



Chapter 4: Beneficiary Contacts

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Introduction

The Beneficiary Contact Form (BCF) and its associated Beneficiary Additional Sessions (BAS) Form are the most complex forms in STARS and have the largest amount of detailed guidance from the Administration for Community Living (ACL).

Properly Trained and State Certified SHIP Team Member

To understand beneficiary contacts, it is first important to understand the official definition of a properly trained and state certified State Health Insurance Assistance Program (SHIP) Team Member (formerly referred to as a “trained counselor.” The definition is as follows: “An individual that completed SHIP counselor training, counselor certification, and signed a Counselor Agreement or Memorandum of Understanding (MOU) with their local SHIP agency.” This may include volunteers, agency staff, toll-free Help Desk counselors, and local coordinators/sponsors.

Definition of Active

Properly trained and state certified SHIP team members who provided counseling, information, or assistance related to Medicare or other health insurance for a SHIP during the 12-month reporting period. To be active, the individual must be registered with SHIP and have signed a Confidentiality Agreement and some type of Counselor Agreement or Memorandum of Understanding (MOU) with the SHIP.




Definition of a Beneficiary Contact

This includes all contacts for the purpose of relaying Medicare and State Health Insurance Assistance Program (SHIP) related information between a properly trained and state certified SHIP team member and a Medicare beneficiary or a representative working on their behalf. Beneficiary contacts may be conducted over the telephone, in person (on site), in person (at home), via postal mail, e-mail, fax, or web-based one-on-one sessions (where technology permits).

When should a Beneficiary Contact Form (BCF) be completed?

Complete a BCF for each contact between a properly trained and state certified SHIP team member and a beneficiary or their representative when Medicare or SHIP program information is exchanged. Be sure to update the form to include additional time spent and topics discussed when there are multiple contacts during the same day.

The BCF should document contacts with properly trained and state certified SHIP team member only.

-  **Confidentiality (!):** Beneficiary contact forms are considered confidential and must be treated as such. The properly trained and state certified SHIP team member must assure the beneficiary that all personal information collected is kept confidential.

When shouldn't a BCF be completed?

Do not fill out BCF to document the following:

- Unsuccessful attempts to reach a beneficiary (e.g., leaving messages on an answering machine)
- Individuals reached at public events such as presentations or health fairs, or for questions asked during or after a presentation
- Calls or other contact when the only purpose is to schedule an appointment
- Calls or other contact when the sole purpose is referral to another agency or program
- Unsolicited or mass mailings (email or postal) to SHIP contacts

These are not considered individual contacts unless one-on-one counseling occurs.

Multiple Contacts on the Same Day

Same team member, same day

If multiple sessions occur with the same team member and the same beneficiary on the same day, they are considered as the same contact. Only one BCF should be entered to capture the nature of the contact with the beneficiary for that day with that team member.



- To report additional contacts with a beneficiary on the same date when you have already entered in a BCF form (after the first session), follow the instructions provided for [editing](#) STARS forms.

Different team members, same day

If two or more separate team members have contact with the same beneficiary on the same day, then each team member should complete a separate BCF to report their contact.

Multiple Contacts on Different Days

How this is handled is nuanced. It depends upon the issue and whether or not you have access to the original BCF.

Same team member, different day


- **Is the contact about a different issue?** Enter a new BCF.
- **Is the contact about the same issue?** Add a Beneficiary Additional Session (BAS) to the previous BCF about that issue. (See the [instructions](#) later in this chapter.)
 - One BCF can have multiple BAS forms.
 - Tracking beneficiary contacts through BAS forms helps demonstrate the complex nature of issues.

Different team member, different day

- **If you do NOT have access to view or edit the original BCF** for that issue because of your user role (STARS Submitter or Team Member), or if you do not have access because of your place on the STARS organizational hierarchy, enter a new BCF for your first contact with the beneficiary or representative on the issue. Add a BAS for any subsequent contacts you have with that beneficiary or representative on that issue.
- **If you DO have access to edit the original BCF** for that issue because of your user role (higher than Team Member) and place on the STARS organizational hierarchy, add a BAS to the original BCF.

Note: BCF and BAS Forms both count toward the SHIP Performance Measures. BAS Forms can ease data entry burden and demonstrate the complexity of beneficiary/representative Medicare issues and SHIP counseling. However, if a new BCF is entered instead of a BAS, it will not negatively affect the SHIP Performance Measures report.

Data Entry Steps

When entering data in STARS, you should move through the form by using the Tab key on your keyboard or by clicking through the fields using your mouse. STARS identifies fields where an entry is required (R) with a small red R. 



Tracking Inbox

Upon login, look for Tracking Inbox in the main menu. All data entry actions are contained within the Tracking Inbox.

1. Select Beneficiary Contact.



TRACKING INBOX

BENEFICIARY CONTACT ▾

2. Click *New Beneficiary Contact*

BENEFICIARY CONTACT ▾

NEW BENEFICIARY CONTACT

MIPPA

The first decision you must make is whether this contact is also related to your MIPPA work (if you are involved with the MIPPA program) and/or your SMP work (if you are involved with the SMP program). By default, STARS marks “No” for each of these choices. Click “Yes” if appropriate. Otherwise, do nothing.

MIPPA Yes No R

- **Note:** As explained in the introduction to this manual, STARS is also the MIPPA data reporting system. If you work with the MIPPA (Medicare Improvements for Patients and Providers Act) program, review the MIPPA qualifying *Topics Discussed* in the [Definitions](#) area of this chapter.

Send to SMP

Next you must answer whether this contact is related to Senior Medicare Patrol (SMP) work if the beneficiary contact is by a co-trained SHIP and SMP team member. Answer “Yes” to the *Send to SMP* field. STARS will autofill the *SIRS eFile ID* of the logged in user, if applicable. Below is an example with an auto-filled SIRS eFile ID. If you are entering a beneficiary contact conducted by another SMP team member, you should enter that team member’s valid SIRS eFile ID in the space provided.

Send to SMP
 Yes No

SIRS eFile ID

1671

- **Note:** Review the introduction to this manual for more details about the SMP program and STARS.
- **Missing SIRS eFile ID?** SIRS eFile IDs are generated with the SMP data reporting system, SIRS. If your SIRS eFile ID is inaccurate or missing, contact your supervisor. If you do not have access to the SIRS eFile ID for the SMP team member whose contact you are entering, contact your supervisor.

Reference Numbers

STARS will assign a *STARS Reference Number* and, if appropriate, a *SIRS Reference Number* after you have saved the BCF. At this stage of

SIRS Reference Number

SHIP Reference Number



data entry, these fields will be blank. Later, the *SHIP Reference Number* will also be known as the *SHIP Case Number* on the Tracking Inbox.

(!) Important: If saved data must be corrected or updated, edits must be made in both systems. STARS BCF *updates* do not transfer from STARS to SIRS; only the *initial* saved record transfers.

Session Conducted By

Session Conducted By defaults to you. If you are entering a beneficiary contact made by another STARS team member, use the drop down list to select the appropriate team member.

Session Conducted By	SHIP QATestPaulson	⌵	R
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- Note: The saved form populates the tracking Inbox of the person listed for *Session Conducted By* and the person who conducted the data entry.
- **SHIP Resource Report:** Together with *Total Time Spent (minutes)*, the *Session Conducted By* entry contributes to the SHIP Resource Report.

Partner Organization Affiliation

Partner Organization Affiliation is not a data entry field. It is sandwiched between *Session Conducted By* and *Zip Code of Session Location*. It will autofill upon saving based upon the associated team member's Partner Organization Affiliation, as selected on their team member form.

Session Conducted By	Edward Sims	⌵	R
Partner Organization Affiliation			
Zip Code of Session Location			R

The Partner Organization Affiliation is based upon the STARS hierarchy built within STARS (see the Introduction to this manual or the Team Member Management chapter for more information about the STARS hierarchy and partner organizations).

Session Location: Zip Code, State, and County

There are three required fields dedicated to session location. These fields are used to capture the location where the SHIP team member was located when the session was conducted. (The beneficiary's location is captured later in the form.)

When you enter a *Zip Code of Session Location*, the *County of Session Location* auto-populates. The *State of Session Location* auto-populates also. In the example below, 22193 was entered as the zip code for a sample user in the state of Virginia. That zip code correlates to Prince William County.

Zip Code of Session Location	22193	R	
State of Session Location	Virginia	⌵	R
County of Session Location	Prince William - VA	⌵	R



- There is a national database of zip codes embedded in STARS, however it does not contain zip codes for Post Office (PO) Boxes. If STARS does not recognize the zip code you enter, please use the nearest standard zip code for the session location. The U.S. Postal Service offers an online zip code locator tool at www.usps.gov that you might find helpful for this purpose.
- **SHIP Performance Measure 4 – Hard-to-Reach Contacts:** The *County of Session Location* is used to calculate *SHIP Performance Measure 4 – Hard-to-Reach Contacts*. If the county meets the classification for rural, the contact contributes to Performance Measure 4.

