

Maryland's SHIP  
Volunteer Program

# SHIP Mates



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LOCAL HELP FOR PEOPLE WITH MEDICARE

# About Maryland's SHIP

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## Maryland Department of Aging Senior Health Insurance Assistance Program

The Senior Health Insurance Assistance Program (SHIP) meets one of the most universal needs of Medicare beneficiaries, including those *under 65* years of age—understanding their health insurance benefits, bills and rights. The Maryland SHIP program provides trained staff and volunteer counselors in all 24 counties. Counselors provide in-person and telephone assistance in the following general areas:

- Medicare Prescription Drug Coverage Program (Medicare Part D)
- Medicare supplements (Medigap Plans)
- Assistance for disabled Medicare beneficiaries (under age 65)
- Medicare Advantage Plans (HMOs, Private Fee-for-Service, etc.)
- Long Term Care Insurance
- Medical Assistance programs
- Assistance for low-income beneficiaries
- Assistance with denials, appeals and grievances
- Billing problems
- Health care fraud and abuse
- Volunteer counselor opportunities
- Free community presentations

SHIP funds are granted to all 19 Area Agencies on Aging (AAAs) that serve Maryland's 24 jurisdictions (23 counties and Baltimore City) to operate the program at the local level. Each local AAA operating the Senior Health Insurance Assistance Program must fulfill the mission statement and abide by all guidelines set by the grant's terms and conditions. The Maryland SHIP is a volunteer-based program, presently using approximately 130 trained volunteers as counselors or in support positions. Volunteers sign a SHIP counselor agreement that outlines the nature of services they perform, training requirements, and assure their adherence to confidentiality and non-conflict of interest obligations.

The Maryland Department of Aging receives funding for this program from the Centers for Medicare & Medicaid Services, the State of Maryland and local governments. **SHIP counseling services are confidential and free of charge.**

For more information on Maryland SHIP, contact: Michelle P. Holzer, SHIP Program Officer, Maryland State Department of Aging, 301 West Preston Street, Room 1007, Baltimore, Maryland 21201; Telephone: (410) 767-1109 or Toll-free 1-800-AGE-DIAL.

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# Volunteer Job Descriptions

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**The SHIP MATES Concept:** The Maryland SHIP offers volunteer opportunities for people with different backgrounds, skills, and interests. Our “SHIP MATES” concept matches volunteers with needed areas of expertise.

The Maryland Department of Aging and the Area Agencies on Aging support equal opportunity and treatment for all persons regardless of age, race, color, national origin, sex, or disability.

*Please Note: Insurance agents, insurance brokers and financial planners are not eligible to serve as volunteers.*

## Volunteer Roles

### Marketer

- Responsible for marketing SHIP through approved local resources
- Promotes local awareness of the program

### Administrative volunteer

- Provides administrative support including data entry and other clerical duties
- Helps with organizational activities to support the SHIP Coordinator and other volunteers

### Task volunteer

- Provides support for special, short-term projects such as designing flyers and outreach activities

### Educator

- Delivers community presentations to Medicare beneficiaries and caregivers on selected topics including Medicare and fraud and abuse
- Educates Medicare beneficiaries on Medicare-related issues via the phone or face-to-face

### Screener

- Conducts intake interviews with clients
- Screens clients for programs that may help them obtain or pay for health care

## Volunteer Training

All volunteers must complete a training program. The required training varies by role. For more information about the training for a specific role, please ask the SHIP Coordinator in your county.

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## Job Descriptions

### **Title: Marketer**

**Description:** To promote community awareness of the Maryland SHIP program and its services.

**Supervisor:** SHIP Coordinator

#### **Responsibilities:**

- Distributes materials about the Maryland SHIP to appropriate community partners including providers, churches, and social service agencies
- Represents SHIP at local community events such as county fairs
- Maintains good working relationships with community partners
- Develops media materials such as press releases
- Develops promotional materials such as flyers
- Other marketing support as needed

#### **Desired Qualifications:**

- Good written and oral communication skills
- Ability to get along with others
- Internet and email access
- Active involvement in community groups, associations and events
- Marketing, sales, advertising or public relations background
- Reliable transportation, valid driver's license and clean driving record

