a particular county; or a local company canceling retiree benefits. Other times, it is statewide, for example the Bethlehem Steel Bankruptcy. Regardless of the event, Telecenter coordinators and counselors often hear about the issues locally before they come to the attention of the Pennsylvania Department of Aging. It is when events like this occur that the coordinators and counselors inherit the responsibility to report the situation so the Department of Aging, the rest of the Telecenters, and any local programs affected, can prepare and be ready to assist consumers in their area.
PROBLEM DETECTION, REPORTING AND OTHER RELATED ISSUES

For the Department of Aging to respond properly and create a viable action plan, several key pieces of information will need to be obtained.

Here is some of the key information that will need to be collected for reporting an issue to the PDA:

- **Who is Involved?**
  The name of the company, employer or organization.

- **Who is Being Affected?**
  Retirees, Medicare Beneficiaries, Spouses, etc.

- **How Many are Being Affected?**
  Actual number to help put issue into perspective.

- **What is Happening?**
  The company or organization is canceling benefits for all workers and retirees, the company is canceling benefits for just retirees, the company is reducing benefits or changing benefit packages, or the company is shutting down or relocating, etc.

- **Where is the Company or Organization Located?**
  The States, County or Counties and names of towns or cities involved.

- **Where are the Beneficiaries or the Consumers being Affected Located?**
  The States, County or Counties and names of towns or cities where beneficiaries may reside.

- **When Does the Issue Take Effect? Any Specific Dates to be Aware of?**
  Date benefits will end; Date company is closing, etc.

- **How are Beneficiaries being Notified?**
  Is there a letter being sent out, or town meeting scheduled, etc. Obtain a copy of the letter or meeting schedule, if possible, or find out where one can be obtained.
PROBLEM DETECTION, REPORTING AND OTHER RELATED ISSUES

- **Any Contact Names or Phone Numbers for Further Details?**
  Telephone numbers, for the company or organization or the designated contact person.

**Outside Agency Collaboration**

Often times, the APPRISE Program will collaborate with other agencies or organizations to better serve beneficiaries, especially when urgent issues or situational matters arise. The Telecenter almost always plays a part during these collaborations. Telecenters are called upon to answer basic questions about situations, provide information about beneficiary options, or meeting schedules, make referrals to other organizations or local APPRISE programs, and even provide general counseling. When there is a collaboration planned, the State Director and the Regional Coordinator will work with the agency and plan the role of the Telecenters and how they may be utilized to assist. The State Director along with the Regional Coordinator, will provide a copy of all information relevant to the situation to the Telecenter coordinators to share with their counselors, including any special instructions or assignments the counselors are to follow.

**Data Collection and Reporting**

The APPRISE Telecenter Coordinator is responsible for submitting monthly reports to the Pennsylvania Department of Aging. Submission of the reports may be coordinated with the local Area Agency on Aging and /or sponsoring organization.

Counselors using the SHIP Client Contact Forms will collect data for these reports. All counselors will use a Client Contact Form for collecting the needed reporting data and for logging all calls received on the Telecenter, including those lasting ten minutes or less.

Counselors should obtain and complete as much of the following information as possible on the Client Contact Form:

- Name
- Address
- Zip Code
PROBLEM DETECTION, REPORTING AND OTHER RELATED ISSUES

- Date of Contact
- Time Spent on Issue
- Year of Birth
- Topics Discussed

Counselors should also make every effort to obtain the following demographic information, if possible:

- Gender
- Income above or below SLMB guidelines

Some advice would be to pre-number your contact forms. In addition, all contacts will be by phone, so you can mark all the contacts as “Telephone.” You may also put your location zip code in all forms, as the counseling location will also not change. This will help save counselors time in completing information, on the Telecenters, that is going to be repetitive.

Note
The above information requirement will be for all calls even if they are ten minutes or less.

Coordinators, or a designated staff person, should collect all contact forms and input them into their Telecenter database using the SHIP data tool. Once a month, the most recent data should then be compiled from the SHIP tool and exported to the designated Regional APPRISE Coordinator who will generate a specific Telecenter report for the State Director and the PDA. Coordinators should not send paper reports to the Regional Coordinators or State Director unless requested to do so.

Getting Needed Information for Assisting Callers and for Reporting Purposes

Counselors should collect needed information from all callers so that they will be able to provide the highest quality of service. This information not only serves in assisting the caller properly, but also helps identify data for reporting requirements. It cannot be ignored that a certain amount of minimum information is required to demonstrate the worth of the Telecenter program.
PROBLEM DETECTION, REPORTING AND OTHER RELATED ISSUES

The best time to get needed information for assisting callers and reporting is usually at the beginning. Following a proper greeting, a caller will most likely open up and express a question or problem to you. It is at this time that asking questions is most relevant and allows a counselor time to explain what they can do to help the caller. It is best to demonstrate or show empathy at this time as well, letting the consumer know you are there to help and you understand and care about his/her situation. Express the fact you can help even more by getting the needed information for the caller.

Some counselors feel more comfortable asking questions and are more effective getting information for reporting at the end of a call. By letting a caller explain their situation at the beginning of a call, a counselor will focus on the assistance they need and will hold off probing for personal information. This is also used as a way to allow a caller to get comfortable and open up to a counselor, and not scare them away with a lot of data questions. Getting information at the end of a call is more relevant if it is only for reporting purposes, as other information is needed during a call to properly assist the caller. Waiting to the end of a call to get needed information can also be difficult to remember. Any counselor who chooses to get information at the end of a call should practice and use this method consistently. See examples below.

Example: Beginning of a call-

“I understand your frustration Mr. Smith; I can help you with that if I can ask you a few questions for some basic information.”

Example: End of a call-

“I am glad we could be of help to you today, Mr. Smith. Before we go, do you mind if I take a few seconds to ask you a some basic questions for our records?”

Whether you ask at the beginning of a call or the end, wait for the caller to respond. If the caller agrees, proceed with asking the questions, always using a friendly and sincere tone.

If a caller is uncertain about the questions or why you need the information, Explain: “This information will help us ensure that we help you in the best
way possible, and will help us further our service and assistance to other consumers in the future.”

**Note**

For client contacts, the counselor should make his/her best attempt to collect as much of the demographic information as possible, but this information is optional.

Assure the client that the demographic data gathered is confidential and is used for statistical analysis purposes only.

**Client Contact Forms**

Client Contact Forms can be obtained by making a request to the Pennsylvania Department of Aging using the appropriate materials request procedure.

Copies of the forms may be made as long as they are legible.

Instructions for completing Client Contact Forms are obtained during New Coordinator Training or from the Regional Coordinator.