Beneficiary Contact Information

None of the beneficiary and representative contact information is required in STARS. However, ACL does use the beneficiary name and phone number to periodically conduct a SHIP Beneficiary Satisfaction Survey. Therefore, please enter this information if you have it as often as possible. In addition, some states and agencies use STARS as a case management tool and record beneficiary names and contact information to make it easier to retrieve an existing beneficiary record. For example, a team member may need to look up a previously entered Beneficiary Contact Form to update it or add a new record for an existing beneficiary. Check with your supervisor about state and local SHIP program requirements for these fields.

Beneficiary First Name	<input type="text"/>
Beneficiary Last Name	<input type="text"/>
Beneficiary Phone Number	<input type="text"/>
Beneficiary Email	<input type="text"/>
Representative First Name	<input type="text"/>
Representative Last Name	<input type="text"/>
Representative Phone Number	<input type="text"/>
Representative Email	<input type="text"/>

Beneficiary State, Zip Code, and County

Though you have already completed the session location fields using the zip code, the beneficiary residence may be in a different zip code. Beneficiary location fields behave in exactly the same way as the session location fields described earlier.

State of Beneficiary Residence	Virginia	<input type="button" value="R"/>
Zip Code of Beneficiary Residence	<input type="text"/>	<input type="button" value="R"/>
County of Beneficiary Residence	<input type="text"/>	<input type="button" value="R"/>



Date of Contact

The *Date of Contact* defaults to the date of data entry. Change the date to the actual date of the beneficiary contact. (Data entry deadlines are outlined in Chapter 1.) You can revise the date manually by typing within the field. If you choose this method, months and days must be entered using 2-digits (i.e. 01 for January, and so on).

Date of Contact (mm/dd/yyyy) R

You can also use the date selector tool, activated by clicking the calendar icon. Use the single pointed arrow to go backward one month at a time. If you choose this data entry method, avoid accidentally selecting the double pointed arrow, which takes you backward one year at a time.

December, 2018							
Today							
wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat
47							1
48	2	3	4	5	6	7	8
49	9	10	11	12	13	14	15
50	16	17	18	19	20	21	22
51	23	24	25	26	27	28	29
52	30	31					

Select date

How Did Beneficiary Learn About SHIP

This required field tracks how beneficiaries (or caregivers) learned about your program. It is increasingly important information to have. It can measure effective outreach methods, and this data is used by ACL for education purposes at the national level.

How Did Beneficiary Learn About SHIP R

See the ACL [Definitions](#) that conclude this chapter for details about these answer options.

- CMS Outreach
- Congressional Office
- Friend or Relative
- Health/Drug Plan
- Partner Agency
- Previous Contact
- SHIP Mailings
- SHIP Media
- SHIP Presentation
- SHIP TA Center
- SSA
- State Medicaid Agency
- State SHIP Website
- 1-800 Medicare
- Other
- Not Collected

Method of Contact

Select one item from the list provided. Only select “Email,” “Postal Mail/Fax,” or “Web Based” if these are the **only** means of contact with the beneficiary or representative for this contact.

Method of Contact R

- Email
- Face to Face at Beneficiary Home or Facility
- Face to Face at Counseling Location or Event Site
- Phone Call
- Postal Mail/Fax
- Web Based



Beneficiary Age Group

Click the arrow to open the drop down box for *Beneficiary Age Group* and make the appropriate selection. Note: When *64 or Younger* is selected, this field is one of the factors considered for SHIP Performance Measure 3: Medicare Beneficiaries under 65.

Beneficiary Age Group

- 64 or Younger
- 65-74
- 75-84
- 85 or Older
- Not Collected

Beneficiary Gender

Click the arrow to open the drop down box for *Beneficiary Gender* and make the appropriate selection.

Beneficiary Gender

- Male
- Female
- Other
- Not Collected

Beneficiary Race

The *Beneficiary Race* field is a checklist, allowing you to check all that apply. You are limited to the options shown.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not Collected

English as Primary Language

For *English as Primary Language*, select Yes or No.

English as a Primary Language Yes No

PM 4: English as a Primary Language is one of the fields used to calculate SHIP Performance Measure 4: Hard to Reach Beneficiaries.

Beneficiary Monthly Income

This required field contributes to SHIP Performance Measure 4: Hard to Reach Beneficiaries when the answer is *Below 150% FPL*. On-screen income guidelines are provided for FPL (federal poverty limit) and LIS (Low-Income Subsidy), and they are updated annually.

- Below 150% FPL
- At or Above 150% FPL
- Not Collected

Beneficiary Assets

This required field is accompanied by on-screen text with the current LIS (Low-Income Subsidy) asset limits, which are updated annually.

- Above LIS Asset Limits
- Below LIS Asset Limits
- Not Collected



Receiving or Applying for Social Security Disability or Medicare Disability

Answer “Yes” or “No” to this required field. You should only select “Yes” if the beneficiary is under the age of 65 and also receiving or applying for Social Security Disability or Medicare Disability.

Receiving or Applying for Social Security Disability or Medicare Disability Yes No R

If your answer is not consistent with the age of the beneficiary in this contact, a red prompt will appear, and you must correct your entry.

Beneficiary Age Group must be 64 or younger to apply for this option.

Note: All BCFs and BASs with *Receiving or applying for Social Security Disability or Medicare disability* set to “Yes” contribute to SHIP Performance Measure 3: Medicare Beneficiaries Under 65.

Topics Discussed

At least one answer must be selected from at least one of the checklists provided. A sentence emphasizing the importance of this point appears on the form in red font. It is not an error message. It remains on the screen at all times, even when a record has been successfully saved:

Topics Discussed

At least one Topic Discussed selection is required. Please choose a Topic before continuing.

- *SHIP Performance Measure 1: Client Contacts.* At least one topic discussed from at least one of the subcategories of topics discussed must be selected for the BCF to count toward Performance Measure 1. (The same is true for the BAS, which also contains the Topics Discussed fields.)
- *SHIP Performance Measure 5: Enrollment Contacts.* BCFs and BASs with at least one Enrollment topic selected under Topics Discussed count toward this performance measure.

Sub-Categories of Topics Discussed

For a thorough list of all topics discussed options and the definitions from ACL, go to the [Definitions](#) section of this chapter.

SMP and MIPPA Program Qualifying Topics



The [Definitions](#) section includes charts of both MIPPA-qualifying and SMP-qualifying topics. To effectively use the “Send to SMP” functionality, at least one [SMP-qualifying](#) topic must be selected.



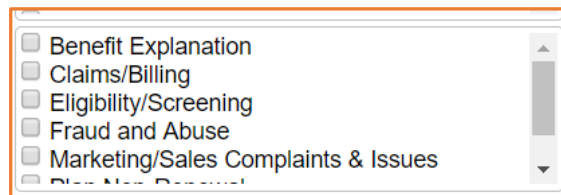
Screen shots of the topics list by category are depicted here. Each checklist contains a scroll bar allowing you to see the alphabetized lists in their entirety. Due to the length of some lists, some topics may not be visible in the screen shots. All topics are visible within STARS by using the checklist scroll bar. All topics are also outlined in the [Definitions](#) section of this chapter.

Original Medicare (Parts A and B)

- o Note: in this sub-category “Enrollment/Disenrollment” counts toward SHIP Performance Measure 5: Enrollment Contacts.

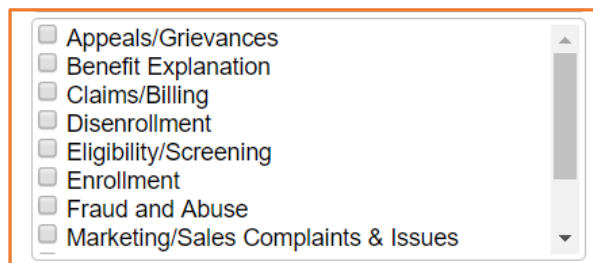


Medigap and Medicare Select



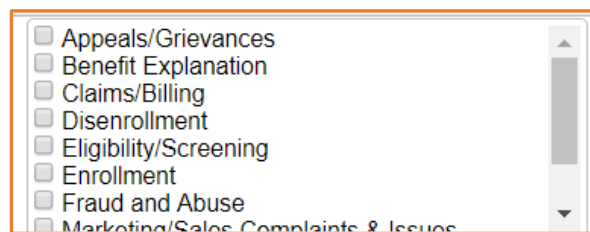
Medicare Advantage (MA and MAPD)

- o Note: in this sub-category “Enrollment” counts toward SHIP Performance Measure 5: Enrollment Contacts.

