



Chapter 4: Beneficiary Contacts

When viewing this manual electronically, click within the Contents to advance to desired page.

Contents

- Introduction.....3**
- Properly Trained, Screened, and State-Certified SHIP Team Member.....3**
 - Definition of Active 3
- Definition of a Beneficiary Contact.....3**
 - When should a Beneficiary Contact Form (BCF) be completed?..... 4
 - When shouldn't a BCF be completed?..... 4
 - Multiple Contacts on the Same Day 4
 - Same team member, same day 4
 - Different team members, same day 4
 - Multiple Contacts on Different Days..... 5
 - Same team member, different day..... 5
 - Different team member, different day 5
 - Two Beneficiaries Counseled in One Session..... 5
- Data Entry Steps5**
 - Tracking Inbox..... 6
 - MIPPA..... 6
 - Send to SMP 6
 - Reference Numbers 7
 - Session Conducted By 7
 - Partner Organization Affiliation 7
 - Session Location: Zip Code, State, and County 8
 - Beneficiary Contact Information..... 8
 - Beneficiary State, Zip Code, and County..... 9
 - Date of Contact 9
 - How Did Beneficiary Learn About SHIP..... 9
 - Method of Contact..... 10
 - Beneficiary Age Group 10
 - Beneficiary Gender 10
 - Beneficiary Race..... 11



English as Primary Language 11

Beneficiary Monthly Income 11

Beneficiary Assets 11

Receiving or Applying for Social Security Disability or Medicare Disability 11

Topics Discussed 12

 Sub-Categories of Topics Discussed 12

 Duals Demonstration guidance from ACL 14

Time Spent 14

 Time Spent Program Guidance 15

Status 15

Special Use Fields (SUFs) 16

Notes and Uploaded Files 16

Save Your Work 17

 Successful Save 17

 Validation errors for all forms 18

 Validation error for MIPPA forms 19

Editing Previous Contacts 19

 Finding Your Contacts in the Tracking Inbox 19

 Finding Contacts by Others 20

SHIP Beneficiary Additional Sessions (BAS) 20

 Steps 20

 Beneficiary Additional Session (BAS) Limitations 21

ACL Definitions 22

 MIPPA Qualifying Topics Discussed 22

 SMP Qualifying Topics Discussed 22

 Counseling Information 23

 Beneficiary Information 23

 Contact Details 24

 How did Beneficiary Learn about SHIP 25

 Friend or Relative 25

 Method of Contact 26

 Beneficiary Language, Income, Assets, SSI Status 26

 Time Spent 27

 Topics Discussed 27

 Original Medicare Parts A & B 27



Medigap and Medicare Select	28
Medicare Advantage (MA and MA-PD).....	29
Medicare Part D	30
Part D Low Income Subsidy (LIS/Extra Help).....	31
Other Prescription Assistance.....	31
Medicaid	32
Other Insurance	33
Additional Topic Details	34
Special Use Fields (SUFs).....	35

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, Screened, and State-Certified SHIP Team Member

To be considered properly screened and trained, team members must have completed the screening and training required by their state program, be certified by their state program, and have signed an agreement or Memorandum of Understanding (MOU) with their state program or local agency.

Definition of Active

To be considered active, properly trained, screened, and state-certified team members must be registered with their SHIP program and must have provided counseling, information, or assistance related to Medicare or other health insurance in the 12-month reporting period.

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, screened, and state certified SHIP team member and a beneficiary or their representative when Medicare or SHIP program information is exchanged. 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, screened, and state certified SHIP team member only.

-  **Confidentiality (!):** Beneficiary contact forms are considered confidential and must be treated as such. The properly trained, screened, 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 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.

Two Beneficiaries Counseled in One Session

When one team member counsels multiple beneficiaries in a single counseling session, such as the members of a couple who are both Medicare-eligible, a BCF should be completed for each person. The total time of the counseling session should be divided between the two BCFs based upon the approximate time spent on each person. For example, if the session lasts an hour, 30 minutes might be entered on one BCF and 30 minutes on the other.

Data Entry Steps

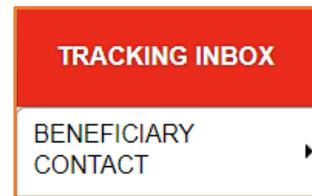
When entering data in STARS, you should move through the form by using the Tab key on your keyboard or by clicking through the fields using your mouse. Currently, when an entry is required (R) before saving, STARS identifies the field with a small red R. In a future enhancement – date TBD -- the required symbol will be a red asterisk (*).