**SHIP Tool Data Base**

The SHIP Tool database can be obtained by contacting the Regional Coordinator.
Telecenter Volunteer Training

In order for the Telecenters to be truly helpful, Counselors should understand their material and have the confidence and ability to convey their knowledge to clients. In addition to knowing and understanding material, counselors will also need to perfect their communication and people skills. These, of course, are achieved through systematic and thorough training. Volunteer counselors will need to attend statewide, as well as basic curriculum, trainings which, in turn, will help them gain the competence and confidence to assist consumers. In addition to basic curriculum trainings, Local Program Coordinators will need to customize local trainings for Telecenter volunteers, with topics ranging from communication skills, to equipment operation, and other procedures that will be specific to each Telecenter.

See Training Subject Checklist on next page:

*Tip:
Many Coordinators will keep a copy of the training checklist in a volunteers file to help track the training accomplishments and needs of a volunteer. This ensures two things, one, the volunteer is getting the needed training and two, the coordinator has qualified counselors performing the task of answering calls on the 1-800 APPRISE hotline.
TELECENTER VOLUNTEER TRAINING

Prior to working the Telecenter, counselor should have completed or received training in all the following areas:

**Training Checklist**

- TC Volunteer Orientation

**Core Counselor Trainings:**

- Basic 3-day New Counselor Training
- Long-Term Care (Optional)

**Equipment Operation:**

- Phone Systems
- Three-way Calling
- Language Line
- Computers
- Internet Access/Usage
- CD Manual

**Skill Areas:**

- Customer Service
- Call Greetings
- Voice Tone, Empathy, Positive Language and Jargon
- Call Ending
- Counseling Skills
- Case Descriptions
- Service Provided
- Call Referrals
- Call Resolutions
- Counseling Tools
- Special Populations
Subject Descriptions

Counselor Orientation to the Telecenter

The orientation is a necessary and important first step in bringing a new volunteer and, in some cases, an existing volunteer, onto the Telecenter staff. The orientation program will help volunteers learn about the Telecenters, the APPRISE program, and the sponsoring organization, as well as their missions and goals. An orientation can make volunteers more comfortable and confident in their work by helping the volunteer better understand what the Telecenters do and it also may help him/her see the purpose of what he or she is doing.

Telecenter Coordinators should orient new counselors in filling out any necessary paperwork, and in receiving written materials describing job responsibilities, training requirements, privacy issues, procedures and protocols. All Telecenters should orient volunteers in person. Even though volunteers should have written copies of all necessary items, they should supplement, not replace, face-to-face orientation.

Basic Three-Day New Counselor Training

This training is required of all APPRISE volunteers, statewide, whether a program has a Telecenter or not. The training will cover all Basic Medicare Part A, Part B, Part C and Part D, Medicaid, Medicare Advantage, Senior Health Insurance and Assistance program issues.

Long-Term Care Training (Optional)

This training is an advanced training for APPRISE Volunteers who want to specialize in Long Term Care Counseling. The training is usually given twice a year, and lasts three days.

Equipment Operation:
Prior to working the Telecenter, all Volunteer Counselors should be trained on how to operate all Telecenter equipment.
TELECENTER VOLUNTEER TRAINING

- **Phone systems**
  A basic knowledge of how the sponsoring agency phone system works will be very helpful to counselors, especially if they have to contact a coordinator or other personnel within the facility.

- **Three way calling**
  It is a very useful tool that all counselors should learn how to use the three way call system from their sponsoring agency’s phone system. Three ways calling is very effective when assisting a consumer who has an issue with another agency or organization. Three way calling allows all parties to participate in a call to resolve the issue.

- **Language line**
  Knowing how to access AT&T language line services is imperative to ensuring all consumers receive services. Counselors should not only have access to the quick reference guide with instructions to access the language line, but should also practice them.

- **Computers**
  All Volunteer Counselors who will be working the hotline should be trained on how to operate the Telecenter computers. Key issues would be: how to turn it on and off, how to work the mouse and keyboard, how to operate the printer. All counselors should also be familiar with basic software programs, such as Microsoft Word. In addition to knowing how to operate the computer, volunteers should be trained on accessing the Internet and navigating web sites by using the web browser.

- **APPRISE Program Website**
  Volunteer counselors will not use a more comprehensive tool in assisting consumers than the APPRISE Website. Volunteers should be trained and allowed to thoroughly practice navigating the website, accessing links, utilizing the events MAP and printing items.
Skill Areas:
Every counselor working the hotline should have training in customer service and counseling. The most effective way to provide this training is to actually allow new counselors to shadow experienced ones. Mock caller, role-playing and practice scenarios are also very effective. Other training and resources regarding customer service and counseling are available. Contact the Regional Apprise Coordinator for further information.

Customer Service:

➢ Call Greetings

All Counselors should practice and use the same greetings.

➢ Voice Tone, Empathy, Positive Language and Jargon

All volunteers should pay extra attention to and practice proper voice tone. They should also be empathetic to callers, as the job of the counselor is to help them with their needs. Counselors should always use positive language and avoid negative statements. Counselors should also always use language the caller can understand and never use jargon or confusing acronyms and phrases.

➢ Call Ending

All Counselors should practice and use a proper call ending to ensure the caller has been assisted in the best way possible.

Counseling Skills:

➢ Counseling Model

All counselors should learn the steps and techniques of the counseling model to properly serve consumers.

➢ Service Provided
TELECENTER VOLUNTEER TRAINING

All counselors should be familiar with the services that may be provided to a caller.

- **Call Referrals**
  Counselors should be properly trained to identify when a situation calls for a referral. Counselors should also be familiar with and practice proper referral procedures as defined in this manual.

- **Call Resolutions**
  A counselor’s main goal is to try and resolve a caller’s issue over the phone, if possible, before making a referral. Counselors should be familiar with call resolution techniques and use all available resources to resolve a caller’s issue.

- **Counseling Tools**
  Counselors should be trained to use, and be familiar with, all available counseling tools and resources, including the APPRISE Manual, Medicare.gov and other approved websites, and CMS publications, as well as APPRISE Fact Sheets.

- **Special populations**
  All counselors should be trained and understand the basic concepts of working with individuals with special needs, such as disabilities or language barriers. Counselors should also be familiar with and know how to access services and tools that will assist them in dealing with special populations.
Conclusion:

The purpose of this manual is to give those who coordinate the Telecenter programs and those who perform the counseling duties some standardized practices and procedures. The Telecenters are critical in providing health insurance counseling services to Pennsylvania’s Medicare and senior population. It is the Telecenter Coordinators and volunteer counselors who extend the scope and reach of these vital services beyond the walls of a local area agency on aging to a statewide system. Telecenter Programs will find this manual extremely useful in establishing a Telecenter, or to improve their existing operations.
APPENDIX A

Understanding and working with Difficult or Angry Callers

Not always a problem that requires coping or dealing with, but rather a problem to overcome. The problem should not be looked at personally, but rather objectively, just like any other problem that needs resolved.

