



Capturing Beneficiary Cost Savings & Reporting

Housekeeping Items

- Today's webinar is being recorded.
- If you have any questions you can raise your hand or type it into the chat box. If I don't have time to answer all questions I will follow up and send out answers after the training.
- I will distribute slides and the recording of the presentation after the training.

Overview

- ACL uses STARS to collect data related to the cost changes as result of enrollment in Part D prescription drug plans (PDPs) and Medicare Advantage plans with prescription drug coverage (MA-PDs) available through the Medicare Plan Finder (MPF).
- By collecting this data, SHIPs can demonstrate the impact of their work on behalf of beneficiaries in the following ways:
 - Data on the **number of beneficiaries** who received PDP/MA-PD enrollment assistance from RI SHIP;
 - Data on the **average cost change per beneficiary** who received PDP/MA-PD enrollment assistance from RI SHIP;
 - Data on the **reported total** of PDP/MA-PD cost change for RI.
 - Data to **report to Congress** on the importance of the SHIP program to help support funding.

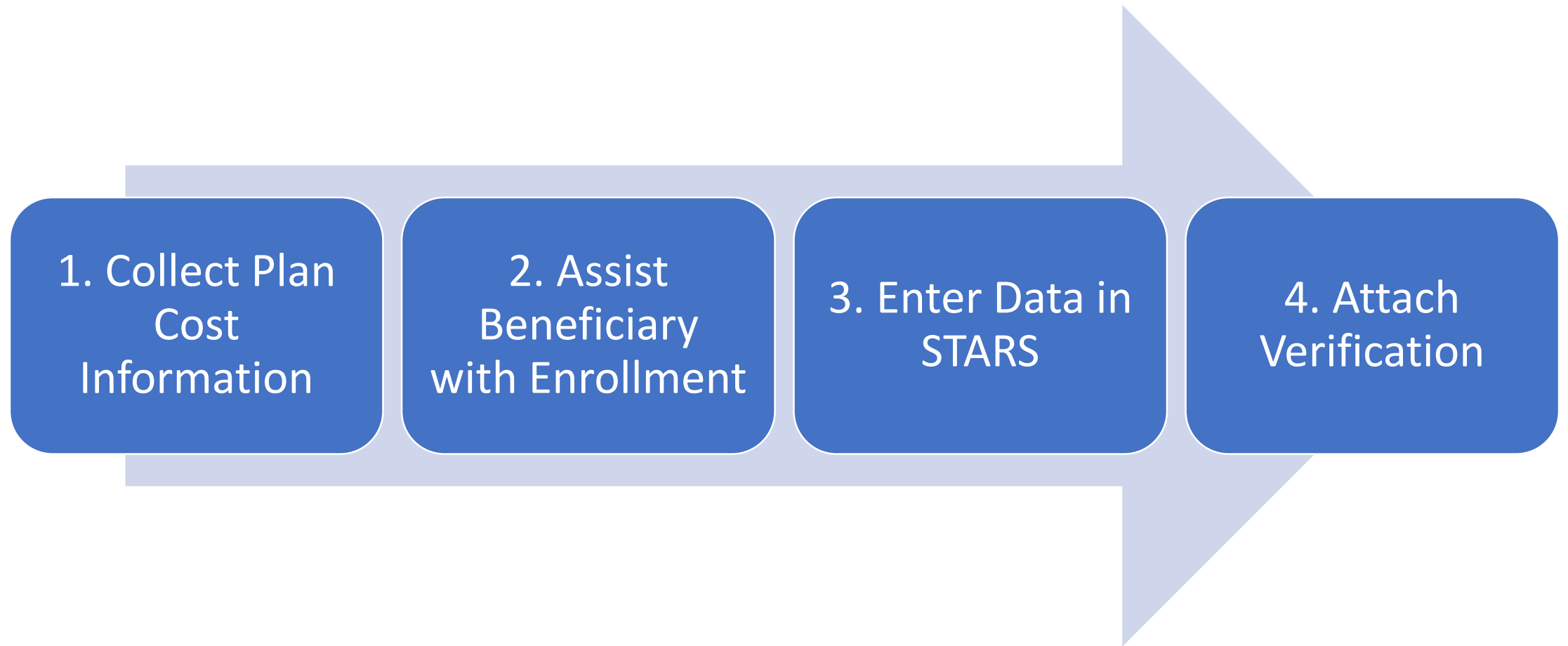
OHA's SHIP Performance Incentive

- **Effective April 1, 2021** –

- OHA is now requiring that all SHIP Counselors & Volunteers report Part D prescription drug plans (PDPs) and Medicare Advantage plans with prescription drug coverage (MA-PDs) beneficiary cost savings.
- OHA will award a \$1,000 bonus performance incentive to each region for the grant year: 4/1/2021 – 3/31/2022.



