Chapter 4: Beneficiary Contacts

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

Contents

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).

Definition of a Beneficiary Contact

This includes all contacts for the purpose of relaying Medicare and State Health Insurance Assistance Program (SHIP) or 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 team member and a beneficiary or their representative when Medicare or program information is exchanged. Update the form to include additional time spent and topics discussed when there are multiple contacts during the same day.

⊗   **Confidentiality (!):** Beneficiary contact forms are considered confidential and must be treated as such. The properly trained, screened, and state certified 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/MIPPA contacts

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

<u>first contact with the beneficiary or representative on the issue</u>. 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 and MIPPA Performance Measures. BAS Forms can ease data entry burden and demonstrate the complexity of beneficiary/representative Medicare issues and SHIP/MIPPA counseling. However, if a new BCF is entered instead of a BAS, it will not negatively affect the SHIP or MIPPA 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. When an entry is required before saving, STARS identifies the field with a red asterisk (*).

Tracking Inbox Menu

Upon login, look for *Tracking Inbox* in the main menu.

1. Click on the *Tracking Inbox* menu.

2. Hover your mouse over *Beneficiary Contact* to access a new BCF.

3. When hovering, the option to open a new form appears to the right, like in the example below. Click on "New" option to open a blank form.
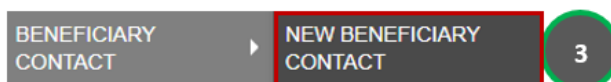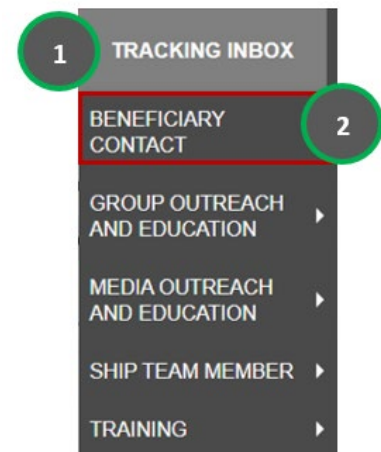
- **Alternate method:** If you click on *Beneficiary Contact* in Step #2 above instead of hovering over the form name with your mouse, you will land on a Tracking Inbox specific to that form. From there, click the "+New" button to open a new form.
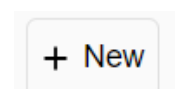
Date of Contact

Beginning June 2023, the date fields appear at the top of the form. The *Date of Contact* defaults to the date of data entry. Change the date to the actual date of the beneficiary contact. (Data entry deadlines are outlined in Chapter 1.) You can revise the date manually by typing within the field. If you choose this method, months and days must be entered using 2-digits (i.e., 01 for January, and so on).

Date of Contact   12/01/2022   📅   mm/dd/yyyy) ∗

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

Use the single pointed arrow to go backward one month at a time. If you choose this data entry method, avoid accidentally selecting the double pointed arrow, which takes you backward one year at a time.

?	November, 2022	×
«	‹	Today	›	»
wk	Sun Mon Tue Wed Thu Fri Sat
43			1	2	3	4	5
44	6	7	8	9	10	11	12
45	13	14	15	16	17	18	19
46	20	21	22	23	24	25	26
47	27	28	29	30			
Select date

Data Entry Dates

Once saved, the training form logs the dates the form was initially entered (i.e., "created") and updated. Upon initial save, these dates will be identical, like in the screenshot below. If the form is later edited, the Date of Last Updated date will change accordingly.

Date of Initial Creation   11/18/2022
Date of Last Update   11/18/2022

MIPPA

Next, 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

This field defaults to "No." If the beneficiary contact is by a co-trained SHIP and Senior Medicare Patrol (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* <u>after you have saved</u> 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 <u>both</u> 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 (Edward Sims, in the example below).
Beginning April 30, 2022, the Session Conducted By fields in STARS changed from dropdown lists to dynamic data entry fields. This field defaults to you, the logged in user.

Session Conducted By   Edward Sims 🔍 ⊗ *

If you are entering work conducted by another team member, click the magnifying glass.

The field becomes a dynamic data entry field that is blank until you begin typing.

Session Conducted By [   ] Cancel *

Begin typing characters that match the name of the team member who conducted the session.

In this example, we entered an "m," and matching names appear. You can click on the match of your choice, or you can continue typing to narrow down your options.

In this example, we added an "a," which further narrowed our options.

Session Conducted By [ma] Cancel *

Team Member	✕
James Madison	
Mary Elliot	

We selected the name Mary Elliot from the list, and her name replaced that of Edward Sims.

Session Conducted By   Mary Elliot 🔍 ⊗ *

The selection made in the Session Conducted By field impacts reports in STARS. Here are important points to remember for two kinds of reports that contain program outcomes data eventually shared with Congress:

- **Performance Measures Reports:** 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. If this is a SHIP effort, the team member selected for *Session Conducted By* must also have SHIP selected as a Program on their team member record for the effort to contribute to the SHIP Performance Measures Report.

- **Resource Reports:** In addition to Total Time Spent (minutes), the Session Conducted By entry contributes demographic data to Resource Reports in STARS.

Partner Organization Affiliation

The Partner Organization Affiliation is based upon the STARS hierarchy built within STARS. Each team member's Partner Organization Affiliation is noted on their team member record. (See the Introduction to this manual or the Team Member Management chapter for more information about the STARS hierarchy and partner organizations.) 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 (Mary Elliot below).