### **Title: Administrative volunteer**

**Description:** To provide administrative support including data entry and other clerical duties.

**Supervisor:** SHIP Coordinator

#### **Responsibilities:**

- Collects and reports data on SHIP activities via a variety of methods including web-based tools
- Helps with organizational activities such as stuffing packets and making copies of training and outreach materials
- Other administrative support as needed

#### **Desired Qualifications:**

- Strong organizational skills
  - Ability to get along with others
  - Proficient with the computer and the Internet
  - Internet and email access
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### **Title: Task volunteer**

**Description:** To provide support for special, short-term projects that may be time-sensitive. Projects could include supporting outreach activities to reach “hard-to-reach” populations or using graphic design skills to create catchy materials.

**Supervisor:** SHIP Coordinator

**Responsibilities:** Vary depending on the nature of the project.

**Desired Qualifications:**

- Ability to get along with others
- Flexible
- Internet and email access
- Proficient with the computer and the Internet

### **Title: Educator**

**Description:** To provide information about Medicare and related programs to members of the community.

**Responsibilities:**

- Delivers community presentations to a variety of audiences including Medicare beneficiaries, caregivers, and providers on selected topics
- Provides information about the Medicare program to new beneficiaries
- Educates individual beneficiaries on Medicare-related issues via the phone or face-to-face
- Utilizes Maryland SHIP materials and other identified resources to stay up-to-date on issues affecting Medicare beneficiaries
- Attends basic and update trainings as required
- Completes required forms and/or reports about presentations and other education-related activities
- Keeps all information pertaining to a client confidential
- Other education-related duties as needed

**Desired Qualifications:**

- Sensitive and caring attitude
  - Good oral and written communication skills
  - Proficient with the computer and the Internet
  - Internet and email access
  - Ability to get along with others
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## **Title: Screener**

**Description:** To help beneficiaries apply for and access public benefit programs.

**Supervisor:** SHIP Coordinator

### **Responsibilities:**

- Conducts intake interviews to learn more about a client's personal situation, including their health benefits and finances
- Screens clients for programs that may help them obtain health services including prescription drugs
- Screens clients for programs that may help people with limited incomes pay for their health care
- Helps clients complete applications for benefits
- Attends basic and update trainings as required
- Completes required forms and/or reports related to screening activities
- Keeps all information pertaining to a client confidential

### **Desired Qualifications:**

- Ability to get along with others
  - Sensitive and caring attitude
  - Good oral and written communication skills
  - Proficient with the computer and the Internet
  - Internet and email access
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# Volunteer Application

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Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ County: \_\_\_\_\_

## I. Volunteer Interests and Experience

(Please note that the Maryland Senior Health Insurance Assistance Program (SHIP) does not accept applications from insurance agents, insurance brokers, financial planners, or employees of health care providers.)

### A. SHIP MATES volunteer position(s) of interest to you:

- Marketer** - helps promote the SHIP program within your community
- Administrative volunteer** - provides administrative support including data entry and other clerical duties
- Task volunteer** - provides support for special short-term projects
- Educator** - delivers community presentations and educate Medicare beneficiaries about their options
- Screener** - screens clients for potential programs

### B. Why are you interested in volunteering with the Maryland SHIP?

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### C. Are you fluent in any language other than English (including sign language)?

Yes  No *If yes, please list language(s):* \_\_\_\_\_

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**D. Skills and Interests (Please check all that apply.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Computer/Internet                                   | <input type="checkbox"/> Organizing/Scheduling             |
| <input type="checkbox"/> Public speaking with large groups                   | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Public relations/Communications                     | <input type="checkbox"/> Research                          |
| <input type="checkbox"/> Teaching/Training                                   | <input type="checkbox"/> Writing                           |
| <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Graphic Design                    |
| <input type="checkbox"/> General Office Work                                 |  |
| <input type="checkbox"/> Assist individuals/One-on-one direct client service |  |
| <input type="checkbox"/> Other _____   |  |

**E. Experience (include paid and volunteer experience starting with the most recent)**

Company/Organization: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

- Paid employee     Volunteer

Company/Organization: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ to \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