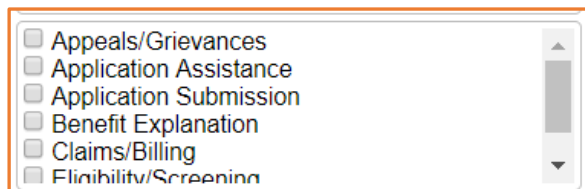


Medicare Part D

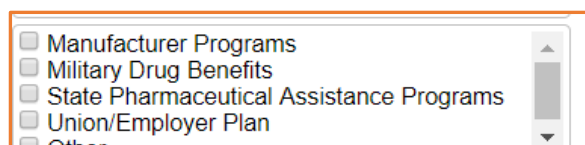
- o Note: in this sub-category “Enrollment” counts toward SHIP Performance Measure 5: Enrollment Contacts.



Part D Low Income Subsidy (LIS/Extra Help)



Other Prescription Assistance





Remember:
The definition for each topic is in the [Definitions](#) section of this manual, and it includes MIPPA-Qualifying and SMP-Qualifying topics.

Medicaid

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Managed Care

Other Insurance

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits

Additional Topic Details

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
- New to Medicare

Time Spent

Time spent can be entered in hours and/or minutes. Your entries in each field must be whole numbers. The time spent entered in the hours and minutes fields automatically calculates into total minutes in the required time spent field. In the example below, the beneficiary contact was 1 ½ hours, entered at 1 hour and 30 minutes in their respective fields. STARS calculated the time spent as 90 minutes.

Time Spent in Hours	<input style="width: 90%;" type="text" value="1"/>
Time Spent in Minutes	<input style="width: 90%;" type="text" value="30"/>
Total Time Spent (minutes)	90 R

- **Note to users of STARS and SIRS (for SMPs):** Though STARS sends data to SIRS, the time spent cannot be divided between the SHIP and SMP content of the beneficiary contact. Enter the entire time spent in a given beneficiary contact into STARS. ACL accepts that the entire time spent on an interaction will be counted in both STARS and SIRS.
- **SHIP Resource Report:** Together with the *Session Conducted By* entry, *Total Time Spent (minutes)* contributes to the SHIP Resource Report.

Time Spent Program Guidance

The Time Spent per contact represents the total hours and minutes spent counseling the beneficiary or representative **plus** time spent working directly on their behalf for the contact.



Examples of time spent working directly on behalf of the beneficiary or representative include time spent:

- Researching
- Referring
- Advocating (calling agencies on the beneficiary's behalf)
- Trying to reach the beneficiary/representative
- Waiting to meet with the beneficiary/representative
- Preparing materials to send to the beneficiary/representative
- Completing paperwork/forms to report the contact
- Travel time to beneficiary/representative

Tip: If the same team member conducts [multiple sessions](#) in one day, enter the total amount of time spent during those multiple sessions in the time spent field.

Status

Status is a required field. There are only two answer options – In Progress or Completed. This refers to whether your casework is in progress or completed, not your data entry. If you believe you have addressed the issue the beneficiary (or representative) contacted you about, you should mark *Completed*. If you expect future contacts related to the issue, indicating a more complex case, mark the status as *In Progress*. If your BCF involves associated BASs, return to the original BCF and update the status to *Completed*. “Status” is not a field on the BAS form.

Special Use Fields (SUFs)

The Special Use Fields (SUFs) are not required in STARS; however, ACL is requesting SHIP participation in [cost changes](#) tracking using the two designated SUFs: *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost*. Talk with your supervisor about how the Special Use fields are being used in STARS for your SHIP program. When entering dollar values into the *Original* and *New* fields, do not enter the \$ sign; Enter numbers only, as shown.

Special Use Fields	
Original PDP/MA-PD Cost	445.50
New PDP/MA-PD Cost	131.40
Field 3	
Field 4	
Field 5	

- Note: Detailed instructions for calculating and entering *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost* are provided in the [Cost Changes](#) Tracking section of this manual.



Notes and Uploaded Files

You are not required to enter notes. It is not required that you upload files either. However, if you are participating in cost changes tracking, supporting documentation is required, and ACL prefers the documentation to be attached to the BCF as uploaded files (see the section on tracking [Cost Changes](#)). Talk with your supervisor about whether and how the *Notes* and *Attach Files* fields are being used in your SHIP program.

Notes	Enter notes here, though it is not required.
Attach File	C:\fakepath\Original and New PDF <input type="button" value="Browse"/>

The Notes field allows nearly an unlimited number of characters. Uploading files into STARS works similarly to attaching a file to an email. Click *Browse* to select the file of choice from your computer. In the example below, a file has been uploaded in the first “Attach File” field. The path and file name appear in black. The term “fakepath” will always become part of the file name for uploaded files. Five individual files can be attached to the BCF.

- *Notes*: Nearly an unlimited number of characters are allowed.
- *Attach File* allowed file types: doc/docx; ppt/pptx; xls/xlsx; pdf; rtf.
 - The limit on file size uploads into STARS is 500MB per file.

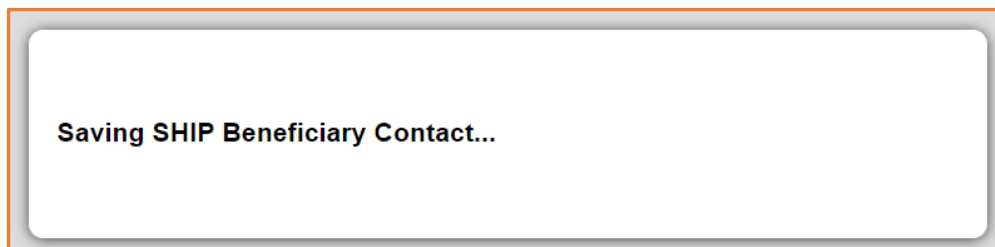
Save Your Work

When you press the blue *Save* button, either your beneficiary contact will be successfully saved, or you will be prompted by validation errors to complete any required fields that you neglected.



Successful Save

This *Saving SHIP Beneficiary Contact...* prompt briefly appears on your screen while successfully saving your form.

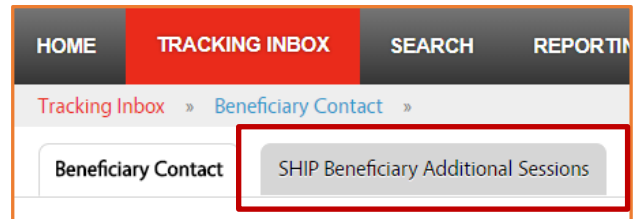


A future STARS enhancement will further emphasize whether you have successfully saved the form. Meanwhile, there are some other indicators that your form successfully saved.



SHIP Beneficiary Additional Sessions (BAS):

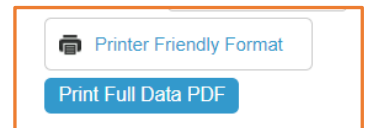
This tab only appears on a successfully saved BCF. The BAS form is a “child object” to the *Beneficiary Contact* form, meaning it is dependent upon that form.



SHIP Reference Number: This field on the BCF populates upon saving. The field is blank until the record is successfully saved. (Note: This number is referred to a SHIP Case Number in the Tracking Inbox.)

Partner Organization Affiliation: This field populates upon saving. It is blank until the record is successfully saved.

Printer Friendly Format: Upon successful saving, STARS provides the option to *Print Full Data PDF*. Look to the upper right area of the form below the *Printer Friendly Format* indicator.



Tracking Inbox: BCFs must be successfully saved to appear in your Tracking Inbox. You can review your Tracking Inbox to be reassured of a successful save.

Validation errors

You will not be able to save if you did not complete one or more required fields. A validation error prompt will appear for any field you neglect to answer. Clicking any of the listed fields below the *Validation errors* heading will link you to the actual data entry field. You must respond before you will be able to successfully save. Here is a comprehensive list of all possible validation error prompts for all required fields on the BCF.


Validation errors

- Zip Code of Session Location is required.
- County of Session Location is required.
- Zip Code of Beneficiary Residence is required.
- County of Beneficiary Residence is required.
- How Did Beneficiary Learn About SHIP is required.
- Method of Contact is required.
- Beneficiary Age Group is required.
- Beneficiary Gender is required.
- Beneficiary Race is required.
- English as a Primary Language is required.
- Beneficiary Monthly Income is required.
- Beneficiary Assets is required.
- Receiving or Applying for Social Security Disability or Medicare Disability is required.
- Total Time Spent (minutes) is required.
- Status is required.



