



# Chapter 7 - Part D Enrollment Outcomes: Data Entry, Quality Assurance, and Reports

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## Introduction

In this chapter, you will learn about the Administration for Community Living's (ACL) Part D enrollment outcomes tracking process, quality assurance process, and related reports. Part D enrollment outcomes are tracked on the Beneficiary Contact Form (BCF) and/or Beneficiary Additional Session (BAS) form in STARS. Overall instructions for using those forms are provided in Chapter 4 of the STARS Manual. This chapter provides additional data entry instructions and guidance for using the BCF and BAS topics discussed, Special Use Fields, and attach file fields to document cost changes resulting from Part D enrollment.

The content in this chapter about tracking Part D enrollment outcomes is relevant for both SHIP counselors and leaders overseeing the SHIP program. The quality assurance process may involve targeted review by individual SHIP counselors at the request of SHIP leaders, but the reports needed for the quality assurance process are only visible to STARS users with access to the Configuration menu. Those user roles are:

- SHIP Director
- SHIP Assistant Director
- State Staff
- Sub-State Manager
- Site Manager

### Overview of PDP/MA-PD Cost Changes Data Collection

ACL uses STARS to collect data related to the cost changes resulting from enrollment in Part D Prescription Drug Plans or Medicare Advantage Plans with Prescription Drug coverage (PDP/MA-PD plans) available through the Medicare Plan Finder (MPF). PDP/MA-PD enrollment assistance occurs when you actively assist 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. There are reasons a beneficiary might enroll in a plan outside of cost considerations, like coverage or convenience. ACL collects cost change data on all PDP/MA-PD enrollments, including those that do not result in savings for the beneficiary.

ACL will use cost change data as another way to demonstrate the impact of SHIP 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. Cost change data should be reported in the first two Special Use Fields (SUFs) dedicated for this purpose: Original



PDP/MA-PD Cost SUF and New PDP/MA-PD Cost SUF. In this manual, we often refer to them as SUF 1 and SUF 2, respectively. Cost change supporting verification should be attached to the Beneficiary Contact Form (BCF)/Beneficiary Additional Session (BAS) or stored in electronic or paper files accessible for future quality assurance audits. Publishing cost change data publicly should only occur after the Quality Assurance Process is completed on a semi-annual basis. ACL will only use cost change data reported by SHIPs attesting that the QA process was completed.

### ACL Guidance: SHIPs, Medicare Plan Finder, and Beneficiary MyMedicare.gov Account Credentials

Part of tracking cost changes involves working within Medicare Plan Finder (MPF) to conduct plan comparisons and helping beneficiaries enroll in new or different plans. In plan comparison and enrollment work, SHIP team members may request information from beneficiaries and their caregivers to create accounts and log in to conduct personalized plan searches. ACL requires that SHIPs, at a minimum:

- Obtain verbal consent to request beneficiary MyMedicare.gov account information for logging into the MPF or creating a MyMedicare user account.
  - NOTE: SHIPs may choose to require a signed authorization to gather this information or create a user account if they deem it necessary. Also, SHIPs should enter “Create MyMedicare Account” in Special Use Field (SUF) 3 of the BCF or BAS.
- SHIP counselors must guard MyMedicare log in information carefully and not store it in STARS.

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*See the ACL document titled “MyMedicare.gov Accounts: Creating and Using MyMedicare.gov Accounts in SHIP/SMP/MIPPA Programs” for complete ACL guidance about overall program use of those beneficiary accounts.*

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In determining state-level policies on storing this information SHIPs must carefully consider their agency’s level of comfort, potential safeguards, and risk in storing these MPF log in information outside STARS.

## 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

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

The first step is to gather the plan cost information from the Medicare Plan Finder (MPF) at <https://www.medicare.gov/plan-compare/#/?lang=en>. There are multiple views to



demonstrate costs. You may use the view of your preference so long as the document(s) show(s) the Original and New PDP/MA-PD costs. Be sure to capture this for supporting verification of cost data (See [Tips for Capturing Medicare Plan Finder Information](#) after the FAQs). Supporting verification may be uploaded to BCF/BAS or stored outside STARS. Example 1.1 uses the summary of available plans page to show the Original and New PDP/MA-PD costs.

**1.1 Switching from one PDP/MA-PD to another**

The beneficiary’s current plan appears first in the list as Your current plan, highlighted with red arrow in this example. During the Open Enrollment Period the text display is “Your next plan (if you don’t change).”

**If the beneficiary stays in this plan,** their estimated total drug + premium cost is \$231.80 at the retail pharmacy of their choice, highlighted with a red star.

**In this example, the beneficiary decides to enroll in the Clear Spring lower cost plan** estimated total drug + premium cost of \$116.40 at a retail pharmacy, highlighted with a red moon.

Note: If the beneficiary prefers mail-order pharmacy, report mail order pricing.

**IMPORTANT:** To capture retail pharmacy cost data in this view, select only one retail pharmacy to view the drug cost + premium on the comparison summary page pictured below. If more than one retail pharmacy is selected, the drug + premium cost shows for the lowest cost retail pharmacy among those selected for comparison.



<b>1.1 STARS SUF Entry:</b>	Special Use Fields	231.80
	Original PDP/MA-PD Cost	
	New PDP/MA-PD Cost	116.40

*1.2 New to Medicare PDP/MA-PD: No previous coverage or previous non-Medicare drug coverage*

The beneficiary wants to enroll in the Express Scripts Medicare-Saver (PDP) with an estimated total drug + premium cost of **\$148.80** at the retail pharmacy of their choice, highlighted with a red star, as the “new cost”.

To obtain the “original cost”, click the Plan Details blue box, circled red, to locate the plan’s negotiated retail pharmacy drug price for use as the Original PDP/MA-PD Cost. Scroll down to find the monthly total cost at the beneficiary’s retail pharmacy (or mail order if preferred). The red arrow is added for emphasis.

**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

Multiply this cost by the number of coverage months. During the Open Enrollment Period (OEP), the calculation is  $\$25.22 \times 12 \text{ months} = \$302.64$  estimated “Original” drug cost.