Why people become difficult or angry

People who are in a stressful situation often appear as being difficult. When a caller says they have called six different places looking for help and not finding it, they may have an attitude by the time they contact us.

Sometimes the person may really be difficult. They have found that a pattern of behavior, such as being manipulative or bullying, has worked for them in the past. This difficult attitude and anger can make it tough for them to use the help that we, or anyone else can offer. It can also make us resent them. However, there are techniques that can help defuse the anger and hostility and encourage a consumer to let go of those unproductive behaviors. The techniques are as follows:

➢ Make Contact
➢ Confront
➢ Empower
➢ Educate
➢ Set Limits

Make Contact

Making contact is the first and probably the most important step in assisting anyone, difficult or not. To make contact, start by focusing on feelings. The caller’s problem is important but how
they feel about it is more important. Let them know you are listening. Be sincere and show empathy. Reassure them that feelings are normal under these circumstances.

Example:

“You sound really frustrated Mr. Smith. I think anyone in your situation would feel the same way.”

Confront

A confrontation in this situation is not to be understood as angry or hostile, rather a clarification of sorts. It will help both you and the caller understand the issue more clearly. If someone is being manipulative, address the feelings they are expressing such as fright or helplessness. Follow up with a discussion to clarify that you are there to meet their needs, not your own.

Example:

“You told me you are unhappy with your HMO premium, but you do not want to pay the price of a supplement for Original Medicare. You know if I was in that situation, I would feel pretty helpless. Is that how you are feeling Mr. Smith? I want to let you know that you do not have to convince me how bad your situation is. I will do my best to help.”

Some other tips to use in handling these difficult situations include:

- Being Supportive
- Explain the rationale behind your decisions
- Define your role
- Try using a genuine compliment
- Make an “I” statement. “When you tell me none of the information or programs we have talked about will help you, I feel frustrated.”
Follow up the “I” statement with a direct question or statement. “How can you be sure the Medical Assistance office will not help you?

Empower

This tactic works well with callers who feel powerless and want a counselor to fix a problem they perceive cannot be fixed. Empower the people to fix their own problem. Empower them to get their own needs met, by teaching them how the system works.

Example:

“Mr. Smith, I only have a few minutes left before I have to finish this call. What would you like to know about your Medicare plan options by that time?” This gives the caller a chance to problem solve and set an expectation rather than complain.

Educate

This technique works well with callers who act like bullies and are angry because they think you’re holding out on them. Although educating takes time, its better to spend time educating someone rather than arguing.

Example:

A caller is angry because his HMO prescription limit is up for the quarter, and he wants to appeal the HMO for payment of the rest of his medications.

Educating the caller how the HMO’s prescription benefit works would be the solution. This may not make him happy, but it will satisfy the misunderstanding of why he cannot appeal.

Set Limits
This technique is for those consumers who have found that bullying is the communication style that works best for them is. You may have to set limits with this type of caller. Do not dwell on the way the person is behaving. Explain to them what you need to say and then refocus on the problem at hand.

Example:

“We cannot continue to talk if you keep yelling.” (short pause)
“Would you tell me again what the service was that Medicare denied payment for? What date did you receive the service?”

To summarize, difficult and angry callers are not bad people, they just have a bad behavior. Recognize their feelings and do not focus on yours. Approach the behavior objectively and as a problem that must be resolved. Distance yourself emotionally. It sounds contradicting, but the more you distance yourself, the more compassionate you can be with a person.

As a final note, if a person does not respond to these techniques and continues to be difficult or hostile, set limits, and mean it.

Example:

“Mr. Smith, if you continue to use foul language, I will end this call immediately.”

Direct verbal abuse or berating will not and should not be tolerated. Do not make it personal by responding. Simply, express to the caller, you can no longer talk with them in this manner and you are going to end the call. If they still continue, end the call, explaining they should take some time to compose themselves before calling back, in that way we will be better able to help them if they let us.
Working with Individuals with Disabilities

Having a disability, whether since birth or acquired later in life, can be a life changing experience. As we meet consumers with severe disabilities we have no idea what emotional impact that individual's disability is having on their life at that moment. Knowing a bit about how to best accommodate someone with a disability in a relaxed, knowledgeable and polite manner can go a long way toward helping us provide services in an efficient and effective way. This information is also intended to increase your confidence if you have not had much previous experience with individuals with disabilities.

Although Telecenter counselors rarely ever see who they are counseling face to face, many consumers with disabilities will call the Telecenters for assistance. Often times they will express or even explain to a counselor that they are disabled and exactly what their disability is. The tips and tactics expressed in this section are universal and very helpful. They can be applied to dealing with persons with disabilities regardless if you are face to face with them or talking over the telephone.

Definitions

Disability: A permanent impairment, which results in functional limitations in one or more major life activities such as:

- Self care
- Mobility
- Work tolerance
- Work skills
APPENDIX B

- Communication
- Self direction
- Interpersonal skills

This or a variation of this definition is the one used by most government programs.

“Disability is a natural part of human experience and in no way diminishes the right of individuals to live independently, enjoy self determination, make choices, contribute to society, and pursue meaningful careers.” (Americans With Disabilities Act, 1992)

Persons with disabilities will likely experience the stages of grieving for the loss of ability. These stages are as follows:

a. Denial:
   “I need to see a better doctor.” “I heard about this new operation.”

b. Anger:
   “I don’t deserve this! I’m a good person.” “This is all ______’s fault.”

c. Depression:
   The person gives up, stops cooperating with medical care, and becomes less active.

d. Integration:
   The disability is accepted as just one of many personal characteristics and not thought of as a separate thing that is a tragedy or misfortune.

How much impact a disability has on a person’s life depends on their beliefs and values, not the type of disability.
APPENDIX B

How Can You Help?

Having a disability is not the same as being sick. When someone is ill we express sympathy for him or her and wish for his or her recovery. Expressing sympathy for someone because they have a disability ("I have MS. I'm a wheelchair user." "Oh I'm sorry.") Is harmful and irritates some individuals with disabilities. “If people around me keep telling me how sorry they are about my disability or act like they feel sorry for me, pretty soon I’m going to start feeling sorry for myself or see myself as an unfortunate victim. That will interfere with my ability to come to terms with the impact of my disability.”

Here are some suggestions.

- Be patient. It might take extra time for the person with a disability to say or do things.
- Choice and independence are important. Let the person do or speak for him/herself as much as possible.
- Try to use the “person first” language. It may seem a little fussy but how we say things does reflect our attitudes and understanding of others.