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.



2. Click *New Beneficiary Contact*



MIPPA

First, you must answer whether this contact was MIPPA-qualifying, if you (or the person who conducted this beneficiary contact) are involved with the MIPPA program. MIPPA must be marked “Yes” if this BCF was MIPPA-related. Mark “No” if it was not.

MIPPA Yes No

- **Note:** As explained in the introduction to this manual, STARS is also the Medicare Improvements for Patients and Providers Act (MIPPA) data reporting system.
- [MIPPA-Qualifying topics discussed](#) are provided later in this chapter.
- STARS will not let you save your BCF if you select “Yes” for MIPPA but do not meet the other MIPPA-qualifying criteria. You will be prompted to correct your data entry before saving.
- **MIPPA Performance Measures Report.** This field is used to flag data that should contribute toward each state’s MIPPA Performance Measures Report.

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 and [SMP-qualifying](#) topics were discussed, 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 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.

SIRS Reference Number

SHIP Reference Number

(!) 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 dropdown list to select the appropriate team member.

- Note: The saved form populates the tracking Inbox of the person listed for *Session Conducted By* and the Tracking Inbox of the person who conducted the data entry.
- Tip: If you are entering a session conducted by someone else and have a long list of names to scroll through, you can click inside the field and start typing the desired name. When the desired name appears, stop typing.
- **SHIP Resource Report:** Together with *Total Time Spent (minutes)*, the *Session Conducted By* entry contributes to the SHIP Resource Report.
- **MIPPA Performance Measures Report:** If this is a MIPPA effort, the team member selected for *Session Conducted By* must also have MIPPA selected as a Program on their team member record for the effort to contribute to the MIPPA Performance Measures Report. The new validation criteria implemented on September 3, 2020 will enforce these criteria.

SIRS Reference Number	Li Min
SHIP Reference Number	Lori Brown
Session Conducted By	Lydia Bennet
	Maggie Flowers
	Maria Martinez
	Maria Martinez

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 entry for *Session Conducted By*. Each team member's Partner Organization Affiliation is noted on their team member record.

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 physically located when the session was conducted, regardless of whether the counseling occurs in-person, by phone, or through web-based technology. The beneficiary's zip code of residence is captured later in the form. The counselor's home residence zip code is captured on the Team Member form. It may or may not be the same as the zip code of session location.

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.

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.

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"/>



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 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 the same way as the session location fields described earlier.

State of Beneficiary Residence	22193	R
Zip Code of Beneficiary Residence	Virginia	R
County of Beneficiary Residence	Prince William - VA	R

- Performance Measures Note:** *Zip Code of Beneficiary Residence* contributes to MIPPA Performance Measure 3 and SHIP Performance Measure 4 (Rural Beneficiaries), when the zip code meets the ACL geographic criteria.

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).

You can also use the date selector tool, activated by clicking the calendar icon.

Date of Contact	12/11/2018	 (mm/dd/yyyy) R
-----------------	------------	--

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						x
		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

- 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

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

Method of Contact

Select one item from the list provided. Face to Face and Phone Call methods are the priority options, if contact is made multiple ways.

Method of Contact

- 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

- Note: The only times you should select *Email, Postal Mail/Fax, or Web Based* when these are the **only** means of contact with the beneficiary or representative for this contact.

Beneficiary Age Group

Click the arrow to open the dropdown box for *Beneficiary Age Group* and make the appropriate selection.

Beneficiary Age Group

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

- Note: When *64 or Younger* is selected, this field is one of the factors considered for SHIP and MIPPA Performance Measures 3: Medicare Beneficiaries under 65.

Beneficiary Gender

Click the arrow to open the dropdown 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.

- MIPPA Note:** This field contributes to MIPPA Performance Measure 3 (Target Populations; Native American Beneficiaries) when *American Indian or Alaskan Native* or *Native Hawaiian or Other Pacific Islander* are selected.

American Indian or Alaskan Native R
 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. (See [Definitions](#), if needed.)

English as a Primary Language
 Yes No R

Performance Measures Note: *English as a Primary Language* is one of the fields used to calculate SHIP Performance Measure 4: Hard to Reach Beneficiaries and MIPPA Performance Measure 3: Beneficiaries with English as a Second Language. (“No” answers will apply.)

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.

R

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.