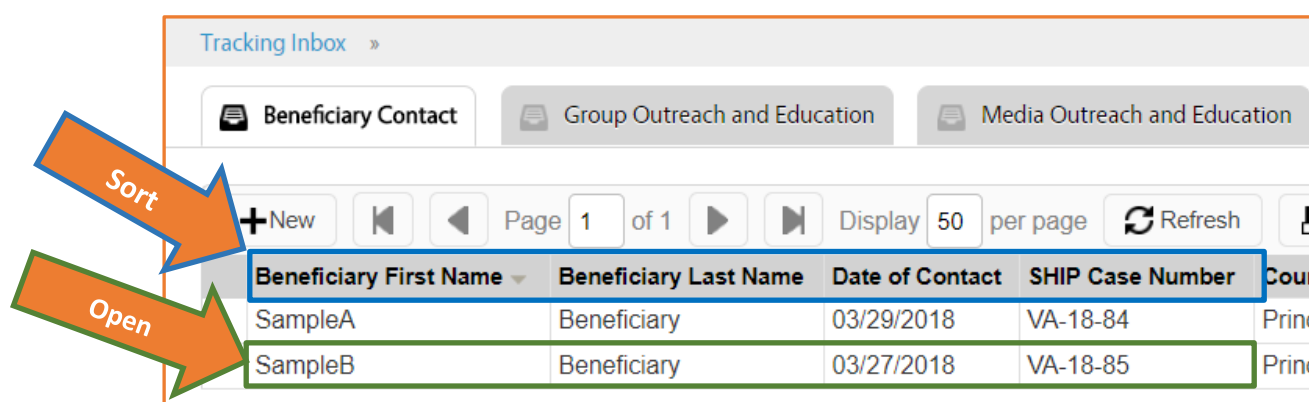
Editing Previous Contacts

All data entry fields in the BCF are editable. Find the form the form you wish to edit using the Tracking Inbox or the Search menu. The Search menu is available to all user roles other than STARS Submitters. If you are editing contacts you entered or contacts entered with your name listed under *Session Conducted By*, those contacts will appear in your Tracking Inbox. All other contacts must be found through a Search.

 **Reminder to SIRS Users:** STARS BCF *updates* do not transfer from STARS to SIRS; only the *initial* saved record transfers. If saved data must be corrected or updated later, it must be edited in both systems (unless edits are related strictly to finalizing a complex interaction, in which case you only need to edit in SIRS).

Finding Your Contacts in the Tracking Inbox

Go to your Beneficiary Contact Tracking Inbox for a complete list of all BCFs you entered or forms with your name listed for *Session Conducted By*. The column headings are clickable, allowing you to sort the data by *Beneficiary First Name*, or *Beneficiary Last Name*, or *Date of Contact*, for example. Clicking the column label will toggle the list to sort in descending order and ascending order. Click on a row to open that BCF and edit.



The screenshot shows the 'Tracking Inbox' interface with three tabs: 'Beneficiary Contact', 'Group Outreach and Education', and 'Media Outreach and Education'. The 'Beneficiary Contact' tab is active. Below the tabs is a control bar with '+ New', navigation arrows, 'Page 1 of 1', 'Display 50 per page', and a 'Refresh' button. A table with the following columns is displayed: 'Beneficiary First Name', 'Beneficiary Last Name', 'Date of Contact', 'SHIP Case Number', and 'Coun'. Two rows are visible: 'SampleA' and 'SampleB'. An orange arrow labeled 'Sort' points to the column headers, and a green arrow labeled 'Open' points to the 'SampleB' row.

Beneficiary First Name	Beneficiary Last Name	Date of Contact	SHIP Case Number	Coun
SampleA	Beneficiary	03/29/2018	VA-18-84	Princ
SampleB	Beneficiary	03/27/2018	VA-18-85	Princ

Finding Contacts by Others

If your role is STARS Submitter, you cannot find contacts entered by other team members about other team members' beneficiary contacts. (That action requires using the Search menu, and STARS Submitters do not have the Search menu.) If your role is STARS Submitter, you can only find BCFs that you entered or BCFs entered by other team members where your name is listed for "Session conducted by."

For all other user roles, you will need to use the Search menu when you need to review a contact conducted by and entered by another team member. For simply finding a BCF conducted by and entered by another team member, a Standard Search will suffice. See the Search chapter for instructions about Standard Searches and Advanced Searches.



This table outlines the visibility of BCFs, depending upon your user role and place in the STARS hierarchy.

Access to Beneficiary Contact Forms: Roles Overview		
Place in the STARS hierarchy	Read Only Access (View)	Able to Edit/Update/Add BAS
State level users (access forms statewide)	Team Member	SHIP Director SHIP Assistant Director State Staff
Sub-State level users (access forms at sub-state level and sites below)	Team Member	Sub-State Manager Sub-State Staff
Site level users (access forms within their site)	Team Member	Site Manager Site Staff

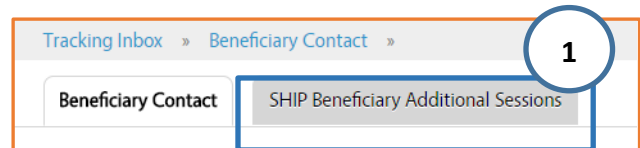
SHIP Beneficiary Additional Sessions (BAS)

As explained at the beginning of this chapter, the SHIP Beneficiary Additional Session (BAS) form is intended for entering subsequent contacts about a previous issue. Tracking beneficiary contacts using BAS forms illustrates the complexity of some issues and reduces the burden of reentering beneficiary demographic data.

Important Point: Depending upon your role and your place in the STARS hierarchy, you can add BASs to your own BCFs or the BCFs of others. If you can *edit* a BCF, you can *add* a BAS. If your STARS user role is “Team Member,” you can only *view* (i.e. “read only”) BCFs entered by other team members about the sessions conducted by other Team Members; You *cannot add* a BAS to those BCFs. Adding a BAS is akin to editing the BCF, as shown in the table above.

Steps

1. Find and open the associated BCF using the tracking inbox or a search, then click on the *SHIP Beneficiary Additional Sessions* tab.



2. If there are other additional sessions added to the BCF, they will appear in rows. Click to review.

Beneficiary Contact		SHIP Beneficiary Additional Sessions									
+ New		Print		CSV							
Session Conducted By	Partner Organization Affiliation	Zip Code of Session Location	State of Session Location	County of Session Location	Date of Contact	Total Time Spent	Original Medicare Parts A and B	Medicare and Medicaid Selection			
▶ Edward Sims	Virginia Site 1020	22193	Virginia	Prince William - VA	08/15/2018	20	• Appeals/Grievances				
▶ Ida Nygaard	Virginia Site 1020	22193	Virginia	Prince William - VA	06/04/2018	45	• Enrollment/Disenrollment				



- After clicking “New,” a new BAS form will appear. Complete the fields according to the steps provided earlier in this job aid.

Tracking Inbox » Beneficiary Contact » New SHIP Beneficiary Additional Sessions »

Beneficiary Contact

SHIP Beneficiary Additional Sessions

4

Session Conducted By R

Partner Organization Affiliation R

Zip Code of Session Location R

State of Session Location R

County of Session Location R

Date of Contact R

Method of Contact R

Topics Discussed

At least one Topic Discussed selection is required. Please choose a Topic before continuing.

Original Medicare (Parts A & B)

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Coordination of Benefits
- Eligibility
- Enrollment/Disenrollment

Medigap and Medicare Select

- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal

Medicare Advantage MA and MA PD

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing

Note: This form does not contain the beneficiary demographics fields or the contact information fields. That information is housed on the associated Beneficiary Contact Form. This form contains information unique to the additional session, including data needed for reports. The “Status” field also does not appear on the BAS form. Edit the status on the associated BCF when a case status changes from “In Progress” to “Completed.”

Subsequent Contact That Cannot be Tracked on a BAS

There is no *Send to SMP* radio button field (Yes/No) on the BAS. Further SMP effort on BCFs sent to SMP should be entered directly in SIRS. The Part D cost Special Use fields for the *Original PDP/MA-PDP Cost* and the *New PDP/MA-PDP Cost* also do not currently appear on



the BAS. If the case evolves into helping a client with that kind of enrollment, you will need to enter this data on the original BCF or enter a new BCF.

Cost Changes for PDP/MA-PD Enrollment

ACL uses STARS to collect data related to the cost changes as result of enrollment in PDP/MA-PD plans available through the Medicare Plan Finder (MPF). By collecting this data, SHIPs can demonstrate the impact of their work on behalf of beneficiaries in three ways:

1. Data on the number of beneficiaries who received PDP/MA-PD enrollment assistance from SHIPs;
2. Data on the average cost change per beneficiary who received PDP/MA-PD enrollment assistance from SHIPs;
3. Data on the reported total of PDP/MA-PD cost change for each state.