<table>
<thead>
<tr>
<th>SAY…</th>
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<tbody>
<tr>
<td>Person with a disability</td>
<td>Disabled or handicapped</td>
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<tr>
<td>Hard of hearing</td>
<td>Hearing Impaired</td>
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<tr>
<td>Person with cerebral palsy</td>
<td>Palsied or C.P., spastic</td>
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<tr>
<td>Person who is deaf</td>
<td>Deaf and Dumb</td>
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<tr>
<td>Person with retardation</td>
<td>Retarded</td>
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<tr>
<td>Person who has…</td>
<td>Afflicted, suffers from…</td>
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<tr>
<td>Without speech, nonverbal</td>
<td>Mute or dumb</td>
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<tr>
<td>Person with mental illness</td>
<td>Crazy or insane</td>
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<td>Uses a wheelchair</td>
<td>Confined to a wheelchair,</td>
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<td></td>
<td>crippled, invalid</td>
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<tr>
<td>With Down Syndrome</td>
<td>Mongoloid</td>
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<tr>
<td>Non-disabled</td>
<td>Normal</td>
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<td>Congenital disability</td>
<td>Birth defect</td>
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<tr>
<td>Seizures</td>
<td>Fits</td>
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### appendix B

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<thead>
<tr>
<th>Mobility impaired</th>
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<tbody>
<tr>
<td>Has quadriplegia (paralysis of both arms and legs)</td>
<td>Quadriplegic</td>
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<td>Has paraplegia (paralysis of lower body)</td>
<td>Paraplegic</td>
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<td>Of short stature</td>
<td>Dwarf or midget</td>
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<td>Accessible parking</td>
<td>Handicapped parking</td>
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#### Communicating with Persons Who Have Speech Difficulties:

- Give your complete attention to the person who has difficulty speaking.
- Be patient. Don't correct and don't speak for the person. Allow extra time. Give help when needed.
- Maintain an encouraging manner.
- Ask questions that require short answers or a nod or shake of the head, when necessary.
- If you have difficulty understanding, don't pretend. Repeat as much as you understand. The person's reaction will clue you in.

#### Communicating with Persons Who Have Mental Retardation:

- Speak slowly and distinctly. *Show* might be more effective than *tell*.
- Show or tell the person what to do, *not* what not to do.
- Help the person feel comfortable. Maintain non-threatening voice.
- Treat the adult person who has mental retardation as an adult.
- Base exceptions to rules on reason, not pity.
Suggestions for Meeting the Needs of Persons with Traumatic Brain Injury:

- Be patient, and ... prepared to repeat.

- Persons with traumatic brain injury may not appear to be disabled. They may have limited or no self-awareness of their disability.

- Be aware of possible "processing delays" which may require you to adjust your pace. Routine tasks may take longer.

- Present things in an organized manner. If presenting detailed or technical information, do it in segments. Review as you go along.

- Confabulation and/or not remembering accurately is not lying.

- If they don't remember you, where you're from, etc., don't take it personally. Be prepared to review previously presented information, past events, etc.
APPENDIX C

APPROVED MEDICARE PUBLICATIONS LIST

General Information

Enrolling in Medicare - 11036
Provides information for people who are getting ready to enroll in Medicare. (60 pages)

Guide to Answering your Medicare Questions on the Web - 11063
This publication tells you what's on www.medicare.gov and how to get personalized Medicare information just for you. (10 pages)

How to Read Your Medicare Summary Notice - 11055
This booklet shows examples of Medicare Part A and Part B Summary Notices and gives detailed instructions on how to read them. (12 pages)

Medicare & You 2005 - 10050
Summary of Medicare benefits, rights and obligations, and answers to the most frequently asked questions about Medicare. (104 pages)

Medicare at a Glance - 11082
This fact sheet provides an introduction to the Medicare program and basic information about Medicare health plans. (4 pages)

Provides caregivers a guide through eight critical decision points in the health care process. (24 pages)

Medicare for Children with Chronic Kidney Disease - 11066
This booklet explains how Medicare works to cover the health care costs of some children who have chronic kidney disease. (24 pages)

Medicare Publications Catalog - 02240
This booklet contains information about how to get free Medicare publications in English, Spanish, Audio or Braille. (26 pages)

Medicare.gov Brochure - 10108
Overview of CMS's consumer based Internet site. (2 pages)

My Medicines - 11085
This medication record helps people with Medicare to know the names and doses of their prescription drugs in order to compare drug savings and to choose the best Medicare-approved drug discount card. (2 pages)

Protecting Medicare's Power Wheelchair and Scooter Benefits - 11046
This publication explains Medicare's coverage of power wheelchairs and scooters. It also has information on how to detect fraud. (2 pages)
APPENDIX C

The Facts About Medicare Advantage - 11061
This fact sheet has basic information about how Medicare Advantage affects your health care choices, and has contact information for where to get your questions answered. (2 pages)

Where to Get Your Medicare Questions Answered - 02246
This publication describes when you should call the Medicare Helpline or the Social Security Administration to get your questions answered. (2 pages)

Health Care Choices

2007 Guide To selecting a Medgap Policy - 02110
A booklet containing information on choosing a Medigap policy to supplement the original Medicare plan. (92 pages)

Choosing a Doctor - 10180
A guide to help Medicare beneficiaries choose a doctor for quality care. (39 pages)

Choosing a Hospital - 10181
A guide to help Medicare beneficiaries choose a hospital for quality care. (24 pages)

Choosing a Medicare Health Plan: A Guide for People with Medicare - 02219
This booklet explains Medicare health plans and how to compare them to make the choice that is best for you. (44 pages)

Choosing Long-Term Care - 02223
A guide to help Medicare beneficiaries choose a long-term care facility for quality care. (44 pages)

Choosing Treatments - 10182
A guide to help Medicare beneficiaries make treatment choices for quality care. (37 pages)

Compare Care - Home Health Brochure - 11070
This brochure can show you how to find a home health agency that's right for you, while helping you compare the quality of home health care in your area. (2 pages)

Compare Care - Nursing Home Brochure - 11075
This brochure can show you how to find a nursing home that's right for you, while helping you compare the quality of nursing home care in your area. (4 pages)

Getting a Second Opinion Before Surgery - 02173
A guide to what you need to know before surgery about getting a second opinion. (4 pages)

Guide to Choosing a Nursing Home - 02174
Detailed information about how to choose a nursing home. (64 pages)
APPENDIX C

Medicare Health Plan Nonrenewal Fact Sheet - 10173
Information on health plan nonrenewal and contact numbers for State Health Insurance Counseling Programs by state. (2 pages)

Medigap Policies, The Basics - 10209
Basic information about Medigap policies and protections. (2 pages)

Nursing Home Brochure - 10121
Basic information on how to choose a nursing home. (2 pages)

Rules for Switching Medicare Health Plans - 02241
A fact sheet explaining the 2002 rules for switching Medicare health plans. (1 page)