Part D/MA-PD Enrollment Data Steps



Step 1: Collect PDP/MA-PD Cost Data



Overview

- **Track when you actively assist a beneficiary with PDP/MA-PD enrollment:**
 - Online through the MPF
 - Online through the plan website
 - Over the phone with a plan customer service representative
 - Over the phone with 1-800-Medicare
 - Submission of a plan paper application

- **Two types of enrollment:**
 - Switching from one plan to another
 - New to Medicare PDP/MA-PD

MPF - Switching Plans (Current Plan vs. New Costs)



MPF - Switching Plans (Current Plan vs. New Costs)

Your current plan

Cigna-HealthSpring Rx Secure-Essential (PDP)

Cigna | Plan ID: S5617-298-0

Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$22.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$231.80 Retail pharmacy: Estimated total drug + premium cost

Clear Spring Health Premier Rx (PDP)

Clear Spring Health | Plan ID: S6946-045-0

Star rating: Plan too new to be measured

MONTHLY PREMIUM

\$17.10 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$116.40 Retail pharmacy: Estimated total drug + premium cost

1.1 STARS SUFs Example Entry:

Special Use Fields


Original PDP/MA-PD Cost

231.80

New PDP/MA-PD Cost

116.40

New to Medicare (Original Cost Calculation)



MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

<small>Entitled to/Con derecho a</small>	<small>Coverage starts/ Cobertura empieza</small>
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

MPF – New to Medicare (Original Cost Calculation)

Express Scripts Medicare - Saver (PDP)
Express Scripts Medicare | Plan ID: S5660-235-0
Star rating: ★★☆☆☆

MONTHLY PREMIUM

\$25.20 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$148.80 Retail pharmacy: Estimated total drug + premium cost

\$132.80 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE

\$435.00 Drug deductible

[Enroll](#) [Plan Details](#)

Click Plan Details and scroll to cost at beneficiary's pharmacy



MPF – New to Medicare (Original Cost Calculation)

ROLAND'S DRUG STORE - Drug costs during coverage phases

✓ Standard in-network pharmacy

Selected drugs	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Amlodipine besylate 5mg tablet	\$1.45	\$1.45	\$1.45	\$0.36	\$1.45
Clopidogrel bisulfate 75mg tablet	\$2.95	\$2.95	\$2.95	\$0.74	\$2.95
Hydralazine hcl 25mg tablet	\$7.15	\$7.15	\$7.15	\$1.79	\$3.60
Latanoprost 0.005% solution	\$6.58	\$6.58	\$6.58	\$1.64	\$3.60
Losartan potassium 100mg tablet	\$4.15	\$4.15	\$4.15	\$1.04	\$3.60
Metoprolol tartrate 50mg tablet	\$2.95	\$2.95	\$2.95	\$0.74	\$2.95
Monthly totals	\$25.22	\$25.23	\$25.23	\$6.31	\$18.15

\$25.22 X 12 months = \$302.64

MPF – New to Medicare (Original Cost Calculation)

Express Scripts Medicare - Saver (PDP)
Express Scripts Medicare | Plan ID: S5660-235-0
Star rating: ★★☆☆☆

MONTHLY PREMIUM
\$25.20 Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST
\$148.80 Retail pharmacy: Estimated total drug + premium cost
\$132.80 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE
\$435.00 Drug deductible

[Enroll](#) [Plan Details](#)

