***Summary of discussion and ideas shared during the July 9, 2020 MIPPA listening session***

**Concerns**

The loss of in-person events and counseling makes reaching the hard to reach populations even more difficult.

The ability to support our counselors adequately during open enrollment. It was noted that the OHIC open enrollment work group is working to create tools, best practice ideas for open enrollment

Many volunteers have opted to retire, and we need to rebuild our volunteer counseling base and ensure that our communities know we are still here to help.

The loss of the ability to schedule back to back appointments and the required length of telephone counseling calls has reduced our operational capacity – so it is likely that we will serve fewer clients.

**Ideas Shared**

**Internal protocols**

* Initial phone calls generated an initial packet of information be sent to the caller. A follow up phone call is scheduled for 10 days later to review the packet contents. We ask callers to review the packet with us and highlight the key information. This protocol has increased the efficiency of our phone calls.
* Created standardized mailing packets.
* Agencies provide all counselors with email addresses to protect personal privacy
* ZOOM training for everyone
* Established a section on SHIP website to showcase volunteer appreciation. It features videos of the volunteer and quotes from letters of appreciation.
* Increasingly utilizing the ability to log onto My Medicare accounts simultaneously with beneficiaries to review their plan options together. Following the review of the My Medicare account/plan finder session, copies of the detailed plan information is mail/email for their review. During the call, grantees confirmed that beneficiaries and a counselor can be in the same My Medicare account at the same time.
* When phone appointments are made counselor are notified what fact sheets and materials have been made so they can have them on hand to review together.
* Instituted statewide web- based training which generated more dialogue than the in-person training.
* Redesigned one time 6- hour training event to monthly training events instead.

**Outreach and Partnerships**

* Making presentations and delivering program information to people as they sit in their cars
* Requesting that partners set up an (inside) meeting space that can be easily sanitized and has a computer that is ZOOM ready. The space can then accommodate counseling from a different room or location altogether
* Set up tents outside near food bank locations. Using the food bank wi-fi we can have in person counseling.
* Thinking of partnering with the laboratories that are operating the outside COVID-19 testing sites by asking them to distribute a flyer containing open enrollment and SHIP contact information to older residents that drive through.
* Radio advertising and inserting our newsletter into home delivered meal packages
* Local libraries allow us to make presentation on their virtual platform. Seniors regularly use the library, so it is the right audience and young patrons have also attended the presentations. We hope to continue to offer open enrollment presentation in the fall.
* Working with the rural electric coop and places flyers into their customer mailing. Comments were made that as eviction and utility moratoriums end the number of notices being sent will increase.
* Advertising in church bulletins
* In response to a request for outreach ideas for individuals with disabilities the following ideas where shared working with state and local vocational rehabilitation offices, Governor’s councils and state waiver programs and SSA.