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

- Calculation Note: If the beneficiary enrolls outside OEP, such as in September, then three coverage months apply, including October, November, and December. A September enrollment calculation is \$25.22 X 3 months = \$75.66 for the above plan.

## 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 or BAS (See [Tips for Capturing Medicare Plan Finder Information](#) after the FAQs). This is the other component required for verification of the cost data to be attached to the BCF or BAS.

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

### Enrollment Request Received

Your 2017 enrollment request was received and will be processed by: **Magellan Rx Medicare Basic (PDP) (\$4607-020-000)** 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](http://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 use this information in case you have any questions about your enrollment and need to contact us.

## Step 3: Enter Enrollment Data in STARS

- A. Check the *Enrollment* Topic Discussed box in **either** “Medicare Part D” or “Medicare Advantage (MA and MA-PD)” to report enrollment assistance (pictured on next page). Remember to select additional topics discussed as applicable, often multiple topics are discussed in one counseling session.
  - Quality Assurance Note: If you enroll a beneficiary in an MA-only plan and a stand-alone PDP plan in the same visit, mark only Medicare Part D enrollment. Selecting enrollment into both a PDP and MA plan on the same BCF or BAS will



result in the contact being flagged for further review on the Part D Enrollment Outcomes Quality Assurance Review Report (PDEO QA).

**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"> <li><input type="checkbox"/> Appeals/Grievances</li> <li><input type="checkbox"/> Benefit Explanation</li> <li><input type="checkbox"/> Claims/Billing</li> <li><input type="checkbox"/> Disenrollment</li> <li><input type="checkbox"/> Eligibility/Screening</li> <li><input checked="" type="checkbox"/> Enrollment</li> <li><input type="checkbox"/> Fraud and Abuse</li> </ul>	<p>Medicare Advantage (MA and MA-PD)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appeals/Grievances</li> <li><input type="checkbox"/> Benefit Explanation</li> <li><input type="checkbox"/> Claims/Billing</li> <li><input type="checkbox"/> Disenrollment</li> <li><input type="checkbox"/> Eligibility/Screening</li> <li><input checked="" type="checkbox"/> Enrollment</li> <li><input type="checkbox"/> Fraud and Abuse</li> </ul>
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- B. If the beneficiary is **new to PDP/MA-PD**, like example 1.2, select the *New to Medicare* topic in the “Additional Topic Details” group. Select this even if the beneficiary has been enrolled in other parts of Medicare previously (ex. Medicare A or B). This will allow ACL to track cost changes based on the plan’s negotiated price vs. switching from one PDP-MA-PD to another. Cost changes based on the plan’s negotiated price may be significantly higher and the ability to identify these instances is important. Additionally, if reporting cost changes on a follow up contact on a BAS, be sure to mark *New to Medicare* on the BAS too.

**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

- C. Enter cost data from the plan summary page of the MPF in the Special Use Fields (toward the bottom of the BCF or BAS). Dollar values from previous examples in this chapter appear below.

1.1 Switching from one PDP/MA-PD to another		1.2 New to Medicare PDP/MA-PD	
Special Use Fields		Special Use Fields	
Original PDP/MA-PD Cost	231.80	Original PDP/MA-PD Cost	302.64
New PDP/MA-PD Cost	116.40	New PDP/MA-PD Cost	148.80

- Report Note: STARS does not calculate the cost change on the BCF or BAS. Calculations of cost changes will occur in the PDEO Aggregate Reports. (The PDEO Aggregate Reports are only visible to STARS users with access to the Configuration menu.)
- Data Entry Note: These dedicated cost change SUFs can contain these allowable characters: numbers, dollar sign, comma, or decimal point. Do not enter letters or other special characters into the cost change SUFs.
- Quality Assurance Note: Unallowed characters appearing in in the cost change SUFS, such as letters, hyphens, negatives (-), and other non-monetary related special characters will result in the BCF or BAS being flagged in the PDEO QA Report.



### Step 4: Attach Verification

To verify the PDP/MA-PD cost data reported on the BCF or BAS, you must attach the pages showing the costs as they appear on MPF in your preferred view, and the Enrollment Request Received page from MPF. Each BCF or BAS in STARS has the capacity to accept five attachments, and they are located toward the bottom of the form. Use two of these attachments for the MPF pages listed in Steps 1 and 2 above.

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

## FAQs about Reporting PDP/MA-PD Cost Data

**Question 1:** How should I report when a beneficiary is new to Medicare or the beneficiary’s plan is no longer available (plan termination or move to new service area)?

**Answer:** Regardless of the previous coverage or lack of coverage, report the ‘monthly retail cost X number of coverage months’ associated with the new plan in the “Original PDP/MA-PD Cost” SUF 1. Find this cost by clicking the Plan Details blue box below, red arrow added for emphasis. The beneficiary decides to enroll in SilverScript Choice with an estimated total drug + premium cost of \$103.20, highlighted by a red star.

Scroll down in the plan details page to the drug costs for the beneficiary’s pharmacy of choice. Locate the monthly total in the retail cost column in Special Use Field 1, red arrow added for emphasis.



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	\$5.16	\$5.00	\$5.00	\$1.29	\$3.60
Clopidogrel bisulfate 75mg tablet	\$32.81	\$5.00	\$5.00	\$8.20	\$3.60
Hydralazine hcl 25mg tablet	\$8.98	\$6.00	\$6.00	\$2.24	\$3.60
Latanoprost 0.005% solution	\$12.58	\$6.00	\$6.00	\$3.14	\$3.60
Losartan potassium 100mg tablet	\$9.61	\$5.00	\$5.00	\$2.40	\$3.60
Metoprolol tartrate 50mg tablet	\$4.43	\$4.43	\$4.43	\$1.11	\$3.60
Monthly totals	\$73.56	\$31.43	\$31.43	\$18.38	\$21.60

In this instance, the monthly retail cost is \$73.56 per month and the beneficiary needs coverage for four months, September to December. The calculation is \$73.56 x 4 months = \$294.24. Enter \$294.24 in the Original PDP/MA-PD SUF 1 field and the SilverScript Choice estimated total drug + premium cost in the New PDP/MA-PD Cost SUF 2 field, \$103.20 in this example.