R

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 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, red text will prompt you to correct your entry.

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



Performance Measures Note: All BCFs and BASs with *Receiving or applying for Social Security Disability or Medicare disability* set to “Yes” contribute to SHIP Performance Measures 3: Medicare Beneficiaries Under 65 and are a factor considered for the similar MIPPA Performance Measure 3.

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 always appears on the screen, including after records are 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.)

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 and the MIPPA Performance Measures Report, it is important to understand the [qualifying topic Definitions](#).

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.

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

Original Medicare (Parts A and B)

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



Medigap and Medicare Select

- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Star Map Request

Medicare Advantage (MA and MAPD)

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

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues

Medicare Part D

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

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues

Part D Low Income Subsidy (LIS/Extra Help)

- o Note: “Application Submission” counts toward MIPPA Performance Measure 4.

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening

Other Prescription Assistance

- Manufacturer Programs
- Military Drug Benefits
- State Pharmaceutical Assistance Programs
- Union/Employer Plan
- Other

Medicaid

- o Note: “Application Submission” and “Recertification” count toward MIPPA Performance Measure 4.

- 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

- Note: Select “Duals Demonstration” if you are in a state with a CMS Duals Demonstration grant and this contact relates to your work under that grant.

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

Duals Demonstration guidance from ACL

CMS Duals Demonstration Grantees currently include California, Illinois, Massachusetts, Michigan, Ohio, Rhode Island. SHIP Team members in these states conducting duals grant work should indicate this work by selecting the “Duals Demonstration” in Topic Discussed section. In addition to selecting duals demonstration when appropriate, team members should indicate all other topics discussed. In addition, add details in the NOTES section (shown later in this manual) to continue supporting specific needs of the dually eligible and identifying systemic issues for analysis by ACL and/or CMS. A few examples of current trends appear in this table.

Topic Discussed	Sample ‘Note’
Claims/Billing	New MSN questions or improper billing
Medicare Buy-in	Part A Buy-in processing concerns with the local SSA office
Medicare Buy-in	Data communication concerns among the state, SSA, or CMS systems

Time Spent

Time spent can be entered in hours and/or minutes. Your entries must be whole numbers.

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



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.

- **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 on 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

Tips for Calculating Time Spent

- ✓ **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.
- ✓ **Tip: When counseling the members of a couple in the same appointment**, separate forms are completed for each Medicare-eligible person. Divide the total time of the appointment between the two members of the couple and enter just a portion of the time on each person's BCF or BAS. For example, the total appointment may have been 60 minutes, but perhaps 40 minutes were spent on one person and 20 minutes on the other person.

Status

Status is a required field. This refers to whether your casework is in progress or completed, not your data entry. If you believe you have addressed the issue, you should mark *Completed*. If you expect future contacts related to the issue, such as a



return call with more information, 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* when the case is resolved. (“Status” is not a field on the BAS form.)

Special Use Fields (SUFs)

The Special Use Fields (SUFs) are not required for STARS to effectively save your entry. However, ACL has issued reporting guidance for the first three, which we will discuss. Additionally, talk with your supervisor about whether the Special Use fields 3 – 8 are being used for any state-specific purposes in your SHIP program.

Original and New Costs

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*. **Detailed instructions for calculating and entering Original PDP/MA-PD Cost and New PDP/MA-PD Cost are provided in Chapter 7 of the STARS manual.** Please review that content before entering any Original and New costs. If you are ready to enter Original and New cost, you must enter only numbers or currency-related characters - dollar sign, comma, or decimal points. (Dollar signs are allowed but not required.) If you enter any other characters, such as letters, the entry will be flagged for correction as part of future quality assurance audits.

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

Special Use Field 3

ACL would like you to use Special Use Field (SUF) 3 to gather the following details from counseling sessions:

- Establishing MyMedicare.gov Accounts: Type *Create MyMedicare Account* in SUF 3
- Using MARx: Type *MARx* in SUF 3
- Opioid related sessions: Type *opioid* in SUF 3
- Answering questions related to COVID-19: Type *covid* in SUF 3

Field 3	<input type="text"/>
---------	----------------------

- Tip: If entering multiple items in SUF 3, separate them with a semi-colon and a space. You can find these records later using a Standard or Advanced search for Field 3. Set the operator to “Like.”

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.

To enter notes, type in the space provided (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

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

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.