The cost data reported for PDP/MA-PD enrollment must be auditable for ACL to verify and share the numbers reported. Therefore, for SHIPs to accurately report this element, ACL requires supporting documentation when cost change data are reported. ACL and SHIPs will periodically review reported cost change data and remove it if it lacks required verification (remainder of form will be unchanged).

How to Report PDP/MA-PD Enrollment Data

Reporting PDP/MA-PD enrollment cost data on the BCF in STARS consists of 4 steps:

1. Collect Plan Cost Information
2. Assist Beneficiary with Enrollment
3. Enter Data in STARS
4. Attach Verification

These steps are outlined in greater detail in coming pages.

Step 1: Collect Part D/MA-PD Cost Comparison Data

PDP/MA-PD enrollment assistance occurs when you actively assists a beneficiary with enrollment into a PDP/MA-PD, either online through the MPF or plan website, over the phone with a plan customer service representative or 1-800-Medicare, or with a paper application. The first step in reporting this data is to gather the plan cost information from MPF <https://www.medicare.gov/find-a-plan/>. (Screen shot on next page.)



Your Plan Comparison

My Current Profile Update Search

[Return to previous page](#)
 Select the tabs below for more detailed information about the plan health benefits, drug costs and coverage and star ratings.

Symbols

N Nationwide Coverage

* Estimated

Overview

Health & Drug Plan Benefits

Drug Costs & Coverage

Star Ratings

Manage Drugs

Aetna Medicare Rx Saver (PDP)	Humana Walmart Rx Plan (PDP)	EnvisionRxPlus (PDP)
(\$5810-040) Plan Type: PDP Organization: Aetna Medicare Members: 1-877-238-6211 711(TTY/TDD) Non Members: 1-855-338-7030 711(TTY/TDD) Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare	(\$5884-152) Plan Type: PDP Organization: Humana Insurance Company Members: 1-800-281-6918 711(TTY/TDD) Non Members: 1-800-706-0872 711(TTY/TDD) Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare	(\$7694-006) Plan Type: PDP Organization: EnvisionRx Plus Members: 1-866-250-2005 711(TTY/TDD) Non Members: 1-888-377-1439 711(TTY/TDD) Coverage: Provides drug coverage only. NOTE: Health Plan Benefits are based on Original Medicare
N	N Enroll	N Enroll

Fixed Costs

Estimate of What YOU Will Pay for Drug Plan Premium and Drug Costs

Cost at Giant Pharmacy	Cost at Giant Pharmacy	Cost at CVS Pharmacy
Enrollment Today [?] \$445.50	Enrollment Today [?] \$250.20	Enrollment Today [?] \$131.40
Cost at CVS Pharmacy	Cost at CVS Pharmacy	Cost at Giant Pharmacy
Enrollment Today [?] \$355.50	Enrollment Today [?] \$300.60	Enrollment Today [?] \$131.40

The plan comparison page of the MPF appears above. In this example, the beneficiary is currently enrolled in the Aetna Medicare Rx Saver plan. The estimated annual costs of the Aetna PDP are \$445.50 using the Giant pharmacy (beneficiary’s desired pharmacy). After comparison assistance with the SHIP team member, the beneficiary chooses to enroll in the Envision Rx PDP with estimated annual costs of \$131.40 at the Giant pharmacy. Be sure to capture this page for verification of cost data (see the appendix for hints on capturing and saving MPF information).

There are multiple ways to view cost data on MPF, any view in which both the original and new cost of the plans are visible are acceptable for verification. For instance, individual cost pages for each plan are acceptable. Be sure to include pages for both the new and original plan costs. Save the verification as a document so that you can access it later and attach it to the BCF.



Step 2: Assist Beneficiary with Enrollment

After you assist with enrolling the beneficiary in the new plan, save the MPF Enrollment Request Received page and attach it to the BCF (see the appendix for hints on capturing and saving MPF information). This is the other component required for verification of the cost data to be attached to the BCF.

Step 1 Personal Information	Step 2 Review	Step 3 Read and Submit	Step 4 Confirmation
--------------------------------	------------------	---------------------------	------------------------

Enrollment Request Received

[Print](#)

Your 2017 enrollment request was received and will be processed by: **Magellan Rx Medicare Basic (PDP) (S4607-020-000)** and your Confirmation Number is: **96770929599795**

Name: **Jane SMITH**

Please contact the plan directly with any additional questions.

Magellan Rx Medicare Basic (PDP)
 15950 North 76th Street Suite 200
 Scottsdale, AZ, 85260
 Phone: 1-800-424-5870
 Website: medicare.magellanrx.com

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in a secure place and use it to help you track your enrollment and need to contact the plan.

Step 3: Enter Enrollment Data in STARS

Check the “Enrollment” Topic Discussed box in either Medicare Part D or Medicare Advantage (MA and MA-PD) to report enrollment assistance (pictured below). Remember to select additional topics discussed as applicable, often multiple topics are discussed in one counseling session.

Topics Discussed

At least one Topic Discussed selection is required. Please choose a Topic before continuing.

<p>Medicare Part D</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Eligibility/Screening <input checked="" type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse 	<p>Medicare Advantage (MA and MA-PD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Eligibility/Screening <input checked="" type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse
---	---

Then, record the plan costs in the Special Use Fields toward the bottom of the BCF. Obtain the estimated annual cost (this includes the premium *plus* drug costs) of the plan from the plan comparison page of the MPF.



In the earlier example, the beneficiary had an **original** plan cost of \$445.50, and a **new** plan cost of \$131.40 at the preferred pharmacy.

Special Use Fields	
Original PDP/MA-PD Cost	445.50
New PDP/MA-PD Cost	131.40

Note: There is no field to report the cost change amount in STARS. This calculation will be performed based on exporting these fields through a Search in STARS and then applying a formula.

Step 4: Attach Verification

To verify the PDP/MA-PD cost data reported on the BCF, you must attach the comparison page(s) and the Enrollment Request Received page from MPF. Each BCF has the capacity to accept 5 attachments, located toward the bottom of the BCF. The following file types are accepted in STARS: doc/docx; ppt/pptx; xls/xlsx; pdf; rtf. The limit on file size attachments in STARS is 500MB per file. Use two of these attachments for the MPF pages listed in Steps 1 and 2 above.

Attach File	<input type="text"/>	Browse
Attach File	<input type="text"/>	Browse

FAQs about Reporting PDP/MA-PD Cost Data

Question: How should I report when a beneficiary is new to Medicare or the beneficiary’s plan is no longer available (for example, there is a plan termination or the beneficiary moves to new service area)?

Answer: Regardless of the previous coverage (or lack of coverage), report the estimated annual drug costs associated with Original Medicare in the “Original PDP/MA-PD Cost” field, and report estimated annual drug costs of the new plan in the “New PDP/MA-PD Cost” field of the BCF.

Question: How should I report when a beneficiary is automatically enrolled (also known as facilitated enrollment) into a plan (“Plan A”), but the SHIP assists the client in enrolling in a different plan (“Plan B”)?

Answer: Report the Estimated Annual Drug Costs for Plan A in the “Original PDP/MA-PD Cost” field, and report the Estimated Annual Drug Costs for Plan B in the “New PDP/MA-PD Cost” field.

Question: Should I report when a SHIP helps enroll a client in a new PDP/MA-PD plan, but the client doesn’t experience savings, or pays more for the new PDP/MA-PD plan?



Answer: Yes, report the data. There are a number of reasons a beneficiary might select a higher cost plan. ACL collects cost change data on all PDP/MA-PD enrollments, including those that did not result in savings for the beneficiary.

Question: What should be reported if I provide a beneficiary assistance with PDP/MA-PD comparison, but does not help enroll the beneficiary in a different PDP/MA-PD?

Answer: Do not report any data in the Original or New PDP/MA-PD cost fields. ACL collects cost change data only on instances where the SHIP actively assisted the beneficiary in enrollment.

Question: What should be reported if I provide a beneficiary with Part D savings by assisting the beneficiary in switching to another pharmacy, but the beneficiary does not change plans?

Answer: Do not report any data in the Original or New PDP/MA-PD cost fields. ACL collects cost change data only on instances where the SHIP assisted the beneficiary in enrollment, and no enrollment took place in this instance.

Question: What should be reported if I provide a beneficiary with Extra Help/LIS application assistance?

Answer: Do not report any data in the Original or New PDP/MA-PD cost fields because no PDP/MA-PD enrollment occurred.

Question: What should be reported if I help a beneficiary locate and enroll in a pharmaceutical assistance program or other form of non-Part D prescription assistance?

Answer: Even though this assistance can save the beneficiary a great deal of money, it should not be reported because no PDP/MA-PD enrollment took place.