Special Use Fields	
Original PDP/MA-PD Cost	<input type="text" value="294.24"/>
New PDP/MA-PD Cost	<input type="text" value="103.20"/>

**Question 2:** 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 3:** 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 4:** What should be reported if I provide a beneficiary assistance with PDP/MA-PD comparison, but do 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. Comparison work is critical and reflected in SHIP Performance Measure 5.

**Question 5:** 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 with enrollment, and no enrollment took place in this instance.

**Question 6:** 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 critical and reflected in the MIPPA Performance Measures.

**Question 7:** 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 8:** 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/BAS. Because the contact occurs on the same day with the same counselor 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 9:** What happens if no cost change verification attachments are on the BCF or BAS and there are cost amounts in the Special Use Fields?

**Answer:** Verification documents are a requirement. Semi-annual quality assurance reviews are a minimum requirement. In the quality assurance process, cost change data reported without required documentation should be moved from the SUFs into the notes section of the BCF or BAS while the remainder of form remains unchanged. This will allow the data to remain with the BCF or BAS but not be included in the PDEO Aggregate Report.

**Question 10:** Will we be able to pull a report showing the amount of money our SHIP Counselors saved beneficiaries during open enrollment?

**Answer:** The Part D Enrollment Outcomes Aggregate Report includes cost change calculations. The Aggregate Report and Quality Assurance (QA) Report are available in STARS within the Configuration menu. SHIP leaders must attest to completion of the QA report process prior to publishing cost change results. Publishing cost change data publicly should only occur after the Quality Assurance Process is completed on a semi-annual basis. ACL will only use cost change data reported by SHIPs attesting that the QA process was completed.

**Question 11:** 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?



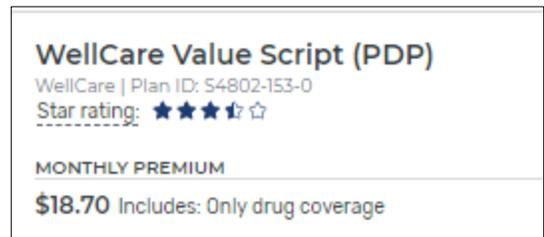
**Answer:** No, only enter cost information if you help them enroll, not if they decide to enroll on their own at a later date or with help from another source, such as 1-800-Medicare. Comparison work is critical and reflected in SHIP Performance Measure 5.

**Question 12:** 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.

**Question 13:** 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, the WellCare value Script (PDP) monthly premium is \$18.70 a month x 12 months = \$224.40 annual cost.



**Question 14:** What should I report if I help a beneficiary enroll in a plan, but the beneficiary doesn't take any medication and is New to Medicare?

**Answer:** Using the previous example for WellCare value Script, enter the annual premium cost only. For example, the WellCare monthly premium is \$18.70 a month x 12 months = \$224.40 annual cost as the New PDP/MA-PD Cost.

Special Use Fields	
Original PDP/MA-PD Cost	0
New PDP/MA-PD Cost	224.40

**Question 15:** What should I report if I help a beneficiary enroll in a MA-only plan and PDP during the same contact?

**Answer:** In these instances, mark only the PDP enrollment box on the contact form. If you forget when entering the contact, uncheck the MA enrollment box when conducting quality assurance reviews to enable the cost change to appear on the Aggregate Report. While both the MA-only and PDP enrollment are valid, marking both will result in the contact being flagged on the PDEO QA Report. For more information, please see the [Important Note](#) in the Definitions of valid, complete, and flagged contacts section near the end of this chapter.

**Question 16:** How should I provide the enrollment confirmation if I cannot get a copy from a beneficiary that enrolls themselves or through a plan website or through 1-800-Medicare? Can I still report the cost changes?

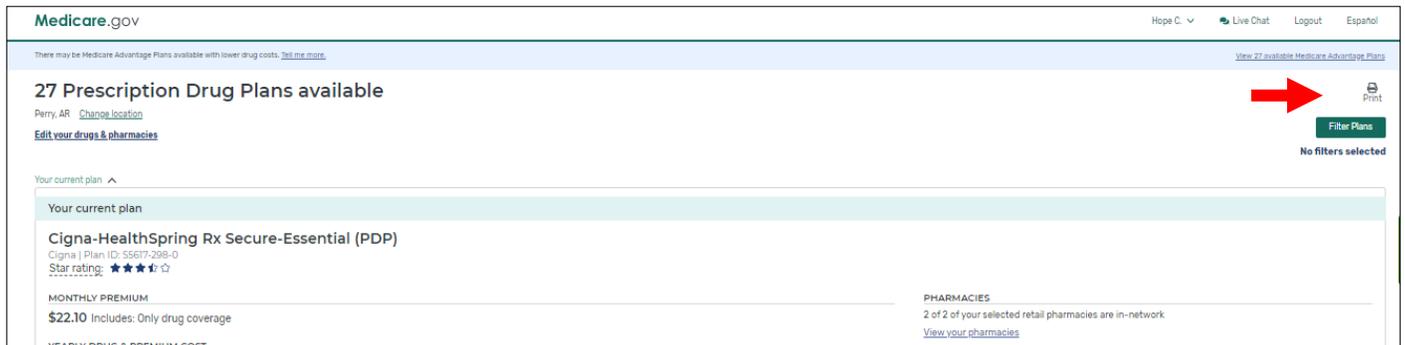
**Answer:** If obtaining the enrollment confirmation in these limited circumstances is not possible (assistance over the phone, through 1-800-Medicare, or through the plan via phone), list the enrollment confirmation number in the notes section of the BCF or BAS form. Be sure to upload (or store outside STARS) the Medicare Plan Finder views of the Plan Original and New Costs.