Session Conducted By   Mary Elliot 🔍 ⊗ *

Partner Organization Affiliation   *Remains blank until the form is saved.*

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 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 *State of Session Location* and *County of Session Location* and *State of Session Location* auto-populate. 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 the state of Virginia and Prince William County.

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

- 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.

- **Note:** The auto population of *State of Session Location* based upon the *Zip Code of Session Location* was part of a June 2023 enhancement.

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. (Screenshot is on the next page.)

Beneficiary First Name	
Beneficiary Last Name	
Beneficiary Phone Number	
Beneficiary Email	
Representative First Name	
Representative Last Name	
Representative Phone Number	
Representative Email	

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 program requirements for these fields.

Note: although STARS is a secure system, please do not enter beneficiary Social Security numbers into STARS.

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. In a June 203 enhancement, these fields were updated so that the State of Beneficiary Residence is auto filled based upon the Zip Code of Beneficiary Residence. The County of Beneficiary Residence is also auto filled based upon the zip code. If there are multiple counties associated with the zip code, select the correct county from the drop-down list.

Zip Code of Beneficiary Residence		*
State of Beneficiary Residence	⌄	*
County of Beneficiary Residence	⌄	*

- **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.

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

See the ACL Definitions that conclude this chapter for details about these answer options.

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

Method of Contact

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

Method of Contact

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

Demographics

The following fields collect beneficiary demographic information. Team members should refer to the Demographic Data Collection Sample Script when asking beneficiary questions on race, ethnicity, language, and income/asset level. The script explains to the beneficiary or caregiver the importance and purpose of collecting this information and ensuring their confidentiality. In addition to being part of this chapter, the script is available as a stand-alone handout in the SHIP Resource Library and STARS Resource Kit (Login required).

Beneficiary Age Group

Click the arrow to open the dropdown box for Beneficiary Age Group and make the appropriate selection (see below).

Beneficiary Age Group

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

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

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. However, if the beneficiary refuses to answer, record a response of Not Collected under Beneficiary Race.

Beneficiary Race

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

- **MIPPA Note:** The Beneficiary Race 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.

English as a Primary Language

For *English as Primary Language*, select Yes or No. (See [Definitions](#), if needed.)

English as a Primary Language   ○ Yes ○ No

- **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.)

==Have you or a family member ever served in the military?==

==For *Have you or a family member ever served in the military,* select Yes, no, or Unsure. This optional field was added in June 2023.==

Have you or a family member ever served in the military?

| Yes |
| No |
| Unsure |

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.

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

Beneficiary Assets

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

| Above LIS Asset Limits |
| Below LIS Asset Limits |
| Not Collected |

==Receiving or Applying for Social Security Disability or Medicare Disability==

==Because of a June 2023 enhancement, if the Beneficiary Age Group you selected is over 65 (or if the age group is not collected), this field will be autofilled as "No." This field will only be blank like in the screenshot below if the beneficiary age group you selected earlier is 64 or younger.==

Receiving or Applying for Social Security Disability or Medicare Disability ○ Yes ○ No *
Beneficiary Age Group must be 64 or younger to apply for this option.

==If you try to answer yes for any other age group,== red text will prompt you to correct your entry.

- ==In some limited circumstances, a client over 65 years old may receive SSDI. The purpose of the "Beneficiary Age Group" field is to determine whether the==

==beneficiary is eligible for Medicare based on age or on receiving SSDI. In these circumstances, we advise you to select "65-74" and indicate that the beneficiary is not receiving SSDI. The highest priority is making sure that the age category is correct.==

- **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 validation error will appear if you do not select at least one Topic Discussed, and you will be unable to save the form. A sample validation error message is shown below.

> **Validation Error**
> - At least one Topic Discussed (Original Medicare (Parts A & B), Medigap and Medicare Select, Medicare Advantage (MA and MA-PD), Medicare Part D, Part D Low Income Subsidy (LIS/Extra Help), Other Prescription Assistance, Medicaid, Other Insurance, or Additional Topic Details) is required.

In addition, a sentence emphasizing the importance of selecting at least one Topic Discussed appears on the form in red font. 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.

- **Performance Measure Note:** For 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

==**Many additional topics were added in June 2023, and several were retired. All new topics are labeled in the Topics Discussed Definitions section. All retired topics are listed within the applicable sub-categories.**==

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 that follow. All topics are visible within STARS by using the checklist scroll bar. All topics are also outlined in the Definitions section of this chapter.

Original Medicare (Parts A and B)

SHIP Performance Measure Note: In this sub-category "Enrollment/Disenrollment" counts toward SHIP Performance Measure 5: Enrollment Contacts.

Medigap and Medicare Select

Note: The option "Marketing/Sales Complaints & Issues" was retired in June 2023. This field selection will continue to be displayed on forms where it was previously selected.

Medicare Advantage (MA and MAPD)

SHIP Performance Measure Note: In this sub-category "Enrollment" counts toward SHIP Performance Measure 5: Enrollment Contacts.

Supplemental Benefits Note: In a June 2023 enhancement, the topic Supplemental Benefits was added to this sub-category. It is the last option in the Medicare Advantage category checklist. If you select Supplemental Benefits as a topic discussed, a text box will appear requesting that you explain what type of Medicare Advantage Supplemental Benefit you discussed with the client:

For example, was it hearing, dental, or vision, which are all common Supplemental Benefits, or was it Supplemental Benefits for the chronically ill, a less common and more nuanced type of Medicare Advantage Supplemental Benefits. Here is a screenshot of the text box that will appear if you select Supplemental Benefits as a topic discussed:

Here is a screenshot of a saved contact with the Supplemental Benefits topic selected and the text field completed with sample text.