The Facts about Medicare Preferred Provider Organizations (PPOs) - 11080
This fact sheet provides general information to people with Medicare about Medicare Preferred Provider Organizations. (2 pages)

What Kind of Doctor is a Hospitalist? - 02205
What to expect if your primary doctor refers you to a hospitalist. (12 pages)

Your Guide to Private Fee-for-Service Plans - 10144
Detailed information about Medicare Private Fee-for-Service Plans. (24 pages)

Getting a Second Opinion Before Surgery - 02173
A guide to what you need to know before surgery about getting a second opinion. (4 pages)

Coverage and Payment

Call, Enroll, and Save - 11081
This pamphlet provides basic information about the simple steps needed to get a Medicare-approved drug discount card and encourages people to enroll. (4 pages)

Child Health Insurance Brochure - 99911
A poster explaining the child health insurance program. (1 page)

Colorado Resource Guide for People with Disabilities - 02227
A booklet for those living in Colorado explaining who can get benefits, how to apply, what is covered and who you can call for help. (104 pages)

Does Your Doctor or Supplier Accept Assignment? - 10134
An explanation with examples of how Assignment can save you money in the Original Medicare Plan. (20 pages)

Don't miss out on your turn for Medicare savings! - African American Beneficiaries - 10126-AA
A brochure explaining Medicare Savings programs for African American Beneficiaries. (5 pages)
Drug Discount Card Enrollment Tip Sheet - 11076
This tip sheet tells you how to enroll for a Medicare-approved drug discount card once you know which card you want. (2 pages)

Guide to Choosing a Medicare-Approved Drug Discount Card - 11062
This booklet provides information about the new Medicare-approved drug discount cards including who can get a card, how they work, and how to choose the best card for you. (36 pages)

Health Care Coverage Directory for People with Medicare - 02231
A booklet to assist Medicare beneficiaries in identifying help to pay health care costs. (19 pages)

Introducing Medicare-Approved Drug Discount Cards - 11060
This brochure gives a brief introductory overview of the new Medicare-approved drug discount cards and $600 credit. (4 pages)

Medicare & Clinical Trials - 02226
A guide to new Medicare coverage to help pay health care costs if you are in an approved clinical trial. (6 pages)

Medicare and Home Health Care - 10969
An explanation of Medicare's home health care coverage. (32 pages)

Medicare and Other Health Benefits: Your Guide to Who Pays First - 02179
An explanation of how Medicare pays with other types of insurance. (43 pages)

Medicare Coverage of Ambulance Services - 11021
This booklet explains Medicare Part B coverage of ambulance services. It provides information on coverage, payment, and rights and protection issues. (15 pages)

Medicare Coverage of Diabetes Supplies and Services - 11022
This booklet explains the diabetes supplies and services that Medicare helps pay for, and where you can get more help. (30 pages)

Medicare Coverage of Durable Medical Equipment - 11045
This booklet explains what durable medical equipment is, which durable medical equipment is covered in the Original Medicare Plan, and where to get help with your questions. (16 pages)

Medicare Coverage of Kidney Dialysis and Kidney Transplant Services - 10128
Information about Medicare coverage for those with End-Stage Renal Disease (permanent kidney failure treated with dialysis or a transplant). (64 pages)

Medicare Coverage of Skilled Nursing Facility Care - 10153
A brochure explaining Medicare covered skilled care, your rights and protections, and where you can get help with your questions. (48 pages)
**APPENDIX C**

**Medicare Coverage Outside of the U.S. - 11037**
Information about Medicare's coverage of health care services and supplies when beneficiaries travel outside the U.S. (4 pages)

**Medicare Hospice Benefits - 02154**
An explanation of Medicare's hospice care coverage. (15 pages)

**Medicare-Approved Drug Discount Card Tip Sheet - 11071**
This tip sheet provides guidance for counselors, caregivers, and intermediaries who help people with Medicare compare and choose drug discount cards. (2 pages)

**New Health Insurance Now Available for Infants, Children and Teens - 10135**
Information on how the Children's Health Insurance Program, a State program to help provide free health coverage for children in low-income families.

**Private Contracts with Doctors and Other Practitioners Who Have Decided Not to Provide Services Through the Medicare Program - 10109**
A brief explanation of Private Contracts. (1 page)

**The Medicare Savings Brochure for American Indian/Alaskan Native Beneficiaries - 10126-AI**
A brochure explaining Medicare Savings Programs for American Indian/Alaskan Native beneficiaries. (2 pages)

**The Medicare Savings Brochure for Asian American/Pacific Islander Beneficiaries - 10126-AP**
A brochure explaining Medicare Savings Programs for Asian American/Pacific Islander Beneficiaries. (2 pages)

**The Medicare Savings Programs - 10126**
A brochure explaining Medicare Savings Programs. (2 pages)

**The Medicare Savings Programs Brochure for People with Disabilities - 10126-D**
A brochure explaining Medicare Savings Programs for people with disabilities. (2 pages)

**Your Guide to the Outpatient Prospective Payment System - 02118**
Explanation of Medicare's new system for paying for outpatient services. (20 pages)

**Your Medicare Benefits - 10116**
An explanation of Part A and Part B benefits. (52 pages)

**Rights and Protections**

**Medicare's Incentive Reward Program for Fraud and Abuse - 99913**
This publication describes how to get a reward for information leading to the recovery of Medicare funds from health care providers who engage in fraud and abuse in the Medicare program. (1 page)
**APPENDIX C**

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This publication describes how to get a reward for information leading to the recovery of Medicare funds from health care providers who engage in fraud and abuse in the Medicare program. (1 page)

**Protecting your Health Insurance Coverage - 10199**
This booklet explains your rights and protections under recent Federal law, how to help maintain existing coverage, and where you can get more help.

**Your Medicare Rights and Protections - 10112**
Lists your rights as a Medicare beneficiary. (40 pages)

**Staying Healthy**

**Colorectal Cancer - Let's Break the Silence Brochure - 10158**
A brochure explaining the importance of Colorectal screening and early detection. (2 pages)

**Colorectal Cancer Basic Facts on Screening - 11011**
For individuals who want a very basic understanding of Colorectal Cancer and screening options. Simpler and lower literacy version of the detailed fact sheet titled “Colorectal Cancer Facts on Screening” (2 pages)

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For individuals who want a very basic understanding of Colorectal Cancer and screening options. Simpler and lower literacy version of the detailed fact sheet titled “Colorectal Cancer Facts on Screening” (2 pages)

**Colorectal Cancer Facts on Screening - 11012**
This fact sheet provides detailed information on colorectal cancer and screening. Includes a chart with information on each screening test (e.g., purpose, important considerations, Medicare/insurance coverage, etc.). (2 pages)

**CRC Facts for People with Medicare - 11040**
Includes information on Medicare coverage and payment for CRC screening, screening tests,