Question: What should be reported if I help a beneficiary with an enrollment for the current year and a future year during a counseling session (may occur during Open Enrollment Period)?

Answer: Sum the cost changes for each plan and report on the same BCF. Because the contact occurs on the same day with the same team member as part of the same session, these should be reported together. Be sure to attach documentation for each plan's application and costs to the BCF for verification.

Question: Where should cost change verification be attached if the enrollment assistance occurs on a subsequent visit and is reported as a SHIP Beneficiary Additional Session (BAS)? At present, BASs do not have SUFs or attachment capability.

Answer: Attach the verification documents and enter the cost change data on the initial BCF. ACL is working with Booz Allen Hamilton to add these through an enhancement to the BAS tab.



Question: What happens if no cost change verification attachments are on the BCF and there are cost amounts in the Special Use Fields?

Answer: Verification documents are a requirement. ACL and SHIPs will periodically review reported cost change data in the SUFs and remove it if it lacks required verification (remainder of form will be unchanged).

Question: Will we be able to pull a report showing the amount of money our SHIP saved beneficiaries during open enrollment?

Answer: You can use the Search menu to find that information. There isn't a report in the report menu at this time.

Question: If we conduct a plan finder comparison for someone, but they decide to enroll later, such as through 1-800-Medicare, can we enter the cost information?

Answer: No. You can only enter cost information if you help them enroll, not if they decide to enroll on their own at a later date or with help from another source, such as 1-800-Medicare.

Question: Will ACL accept cost verification pages with beneficiary names blacked out?

Answer: Yes, it is acceptable to black out the beneficiary name so long as the plan name is legible. Also, the beneficiary name is not a required field in STARS. You would be able to omit the beneficiary identity, if desired, by leaving both the name field blank and blocking out the name on any enrollment verification documentation you upload.

Tips for Capturing Medicare Plan Finder Data

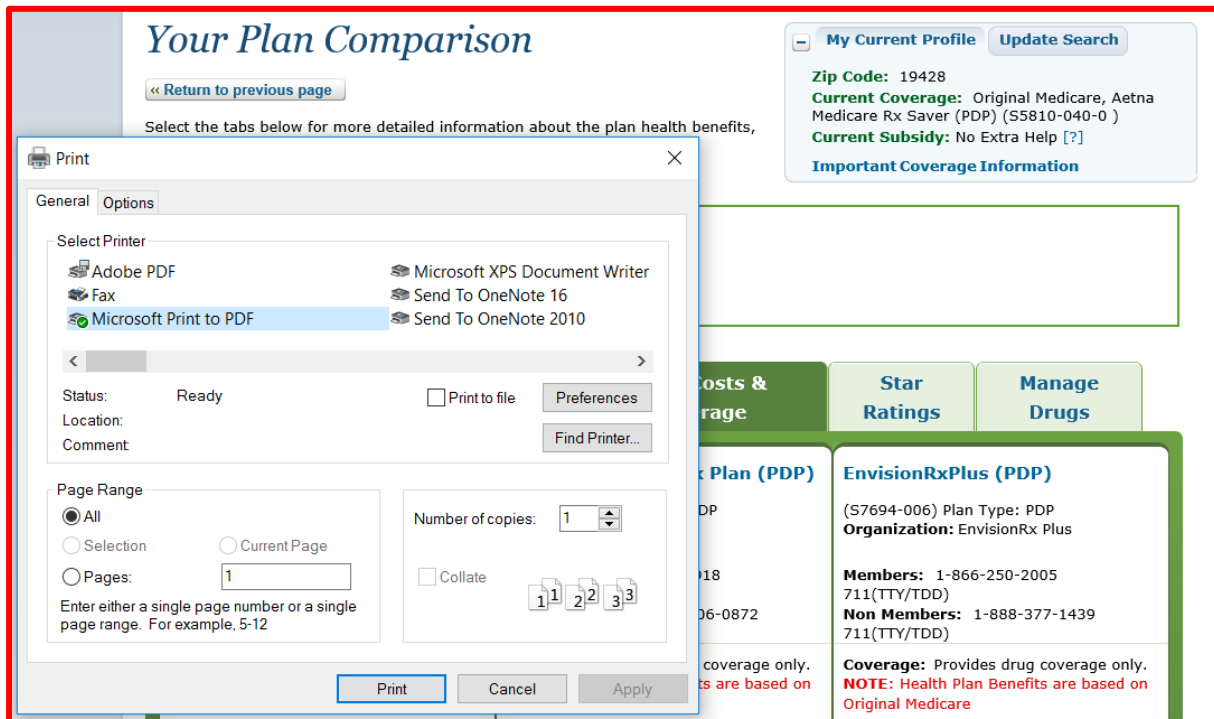
Plan Finder Print options

At the top of each page of the Plan Finder, there is an option to print the page.

The screenshot shows the Medicare.gov Plan Finder interface. At the top, there is a navigation bar with links for 'Español', 'A A A', and 'Print' (indicated by a red arrow). The main header includes 'Medicare.gov | Medicare Plan Finder' and a search bar. Below the header is a navigation menu with buttons for 'Home', 'Learn More About Plans', 'Help', 'Glossary', and 'FAQ'. The main content area is titled 'Your Plan Comparison' and includes a 'Return to previous page' link, a 'My Current Profile' section with details like 'Zip Code: 19428' and 'Current Coverage: Original Medicare, Aetna Medicare Rx Saver (PDP) (S5810-040-0)', and a table of plan comparisons. The table has columns for 'Overview', 'Health & Drug Plan Benefits', 'Drug Costs & Coverage', 'Star Ratings', and 'Manage Drugs'. Three plans are listed: 'Aetna Medicare Rx Select (PDP)', 'Humana Walmart Rx Plan (PDP)', and 'EnvisionRxPlus (PDP)'. Each plan entry includes its ID, plan type, organization, and member count.



After you select “Print”, you will be taken to a new window and the print options will appear. If “Print to PDF” is an option and is selected, you will be able to save a PDF version of the Plan Finder page on your computer, and then easily attach it to the BCF.



Screenshots

A screenshot is a picture of the images or data displayed on your computer. SHIPs may use screenshots of the Medicare Plan Finder Plan Comparison page and Enrollment Confirmation page to verify their PDP/MA-PD cost data. See below for tips on how to take screenshots on your computer.

Print Screen

To capture a picture of your computer’s entire screen, press the “Ctrl” button and hold it down at the same time press the “PrtScn” button. This key will take a picture of your screen, but it will not save it anywhere. The image is now copied to your computer’s clipboard. Open a Word document and paste the image into the document. Save the document and attach it to the STARS BCF.

Snipping Tool

Many Windows' computers come with a built-in screenshot tool, called the Snipping Tool. You can access it by going to the Start menu > All Programs > Windows Accessories > Snipping Tool. To use the Snipping tool, open it and click New. A cursor will appear. Drag the cursor around the area of the screen that you want to capture. When you let go of the cursor, the image that you chose will appear in a new window. The image is not yet saved. To save, click



the “Save As” button and save the image as a .jpeg or .png file type. Attach the image to the STARS BCF.

Security Reminder

If you’re saving Medicare Plan Finder data on a public computer, reference the STARS Security Slick Sheet for tips on how to delete files. Alternatively, use a password protected USB (thumb) drive handy and save them there to attach to BCFs later.

ACL Definitions

MIPPA Qualifying Topics Discussed

Here is an at-a-glance reference to The Medicare Improvements for Patients and Providers Act (MIPPA) qualifying topics discussed in STARS.

MIPPA Qualifying Topics Discussed		
Part D Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topic Details
Application Assistance	Application Submission	Preventive Services
Application Submission	Benefit Explanation	
Benefit Explanation	Buy-In Coordination	
Eligibility/Screening	Eligibility/Screening	
LI NET/BAE	Medicaid Application Assistance	
	MSP Application Assistance	
	Recertification	

SMP Qualifying Topics Discussed

The two tables below provide an at-a-glance reference to the Senior Medicare Patrol (SMP) qualifying topics discussed in STARS.

SMP Qualifying Topics Discussed			
Original Medicare (Parts A & B)	Medigap and Medicare Select	Medicare Advantage (MA and MA-PD)	Medicare Part D
Appeals/Grievances	Claims/Billing	Appeals/Grievances	Appeals/Grievances
Claims/Billing	Marketing/Sales Complaints	Claims/Billing	Claims/Billing
Enrollment/Disenrollment	Fraud and Abuse	Disenrollment	Disenrollment
Fraud and Abuse		Enrollment	Enrollment
QIO/Quality of Care		Fraud and Abuse	Fraud and Abuse
		Marketing/Sales Complaints	Marketing/Sales Complaints
		QIO/Quality of Care	

(Second SMP Qualifying Topics Discussed table is on the next page.)