# Tips for Capturing Medicare Plan Finder Data

## Plan Finder Print options

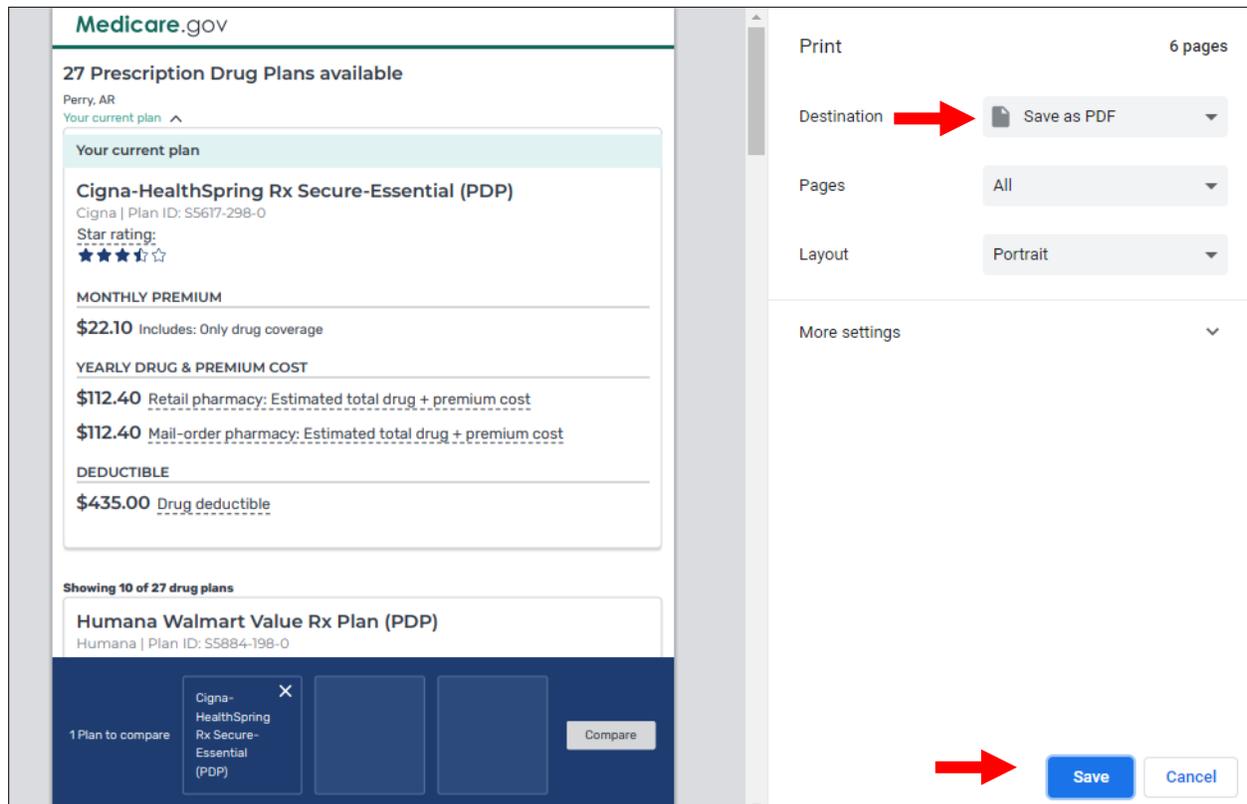
At the top of each page of the Plan Finder, there is an option to print the page.



Here is a zoomed view of the print icon:



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. Below are tips about how to take screenshots on your computer. Please note that technology is ever-changing, and these steps may evolve after the publishing of this manual.

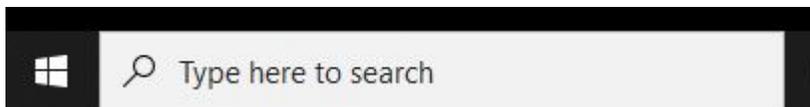
## Print Screen

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. [Note: To take a screenshot on a Mac computer, press and hold these three keys together: Shift, Command, and 3.] 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. The easiest way to access it can depend upon your operating system. For example:

- You might access it by going to the Start menu > All Programs > Windows Accessories > Snipping Tool.
- You might access it through a search in the bottom left corner of your screen. Type "snipping" where it instructs you to "Type here to search."



To use the Snipping tool, open it and click New. A cursor shaped like a large plus sign will appear. Drag it 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:*

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*If you are saving Medicare Plan Finder data on a public computer, refer to the STARS Security Slick Sheet in the STARS Resources Kit 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. The STARS Resources Kit is in the STARS menu, password-protected at [www.shiptacenter.org](http://www.shiptacenter.org).*

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## Quality Assurance

The Administration for Community Living (ACL) State Health Insurance Assistance Program (SHIP) grantees will conduct semi-annual Quality Assurance (QA) reviews on Part D Enrollment Outcomes. The QA Review Process will occur within the following timeframes:

SEMI-ANNUAL REPORTING PERIOD	July 1-December 31	January 1 – June 30
COMPLETED PART D ENROLLMENT OUTCOMES QA REVIEW REPORT AND ATTESTATION	March 31	September 30

- Note: PDEO BCF and BAS entered after semi-annual reporting deadlines may not be included in the quality assurance reports.

### Quality Assurance Review Quick Tips

- Grantees must provide ongoing training to SHIP Team Members to ensure data reporting and documenting accuracy. Grantees should follow the PDP/MA-PD Cost Changes Data Reporting guidance in this chapter.
- STARS Part D Enrollment Outcome reports are available in the Configuration menu under Shared Pages. Two reports are available, one for the quality assurance process and one for aggregate cost data.
- The **Part D Enrollment Outcomes Quality Assurance Review Report** sorts contacts into either the valid worksheet or flagged worksheet (explained later in this chapter). Note that the terms “contacts” and “records” are used rather synonymously when describing the QA process in this manual. Grantees should conduct a standard search to locate records and verify whether these enrollment contacts are complete. (Refer to Chapter 6 on STARS Searches for instructions.)
  - ✓ Some valid records may require edits. The valid worksheet identifies a random 5% selection of contacts for review. If you have fewer than 20 valid contacts, you will not get the random sample. You will then have to review all valid contacts. Grantees will review potentially duplicate records through conditional formatting as well. Each of these contacts must be reviewed, edited (if needed), and verified as complete.
  - ✓ All flagged enrollment contacts within the selected date picker range require review and edits. After edits, flagged contacts could be considered (1) corrected and complete, or (2) remain flagged.
  - ✓ The flagged tab may include records with dates outside the range you selected in the date picker. We refer to these as “7-week records.” Some 7- week records require



review, and some do not. The [Flagged Tab](#) section of this chapter will provide specific details regarding which records you must review.