**CRC Screening – For People with Medicare - 11039**
Information on Medicare coverage and payment for CRC screening, Medicare contact information, types of tests, how screening saves lives, symptoms, insurance coverage, etc. (2 pages)

**CRC(Colorectal Cancer) Screening Saves Lives - 11010**
This brochure provides information on the different types of colorectal cancer screening tests, how screening saves lives, who is at high risk, symptoms, and insurance coverage. (2 pages)

**Dialysis Facility Compare Brochure - 10208**
A guide to assist with accessing the comparative quality and facility information for Medicare certified dialysis facilities found in Dialysis Facility Compare (2 pages)

**Guide to Medicare's Preventive Services - 10110**
This booklet provides descriptions of preventive services covered by Medicare. (16 pages)

**Know Your Number: Are You Getting Adequate Hemodialysis? - 10924**
Information about adequate hemodialysis. (4 pages)

**Pap Tests for Older Women - 10149**
This publication provides you with answers to commonly asked questions from older women about Pap tests, HPV, and the Medicare benefit for Pap test screening. (2 pages)

**Pap Tests: A Healthy Habit for Life - 99914**
A brochure explaining pap tests. (2 pages)

**Preparing for Emergencies: A Guide for People on Dialysis - 10150**
A guide for people in emergency situations on dialysis. (35 pages)

**Prostate Cancer Screening: A Decision Guide for Men with Medicare - 11042**
Brochure that provides information on prostate cancer, screening, and treatment to help men with Medicare make informed decisions. Includes Medicare coverage and payment information. (20 pages)

**Women with Medicare - Visiting Your Doctor for a Pap Test, Pelvic Exam, and Clinical Breast Exam - 02248**
A booklet helping you understand what is covered in the Original Medicare Plan, what Medicare pays, and what you pay. (16 pages)

**You Can Live - Your Guide to Living with Kidney Failure - 02119**
A booklet giving tips on treating kidney failure, making treatments better, and living a healthier lifestyle. (42 pages)
ANSWERS TO FREQUENTLY ASKED QUESTIONS ON THE CMS PUBLICATIONS MAILING LIST DATABASE

ACCESSING THE PUBLICATION MAILING LIST

QUESTION #1: How do I set up an account in the Publication Mailing List and order publications?

CMS Publication Mailing List: Instructions

The instructions to set up an account and order publications in the Publication Mailing List is as follows:

Account Set-up:
It is important that you access the web site and set up an individual account. You will need to enter your e-mail address and shipping address. To set up an account:


2. The CMS Publication Logon Screen will appear.

3. Enter your e-mail address in the box labeled “Email Address.”

4. Press the “Tab” key to go to the box marked “Password.”

5. Enter the account set-up password: CMS9.

6. For the first time only, change your password. The password can have numbers and/or letters. It must be at least five characters long.

7. Go to the Edit Contact Information and Edit Shipping Addresses Screens to enter your account information. It is critical that the following information be complete and accurate:

   a) Complete the address information to include a room or suite, where applicable.
   b) Do not use a PO Box as part of the mailing address.
   c) You must indicate if inside delivery is needed, that is the publications must be delivered to a location inside the building, not just the loading dock or outside.
   d) Select your organizational type.
   e) Select the state where you are located.
Placing orders:
Once you have established your account, and entered your account information, you will be able to place and change your orders for new or revised CMS publications. To order new and revised publications (note: publications for 2003 will be listed for pre-ordering in early 2003) follow the procedures:

a) Add quantity (number) for the publication(s) you want to order.
b) Print the Verification Screen as a record of publications you ordered.

Once an order is placed, you will receive periodic e-mail broadcasts announcing a final date for ordering new and revised publications. This date will be your last opportunity to review and revise your account information, including quantity ordered, before mailing labels are created for a specific publication. Additionally, periodic email broadcasts will be sent advising you when the publications will be delivered to your address and when they will be delivered to the CMS warehouse.

To order current publications (publications that are currently available in the CMS warehouse) follow the procedures:

1) Select the words “Warehouse Reorder Form” in the upper right hand corner, above the publication list on the “New CMS Publications Available” screen.
2) Add quantity (number) for the publication(s) you want to order.
3) Print the Verification Screen as a record of publications you ordered.

You may reorder the current publications by using the 3 steps above.

For technical questions, call Help Desk: 1-888-205-0684, available 9am to 5pm (ET), except holidays
For other questions, E-mail: mailpubs@cms.hhs.gov

QUESTION #2: How do I access the system if I forgot my password?

ANSWER. If you forgot your password, select the words, “password request form” found on the logon screen. This will bring up a screen where you will fill in your email address and select the submit button. The password will automatically be sent back in approximately five minutes from the Help Desk for the Publication Mailing List.

If the user cannot be found in the system or the password cannot be recognized, an email will be sent back from the Publication Mailing List with a default password. Once the user has successfully logged in, they will need to change their password. The new password must be alphanumeric, at least 5 characters in length.

ORDERING PUBLICATIONS:

QUESTION #3: Are the publications free of charge to our organization?
ANSWER: Yes, the publications are free of charge to your organization.

QUESTION #4: How do I order current publications?

ANSWER: Go to the “New Publication Available in Year 2004” screen. On the right hand corner of this screen are the words, “Warehouse Reorder Form”. Select these words and a list of all the current publications will appear. Enter the quantity that you want next to the publication.

QUESTION #5: How do I order future or revised publications?

ANSWER: Access the Publication Mailing List system and go to the “Welcome” screen. Highlight your shipping address and select the order button at the bottom of the screen. The New and Revised CMS Publications Available in Year 2004 will appear with a list of the new and revised publications. Enter the quantity that you want next to the publication.

QUESTION #6: Can I order the current publications as many times as I want during the year?

ANSWER: Yes, you can order the publications as many times as you want during the year.

QUESTION #7: Can I order as many copies of the publications as I want?

ANSWER: Yes, unless the publication has a limit on quantity amounts.

QUESTION #8: I missed the order date to order the new and revised publications and would still like to order some of them. I noticed that they were not on the warehouse order list. How can I order the publications that we need?

ANSWER: Unfortunately, you will not be able to order them until they are delivered to the warehouse. We will send an email to all partners when the publication has arrived and you will be able to order them from the Warehouse Reorder Form Screen.

QUESTION #9: Is it possible to request an additional 200 of a publication after I originally ordered 50 copies. I can use these and want them for distribution to providers and beneficiaries.

ANSWER: Yes, you can order more copies of any publication and, as often as needed.