**New Cost
SUF 2
\$148.80**



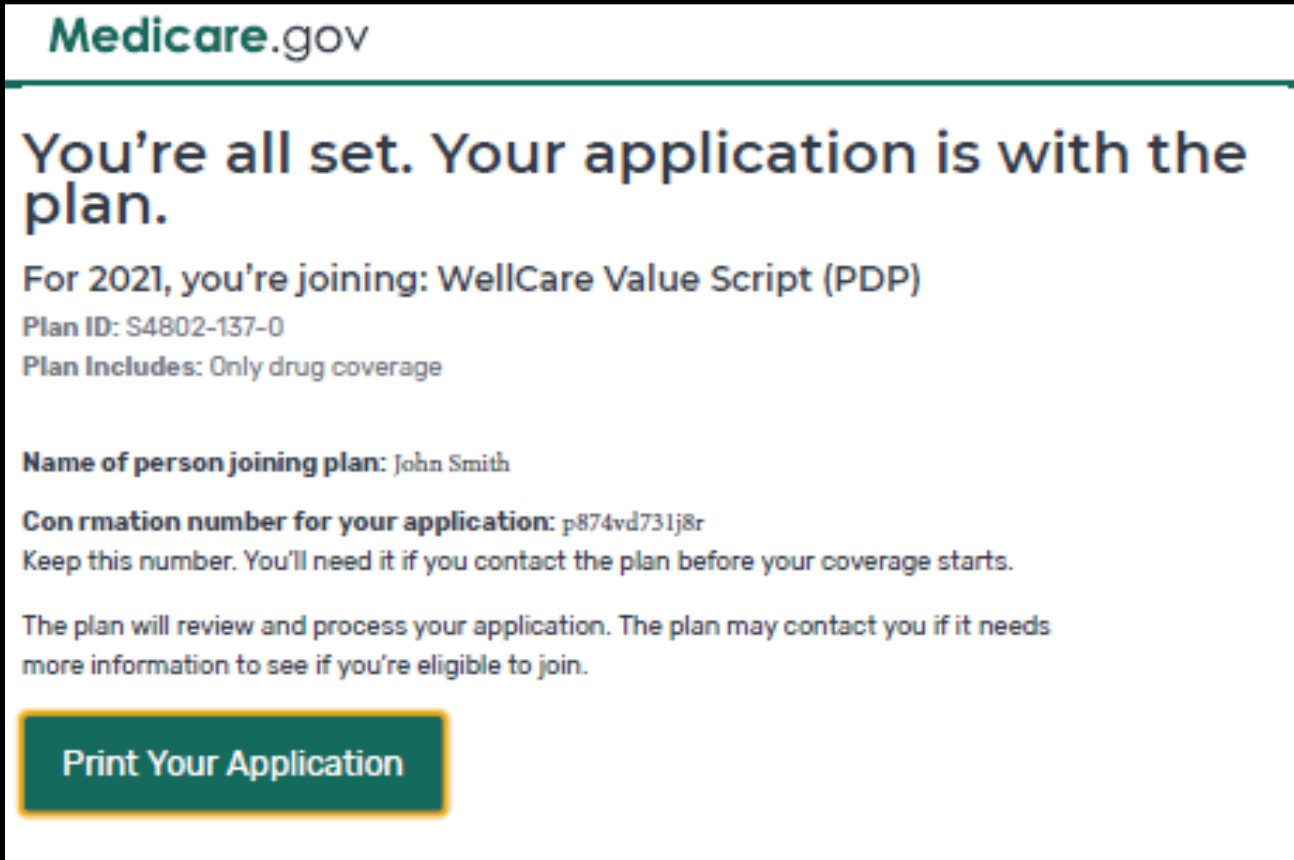
1.2 STARS SUF Example Entry:	Special Use Fields	302.64
	Original PDP/MA-PD Cost	
	New PDP/MA-PD Cost	148.80

Step 2: Enrollment Assistance & Application Confirmation



Enrollment Assistance & Application Confirmation

- If enrolling by another method (plan's website, phone, etc.) an enrollment confirmation information must be saved
- If using MPF, upload the MFP application confirmation



The screenshot shows a confirmation page from Medicare.gov. At the top left is the Medicare.gov logo. The main heading reads "You're all set. Your application is with the plan." Below this, it states "For 2021, you're joining: WellCare Value Script (PDP)" with a Plan ID of S4802-137-0 and notes that the plan includes only drug coverage. It identifies the person as John Smith and provides a confirmation number p874vd731j8r, advising to keep it for future contact. A final note says the plan will review the application and may contact for more information. A green button with a yellow border at the bottom says "Print Your Application".