- The **Part D Enrollment Outcomes Semi-annual Aggregate Report** provides aggregate results of valid enrollment contacts reported and can be run for a six-month period. Incomplete (flagged) enrollment contact data will not populate on this report.

### Records Retention Policy

The ACL record retention policy requires grantees to keep all documentation for a grant for a minimum of 3 years after the submission of the **final report**. For instance, if a SHIP grant’s final report was due on 9/30/2020 for grantees who did not have a No Cost Extension, the SHIP must maintain grant related files, including Part D cost change data verification documentation, at least until 9/30/2023.

Attaching verification documentation in STARS meets the requirement for Record Retention in Part D Enrollment Outcomes work.

## Quality Assurance Review Process

You must be logged into STARS to complete the following steps. You must also be able to use Microsoft Excel.

- Go to the Configuration Menu>Shared Pages>Part D Enrollment Outcomes (PDEO) Reports.**

<b>CONFIGURATION</b>		<b>Name</b>
		▶ 1-800 Medicare Unique IDs Report - State
PAGES	SHARED PAGES	▶ Data Export Reports
		▶ MIPPA Performance Measures Report - State and User
	DASHBOARD OPTIONS	▶ <b>Part D Enrollment Outcome (PDEO) Reports</b>
		▶ Resource Report - User
		▶ SHIP Performance Measures Report - State and User
		▶ STARS Summary Reports

- Find the Part D reports.** Select Part D Enrollment Outcomes Quality Assurance Review Report as the Report Criteria. (Shown on next page.)



1)\* Please select your Report Criteria:

Report:

- Part D Enrollment Outcome Quality Assurance Review Report (PDEO QA)
- Part D Enrollment Outcome Aggregate Report – State
- Part D Enrollment Outcome Aggregate Report – Team Member

2)\* Please select your Date Range:

Start Date (mm/dd/yyyy):

End Date (mm/dd/yyyy):

*Make sure to have pop-ups enabled in your browser to run this report.*

- a) Select the appropriate date range for the current semi-annual period (July 1 – December 31 or January 1 – June 30).
- b) Generate the report, which will appear in Microsoft Excel, using the blue button.

3. **Export and save the PDEO Quality Assurance Report.** After the report generation is complete, open it, and save the Excel Workbook to your computer using this file naming convention *State Abbreviation SHIP PDEO QA Review Report MM.DD.YYYY*. For example, *AL SHIP PDEO QA Review Report 03.01.2020*. It is **extremely important** to save the workbook because the 5% randomly selected enrollment contacts will change each time you launch the report in STARS.
4. **SHIP Directors will email this .xls file to [ship@acl.hhs.gov](mailto:ship@acl.hhs.gov) to confirm the QA process is complete.**

Note: A SHIP may choose a more frequent QA review period (monthly, bi-monthly, quarterly) to stagger review demands. SHIPs must save proof of the QA process completion for all months in the semi-annual reporting period. For example, a SHIP conducting monthly reviews must keep the QA .xls for each month in the semi-annual reporting period and submit them within one Excel workbook along with the attestation form by the QA deadline (March 31 or September 30).

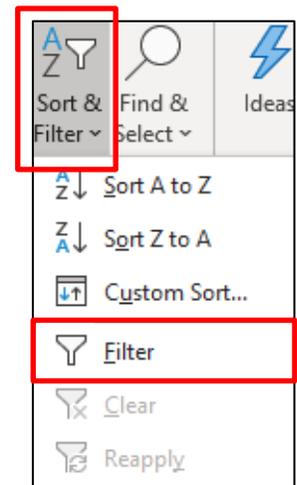


“Valid” Tab

5. **Verify potentially duplicate Additional Sessions in the valid contacts worksheet.** SHIP team members may have multiple sessions with a beneficiary. In some instances, the team member checked the PDP or MA/PD enrollment box and entered duplicate cost data on the BCF and one or more associated BAS form(s). To locate potential duplicate valid contact reporting with the same SHIP Case Number, grantees may use the filter and conditional formatting options in column B.

Note: The following instructions have been written based on the version of Excel available in Microsoft Office 16. The steps below may vary based on the version of Excel you are using.

a. **Filter:** Go to column B. Hover your mouse over the B. A downward facing arrow will appear. Click to highlight the entire column. Go to the *Sort & Filter* Option in the Excel Ribbon. Select *Sort A to Z*, select ‘*expand the selection in the pop up*, and click *sort*. This will help to locate duplicate sessions.



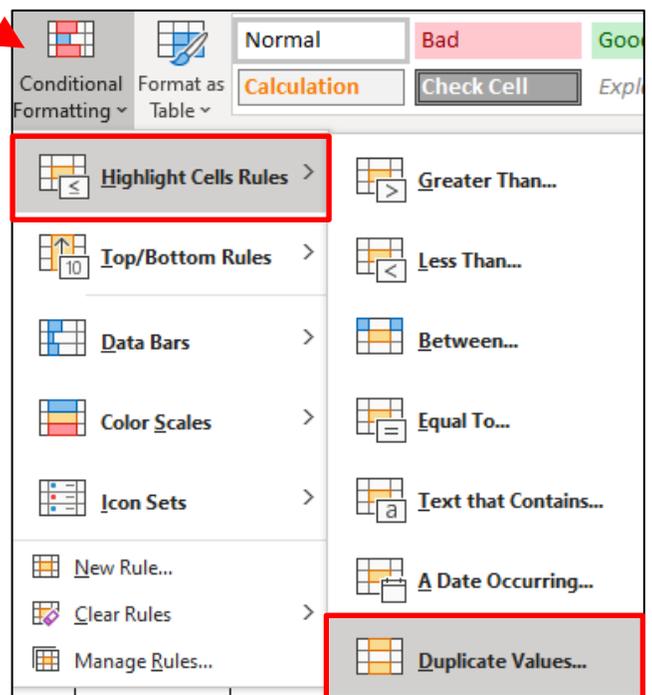
b. **Conditional Formatting:**  
After filtering column B and while this column is still highlighted, select the *Conditional Formatting* option in the Excel Ribbon.