Marketing Sales Complaints & Issues Note: Did you select that topic discussed? Enter "Marketing" in Special Use Field 3 if you selected this box because you helped with misleading advertising, a violation by an agent/broker/plan, or a situation where agents/brokers/plans are conducting business after being asked to cease. Add those details in the Notes field. This is to facilitate national marketing trends tracking.

Validation Error
- **You have checked Medicare Advantage (MA and MA-PD) Supplemental Benefits. Please ensure details are entered into the Supplemental Benefits Explanation field.**

Medicare Part D

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

Marketing/Sales Complaints & Issues Note: Did you select that topic discussed? Please enter "Marketing" in Special Use Field 3 if you selected this box because you helped with misleading advertising, a violation by an agent/broker/plan, or a situation where agents/brokers/plans are conducting business after being asked to cease. Add those details in the Notes field. This is to facilitate national marketing trends tracking.

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Disenrollment
- ☐ Eligibility/Screening
- ☐ Enrollment
- ☐ Fraud and Abuse

Part D Low Income Subsidy (LIS/Extra Help)

MIPPA Performance Measure Note: The "Application Submission" topic counts toward MIPPA Performance Measure 4 - Contacts with Applications Submitted.

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

Other Prescription Assistance

Note: the option "Other" was retired from this checklist in June 2023. This field selection will continue to be displayed on forms where it was previously selected.

- ☐ Manufacturer Programs
- ☐ Military Drug Benefits
- ☐ Prescription Discount Cards
- ☐ State Pharmaceutical Assistance Programs
- ☐ Union/Employer Plan

Medicaid

Note: the option "Other" was retired in June 2023. This field selection will continue to be displayed on forms where it was previously selected. The Medicaid sub-topic of Topics Discussed was the most impacted by the June

- ☐ Appeals/Grievances
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Duals Demonstration
- ☐ Eligibility/Screening
- ☐ Fraud and Abuse
- ☐ Medicaid Application Assistance

2023 STARS topics discussed enhancements. Pay special attention to the important notes below.

Important Note: MIPPA Performance Measures

The MIPPA-Qualifying topics "Application Submission" and "Recertification" were retired in June 2023. They were replaced with new and more specific topics (see the Medicaid sub-topic definitions). These retired field selections will continue to be displayed on forms where they were previously selected.

Important MIPPA Performance Measure (PM) 4 Note: Because of the June 2023 STARS enhancement, "MSP Application Submission" and "MSP Recertification" were added as topics discussed. These two new topics count toward MIPPA PM 4 – Contacts with Applications Submitted. Previously, you were required to select the general "Application Submission" or general "Recertification" topics to indicate Medicare Savings Program (MSP) application submissions or MSP recertifications. Beginning June 2023, the two new MSP-specific application submission or recertification topics count toward MIPPA PM 4 – Contacts with Applications Submitted. The two newly added Medicaid Application Submission and Medicaid Recertification topics also count toward MIPPA PM 4. If you are doing SHIP and/or MIPPA related work AND helping with a Medicaid application or recertification, you can select those topics. If the Medicaid application or recertification is the only assistance provided and no SHIP and/or MIPPA related assistance is provided, do not enter the contact in STARS.

Important Note: SHIP Performance Measure 5

The SHIP Performance Measure (PM) 5 qualifying topics "Application Submission" and "Recertification" were retired in June 2023. They were replaced by four new SHIP PM 5 qualifying topics: Medicaid Application Submission, MSP Application Submission, Medicaid Recertification, and MSP Recertification.

Important Note: Duals Demonstration

Some states have Centers for Medicare & Medicaid Services (CMS) Duals Demonstration Grants. That topic was moved to the Medicaid sub-category in a STARS enhancement. Programs with Duals Demonstration Grants use STARS to report activities for these grants. If you are in one of those states, select the "Duals Demonstration" option in the Medicaid sub-category.

In addition to selecting duals demonstration when appropriate, team members should indicate all other topics discussed. Add further 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.

For example (see table below):

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

If you are unsure about whether your state has this grant, visit: https://acl.gov/programs/strengthening-aging-and-disability-networks/duals-demonstration-ombudsman-program.

Other Insurance

Note: the option "Other" was retired in June 2023. This field selection will continue to be displayed on forms where it was previously selected.

☐ Active Employer Health Benefits
☐ COBRA
☐ Indian Health Services
☐ Long Term Care (LTC) Insurance
☐ LTC Partnership
☐ Marketplace Transition to Medicare
☐ Other Health Insurance
☐ Retiree Employer Health Benefits
☐ Tricare For Life Health Benefits

Additional Topic Details

Note: the option "New Medicare Card" was retired in June 2023. This field selection will continue to be displayed on forms where it was previously selected.

☐ Ambulance
☐ COVID-19
☐ Dental/Vision/Hearing
☐ DMEPOS
☐ ESRD
☐ Health Savings Account(s)
☐ Home Health Care
☐ Hospice

Reminder: ACL Guidance for Medicare.gov Account Assistance

The Additional Topic Details subcategory contains an option for tracking having helped a beneficiary with Medicare account creation. When serving beneficiaries, counselors may gather necessary info from beneficiaries to log-in and/or create new accounts. Counselors should not save log-in details in STARS, however. Please refer to the ACL guidance, Creating and Using Medicare.gov Accounts (login required), available in the STARS Resources Kit.

Reminder: 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](). June 2023 enhancements affected the qualifying topics. See the definitions section for details.