- *Notes*: Nearly an unlimited number of characters are allowed.
- Five individual files can be attached to the BCF.
- *Attach File*: The following file types are accepted in STARS: pdf, png, jpeg, rtf, doc/docx; ppt/pptx; xls/xlxs, m4a, csv, html, xml, bmp.
 - The limit on file size uploads into STARS is 500MB per file.

Reminder: ACL Guidance for MyMedicare Account Assistance

When helping beneficiaries with MyMedicare account creation, you may gather necessary info from beneficiaries to log-in and/or create new accounts. Do not save log-in details in STARS, however. Also, remember to type “Create MyMedicare Account” in the Special Use Field 3. Please refer to the “Creating and Using MyMedicare.gov Accounts in SHIP/SMP/MIPPA Programs” guidance document released by ACL in January 2021, which is available in the STARS Resources Kit.

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 still need your attention (described later).



Successful Save

A *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

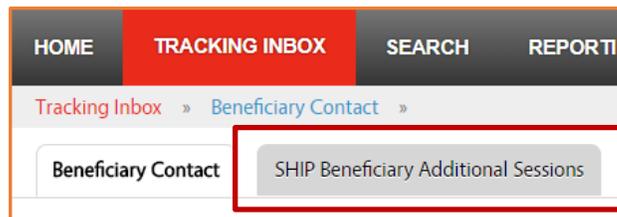
Saving SHIP Beneficiary Contact...



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 for all forms

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 are the possible validation error prompts for required fields in STARS.

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.



Validation error for MIPPA forms

Beginning September 3, 2020, new validation rules were implemented in STARS to enhance the accuracy of the MIPPA Performance Measures Report. You will receive an error message and be required to edit your form and resave under the following circumstances:

- If MIPPA “Yes” is selected and no MIPPA-qualifying topics discussed are selected.
- If MIPPA “Yes” is selected, but the person entered in the “Session Conducted By” field does not have MIPPA selected on the Program field of their Team Member form.
 - If this is the case, someone with a user role capable of editing team member forms will need to edit the team member record. Alert your supervisor.
- See the appendix for a list of MIPPA-Qualifying Topics Discussed.
- The MIPPA Performance Measures At-A-Glance reference document in the STARS Resources Kit is also helpful for accurate MIPPA data entry and easy access to the MIPPA-qualifying topics discussed with definitions.

Editing Previous Contacts

All data entry fields in the BCF are editable. Find 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.

Tracking Inbox »

Beneficiary Contact Group Outreach and Education Media Outreach and Education

+ New Page 1 of 1 Display 50 per page Refresh

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:

Contacts by Others: Roles Overview		
Place in the STARS hierarchy	Read Only Access (View)	Can 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

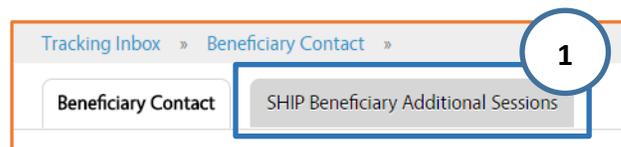
SHIP Beneficiary Additional Sessions (BAS)

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 SHIP or MIPPA issue. Tracking beneficiary contacts using BAS forms illustrates the complexity of some issues and reduces the burden of reentering beneficiary demographic data. It is not wrong to start a new BCF for each contact, however.

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.

3. To enter a new additional session, click the +New button.

Beneficiary Contact SHIP Beneficiary Additional Sessions

3

+ 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	Med and Med Sel
▶ 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	

2

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

Beneficiary Contact SHIP Beneficiary Additional Sessions 4

MIPPA Yes No R

Session Conducted By R

Partner Organization Affiliation R

Zip Code of Session Location R

State of Session Location R

County of Session Location R

Beneficiary Additional Session (BAS) Limitations

There are times when you will need to either enter a new Beneficiary Contact Form (BCF) or edit the BCF associated with the Beneficiary Additional Sessions (BAS) form.

BAS forms:

- **Do not** contain the fields for entering beneficiary demographics or contact information. If there are demographic changes, update the associated BCF.
- **Do not** contain the Send to SMP functionality. Use BCFs to send data to the SMP data system, called SIRS.
- **Do not** contain a “Status” field. Edit the status on the associated BCF when a case status changes from “In Progress” to “Completed.”



ACL Definitions

MIPPA Qualifying Topics Discussed

Next is an at-a-glance reference to the Medicare Improvements for Patients and Providers Act (MIPPA) qualifying topics discussed in STARS. (For your convenience when viewing this document electronically, each topic is hyperlinked to the full definition).