Select *Highlight Cell Rules* menu.  
Choose *Duplicate Values*. A *Duplicate Values* box will appear in the middle of the screen.

Select *OK*.

Duplicate values in column B may appear *Light Red Fill with Dark Text*, or you may also choose a different color text by using the drop-down arrow.

After conditional formatting has been set, scroll up or down the worksheet to locate contacts with the same SHIP Case Number on the BCF. Using the SHIP Case Number in column B, conduct a standard search in STARS





to locate the potentially duplicate contacts. Review contacts for duplicate entry (same date and/or same cost change data), check verification documents to ensure cost change data is correct and to determine whether enrollment assistance was provided in each instance. Then, place an “X” in the appropriate column as follows:

- c. An “X” in Column S indicates the contact is complete and not a duplicate entry, cost change documents have been reviewed, and cost verification documents for each enrollment are uploaded in STARS.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	5% Random Sample	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
302.64	148.80	153.84	yes		X		

- d. An “X” in Column T indicates the contact is complete, not a duplicate entry, cost change documents have been reviewed, and cost verification documents for each enrollment are stored outside STARS.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	5% Random Sample	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
302.64	148.80	153.84	no			X	

- e. An “X” in Column U indicates the contact is not complete because the cost verification documents are not available, and costs data have been removed from both the *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost* Special Use Fields.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	5% Random Sample	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
500.00	1000.00	-500.00	no				X



The above step is required to ensure the totals will not be included in the Aggregate Reports. In addition, if it is determined the beneficiary had not received enrollment assistance on one or more contact(s), you must also uncheck the enrollment box(es) on each BCF or BAS form(s) in which enrollment assistance was not provided.

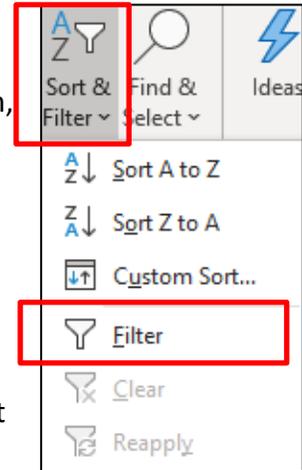
- f. **If the contact is a duplicate record**, ensure all topics discussed are selected on the original form, remove the cost data from the SUFs and places an 'X' in the .xls in Column V so the record can be deleted.
  - i. You will need to add a column header in cell V1 to indicate the column is to delete records. Only SHIP Director and SHIP Assistant Director roles can delete STARS data and this additional column will make identifying the record for deletion simpler.
  - ii. See Chapter 4 of the STARS manual. Review the guidance about how to report multiple contacts in the same day. SHIP Director and SHIP Assistant Director user roles will have a Delete button beside the Save button on all STARS forms, which is also explained in Chapter 4.
- g. **If a contact is valid and not a duplicate record**, complete the following steps based on the scenario:
  - i. If enrollment occurred for the *current year plan and next year plan* on the **same date**, then sum the totals of cost savings and report them on the same contact form.
  - ii. If enrollment occurred for the *current year plan and next year plan* on the **different dates**, then keep the cost changes on both forms.
  - iii. If more than one enrollment occurred for the *future year*, keep only the **latest date's** cost change data. During OEP, sometimes beneficiaries change plans multiple times. The last enrollment is the one that becomes effective in the following year. For example, a beneficiary enrolls on Oct. 15 and then enrolls again on Nov. 11. Keep only the Nov. 11 cost change data in the SUFs.

6. **Verify 5% randomly selected valid contacts.** You can review as many valid records as desired; however, SHIPs are required to review at least the 5% randomly selected records. If you have fewer than 20 valid contacts, you will not get the random sample. Column R will be blank. You will then have to review all valid contacts.

P	Q	R	S
Cost Change	Attachment	5% Random Sample	Complete Documentation of STARS 'x' to v
53.84	no		



- a. **Open the valid tab in your Excel Workbook.** To filter the 5% records, highlight the first row (click the #1 to the left of *Record Type*), select the *Sort & Filter* option in the Excel ribbon, and click Filter. Next, select one of the following options:
  - i. Open the filter dropdown for column R (click on the small grey arrow at the bottom right of the cell), check only the 5% check box, and click the *OK* button.
  - ii. Open the filter dropdown box for any column, select *Filter by Color>Filter by Cell Color>Grey*.



- b. **Using the SHIP Case Number in column B, conduct a standard search** in STARS to locate the randomly selected contacts. Review the verification documents to ensure cost change data is correct and enrollment assistance was provided, and place an “X” in the appropriate column as follows:
  - i. An “X” in Column S indicates the contact is complete, cost change documents have been reviewed, and cost verification documents are uploaded in STARS.
  - ii. An “X” in Column T indicates the contact is complete, cost change documents have been reviewed, and cost verification documents are stored outside STARS.
  - iii. An “X” in Column U indicates the contact is not complete because cost verification documents are not available, and costs data have been removed from the both the *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost Special Use Fields*. This step is required to ensure the totals will not be included in the Aggregate Reports.

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*Tip: Be sure to save the Excel Workbook periodically as you work. Once the QA review process is complete, you will email the completed workbook to [ship@acl.hhs.gov](mailto:ship@acl.hhs.gov).*

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## “Flagged” Tab

7. **Check the flagged tab for potentially duplicate records within the 7-week time frame.** We refer to these as “7-week records.” SHIP team members may have multiple sessions with a beneficiary. In some instances, the team member checked the PDP or MA/PD enrollment box and entered cost data in a *follow-up session* outside the date picker range selected on the report. Those sessions may still show up on the report. The presence of these 7-week records on the flagged tab allows you to conduct quality