Medicare.gov

You're all set. Your application is with the plan.

For 2021, you're joining: WellCare Value Script (PDP)
Plan ID: S4802-137-0
Plan Includes: Only drug coverage

Name of person joining plan: John Smith

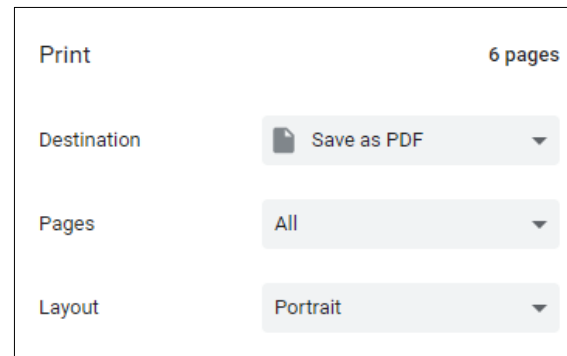
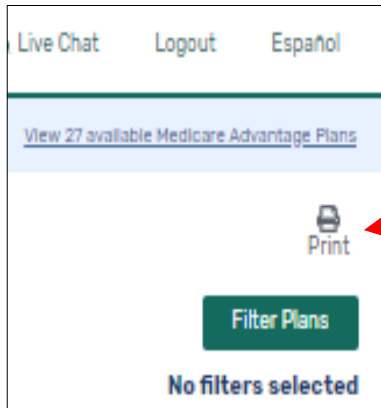
Confirmation number for your application: p874vd731j8r
Keep this number. You'll need it if you contact the plan before your coverage starts.

The plan will review and process your application. The plan may contact you if it needs more information to see if you're eligible to join.

[Print Your Application](#)

MPF Printing Tips for Supporting Documentation

1. You can go to the top of MPF page where there is an option to print the page



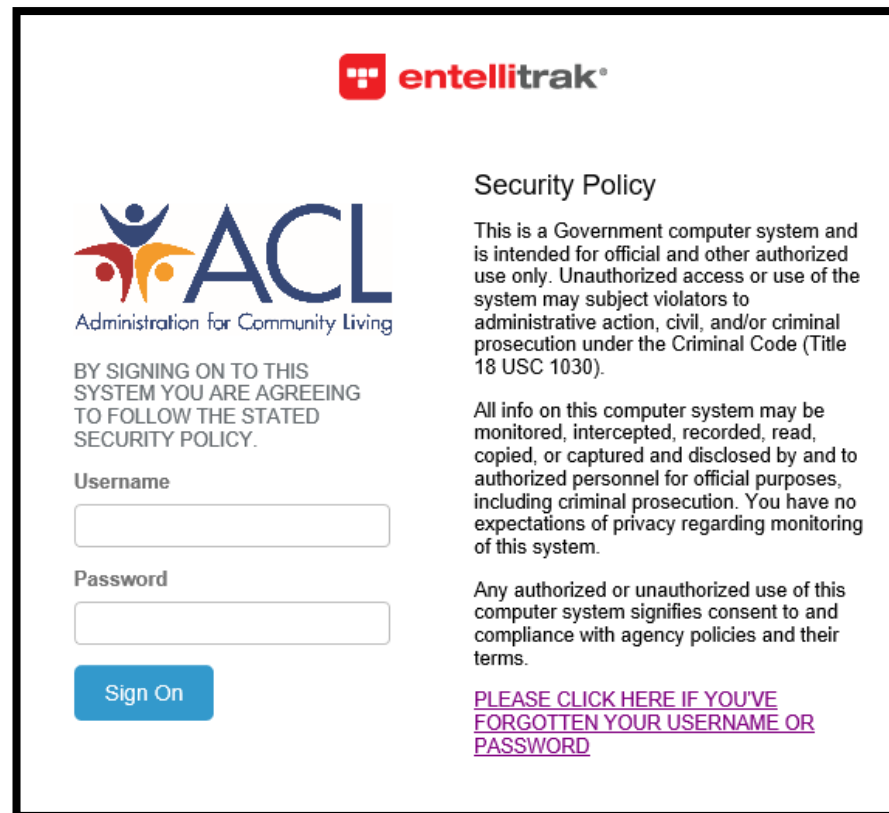
2. You can also save “Print to PDF”

3. You can Print a screen shot and save on a word document


4. Lastly, you can use the snipping tool



Step 3: Entering Data in STARS



entellitrak


Administration for Community Living

BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO FOLLOW THE STATED SECURITY POLICY.