Time Spent

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

Time Spent in Hours	1
Time Spent in Minutes	30
Total Time Spent (minutes)	90 *

- **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.
- **Resource Report:** Together with the *Session Conducted By* entry, *Total Time Spent (minutes)* contributes to the 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

Time Spent Verification Error

After a June 2023 enhancement, time spent will be limited to no more than 2400 minutes. An error message will appear if you attempt to enter more than 2400 minutes:

> * Total Time Spent (minutes) cannot exceed 2400 minutes. Please review your submission for accuracy.

Tips for Calculating Time Spent

- ✓ **If the same team member conducts <u>multiple sessions</u> 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

This field refers to whether your <u>casework</u> 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.)

Status	⌄ *
	In Progress
	Completed

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 program.

PDEO: Original and New Costs

ACL is requesting SHIP participation in Part D Enrollment Outcome (PDEO) cost change tracking using the *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost* SUFs. **Detailed instructions for calculating and entering Original PDP/MA-PD Cost and New PDP/MA-PD Cost are provided in Chapter 7A of the STARS manual. If your program is not participating in PDEO tracking, you must leave these fields blank.** Please review Chapter 7A before entering any Original and New costs.

Special Use Field 3

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

- Using MARx: Type *MARx* in SUF 3

- Marketing complaints: Type Marketing in SUF 3 (See Marketing Complaints)

- Tracking the PHE and Medicaid unwinding: Type *Unwinding* in SUF 3
  - Assist with enrolling in Medicare after losing Medicaid related to Unwinding
  - Education on Medicaid status notices received related to Unwinding
  - Complete loss of Medicaid status related to Unwinding
  - Change in status or partial loss of Medicaid status related to Unwinding
  - Buy-in related issues to loss of Medicaid related to Unwinding
  - Assist with enrolling in Medicaid or Medicare Savings Program due to Medicaid loss from Unwinding
  - Assist with updating address for Medicaid related to Unwinding

Beginning June 2023 do not track opioid and medicare.gov accounts in SUF 3 because they have been added to the topics discussed. 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." Special Use Field 3 will expand as you type in it so that you can see the full message you have entered.

Notes and Uploaded Files

You are not required to enter notes. If you do use the Notes field, please do not enter beneficiary Social Security Numbers into STARS. 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 Chapter 7 for more details). Talk with your supervisor about whether and how the *Notes* and *Attach Files* fields are being used in your program.

To enter notes, type in the space provided (nearly an unlimited number of characters). The notes field will expand as you type in it so that you can see the full message you have entered. Uploading files into STARS works similarly to attaching a file to an email. Click *Browse* to select the file of choice from your computer. In the example below, a file has been uploaded in the first "Attach File" field. The path and file name appear in black. The term "fakepath" will always become part of the file name for uploaded files.

Notes	Enter notes here, though it is not required.
Attach File	C:\fakepath\Original and New PDF Browse

- *Notes:* Nearly an unlimited number of characters are allowed. The box will expand as you type in it.

- 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.

Session Entered By

As of June 2023, all forms contain the first and last name of the logged in team member who entered the data into STARS. This field, located below the blue save button, is populated after a successful save. In the example below, the outreach and education session was entered by Maria Martinez.

> Session Entered By　　　　　　　　Maria Martinez

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).

> **Save**

Successful Save

A *Saving SHIP Beneficiary Contact…* prompt <u>briefly</u> appears on your screen while successfully saving your form.

> **Saving SHIP Beneficiary Contact...**
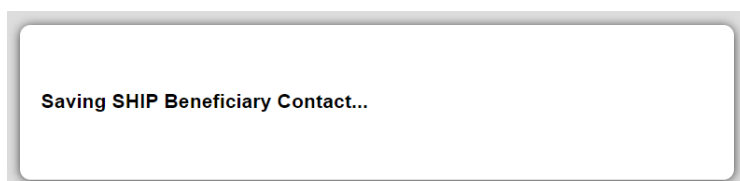
Due to a June 2023 enhancement, you will know you successfully saved the BCF if a green confirmation message appears:

> **Record Successfully Saved**
> - **Thank you for submitting your Beneficiary Contact record. The reference number for this record is: VA-22-12780**

Upon saving, the form will document the name of the logged in user who completed the form. This is also due to a June 2023 enhancement. Here is an example of a form entered by a user named Maria Martinez.

> Session Entered By　　　　　　　　Maria Martinez

Other Indicators of Successfully Saved Forms

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.)

HOME	TRACKING INBOX	SEARCH	REPORTIN

Tracking Inbox   »   Beneficiary Contact   »

Beneficiary Contact   SHIP Beneficiary Additional Sessions

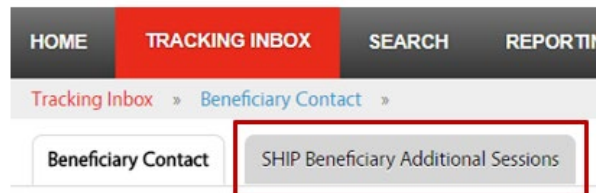*Partner Organization Affiliation*: This field populates upon saving. It is blank until the record is successfully saved.

Date of Initial Creation: 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.

🖨 Printer Friendly Format

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 can successfully save. All possible primary validation error prompts for required fields in STARS are to the right.

Validation errors
- MIPPA is required.
- Zip Code of Session Location is required.
- State of Session Location is required.
- County of Session Location is required.
- State of Beneficiary Residence 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 Disabi
- Total Time Spent (minutes) is required.
- Status is required.