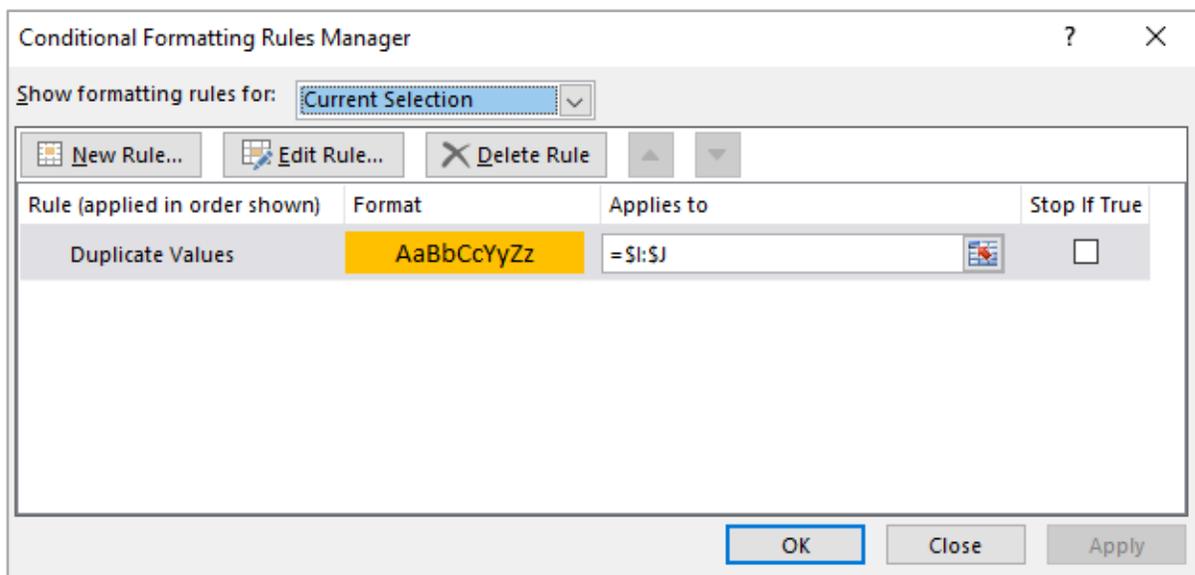


assurance when enrollment into a new plan replaces cost changes reported previously. Some, but not all 7-week records, must be checked. Follow these guidelines to know what 7-week records must be checked for potential duplication:

- a. **When there are multiple contacts tied to one SHIP case number (also called a “reference number”), they must be reviewed for potential duplication.** (See case number VA-20-12241 in the example below.) Look for any green highlighted rows. They indicate multiple sessions with a beneficiary that have cost data on one or more associated BCF or BAS forms. The rows highlighted in green show the BCF or BAS contacts that may be valid. The other associated BCF or BAS contact(s) are flagged. They require review and edits.

Beneficiary Contact	VA-20-12241		Virginia	Arlington	Virginia SHIP	09/30/2020
Beneficiary Additional Session	VA-20-12241	VA-20-12241-20370-BAS	Virginia	Arlington	Virginia Site 1010	09/30/2020

- b. **Records with the same first and last name must be checked for potential duplication.** Conditional formatting should be applied to lessen the burden of searching manually. Follow the steps outlined earlier (in step 4.b.) to access Conditional Formatting.
  - i. **Tip:** The screenshot below provides an example to build a conditional format to look for duplicate values in the first name (column I) and last name columns (column J).



- c. **If there are no records within the 7-week timeframe with duplicate first and last names,** ignore the records outside the date picker dates and review only the *flagged* records within the date picker date range.



**8. Review and edit all flagged contacts.** Open the flagged tab in the Excel Workbook. Using the SHIP Case Number in column B, conduct a standard search in STARS to locate and review each flagged contact. Make the appropriate edits in STARS using the guidance from the “[flagged contacts](#)” section-of this document. As you review and edit each contact, place an “X” in the appropriate column as follows:

**a. An “X” in the column R** indicates the contact was reviewed as required.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
286.00	45.00	241.00	yes	X			

**b. An “X” in the column S** indicates the verification documents in STARS have been reviewed, and updates to SUF cost fields and/or enrollment boxes were made as needed.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
286.00	45.00	241.00	yes		X		

**c. An “X” in the column T** indicates the verification documents are stored outside STARS and have been reviewed, and updates to SUF cost fields and/or enrollment boxes were made as needed.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
286.00	45.00	241.00	yes			X	



- d. An “X” in the column U indicates the contact is incomplete, SUF cost data has been removed, and if enrollment did not occur then the enrollment box is deselected.

N	O	P	Q	R	S	T	U
Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)
286.00	45.00	241.00	yes				X

- e. After a future enhancement, an “X” in a new column V will indicate the record is a duplicate and should be deleted by the SHIP director or assistant director.
  - i. Until the column V enhancement is implemented, you will need to add a column header in cell V1 to indicate the column is to delete records.

N	O	P	Q	R	S	T	U	V
Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)	Complete with documents in STARS (enter 'x' to verify)	Complete with documents outside STARS (enter 'x' to verify)	Incomplete, cost data removed from STARS SUFs (enter 'x' to verify)	Delete Duplicate Record
286.00	45.00	241.00	yes					X

- ii. Only SHIP Director and SHIP Assistant Director roles can delete STARS data and this additional column will make identifying the record for deletion simpler.
  - 1. See Chapter 4 of the STARS manual, the section that discusses how to report multiple contacts in the same day. Also, SHIP Director and SHIP Assistant Director user roles will have a Delete button beside the Save button on all STARS forms.
- f. Tip: BCF or BAS contacts that are considered to have a high cost change will be shown on the flagged tab at all times. A high cost change means they show dollar values that are either greater than **+\$25,000** or lower than **-\$25,000**. These contacts must be reviewed, as they will be included on the PDEO Aggregate reports. (See the screen shot on the on the next page.)



Field 1	Field 2	Cost Change	Attachment	Contact reviewed (enter 'x' to verify)
26054.81	85.65	25969.16	yes	X
Valid	<b>Flagged</b>	+		

- i. **Grantees must review the plan comparison page** to verify costs have been entered correctly in SUF 1 and SUF 2.
- ii. **If verifications are not available**, remove cost data from SUFs 1 and 2. If cost data is incorrect, make necessary edits or remove cost data from SUFs.