- Paid employee     Volunteer

**F. Availability**

Hours per month:     4 or less     5 to 10     More than 10

Preferred days and times:

- |                                    |                                  |                                    |                                   |
|------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> As Needed |                                  |                                    |                                   |

**G. Are you licensed and able to drive an automobile?**     Yes     No

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## II. Personal Information

### A. Contact Information

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

### B. Employer Information (if currently employed)

Occupation: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### C. Education

College/University (if any): \_\_\_\_\_

Degree/Major: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Graduate?  Yes  No

High School: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Graduate?  Yes  No

### D. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

### E. Optional

Do you have any medical conditions you would like SHIP to be aware of?

Yes  No

If yes, please describe: \_\_\_\_\_

Do you require any special accommodations?  Yes  No

If yes, please describe: \_\_\_\_\_

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### III. References

**Please list two references, who are not related to you.**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### IV. Screening Questions

**A. Are you affiliated with any of the following:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Insurance company, agency or broker        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Financial planning service                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Health insurance claims or billing service | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Law firm or legal services organization    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other ( <i>please describe</i> )           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

\_\_\_\_\_

**B. If you answered yes to any of the above, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training I receive as a SHIP volunteer is to provide services free of charge to Medicare beneficiaries and is not to be used for my personal monetary gain.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail or fax this form to your local SHIP office.**

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# Volunteer Agreement

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As a volunteer for the Maryland Senior Health Insurance Assistance Program (SHIP), I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: volunteer position descriptions, handbooks, manuals, and other guidelines. The Maryland SHIP, the Maryland Department of Aging, and the local Area Agencies on Aging (AAA) are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the above mentioned program policies and procedures. Any action that I take outside the scope of responsibilities for my volunteer position will be taken at my own personal risk.

## Nature of Volunteer Service

- I understand that as a member of the SHIP MATES team (Marketer, Administrative volunteer, Task volunteer, Educator, Screener), the Maryland SHIP relies upon volunteers to serve Medicare beneficiaries and their community. The scope of responsibilities varies for each team member.
  - I understand that my responsibilities may include providing accurate and objective counseling and assistance with Original Medicare, Medical Assistance and Medicare Savings Programs, Medicare Advantage plans, Medicare prescription drug plans, long-term care insurance, and related health insurance coverage for Medicare beneficiaries, their representatives and caregivers, or persons soon to be eligible for Medicare.
  - I understand that my responsibilities may include the use of internet-based programs to help clients identify and compare health and prescription drug plan options.
  - I understand that my responsibilities may also include educating the public on Medicare, Medical Assistance, and health insurance issues that affect older Americans and people with disabilities.
  - I understand that my volunteer activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.
  - I understand that I must submit monthly documentation of my activities to my local Coordinator.
  - I understand that SHIP volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.
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## Confidentiality

- I understand that I will have access to certain files and other sensitive information about my clients, including medical, insurance, financial and other personal data of a sensitive or confidential nature.
- I agree to keep such information confidential and to use it only to perform my duties as a SHIP volunteer, to the extent that a client explicitly authorizes.

## Non-Conflict of Interest

- SHIP volunteers cannot promote private or personal interests as they go about performing the duties described in SHIP program policies and guidelines. To comply with this requirement, I agree to the following:
  - I will in no way attempt to conduct market research, or solicit or persuade clients to purchase or enroll in a specific type of health insurance coverage, to switch from one carrier to another to replace existing insurance coverage, to go to a specific provider of service for treatment, or to direct a client to a specific agent/broker, or to any profit-based billing service.
  - I will not disclose or use confidential or other personal information obtained from a client through my association with SHIP for personal gain or the gain of my employer or any other party.

## Agreement

- I agree to serve in the role(s) of \_\_\_\_\_.
- I agree to attend initial and update training programs as required.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a SHIP volunteer.
- I understand that a breach of this agreement will result in the termination of my volunteer service and may subject me to liability for harm that I cause to a client through a breach of confidentiality or acting outside the scope of my responsibilities.

Volunteer's Signature: \_\_\_\_\_

County: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_

County: \_\_\_\_\_ Date: \_\_\_\_\_