There are also secondary validation errors, but they are explained throughout the manual in conjunction with their applicable data entry fields. <mark>One example is the time spent secondary validation error, limiting your entry to no more than 2,400 minutes, implemented in June 2023.</mark>

Validation error for MIPPA forms

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.

    o 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.

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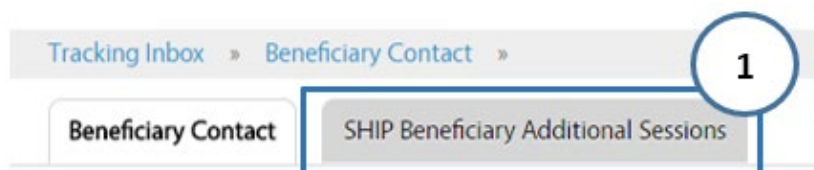
2. If there are other additional sessions added to the BCF, they will appear in rows. Click to review.

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

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

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."

Editing Previous Contacts

Already saved beneficiary contact and beneficiary additional session forms can be opened and edited following the instructions provided earlier in this chapter. Upon saving, you may be prompted to edit additional fields to comply with validation rules that were added after the record was originally created.

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 <u>both</u> systems (unless edits are related strictly to finalizing a complex interaction, in which case you only need to edit in SIRS).

Partner Organization Difference

Beginning April 30, 2022, when editing previously saved forms, users may receive a pop-up notification requiring action related to the Partner Organization Affiliation field. The pop-up notification will appear under the following two circumstances:

- If the team member shown in the Session Conducted By field has moved from one Partner Organization to another since the record was originally saved, or

- If you change the Session Conducted By team member to another team member whose Partner Organization affiliation differs from the team member originally entered on the form.

The pop-up will ask if the user would like to update the hierarchy alignment of the record. The specific Partner Organization names are part of the pop-up text. Here is an example:

1. If you select yes, the record (the GOE or MOE) *will be changed* to display the new Partner Organization, matching the current Partner Organization Affiliation of the team member shown in the Session Conducted By field.

2. If you select no, the Partner Organization Affiliation shown on the record (GOE or MOE) *will not change*, even though it will not match the Partner Organization of the team member shown in the Session Conducted By field.

Here is an analogy to help you understand this system change. Think in terms of relocation:

If the team member has "moved" from Partner Organization A to Partner Organization B, you are being asked whether the team member's "baggage" (this particular GOE or MOE data, in other words) should move with them to Organization B – option #1 above – or whether this baggage (this GOE or MOE form) should remain with Organization A – option #2 above.

Finding the Contacts You Want to Edit

You can find the forms you wish to edit using the Tracking Inbox and/or the Search menu. The Search menu is available to all user roles. In a June 2023 enhancement, STARS Submitters were given access to Standard Searches. See Chapter 6 of the STARS Manual for detailed instructions for using the Search menu. The table below outlines the visibility of beneficiary contacts, 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 STARS Submitter	SHIP Director SHIP Assistant Director State Staff
Sub-State level users (access forms at sub-state level and sites below)	Team Member STARS Submitter	Sub-State Manager Sub-State Staff
Site level users (access forms within their site)	Team Member STARS Submitter	Site Manager Site Staff

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. See Chapter 6 of the STARS Manual for detailed Search instructions. Continue reading for instructions using 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.
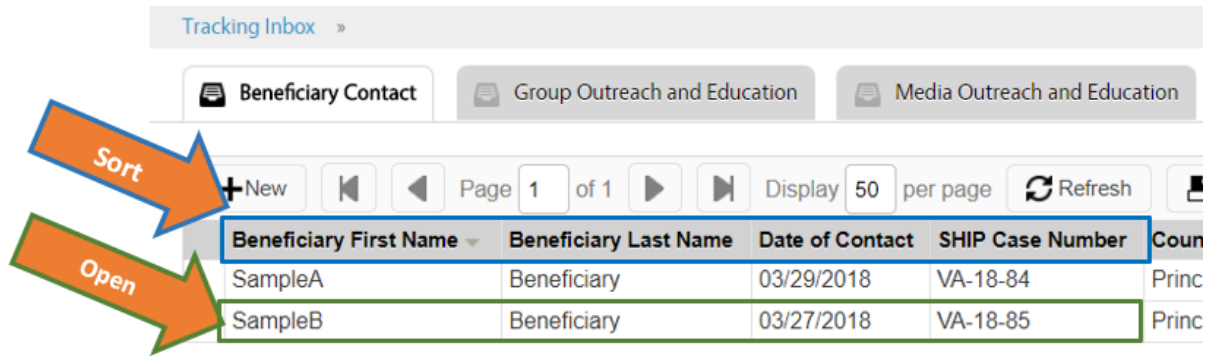
ACL Definitions

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. MIPPA-qualifying topics in the Medicaid sub-category changed in a June 2023 enhancement: two MIPPA-qualifying topics were retired (*Application Submission* and *Recertification*), and four replacement topics* were added. (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 Benefit Explanation Eligibility/Screening LI NET/BAE	Benefit Explanation Eligibility/Screening Medicaid Application Assistance Medicaid Application Submission* Medicaid Recertification* Medicare Buy-In Coordination MSP Application Assistance MSP Application Submission* MSP Recertification*	Preventive Services