Username

Password

[Sign On](#)

Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

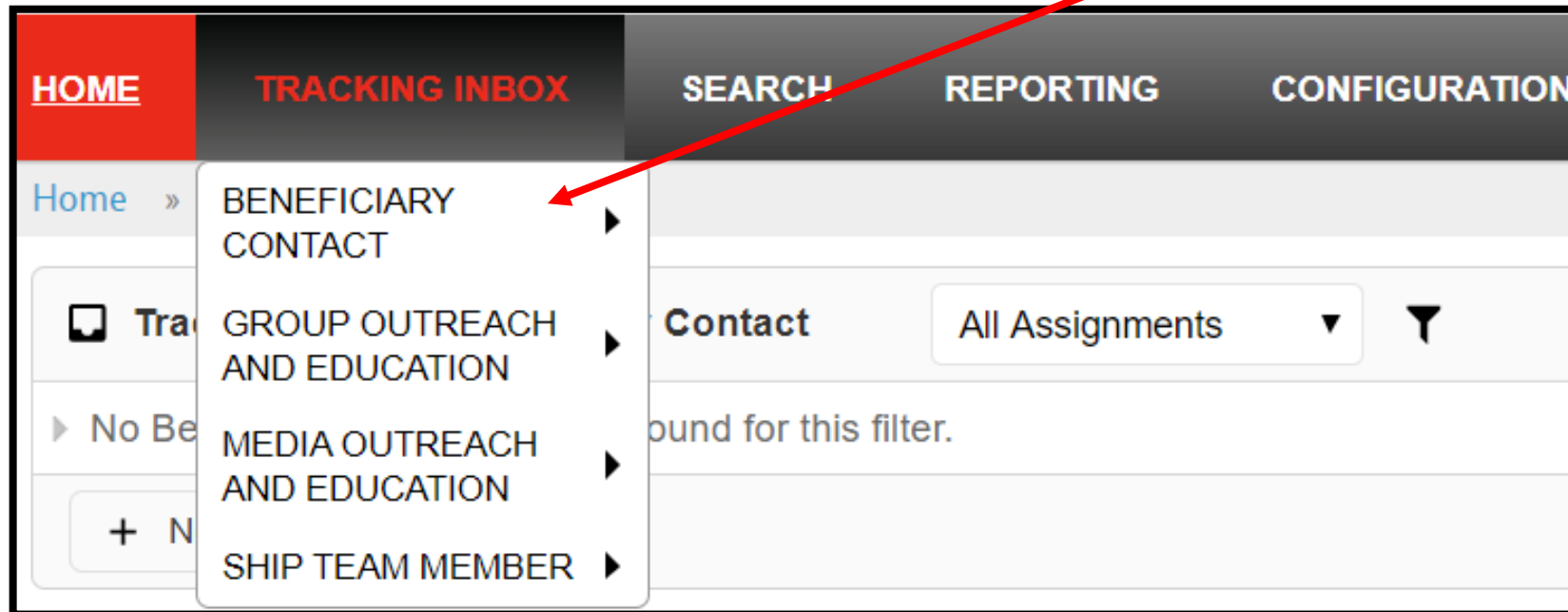
All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

[PLEASE CLICK HERE IF YOU'VE FORGOTTEN YOUR USERNAME OR PASSWORD](#)

Beneficiary Contact Form (BCF)

- All Part D cost changes are entered on the Beneficiary Contact Form (BCF) in the Tracking Inbox



The screenshot displays a software interface with a navigation bar at the top containing the following tabs: HOME, TRACKING INBOX, SEARCH, REPORTING, and CONFIGURATION. The 'TRACKING INBOX' tab is active, and a dropdown menu is open, listing the following options: BENEFICIARY CONTACT, GROUP OUTREACH AND EDUCATION, MEDIA OUTREACH AND EDUCATION, and SHIP TEAM MEMBER. A red arrow points from the text 'Beneficiary Contact Form (BCF)' in the bullet point above to the 'BENEFICIARY CONTACT' menu item. Below the menu, the main content area shows a 'Contact' label, a dropdown menu set to 'All Assignments', and a filter icon. A message below the dropdown reads 'ound for this filter.'



