Delaware SHIP Volunteer Program

State Health Insurance Assistance Program

Delaware Department of Insurance

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ship state health insurance assistance program Delaware

About Delaware SHIP

Delaware Department of Insurance
State Health Insurance Assistance Program

Delaware Medicare Assistance Bureau *"DMAB"*, Delaware State Health Insurance Assistance Program "SHIP" is a public service of the Delaware Insurance Commissioner's Office and is funded in part by a grant from the federal Administration for Community Living (ACL). 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 Delaware SHIP program provides trained staff and volunteer counselors in all 3 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 (HMO's, PPO's, 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

The SHIP must fulfill the mission statement and abide by all guidelines set by the grant's terms and conditions. The Delaware SHIP is a volunteer-based program, presently using training 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. SHIP counseling services are confidential and free of charge.

For more information on Delaware SHIP, contact: Lakia Turner, SHIP Program Director, Delaware Department of Insurance, [illegible] Dover, DE 19904; Telephone: (302) 674-7366 or Toll-Free 1-800-336-9500.

Volunteer Job Descriptions

The AMBASSADOR Concept:

The Delaware SHIP offers volunteer opportunities for people with different backgrounds, skills, and interests. Our "AMBASSADOR" concept matches volunteers with needed areas of expertise.

The Delaware Department of Insurance 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 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 staff 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 various topics about Medicare.
- 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. You must attend two to three full days of training and pass the Volunteer Certification Exam with a passing score.

Job Descriptions

Title: Marketer

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

Supervisor: SHIP Assistant Director

Responsibilities:

- Distributes materials about the Delaware SHIP to appropriate community partners including providers, churches, and social service agencies
- Represents SHIP at local community events such as health fairs
- Maintains good working relationships with community partners
- Other marketing support as needed

Desired Qualifications:

- Good written and oral communications 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 Assistant Director

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

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 Assistant Director

Responsibilities:

- Vary depending on the nature of the project.

Title: Task Volunteer, con't.

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 Delaware 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

Title: Educator, con't.

Desired Qualifications:

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

Title: Screener

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

Supervisor: SHIP Assistant Director

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 communications skills
- Proficient with the computer and the Internet
- Internet and email access

PLEASE COMPLETE THE APPLICATION ON THE FOLLOWING PAGES.

DETACH AND MAIL OR FAX IT TO THE SHIP OFFICE.

DELAWARE SHIP PROGRAM

Volunteer Application

Applicant's Name: _____

Date: _____ ***County:*** _____

I. Volunteer Interests and Experience

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

A. AMBASSADOR volunteer position(s) of interest to you (Please check all that apply):

□ ***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 Delaware SHIP?

_____

_____

_____

_____

_____

_____

_____

_____

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

□ Yes □ No If yes, please list language(s):_____

_____

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

□ Computer/Internet *□ Organizing/Scheduling*

□ Public speaking with large groups *□ Public speaking with small groups*

□ Public relations/Communications *□ Research*

□ Teaching/Training *□ Writing*

□ Data Entry *□ Graphic Design*

□ General Office Work

□ Assist individuals/One-on-one direct client service

□ 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:

□ *Sunday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Monday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Tuesday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Wednesday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Thursday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Friday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *Saturday*	□ *Morning*	□ *Afternoon*	□ *Evenings*
□ *As Needed*			

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

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: _____

_____

II. 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	□ *Yes*	□ *No*
Financial planning service	□ *Yes*	□ *No*
Health insurance claims or billing service	□ *Yes*	□ *No*
Law firm or legal services organization	□ *Yes*	□ *No*
Other (please describe)	□*Yes*	□ *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 again.

Signature: _____ ***Date:*** _____

Volunteer Agreement

As a volunteer for the Delaware State 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 Delaware SHIP and Delaware Department of Insurance 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 AMBASSADOR team (Marketer, Administrative volunteer, Task volunteer, Educator, and Screener); the Delaware 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 or by telephone.
- I understand that I must submit monthly documentation of my activities to the SHIP office.
- I understand that SHIP volunteers provide services free of charge to any Medicare beneficiary who seeks assistance from the program.

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.
- Upon completion of a counseling session, I will submit directly to the SHIP office or shred personal documentation received by the client.

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:_____

SHIP Director's Signature: _____

County: _____ Date: _____

Delaware Insurance Department

Contact *DMAB:* (800) 336-9500

Email: dmab@delaware.gov

Website: insurance.delaware.gov/dmab

Office: 1351 West North St. Suite 101
Dover, DE 19904
(Office Hours are 8 a.m. to 4:30 p.m. weekdays)

Phone: (302) 674-7364

Fax: (302) 739-6278

Thank you for volunteering to become an AMBASSADOR with the Delaware State Health Insurance Assistance Program

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