SMP Qualifying Topics Discussed

The table below provides 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	Fraud and Abuse	Claims/Billing	Claims/Billing
Coordination of Benefits		Disenrollment	Disenrollment
Eligibility		Enrollment	Enrollment
Enrollment/Disenrollment		Fraud and Abuse	Fraud and Abuse
Fraud and Abuse		Marketing/Sales Complaints & Issues	Marketing/Sales Complaints & Issues
QIO/Quality of Care		QIO/Quality of Care	
SMP Qualifying Topics Discussed (continued)			
Part D Low Income Subsidy (LIS/Extra Help)	**Medicaid**	**Additional Topics Details**	**Additional Topics Details, cont.**
Appeals/Grievances	Claims/Billing	Ambulance	Hospice
Claims/Billing	Fraud and Abuse	Dental/Vision/Hearing	Hospital
		DMEPOS	Preventive Benefits
		Home Health Care	Skilled Nursing Facility

Counseling Information

Field	Definition
Session Conducted By	Auto-populates with the name of the user logged into STARS. Use the dropdown arrow to select the name of the team member who conducted the session when entering contacts on another's behalf.
Partner Organization Affiliation	Auto-populates after the form has been saved based on the *Organization Affiliation* assigned in the team member record of the team member listed in the *Session Conducted By* 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. *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. If the zip code entered is not located within the State of Session Location, a validation error message will appear, and you will not be able to save.*

State of Session Location	Auto-populates based on the state assigned in the team member record of the team member listed in the *Session Conducted By* dropdown box.
County of Session Location	Auto-populates based on the *Zip Code of Session Location*.

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. *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.*
Beneficiary Phone Number	Enter the phone number starting with the area code as appropriate. Enter numbers only as the field is automatically formatted. *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.*
Beneficiary Email	Enter as appropriate.
Representative First and Last Name	Enter as appropriate the name of the individual helping (or representing) the beneficiary (e.g., spouse, relative, friend, staff/volunteer of another agency).
Representative Phone Number	Enter as appropriate the phone number of the individual helping (or representing) the beneficiary (e.g., spouse, relative, friend, staff/volunteer of another agency).
Representative Email	Enter as appropriate.
State of Beneficiary Residence	Auto-populates based on the team member listed in the *Session Conducted By* dropdown box. *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.*

Zip Code of Beneficiary Residence	Enter the zip code where the beneficiary or their representative lives.
	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. If the zip code entered is not located within the State of Beneficiary Residence, a validation error message will appear, and you will not be able to save.
County of Beneficiary Residence	Auto-populates based on the *Zip Code of Beneficiary Residence*.
	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.

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 are not limited to, Medicare.gov, Medicare & You, and other CMS Publications. *NOTE:* **Do not** 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.
Employer	Select this option if an employer 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 *only* 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 *only* 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 *only* occurs by phone.
Postal Mail/Fax	Select this option if the contact *only* occurs by postal mail/fax.
Web Based	Select this option if the contact *primarily* 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. Field specific guidance is as follows:

| 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. *NOTE: 150% of FPL is the federal government income limit (maximum) for Extra Help eligibility.*
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 *Not Collected*.
Receiving or Applying for Social Security Disability or Medicare Disability	Select the "yes" radio button if the beneficiary is: 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) *NOTE: STARS will not allow a 'yes' response if the beneficiary age range is something other than under age 65.*

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 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 <u>all</u> 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. A validation error will appear if you do not select at least one Topic Discussed, and you will be unable to save the form.

Original Medicare Parts A & B

Field	Definition
Accountable Care Organizations (ACOs) *(NEW as of June 2023)	Check this box to indicate discussion of Medicare Accountable Care Organizations (ACOs). Accountable Care Organizations are groups of clinicians, hospitals and other health care providers who come together voluntarily to give coordinated high-quality care to a designated group of patients. The ACO model was included in national health care reform legislation as one of several demonstration programs administered by CMS. Participating ACOs assume accountability for improving the quality and cost of care for a defined patient population of Medicare beneficiaries.
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).
Conditional Enrollment *(NEW as of June 2023)	Check this box to indicate discussion of conditional enrollment including screening for eligibility or answering eligibility questions. The conditional enrollment process allows a person to apply for Premium-Part A but only get the coverage if the State approves the QMB application, whereby the State will pay the Part A premiums.
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. *NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.*
Equitable Relief *(NEW as of June 2023)	Check this box to indicate discussion of equitable relief including screening for eligibility and explaining how to apply.
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.
Late Enrollment Penalty *(NEW as of June 2023)	Check this box to indicate discussion of Medicare Part A and Part B late enrollment penalties.
Provider Participation *(NEW as of June 2023)	Check this box to indicate assisting with discussion of provider participation in Medicare, including finding participating providers or understanding costs and coverage when participating do not participate or participate and do not accept assignment.
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
Application Assistance *(NEW as of June 2023)	Check this box to indicate Medigap or Medicare Select application assistance including using the CMS or SHIP TA Center Medigap Plan Finder to discover Medigap options and costs or explaining the application processes.
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.
Complaints *(NEW as of June 2023)	Check this box to indicate assisting with Medigap or Medicare Select complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. NOTE: Such complaints can be filed with the Insurance Department.
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.
Guaranteed Issue Rights *(NEW as of June 2023)	Check this box to indicate discussion of Medigap guaranteed issue rights and the Medigap open enrollment period.
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 lists of plans compiled by the SHIP program or Department of Insurance, plan websites, medicare.gov, the Medigap Plan Finder offered by the SHIP Technical Assistance Center (login required at shiphelp.org), or information provide by departments of insurance.