Topic Discussed - “Enrollment”

- **Topic Discussed:** “Medicare Part D” category or “Medicare Advantage (MA and MA-PD)” category
 - Check **“Enrollment”** in either the Medicare Part D or Medicare Advantage category depending on what enrollment was conducted in order to report enrollment assistance.


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

Medicare Part D	<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	Medicare Advantage (MA and MA-PD)	<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
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Additional Topic Details – New to Medicare

- If the beneficiary is new to enrolling into a PDP or MA-PD, make sure you are selecting the New to Medicare topic in the Additional Topics Group.
 - Go to Topics Discussed  **“Additional Topic Details”** category
 - Select  **“New to Medicare”**

Additional Topic Details

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
-  New to Medicare
- Preventive Benefits
- Skilled Nursing Facility

Entering Original vs. New PDP/MA-PD Cost

- The first two Special Use Fields (SUFs) on the BCF are designated (*Original* and *New*).
- Enter the cost change amounts. *Note enter only Numeric Data and Decimals into these fields or the record will be flagged.

Special Use Fields	
Original PDP/MA-PD Cost	<input type="text"/>
New PDP/MA-PD Cost	<input type="text"/>
Field 3	<input type="text"/>

Original vs. New – Two Previous Examples

- Examples based on our previous slides are compared here:

Switching Plans (Current Plan vs. New Costs)		New to Medicare PDP/MA-PD	
Special Use Fields	<input type="text" value="231.80"/>	Special Use Fields	<input type="text" value="302.64"/>
Original PDP/MA-PD Cost	<input type="text" value="231.80"/>	Original PDP/MA-PD Cost	<input type="text" value="302.64"/>
New PDP/MA-PD Cost	<input type="text" value="116.40"/>	New PDP/MA-PD Cost	<input type="text" value="148.80"/>



Attach Cost Verification Sources

- Attach the following verification in the Beneficiary Contact Form:

1. Application Confirmation
2. Cost Changes verification detailing Original and New Cost

***Note: ACL requires supporting documentation when cost change data are reported**

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

- **File types accepted:** pdf, png, jpeg, rtf, doc/docx; ppt/pptx; xls/xlxs, m4a, csv, html, xml, bmp
- File size limit: 500MB per file.

Application Confirmation

Medicare.gov

You're all set. Your application is with the plan.

For 2021, you're joining: WellCare Value Script (PDP)

Plan ID: S4802-137-0

Plan Includes: Only drug coverage

Name of person joining plan: John Smith

Confirmation number for your application: p874vd731j8r

Keep this number. You'll need it if you contact the plan before your coverage starts.

The plan will review and process your application. The plan may contact you if it needs more information to see if you're eligible to join.

[Print Your Application](#)

Contact the plan directly if you have any questions.

WellCare Value Script (PDP)

Attn: Pre Enrollment

PO Box 31685

Tampa, FL 33631

Phone: [1-888-550-5252](tel:1-888-550-5252)

Website: <http://www.wellcare.com/PDP>

What to expect now

- **It takes at least 10 days for your new plan to show in your account.** After 10 days, call the plan if you haven't heard from them about your application. You'll need the confirmation number listed above when you talk to the plan.
- **The plan will notify you whether your application is approved.** They'll tell you when your plan coverage will start. And, they'll send you additional materials and your plan member card.
- **If you need to fill a prescription before you get your plan member card:**

- Tell the pharmacy your new plan's name and bring proof that your application was approved, like a welcome letter from the plan.
- If you have both Medicare and Medicaid: Bring your Medicare card (or Medicare Number) and your Medicaid card or recent letter from the state about your Medicaid benefits.
- If you get Extra Help paying for drugs: Bring a copy of your yellow or green letter from Medicare or your approval letter from Social Security saying you qualify.
- If you have to pay the full cost for your drug: Save your receipts and work with your plan to get a refund.

If you have questions, call your plan directly.