QUESTION #10: I do not see the 2004 Medicare & You area specific handbooks on the New and Revised Publication Available Screen and the Warehouse Reorder Form Screen. I need these handbooks. How can I order them now?
APPENDIX C

ANSWER: Unfortunately, you can only order Medicare & You 2004 area specific handbooks once in the Spring for the coming year. After that, the area-specific handbooks are no longer available for partners to order. If you need these publications, you may check to see if your Regional Office has any to spare. You can order Medicare & You 2004 National Handbooks (English and Spanish) and download your area specific health plan information from [www.medicare.gov](http://www.medicare.gov). You can use this health plan information with the Medicare & You 2004 National handbook to provide complete information found in the area specific handbook.

QUESTION #11: Can I check to see if I ordered all the publications that I wanted?

ANSWER: Yes, go to the “Shipping Address” screen. Select the report button to see a list of all the publications that you have ordered. Select the quantity and the date you ordered the publication will appear. Additionally, you should print the verification screen for every order you place. You can use this to verify the date and quantity of the publications that you ordered.

QUESTION #12: What do I do if I want to change the quantity of publications before they are delivered?

ANSWER: For new or revised publications, you will be able to change or remove your order on the Modify Order Screen, if you have not selected the order button on the Verify Shipping Address Screen. Go to the box and change the publication order quantity by selecting the quantity and entering a new quantity. To remove your order, change the publication quantity to zero (0) in the box.

If you have completed your order or selected the order button on the Verify Shipping Address screen for new or revised publications, you will still be able to change or remove your order. Go to the “New Publication Available in Year 2004 Screen” and change the quantity in the quantity box next to the publication name. To remove your order, change the publication quantity to zero (0) in the box. However, if you try to do this past the date that mail files are created, the publication name on the screen will not be seen, and the quantity cannot be changed.

For current publications, you will be able to change or remove your order on the Modify Order Screen, if you have not selected the order button on the Verify Shipping Address Screen. Go to the publication title and change the order quantity by selecting the quantity and entering a new quantity. To remove your order, change the publication quantity to zero (0) in the box.

If you have completed your order or selected the order button on the Verify Shipping Address Screen for current publications, you will not be able to change or remove your order. The only way to change your order is to send an email to Susie Muse, (smuse@cms.hhs.gov), and tell her that you need the quantity of the publication changed or removed. Please send her your complete shipping address, phone number, email address, the name of the publication and the old and new quantity of the publication(s).
QUESTION #13: Can I change my order quantity for the new and revised publications after the last date to order on the “Last Call” email?

ANSWER: No, you cannot change your order for the new and revised publications after the last date to order publications is emailed to everyone. You will no longer see the publications on the screen.

QUESTION #14: I ordered publications and selected the ORDER button. I went back and selected the order button again without putting quantities in the box next to the publications that I wanted. Will this duplicate my order?

ANSWER: Usually, if you go back and select the ORDER button again, you will not duplicate your order. If you want to check to see if you have sent a duplicate order, go to the “Shipping Address” screen. Select the report button to see a list of all the publications that you have ordered. Additionally, you should print the verification screen for every order you place. You can use this to verify the date and quantity of the publications that you ordered.

QUESTION #15: Are the publications on the CMS Warehouse Reorder Form screen the most current versions?

ANSWER: It depends. Although, the information in our publications is correct when it was printed, changes may occur after printing. To make sure that the publication you have is the most current version of the publication, please go to www.medicare.gov and check the date on the back cover of the publication in question.

QUESTION #16: Today I ordered two publications from the Warehouse Reorder Screen. The date on the order form says 2001. Can you be sure to send me the most recent revision?

ANSWER: You will be sent the latest version of print publications that are in the CMS Warehouse. To make sure that the publication you have is the most current version of the publication, please go to www.medicare.gov and check the date on the back cover of the publication in question.

EDITING USER INFORMATION:

QUESTION #17: Please remove me from your mailing list. Our organization does not want to order anymore Medicare publications. What do I do?

ANSWER: If you do not want to order publications, you can stop accessing the online system. We will remove your email address from the Publication Mailing List.
QUESTION #18: The person in our organization who ordered the publications no longer does this job. What do I do?

ANSWER: Is there anyone in your organization taking this person’s place? If yes, you can use either one of the following two options to change the email address to another person:

Option One: If you want to change the email address in the system, access the online system by using the user id and password from the person who is no longer in the organization. Go to the edit user information screen and select the words, “edit contact information.” Change the user id on the edit contact screen to your user id. Go back to the edit user information screen and select the words, “change password”. Change the password to what you want. Go back to the edit user information screen and select the words, “edit shipping information”. Enter your name as a contact to receive the publications. Select the order button at the bottom of the screen and order the publications you want.

Option Two: If you do not know the user id and password of the person who is no longer in the organization, set up a new account by typing in your own user id and a new password on the CMS Publication Mailing List Screen. Please email mailpubs at: mailpubs@cms.hhs.gov and tell us the name of the person who is no longer in the organization so we can delete them from the mailing list. If you do not know how to access the Publication Mailing List the instructions are listed below:

CMS Publication Mailing List: Instructions

The instructions to set up an account and order publications in the Publication Mailing List is as follows:

Account Set-up:
It is important that you access the web site and set up an individual account. You will need to enter your e-mail address and shipping address. To set up an account:

8. Type in the URL address of the Mailing List at http://www.cms.fu.com/mailinglist.


10. Enter your e-mail address in the box labeled “Email Address.”

11. Press the “Tab” key to go to the box marked “Password.”

12. Enter the account set-up password: CMS9.

13. For the first time only, change your password. The password can have numbers and/or letters. It must be at least five characters long.
14. Go to the Edit Contact Information and Edit Shipping Addresses Screens to enter your account information. It is critical that the following information be complete and accurate:

f) Complete the address information to include a room or suite, where applicable.
g) Do not use a PO Box as part of the mailing address.
h) You must indicate if inside delivery is needed, that is the publications must be delivered to a location inside the building, not just the loading dock or outside.
i) Select your organizational type.
j) Select the state where you are located.

Placing orders:
Once you have established your account, and entered your account information, you will be able to place and change your orders for new or revised CMS publications. To order new and revised publications (note: publications for 2003 will be listed for pre-ordering in early 2003) follow the procedures:

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For other questions, E-mail: mailpubs@cms.hhs.gov

CHANGING SHIPPING ADDRESS:

QUESTION #19: We just moved. How do I change my shipping address?

ANSWER: Please access the online system and go to the Edit User Information Screen. Select the words, “Edit Shipping Information”, and enter your new shipping address.
APPENDIX C

PUBLICATIONS NOT IN DATABASE:

QUESTION #20: How do I order publications temporarily out of stock?

ANSWER: You need to wait until stock is available in the CMS Warehouse. As soon as the CMS Warehouse has received a supply of copies we will send out an email to let you know that it is available for order.

QUESTION #21: How can I order copies of other publications that are not listed in the CMS mail address database?