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.
Chronic Conditions Special Needs Plans *(NEW as of June 2023)	Check this box to indicate discussion of Chronic Conditions Special Needs Plans (C-SNPs) including screening for eligibility or answering eligibility questions.
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). *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).*
Dual Eligible Special Needs Plans *(NEW as of June 2023)	Check this box to indicate discussion of Dual Eligible Special Needs Plans (D-SNPs) including screening for eligibility or answering eligibility questions.
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. *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.*

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, including entering complaints in the CMS Complaint Tracking Module (CTM). For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. Beginning April 1, 2023, enter "Marketing" in Special Use Field 3 if you selected this box because you helped with misleading advertising, a violation by an agent/broker/plan, or a situation where agents/brokers/plans are conducting business after being asked to cease. Add those details in the Notes field. This is to facilitate national marketing trends tracking.
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 or www.medicare.gov.
Provider Network *(NEW as of June 2023)	Check this box to indicate assisting with questions related to Medicare Advantage provider networks, including finding in-network providers, and understanding how provider networks affect Medicare Advantage coverage.
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, or hospital quality of care or discharge concerns).
Supplemental Benefits (Please Explain) *(NEW as of June 2023)	Check this box to indicate assisting with questions related to supplemental benefits offered by Medicare plans, including finding MA plans that provide supplemental benefits and understanding the different categories of supplemental benefits (dental, vision, hearing compared to benefits only available to some chronically ill members). Note: you must add details in the Beneficiary Contact Form (BCF) Notes field to identify the type of supplemental benefits discussed or the form will not save.

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). *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).*
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. *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.*
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.
Late Enrollment Penalty *(NEW as of June 2023)	Check this box to indicate discussion of the Medicare Part D late enrollment penalty.
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with Part D complaints, including entering complaints in the CMS Complaint Tracking Module (CTM). For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. Beginning April 1, 2023, enter "Marketing" in Special Use Field 3 if you selected this box because you helped with misleading advertising, a violation by an agent/broker/plan, or a situation where agents/brokers/plans are conducting business after being asked to cease. Add those details in the Notes field. This is to facilitate national marketing trends tracking. *S.*
Pharmacy Network *(NEW as of June 2023)	Check this box to indicate assisting with questions related to pharmacy networks, including finding in-network pharmacies, comparing related costs, and handling other pharmacy network related casework.
Plan Non-Renewal	Check this box to indicate assisting with Part D termination or nonrenewal.
Plans Comparison	Check this box to indicate assisting with Part D plan comparison. Sample sources include the plan website or www.medicare.gov.

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. *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.*

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.
Prescription Discount Cards *(NEW as of June 2023)	Check this box to indicate assisting with questions related to prescription discount cards.
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.

Medicaid

Field	Definition
Appeals/Grievances *(NEW as of June 2023)	Check this box to indicate assisting with a Medicaid 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 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.
Duals Demonstration *(MOVED as of June 2023 to the Medicaid sub-category from the Additional Topic Details sub-category)	Check this box if your SHIP receives additional grant dollars to assist beneficiaries enrolled in both Medicare and Medicaid known as Duals Demonstrations Programs and this contact was reportable for that grant. *[NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes, at a minimum.]*
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.
Medicaid Application Submission *(NEW as of June 2023)	Check this box to indicate submitting a Medicaid application other than a Medicare Savings Program (MSP) application. As of June 2023, MSP Application Submission is a separate category. If your state uses the same application for MSPs and non-MSP Medicaid services, it is preferable to use the MSP application submission topic discussed. [Only check this box if a Medicaid application was submitted in addition to assisting with other qualifying SHIP or MIPPA program work. If the only reason for the contact was to submit a Medicaid application unrelated to SHIP or MIPPA program work, that contact should not be entered into STARS at all.]
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 Expansion (ACA) Transition to Medicare *(NEW as of June 2023)	Check this box to indicate assistance to a beneficiary transitioning from a Medicaid Expansion plan – made possible by the Affordable Care Act (ACA) – to Medicare.
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.
Medicaid Recertification *(NEW as of June 2023)	Check this box to indicate Medicaid recertification other than or Medicare Savings Program (MSP) assistance, such as submission of verification documents required for Medicaid recertification. Medicare Savings Program (MSP) Recertification is a separate topic as of June 2023. If your state uses the same application for MSP recertification and non-MSP Medicaid recertification, it is preferable to use the MSP recertification topic discussed. [Only check this box if you assisted with non-MSP Medicaid recertification in addition to assisting with other qualifying SHIP or MIPPA program work. If the only reason for the contact was Medicaid recertification unrelated to SHIP or MIPPA work, that contact should not be entered into STARS at all.

Medicaid Spend Down *(NEW as of June 2023)	Check this box to indicate providing information about Medicaid spend down criteria in your state/territory.
MSP Application Submission *(NEW as of June 2023)	Check this box to indicate working with a client to submit a Medicare Savings Program (MSP) application. As of June 2023, MSP Application Submission is a distinct topic, so you no longer use the Medicaid Application Submission category to indicate MSP Application Submission.
MSP Recertification *(NEW as of June 2023)	Check this box to indicate working with a client to submit their application for renewal or recertification for a Medicare Savings Program (MSP).
Program of All-Inclusive Care for the Elderly (PACE) *(NEW as of June 2023)	Check this box to indicate discussion of the Program of All-Inclusive Care for the Elderly (PACE) including screening for eligibility or answering eligibility questions.
Provider Participation *(NEW as of June 2023)	Check this box to indicate assisting with discussion of provider participation in Medicaid, including finding participating providers.
QMB Improper Billing *(NEW as of June 2023)	Check this box to indicate assisting with discussion of QMB improper billing, including improper billing protections and penalties.

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.