[Done](#)

Cost Changes Verification

Medicare.gov

Your next plan

Comparing
2
Prescription
Drug plans

Back to results

**Elixir RxSecure
(PDP)**

Star rating:
★★★★☆

\$34.40
Monthly premium

\$445.00
Yearly drug deductible

Plan Details

Your next plan

**Elixir RxPlus
(PDP)**

Star rating:
★★★★☆

\$14.30
Monthly premium

\$445.00
Yearly drug deductible

Plan Details

Overview

Premium	Total \$34.40	Total \$14.30
Deductible	Yearly drug deductible \$445.00	Yearly drug deductible \$445.00

Drug coverage & costs

Drugs covered/Not covered	3 of 3 Prescription drugs covered Restrictions may apply.	3 of 3 Prescription drugs covered Restrictions may apply.
Estimated total drug + premium cost	STOP & SHOP PHARMACY ✓ Preferred in-network \$999.80 CVS PHARMACY #01414 ✓ Preferred in-network \$999.80	STOP & SHOP PHARMACY ✓ Preferred in-network \$327.60 CVS PHARMACY #01414 ✓ Preferred in-network \$327.60



Part D & MA-PD Beneficiary Cost Savings Checklist

Part D & MA-PD Beneficiary Cost Savings Checklist

1. Topics Discussed

- Check *Enrollment* in either the “Medicare Part D” or “Medicare Advantage (MA and MA-PD)” category depending on what plan beneficiary was enrolled into
- If the beneficiary is new to PDP/MA-PD, select the *New to Medicare* topic in “Additional Topic Details” category

2. Special Use Field: Original PDP/MA-PD Cost

- Enter the *Estimated Yearly Drug Cost & Premium* of the plan the beneficiary’s **current plan** listed on Medicare Plan Finder
- If beneficiary has no current Medicare PDP/MA-PD plan, then enter the *total monthly retail drug costs* displayed for Original Medicare on Medicare Plan Finder

3. New PDP/MA-PD Cost

- Enter the *Estimated Yearly Drug Cost & Premium* of the **new plan** the beneficiary was enrolled in, as listed on the Medicare Plan Finder

4. Cost Verifications

- Upload Application Confirmation
- Upload Cost Changes Verification

STARS Data Entry Cost Savings Demonstration

- ACL STARS Website Link:
 - <https://smpship.acl.gov/etk-hhs-acl-prod/login.request.do>



Total Cost Savings Reported for 2020 Open Enrollment



Total Cost Savings: Medicare Open Enrollment (10/15/2020 – 12/7/2020)

	PDP/MA-PD Enrollment Assistance	Original PDP/MA-PD Cost	New PDP/MA-PD Cost	Total PDP/MA-PD Cost Change	Average PDP/MA-PD Cost Change
Total	471	\$709,708.82	\$319,313.80	\$390,395.02	\$828.86



PDP Cost Savings: Medicare Open Enrollment (10/15/2020 – 12/7/2020)

	PDP Enrollment Assistance	Original PDP Cost	New PDP Cost	Total PDP Cost Change	Average PDP Cost Change
Total	444	\$683,400.20	\$309,388.31	\$374,011.89	\$842.37

MA-PD Cost Savings: Medicare Open Enrollment (10/15/2020 – 12/7/2020)

	MA-PD Enrollment Assistance	Original MA-PD Cost	New MA-PD Cost	Total MA-PD Cost Change	Average MA-PD Cost Change
Total	27	\$26,308.62	\$9,925.49	\$16,383.13	\$606.78

ACL Cost Savings Reporting Requirements



New ACL Reporting Requirements

- ACL is requiring new Semi-Annual reporting for the following months:
 - **September 30th** - (Reporting Months: January 1st – June 30th)
 - **March 31st** - (Reporting Months: July 1st – December 31st)
- ACL is requiring the following for reporting:
 - Review 5% of valid records
 - Review and fix all flagged records – ***This will sometimes require the SHIP Director to reach out to you to verify any issues with the record you entered in STARS**

Example of a Valid STARS Entry

- One Enrollment box is checked (PDP or MA-PD);
- Numeric data is in Original and New Special Use Fields; and
- Verification documents including Medicare Plan Finder plan comparison and enrollment request are available as uploads in STARS or saved within the SHIP office as paper or electronic records.