 SMP Qualifying Topics Discussed (continued)

Medicare Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topics Discussed	Additional Topics Discussed
Appeals/Grievances	Claims/Billing	Ambulance	Hospice
Claims/Billing	Fraud and Abuse	Dental/Vision/Hearing	Hospital
		DMEPOS	New Medicare Card
		Duals Demonstration	Preventive Benefits
		Home Health Care	Skilled Nursing Facility

Counseling Information

Field	Definition
Session Conducted By	Auto-populates with the name of the user logged into STARS. Use the dropdown arrow to select the appropriate team member when entering contacts on another’s behalf.
Partner Organization Affiliation	Auto-populates after the form has been saved based on the <i>Organization Affiliation</i> assigned in the profile of the team member listed in the <i>Session Conducted By</i> dropdown box.
Zip Code of Session Location	Enter the five-digit zip code of the properly trained and state certified SHIP Team Member’s physical location at the time the counseling session occurs. <i>NOTE: If the event location zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the event occurred, as a proxy entry, for the real zip code.</i>
State of Session Location	Auto-populates based on the state assigned in the profile of the team member listed in the <i>Session Conducted By</i> dropdown box.
County of Session Location	Auto-populates based on the <i>Zip Code of Session Location</i> .

Beneficiary Information

Field	Definition
Beneficiary First and Last Name	Enter as appropriate. If counseling more than one person per session (e.g. a couple or family members), be sure to complete a form for each individual for the same issue(s) or separate issues. <i>NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary name is needed for survey completion. Though this field is</i>



	<i>not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.</i>
Beneficiary Phone Number	Enter the phone number starting with the area code as appropriate. Enter numbers only as the field is automatically formatted. <i>NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary phone number is needed for survey completion. Though this field is not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.</i>
Beneficiary Email	Enter as appropriate.
Representative First and Last Name	Enter as appropriate the name of the individual helping (or representing) the beneficiary (e.g. spouse, relative, friend, staff/volunteer of another agency).
Representative Phone Number	Enter as appropriate the phone number of the individual helping (or representing) the beneficiary (e.g. spouse, relative, friend, staff/volunteer of another agency).
Representative Email	Enter as appropriate.
State of Beneficiary Residence	Auto-populates based on the team member listed in the <i>Session Conducted By</i> dropdown box. <i>NOTE: Be sure to select state from dropdown menu if the beneficiary or representative lives in different state than the state where the SHIP team member counsels.</i>
Zip Code of Beneficiary Residence	Enter the zip code where the beneficiary or their representative lives. <i>NOTE: If the beneficiary's specific zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the client resides, as a proxy entry, for the real zip code.</i>
County of Beneficiary Residence	Auto-populates based on the <i>Zip Code of Beneficiary Residence</i> . <i>NOTE: Zip codes may cross county lines and include more than one county, and therefore the default zip code which auto-populates may not be correct. Be sure to ask the beneficiary or their representative for their specific zip code.</i>

Contact Details

Field	Definition
Date of Contact	Enter the date of the counseling session in the MM/DD/YYYY format or click the calendar and use the date picker.



How did Beneficiary Learn about SHIP

Field	Definition
CMS Outreach	Select this option if a CMS sponsored source such as a web site, publication, mailing, regional office, etc., provided the referral. Examples include, but not limited to, Medicare.gov, Medicare & You, and other CMS Publications. <i>NOTE: Do not</i> include 1-800-Medicare referrals. There is a separate listing for 1-800-Medicare near the bottom of the dropdown menu.
Congressional Office	Select this option if a Congressional Office representative provided the referral.
Friend or Relative	Select this option if a friend or relative provided the referral.
Health/Drug Plan	Select this option if a Medicare health or drug plan’s representative, materials, website, or informational session provided the referral.
Partner Agency	Select this option if one of SHIP’s partner agencies such as a disability organization, a senior organization, an advocacy organization, etc. provided the referral.
Previous Contact	Select this option if the beneficiary sought SHIP services in the past.
SHIP Mailings	Select this option if publicity that SHIP generated (distributed by mail, brochures left in community locations, or another agency (e.g., a SHIP brochure enclosed with a mailing from the Alzheimer’s Association)) the referral.
SHIP Media	Select this option if a public service announcement (PSA), radio, newspaper, or other media SHIP conducted provided the referral.
SHIP Presentation	Select this option if the beneficiary learned about SHIP at a presentation or health fair sponsored by SHIP or another organization.
SHIP TA Center	Select this option if the SHIP Technical Assistance (TA) Center representative, website, or materials of the SHIP TA Center provided the referral.
SSA	Select this option if a Social Security Administration (SSA) representative, website, or materials provided the referral.
State Medicaid Agency	Select this option if a representative of the State Medicaid Agency (such as a casework, eligibility specialist, etc.) provided the referral.
State SHIP Website	Select this option if the website of the state SHIP or a local SHIP agency within the state provided the referral.
1-800-Medicare	Select this option if a representative of 1-800-Medicare provided the referral.
Other	Select this option <i>only</i> if the referral response cannot fit into one of the previous categories.
Not Collected	Select this option if the beneficiary refuses, is unsure, does not know, or if this question was not asked.

Method of Contact

Field	Definition
Email	Select this option if the contact occurs by email.



Face to Face at Beneficiary Home or Facility	Select this option if the contact occurs at the beneficiary’s (or their representative’s) home or facility.
Face to Face at Counseling Location or Event Site	Select this option if the contact occurs in a location other than the beneficiary’s (or their representative’s) home or facility.
Phone Call	Select this option if the contact occurs by phone.
Postal Mail/Fax	Select this option if the contact occurs by postal mail/fax.
Web Based	Select this option if the contact occurs by web including examples like Skype, web conference (ex. WebEx, ReadyTalk, GoTo Meeting), or other methods of web communication (ex. web chat).

Beneficiary Demographics

Select the appropriate demographic information as reported by the beneficiary (or representative). ACL requests these details to document service provision to all populations and to identify when services need to be adjusted. However, if the beneficiary refuses to answer or if the question was not asked, record a response of *Not Collected*.

English as a Primary Language	Select the “yes” radio button if the beneficiary or their representative’s primary language is English. If English is not the primary language, select the “no” radio button.
Beneficiary Income	Select the appropriate income level above or below 150% of the Federal Poverty Level (FPL) of monthly household income. If the beneficiary refuses or if the question was not asked, record a response of Not Collected. <i>NOTE: 150% of FPL is the federal government income limit (maximum) for Extra Help eligibility</i>
Beneficiary Assets	Select the appropriate asset level above or below LIS assets limits (maximum) for Extra Help eligibility. If the beneficiary refuses or if the question was not asked, record a response of <i>Not Collected</i> .
Receiving or Applying for Social Security Disability or Medicare Disability	Select the “yes” radio button if the beneficiary is: <ol style="list-style-type: none"> 1. Under age 65 <u>and</u> 2. Applying for Medicare or Social Security benefits due to disability <u>or</u> 3. Receiving Medicare or Social Security benefits due to disability (including End-stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS), or other disability determination) <p><i>NOTE: STARS will not allow a ‘yes’ response if the beneficiary age range is something other than under age 65.</i></p>

Topics Discussed

Listed below are descriptions of most of the SHIP-related topics discussed during a counseling



session. Team members should select the boxes for all topics that apply. If, for example, a team member discusses eligibility for Medicare Advantage and provides an explanation of benefits, then both boxes should be selected.

Original Medicare Parts A & B

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an Original Medicare appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Original Medicare coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with an Original Medicare claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Coordination of Benefits (COB)	Check this box to indicate assisting with an Original Medicare COB including primary and secondary payer rules, assisting with calling, gathering, or submitting documentation to the COB contractor, or sorting paperwork.
Eligibility	Check this box to indicate discussion of Original Medicare eligibility criteria including answering eligibility questions or screening for eligibility.
Enrollment/Disenrollment	Check this box to indicate assisting with Original Medicare enrollment or disenrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.</i>
Fraud and Abuse	Check this box to indicate assisting with Original Medicare fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
QIO/Quality of Care	Check this box to indicate discussion of Original Medicare Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medigap and Medicare Select

Field	Definition
Benefit Explanation	Check this box to indicate discussion of Medigap or Medicare Select supplemental coverage (what is pays for or does not pay for).



Claims/Billing	Check this box to indicate assisting with a Medigap or Medicare Select claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medigap or Medicare Select eligibility criteria including screening for eligibility and answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medigap or Medicare Select fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP, Insurance Department/Bureau).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Medigap or Medicare Select complaint. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. <i>NOTE: Such complaints can be filed with the SMP or Insurance Department/Bureau with Medigap regulatory authority.</i>
Plan Non-Renewal	Check this box to indicate assisting with Medigap or Medicare Select plan termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Medigap or Medicare Select plan comparison. Sample sources include the plan website, www.medicare.gov , or state/territory specific Medigap rates.