MIPPA Qualifying Topics Discussed		
Part D Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topic Details
Application Assistance	Application Submission <i>(Includes MSP Submission)</i>	Preventive Services
Application Submission	Benefit Explanation	
Benefit Explanation	Eligibility/Screening	
Eligibility/Screening	Medicaid Application Assistance	
LI NET/BAE	Medicare Buy-In Coordination	
	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	
SMP Qualifying Topics Discussed (continued on next page)			



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	Preventive Benefits
		Duals Demonstration	Skilled Nursing Facility
		Home Health Care	

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 team member record 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 team member record 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 not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.</i>



Beneficiary Phone Number	<p>Enter the phone number starting with the area code as appropriate. Enter numbers only as the field is automatically formatted.</p> <p><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></p>
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	<p>Auto-populates based on the team member listed in the <i>Session Conducted By</i> dropdown box.</p> <p><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></p>
Zip Code of Beneficiary Residence	<p>Enter the zip code where the beneficiary or their representative lives.</p> <p><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></p>
County of Beneficiary Residence	<p>Auto-populates based on the <i>Zip Code of Beneficiary Residence</i>.</p> <p><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></p>

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 <i>only</i> 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 <i>only</i> occurs by phone.
Postal Mail/Fax	Select this option if the contact <i>only</i> occurs by postal mail/fax.
Web Based	Select this option if the contact <i>primarily</i> occurs by web, including examples like Skype, Zoom, WebEx, ReadyTalk, GoTo Meeting or other remote technology. Technology evolves. Select this option for other methods of web communication (ex. web chat).

Beneficiary Language, Income, Assets, SSI Status

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*. Field specific guidance is as follows (next page):

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. A client should be considered to have English as a secondary language, not a primary language, if (a) they answer “no” to “Is English your first language?” or (b) if the counselor can reasonably conclude that the client is not fluent in understanding, speaking, reading, and/or writing the English language.
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>
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Time Spent

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

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, errors, and abuse reporting and/or referrals to other agencies (e.g. SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.
QIO/Quality of Care	Check this box to indicate discussion of Original Medicare Quality Improvement Organization (QIO) or Quality of Care concerns (concerns that are not considered appeals and/or grievances, such as 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, errors, and abuse reporting and/or referrals to other agencies (e.g. SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.
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, errors, and abuse reporting and/or referrals to other agencies (e.g. SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.



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	Check this box to indicate assisting with Part D disenrollment (e.g. enrolling in a different plan to replace the current Part D plan). <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 Part D eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with Part D 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 Part D fraud, errors, and abuse reporting and/or referrals to other agencies (e.g. SMP). You can also check this box if you provide individualized, in-depth



	fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with Part D complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.
Plan Non-Renewal	Check this box to indicate assisting with Part D termination or nonrenewal.
Plan Comparison	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.

Part D Low Income Subsidy (LIS/Extra Help)

Field	Definition
Appeals/Grievances	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.
Application Assistance	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.
Application Submission	Check this box to indicate submitting a Part D LIS/Extra Help application, either paper or electronically via SSA's website.
Benefit Explanation	Check this box to indicate discussion of Part D LIS/Extra Help program in making prescriptions more affordable, importance of 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	Check this box to indicate assisting with the Limited-income Newly Eligible Transition (LI NET) program or Best Available Evidence (BAE) policy. <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>

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, errors, and abuse reporting and/or referrals to other agencies (e.g. SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.
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, at a minimum. Select other topics that are also applicable and add details in the Beneficiary Contact Form (BCF) Notes field to identify systemic issues for analysis by ACL and/or CMS.]</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.

Special Use Fields (SUFs)

Original Cost and New Cost (PDP and MA-PD “Enrollment Assistance”)	These two fields measure cost changes for the PDP and MA-PD Enrollment Assistance Measure. 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. See Chapter 7 for additional information.
Field 3	<p>In addition to any state or local protocols, ACL would like you to use Special Use Field 3 (SUF3) to gather the following details from counseling sessions:</p> <ul style="list-style-type: none"> • Establishing MyMedicare.gov Accounts: Type Create MyMedicare Account • Using MARx: Type MARx • Opioid related sessions: Type opioid • COVID-19 related sessions: Type covid <p>(Separate multiple items by a space, when applicable.)</p>