Example of a Valid STARS Entry

Record Type	SHIP Case Number (BCF)	Additional Session Reference Number (BAS)	State of Session Location	County of Session Location	Partner Organization Affiliation	Date of Contact	Session Conducted By	Beneficiary First Name (BCF)	Beneficiary Last Name (BCF)	Medicare Part D Enrollment	Medicare Advantage MA and MA PD Enrollment	Additional Topic Details New to Medicare	Field 1	Field 2	Cost Change	Attachment
Beneficiary Contact	RI-20-28316077		Rhode Island			11/13/2020				yes	no	no	17.20	19.20	-2.00	no
Beneficiary Contact	MA-20-28426565		Rhode Island			11/24/2020				yes	no	no	41.50	14.30	27.20	no
Beneficiary Contact	MA-20-28426575		Rhode Island			11/24/2020				yes	no	no	35.50	14.30	21.20	no

Special Use Fields

Original PDP/MA-PD Cost

41.50

New PDP/MA-PD Cost

14.30



Example of a Flagged STARS Entry

- Data entered in the Original or New Cost field, and
- One or more of the following issues that may require edits:
 - Both or neither PDP and MA-PD enrollment boxes are checked
 - Unallowed characters in one or both Special Use Fields (Original or New Cost)
 - One Special Use Field (Original or New Cost) is blank
 - Cost change is higher than \$25,000 or lower than -\$25,000



Example of a Flagged STARS Entry

Record Type	SHIP Case Number (BCF)	Additional Session Reference Number (BAS)	State of Session Location	County of Session Location	Partner Organization Affiliation	Date of Contact	Session Conducted By	Beneficiary First Name (BCF)	Beneficiary Last Name (BCF)	Medicare Part D Enrollment	Medicare Advantage MA and MA PD Enrollment	Additional Topic Details New to Medicare	Field 1	Field 2	Cost Change	Attachment
Beneficiary Contact	RI-20-28427778		Rhode Island			11/06/2020				no	no	yes	0.00	0.00	0.00	no
Beneficiary Additional Session	RI-18-296214	RI-18-296214-234671-BAS	Rhode Island			11/03/2020				yes	no	no	\$570.88 oop	\$500.48 oop	n/a	no
Beneficiary Additional Session	RI-18-381910	RI-18-381910-231808-BAS	Rhode Island			10/27/2020				yes	no	no	\$1143.72 /year	\$714.75 /year	n/a	no

Special Use Fields

Original PDP/MA-PD Cost

1143.72/year

New PDP/MA-PD Cost

714.75/year



Handling Sensitive Data



PII and PHI

Personally Identifiable Information (PII)	Protected Health Information (PHI)
<p>Information which can be used to distinguish or trace an individual's identity, such as their name, social security number, biometric records, etc. alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as a data and place of birth, mother's maiden name, etc."¹</p>	<p>Individually identifiable health information that is explicitly linked to a particular individual, and health information which can allow individual identification.²</p> <p>PHI includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.</p>



Tips for Handling Sensitive Data

- Use private spaces to ensure sensitive data is safeguarded
- Store all hard copies securely in locked filing cabinets or offices with a maintained filing system
- Password protect electronic formatted documents and equipment (phones, computers, USB drives)
- Do not leave files of documents with PII on desks, printers, personal computers, phones or other devices
- Send and forward only encrypted emails with PII
- Clear web browser history
- Disable auto-fill on web browser

Frequently Asked Questions & Answers



Q&A on PDP/MA-PD Cost Data

- 1) **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.

- 2) **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.

Q&A on PDP/MA-PD Cost Data(Cont.)

3) 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. This assistance is tracked and reported as part of MIPPA Performance Measures.

4) What should I report if I help a beneficiary enroll in a plan but the beneficiary doesn't take any medication?

- **Answer:** Enter the Annual Premium Cost Only for the Current/Original plan and the New plan. For example: WellCare Value Script (PDP) monthly premium is: \$18.70 a month x 12 months = **\$224.40 Annual Cost.**

Special Use Fields	
Original PDP/MA-PD Cost	224.40
New PDP/MA-PD Cost	224.40

Resources

- **STARS Training: Entering PDP and MA-PD Cost Changes into STARS -**
<https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=F1DEBDBA-ABEF-4EF4-B19F-80E3B1750589>
- **STARS Quality Assurance Process for Part D Enrollment Outcomes -**
<https://portal.shiptacenter.org/Portal/Resource/Resource-Detail.aspx?ResourceGUID=17AB116D-23FF-4B14-BBB6-C60C7617C04C>

Thank You!



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