**9. After completing your QA review, save the completed Excel Workbook.**

**10. Next, SHIP directors must complete and submit the Part D Enrollment Outcomes Attestation form.** An example of what that form looks like is on the final page of this chapter. A PDF fillable Attestation form is in the STARS Resources kit. SHIP directors should email the completed Excel Workbook and Attestation form to the SHIP email inbox at [SHIP@acl.hhs.gov](mailto:SHIP@acl.hhs.gov) for ACL review.

- g. Note: SHIPs conducting more frequent (monthly, bi-monthly) PDEO QA review processes must include one inclusive completed Excel Workbook with valid and flagged worksheets for each time-period reviewed.

## API States

Grantees using Application Programming Interface (API) to upload into STARS will need to make edits in both STARS and the proprietary system to ensure the records match in both systems. If you are experiencing issues with the transfer of enrollment outcomes data, contact the proprietary vendor to identify issues with the API endpoints. The proprietary vendor may need to work with the Booz Allen STARS Help Desk ([BoozAllenStarsHelpDesk@bah.com](mailto:BoozAllenStarsHelpDesk@bah.com)) to resolve these issues.



## Definitions of valid, complete, and flagged contacts

Valid contacts contain cost data in SUF 1 and 2, and the following elements:

Data Element	Correct Selection
<p><b>Enrollment Box Appropriately Marked</b></p> <p>Only one enrollment box selected per contact.</p>	<p>Medicare Part D</p> <p><b>OR*</b></p> <p>Medicare Advantage</p>
<p><b>Special Use Field (SUF) Allowable Characters</b></p> <p>SUFs 1 and 2 can contain a combination of allowable characters including numbers, dollar sign, comma, or decimal point.</p>	<p>Original PDP/MA-PD Cost (SUF 1)</p> <p>and</p> <p>New PDP/MA-PD Cost (SUF 2)</p>
<p><b>To be considered complete, valid contacts must have the following additional elements:</b></p>	
<p><b>Verification Documentation Available</b></p> <p>Documentation to verify cost data must be accessible either as an uploaded attachment in STARS or saved as a paper or electronic file (see <a href="#">Records Retention Policy</a>)</p>	<p>Plan Comparison</p> <p><b>AND</b></p> <p>Enrollment Request Confirmation</p>

### \*IMPORTANT NOTE

The aim of Part D Enrollment Outcomes is to report cost changes for Medicare Prescription Drug Plan (PDP) coverage or MA plans with PDP coverage. If a beneficiary enrolls in both an MA-only plan and a PDP plan during the same visit and both enrollment boxes are selected, the contact will be flagged rather than considered valid. While this enrollment reporting is accurate, it occurs in limited circumstances and more often represents a data entry error than two valid enrollments. Limited circumstances to enroll in MA-only and PDP include Employer Group Waiver Plans (EGWP), Private Fee for Service (PFFS) plan without Part D, MSA plan (which cannot offer Part D), and an 1876 Cost plans.

For the purposes of PDEO reporting, mark only the Medicare Part D enrollment box on the BCF or BAS to avoid it landing on the flagged quality assurance report.

Flagged contacts are those with cost data in SUF 1 or 2, and contain one or more of the following errors:

Area of concern	Issue	Edit
Enrollment Box	Both Medicare Part D and Medicare Advantage enrollment boxes are selected on the same contact form.	<p>If enrolled, select the one appropriate enrollment box.</p> <p>If not enrolled, deselect both enrollment boxes and remove SUF cost data.</p> <p>If enrolled in both MA-only and PDP, check enrollment for PDP only. <i>See Important note above.</i></p>
Enrollment Box	Neither Medicare Part D nor Medicare Advantage enrollment box are selected.	<p>If enrolled, select appropriate enrollment box.</p> <p>If not enrolled, remove SUF cost data.</p>
Special Use Field (SUF)	<p>Unallowed characters appear in the SUF(s)</p> <p>Ex. Alphabetical, hyphen/negative, and other non-monetary related special characters</p>	<p>If enrolled, remove non-numeric characters from Original and New SUF(s).</p> <p>If not enrolled, remove SUF cost data.</p>
Special Use Field (SUF)	One SUF is blank	<p>If enrolled, enter SUF cost data.</p> <p>If enrollment is not verified, remove SUF cost data.</p>
High-Cost Change	Cost Change > +/- \$25,000	<p>If enrolled, verify SUF cost change amounts match documentation and update if needed. If applicable, ensure <i>New to Medicare</i> is checked on the BCF or BAS.</p> <p>If not enrolled or documentation unavailable, remove SUF cost data.</p>



## ACL-Required Form

### Part D Enrollment Outcomes Quality Assurance Attestation for State Health Insurance Assistance Program (SHIP) Directors

I, \_\_\_\_\_ (name),  
 verify that I have completed the Part D Enrollment Outcomes Quality Assurance Review for the  
 \_\_\_\_\_ (state/territory) SHIP. This attestation and  
 the completed Part D Enrollment Outcomes Quality Assurance Review Report (attachment)  
 covers the period of:

\_\_\_ July 1 – December 31, **due by** March 31

\_\_\_ January 1 – June 30, **due by** September 30

By selecting all check boxes below, I attest that the following reviews are complete:

- Randomly selected and potentially duplicate valid enrollment contacts have been reviewed and edited (if applicable).** The required verification documents (plan comparison and enrollment request confirmation) are uploaded in STARS or available in paper or electronic files in accordance with ACL Records Retention Policy. When verification documents were not available, cost data were removed from Special Use Fields (SUFs).
- Flagged enrollment contacts and potential duplicate 7-week records have been reviewed and edited.** The required verification documents (plan comparison and enrollment request confirmation) are uploaded in STARS or available in paper or electronic files in accordance with ACL Records Retention Policy. Additionally, flagged contact cost data were corrected or removed from SUFs and/or the enrollment box selection corrections were updated, as appropriate.
- SHIP Team members** received initial and ongoing training to report and document Part D Enrollment Outcomes Data.

\_\_\_\_\_  
 Signature of SHIP Director

\_\_\_\_\_  
 Date

Note: A sample version of this form is shown here for informational purposes. To use this form, SHIP directors should visit the STARS Resources Kit in the password-protected area of [www.shiptacenter.org](http://www.shiptacenter.org) to download the fillable version.