Medicare Advantage (MA and MA-PD)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an MA or MA-PD appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of MA or MA-PD coverage (what is pays for or does not pay for) such as coverage areas, networks, benefits, costs, etc.
Claims/Billing	Check this box to indicate assisting with an MA or MA-PD claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with MA or MA-PD disenrollment (e.g. enrolling in a different plan to replace the current MA/MA-PD). <i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i>



Eligibility/Screening	Check this box to indicate discussion of MA or MA-PD eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with MA or MA-PD enrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i>
Fraud and Abuse	Check this box to indicate assisting with MA or MA-PD fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a MA or MA-PD complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. <i>NOTE: Such complaints can be filed with the SMP, Insurance Department/Bureau with Medigap regulatory authority.</i>
Plan Non-Renewal	Check this box to indicate assisting with MA or MA-PD termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with MA or MA-PD plan comparison. Sample sources include the plan website, www.medicare.gov , or state/territory specific Medigap rates.
QIO/Quality of Care	Check this box to indicate discussion of MA or MA-PD Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medicare Part D

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Part D coverage (what it pays for or does not pay for) such as coverage areas, formulary, quantity limits, and step therapy.
Claims/Billing	Check this box to indicate assisting with a Part D claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.



Disenrollment	<p>Check this box to indicate assisting with Part D disenrollment (e.g. enrolling in a different plan to replace the current Part D plan).</p> <p><i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i></p>
Eligibility/Screening	<p>Check this box to indicate discussion of Part D eligibility criteria including screening for eligibility or answering eligibility questions.</p>
Enrollment	<p>Check this box to indicate assisting with Part D enrollment.</p> <p><i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i></p>
Fraud and Abuse	<p>Check this box to indicate assisting with Part D fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).</p>
Marketing/Sales Complaints & Issues	<p>Check this box to indicate assisting with a Part D complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.</p>
Plan Non-Renewal	<p>Check this box to indicate assisting with Part D termination or nonrenewal.</p>
Plan Comparison	<p>Check this box to indicate assisting with Part D plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.</p>

Part D Low Income Subsidy (LIS/Extra Help)

Field	Definition
Appeals/Grievances	<p>Check this box to indicate assisting with a Part D LIS/Extra Help appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.</p>
Application Assistance	<p>Check this box to indicate Part D LIS/Extra Help application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.</p>
Application Submission	<p>Check this box to indicate submitting a Part D LIS/Extra Help application, either paper or electronically via SSA's website.</p>
Benefit Explanation	<p>Check this box to indicate discussion of Part D LIS/Extra Help program in making prescriptions more affordable, importance of</p>



	the formulary, allowing a Continuous Special Enrollment Period (SEP), etc.
Claims/Billing	Check this box to indicate assisting with a Part D LIS/Extra Help claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Part D LIS/Extra Help eligibility criteria including screening for eligibility or answering eligibility questions.
LI NET/BAE	<p>Check this box to indicate assisting with the Limited-income Newly Eligible Transition (LI NET) program or Best Available Evidence (BAE) policy.</p> <p><i>NOTE: Assistance could include but not limited to providing information to a pharmacy about LI NET or BAE for immediate, point-of-sale Part D coverage.</i></p>

Other Prescription Assistance

Field	Definition
Manufacturer Programs	Check this box to indicate assisting with questions related to prescription drug assistance under manufacturer programs (e.g. Prescription Assistance Programs (PAPs)). This includes assistance with answering questions related to eligibility, screening and applying for benefits, claims/billing and appeals/grievances.
Military Drug Benefits	Check this box to indicate assisting with questions related to prescription drug coverage under military benefits (e.g. Tricare). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
State Pharmaceutical Assistance Programs	Check this box to indicate assisting with questions related to prescription drug coverage under State Pharmacy Assistance Programs (SPAPs). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Union/Employer Plan	Check this box to indicate assisting with questions related to prescription drug coverage under Union/Employer plans. This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Other	Check this box to indicate assisting with all other prescription assistance programs/plans (e.g. local sources of assistance such as American Red Cross, Salvation Army, churches, non-profit organizations that assist beneficiaries with obtaining medications related to specific diseases, such as cancer drugs).



Medicaid

Field	Definition
Application Submission	Check this box to indicate submitting a Medicaid and/or a Medicare Savings Program (MSP) application.
Benefit Explanation	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) coverage. This could include discussion of Medicare cost sharing, long term services and supports (LTSS), long-term care (LTC), etc.
Claims/Billing	Check this box to indicate assisting with a Medicaid or Medicare Savings Program (MSP) claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) eligibility criteria including screening for eligibility or answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medicaid or Medicare Savings Program (MSP) fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Medicaid Application Assistance	Check this box to indicate Medicaid application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Medicare Buy-in Coordination	Check this box to indicate helping a beneficiary with Medicare buy-in. This can include conditional Medicare enrollment, troubleshooting premium withholdings, or in any way to help coordinate benefits for the beneficiary.
Medicaid Managed Care	Check this box to indicate Medicaid Managed Care assistance. Examples include finding network providers, benefits explanation, discussing notices, reviewing enrollment options, etc.
MSP Application Assistance	Check this box to indicate Medicare Savings Programs (MSP) application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Recertification	Check this box to indicate Medicaid or Medicare Savings Program (MSP) assistance with or submission of verification documents required for recertification.
Other	Check this box to indicate assisting with Medicaid topics not listed above.

Other Insurance

Field	Definition
Active Employer Health Benefits	Check this box to indicate assistance with employer health benefits (insurance/coverage) based on current or active employment (e.g. questions about keeping employer coverage vs. joining Medicare, coordination of benefits, etc.).



COBRA	Check this box to indicate assistance with COBRA, which may include eligibility explanation/screening, benefit explanation, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, and quality of care.
Indian Health Services	Check this box to indicate explaining Indian Health Service coverage, which may include eligibility explanation/screening, benefit explanation, claims/billing, appeals/grievances, fraud and abuse, quality of care, and coordination with Medicare.
Long Term Care (LTC) Insurance	Check this box to indicate explaining LTC insurance, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
LTC Partnership	Check this box to indicate explaining LTC insurance partnership policies, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Other Health Insurance	Check this box to indicate explaining Other insurance not listed in this section. Topics may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Retiree Employer Health Benefits	Check this box to indicate assistance with retiree health benefits (insurance/coverage) based on previous employment (e.g. coordination of benefits, comparing coverage with other Medicare products like Medicare Advantage, etc.).
Tricare For Life Health Benefits	Check this box to indicate explaining Tricare For Life Health Benefits for retired military enrolled in Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.
Tricare Health Benefits	Check this box to indicate explaining Tricare Health Benefits not yet eligible for Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.
VA/Veterans Health Benefits	Check this box to indicate explaining VA/Veterans Health Benefits. Topics may include eligibility/screening, benefit explanation, coordination of benefits, and claims/billing.
Other	Check this box to indicate assisting with insurance topics not listed above (e.g. workers compensation, Marketplace, auto insurance, etc. in coordination with Medicare).



Additional Topic Details

Field	Definition
Ambulance	Check this box to indicate assistance with Medicare coverage of ambulance benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Dental/Vision/Hearing	Check this box to indicate assistance with dental/vision/hearing benefits.
DMEPOS	Check this box to indicate assistance with Medicare coverage of Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) benefit. Topics may include eligibility/screening, benefit explanation, finding a provider, fraud and abuse, and appeals or claims/billing.
Duals Demonstration	Check this box to indicate the SHIP receives additional grant dollars to assist beneficiaries enrolled in both Medicare and Medicaid known as Duals Demonstrations Programs. <i>NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes.</i>
Home Health Care	Check this box to indicate assistance with Medicare coverage of home health benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Hospice	Check this box to indicate assistance with Medicare coverage of hospice benefit. Topics may include eligibility/screening, benefit explanation, locating a provider, fraud and abuse, and appeals or claims/billing.
Hospital	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, observation vs. admittance, ratings comparisons, fraud and abuse, and appeals or claims/billing.
New Medicare Card	Check this box to indicate assistance with New Medicare Cards.
New to Medicare	Check this box to indicate assistance to a beneficiary just joining Medicare, known as New to Medicare.
Preventive Benefits	Check this box to indicate assistance with Medicare coverage of preventive benefits coverage. Topics may include eligibility/screening, benefit explanation, cost-sharing requirements, fraud and abuse, and appeals or claims/billing.
Skilled Nursing Facility	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Other	Check this box to indicate assistance with Medicare coverage not listed in other topics of this section.