ANSWER: You can either fax or email the order directly to the CMS Warehouse. Please fax your order to 410-786-1905 and include the following information: the name and quantity of the publication you want, complete shipping address with no Post Office Box, contact name and phone number, and whether you need inside delivery (Inside delivery means that publications must be delivered to a location inside the building and not the loading dock or outside location) or send an email with the required information to smuse@cms.hhs.gov

QUESTION #22: I do not see the QMB/SLMB publication. Is there another publication taking its place?

ANSWER: The QMB/SLMB publication is no longer being printed. Information about the Medicare Savings Program can be found on the internet at www.medicare.gov

DELIVERY OF PUBLICATIONS:

QUESTION #23: How many publications will there be in a carton?

ANSWER: It varies and depends on the size and weight of the publication.

QUESTION #24: How long will it take to get my publication(s) after I order it?

ANSWER: For current publications, it takes approximately 2 to 4 weeks from the day you order the publication for them to be delivered.

QUESTION #25: Can I receive my publication order for an event next week?

ANSWER: It depends. Although we try our best to meet all dates for requests, please try to allow as much time as possible for publication ordering in the future. If you need a current publication(s) sooner than 2-4 weeks, you can either fax (410-786-1905) or email (smuse@cms.hhs.gov) the order directly to the CMS Warehouse. Please include the following information: the name and quantities of the publication you
want, complete shipping address with no Post Office Box, contact name and phone number, and whether you need inside delivery (Inside delivery means that publications must be delivered to a location inside the building and not the loading dock or outside location).

**QUESTION #26: I have ordered publications and have not received them yet? What should I do?**

**ANSWER:** Go to the “Shipping Address” screen. Select the report button to see a list of all the publications that you have ordered. If you do not see the publication you ordered in the report, please re-order the publication. If you ordered current publications, it takes approximately 2 to 4 weeks from the day you order the publications for them to be delivered. If it has been longer than a month and you have not received your order for current publications, please email Susie Muse at **smuse@cms.hhs.gov**

**MISCELLANEOUS:**

**QUESTION #27: How can I order CMS forms?**

**ANSWER:** Go to: [http://www.cms.hhs.gov/forms](http://www.cms.hhs.gov/forms) You will find all the CMS forms listed and select the one that you want.

**QUESTION #28: Can we still use publications like Medicare and Mental Health Benefits with Health Care Financing Administration on them?**

Answer: We still have a few publications in print and on the web that have HCFA logo that are the most current versions. We are planning to revise these in 2004.

To make sure that the publication you have with the HCFA logo is the most current print version of the publication, please check the date of the publication with the Warehouse Reorder Form.

If you want to see the most current version of the publication, please go to [www.medicare.gov](http://www.medicare.gov) on the web. and check the date on the back cover of the publication in question. If the publication you have matches, it’s OK to use. Please note, on occasion publications are updated on the web before publications that are revised in print.
Appendix D

APPRISE

PUBLICATIONS ORDER FORM

SEND THE BELOW LISTED PUBLICATIONS TO:    Date:

NAME

AGENCY

STREET ADDRESS

CITY

TELEPHONE

<table>
<thead>
<tr>
<th>STATE PUBLICATIONS</th>
<th>QUANTITY</th>
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<tbody>
<tr>
<td>A Shopper’s Guide to Long Term Care Insurance</td>
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<tr>
<td>APPRISE: State Health Insurance Counseling Program</td>
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<tr>
<td><strong>CMS Publications</strong></td>
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<tr>
<td>Choosing a Doctor, A Guide for People with Medicare</td>
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<td>Choosing a Hospital, A Guide for People with Medicare</td>
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<td>Choosing a Medicare Health Plan</td>
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<td>Choosing a Managed Care Plan, Central PA</td>
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<td>Choosing a Managed Care Plan, Western PA</td>
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<tr>
<td>Choosing a Medigap Policy 2007: A Guide to Health Insurance for People with Medicare</td>
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<td>Choosing a Treatment, A Guide for People with Medicare</td>
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### Appendix D

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<thead>
<tr>
<th>CMS PUBLICATIONS</th>
<th>QUALITY</th>
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<tr>
<td>Does Your Doctor or Supplier Accept “Assignment”?</td>
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<td>Enrolling in Medicare</td>
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<td>Facts About Medicare Advantage</td>
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<td>Getting a Second Opinion Before Surgery</td>
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<td>Guide to Choosing a Medicare-Approved Drug Discount Card</td>
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<td>Guide to Choosing a Nursing Home</td>
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<td>Guide to Medicare’s Preventive Services</td>
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<td>Know Your Numbers, “Are You Getting Adequate Hemodialysis?”</td>
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<td>Medicare &amp; Clinical Trails</td>
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<td>Medicare &amp; Other Health Benefits: Your Guide to Who Pays First</td>
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<td>Medicare &amp; You 2007</td>
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<td>Medicare &amp; Home Health Care</td>
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<td>Medicare Approved Drug Discount Card Tip Sheet</td>
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<td>Medicare Coverage of Ambulance Services</td>
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<td>Medicare Coverage of Diabetes Supplies and Services</td>
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<td>Medicare Coverage of Durable Medical Equipment</td>
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# Appendix D

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<th>Topic</th>
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<tr>
<td>Medicare Coverage of Kidney Dialysis and Kidney Transplant Service</td>
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<td>Medicare Coverage of Skilled Nursing Facility Care</td>
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<td>Medicare Hospice Benefits</td>
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<td>Medicare Preventive Services</td>
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<td>Medicare Preventive Services . . . to Help Keep You Healthy</td>
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<td>My Medications</td>
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<td>New Rules for Switching Medicare Health Plans</td>
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<td>Pay it Right! Protecting Medicare from Fraud</td>
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<td>Protecting Medicare's Power Wheelchair and Scooter Benefit</td>
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<td>SHIP Client Contact Forms</td>
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<tr>
<td>Standard Enrollment Form for Medicare Approved Drug Discount Cards</td>
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<tr>
<td>Your Guide to Choosing a Nursing Home, Medicare</td>
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<td>Your Guide to Outpatient Prospective Payment Systems</td>
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<td>Your Medicare Benefits: Your Health Care Coverage Under Part A&amp;B</td>
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<td>Your Medicare Rights &amp; Protections</td>
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**IN SPANISH**

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**VIDEOS**

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<th>Title</th>
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<tr>
<td>APPRISE Volunteer Video</td>
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<tr>
<td>Medicare Health Care Services: A Caregiver's Guide</td>
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APPENDIX D - Apprise Telecenter Manual

RETURN FORM TO:

Matt Brady
Health Aging, Education & Outreach Division
Pennsylvania Department of Aging
555 Walnut Street
Harrisburg, PA 17101-1919
Telephone: 717.783.6205
FAX: 717-772-3382
Email: mbrady@state.pa.us