Marketplace Transition to Medicare *(NEW as of June 2023)	Check this box to indicate assistance to a beneficiary transitioning from an ACA Marketplace plan to Medicare.
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.

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.
COVID-19 *(NEW as of June 2023)	Check this box to indicate assistance with Medicare coverage of COVID-19 vaccines or treatment. 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.
ESRD *(NEW as of June 2023)	Check this box to indicate assistance to a beneficiary who qualifies for Medicare based on a diagnosis of End-Stage Renal Disease (ESRD).

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Health Savings Account(s) *(NEW as of June 2023)	Check this box to indicate discussion of Health Savings Accounts (HSAs), including how enrolling in Medicare will affect the beneficiary's HSA.
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.
Income Related Monthly Adjustment Account *(NEW as of June 2023)	Check this box to indicate discussion of the Income Related Monthly Adjustment Account (IRMAA).
Mail Order Prescription *(NEW as of June 2023)	Check this box to indicate assistance with Medicare coverage of mail order prescriptions. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Medicare Card *(NEW as of June 2023)	Check this box to indicate assistance with Medicare Cards.
Mental Health *(NEW as of June 2023)	Check this box to indicate assistance with Medicare coverage of mental health and/or behavioral health care services. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Medicare.gov Account *(NEW as of June 2023)	Check this box to indicate assistance with establishing Medicare.gov accounts.
New to Medicare	Check this box to indicate assistance to a beneficiary just joining Medicare, known as New to Medicare.
Opioids *(NEW as of June 2023)	Check this box to indicate assistance with Medicare and opioid misuse.
Physical Therapy *(NEW as of June 2023)	Check this box to indicate assistance with Medicare coverage of physical therapy. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
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.

Substance Misuse/Fraud *(NEW as of June 2023)	Check this box to indicate discussion of substance abuse and/or fraud.
Telehealth *(NEW as of June 2023)	Check this box to indicate assistance with Medicare coverage of telehealth services. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Transportation *(NEW as of June 2023)	Check this box to indicate discussion of transportation services, such as referrals for transportation services, as part of a SMP or MIPPA qualifying beneficiary contact.

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	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: • Using MARx: Type *MARx* • Marketing complaints: Type *Marketing* (new beginning 2023) • PHE and Medicaid unwinding: Type *Unwinding* (new beginning May 2023) (Separate multiple items by a space, when applicable.)

Script for Demographic Data Collection

This sample script was developed by ACL for SHIP/MIPPA/SMP counseling staff and volunteers to use in asking beneficiary questions on his/her race, ethnicity, language, and income/asset level broadly. The script explains to the beneficiary or caregiver the importance and purpose of collecting this information and ensuring their confidentiality.
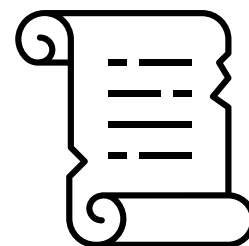
Script

> "We want to make sure that everyone we speak to gets the best possible information and care. We're going to ask you some broad demographic questions, so that we can ensure

that every one of every background gets the highest quality of information and services available to them. We'll keep this information confidential.

We are also going to ask you about the language or languages that you speak and understand. If you prefer a language other than English, we will try to find someone to speak to you in your preferred language about your questions and concerns.

This information will be used by our funder, the U.S. Administration for Community Living (ACL), to understand the reach of the program and determine if there are any gaps in the services being provided. ACL is part of the U.S. Department of Health and Human Services. Your answers will remain confidential.

Are you willing to answer these questions?"

If they say yes to the final question, then proceed. If they say no, thank them and continue the session without collecting the demographic data.

Marketing Complaints

ACL strongly encourages SHIP counselors use the following process in STARS when handling marketing complaints:

- Select appropriate topic(s)
    - Medicare Advantage (MA and MA-PD), subtopic Marketing/Sales Complaints & Issues
    - Medicare Part D, subtopic Marketing/Sales Complaints & Issues
- Enter "Marketing" in Special Use Field 3
- Use the notes section to track further details. It is the only way to research what types of marketing issues beneficiaries experienced. For example, include the following:
    - Was this misleading advertising; violation by agent/broker/plan; or agents/brokers/plans conducting business after being asked to cease?
    - Details on what happened - who, what, where, when? Was it referred via CTM directly or 1-800?

The process above allows SHIPs and ACL to track marketing violation trends because data entered in the Special Use Fields *can* be found using STARS searches. (See Chapter 6.) Topics discussed are *not* searchable in STARS. Topics discussed do appear in summary reports and data export reports, however. (See Chapter 8).

Technical Assistance

Booz Allen Hamilton (a.k.a. "Booz Allen"): For difficulties with usernames, passwords, and to unlock accounts, contact the Booz Allen STARS help desk at boozallenstarshelpdesk@bah.com or 703-377-4424.

SHIP Technical Assistance Center (SHIP TA Center): The SHIP TA Center provides programmatic support for the use of STARS. They provide this support through live training, the STARS manual, handouts, pre-recorded training, and 1-on-1 technical assistance.

- **Archived webinars, manual, handouts, and pre-recorded training:** Login at www.shiphelp.org and go to "STARS" in the navigation pane.
- **Live training:** Webinars and office hours are announced by email to registered users at shiphelp.org, or you can register using the "Events" menu after logging in. To receive STARS training announcements, you must be on the Center distribution list (check the box on "My Profile" when logged in at www.shiphelp.org).
- **Technical Assistance:** A dedicated email address has been set up to receive emailed questions about STARS: stars@shiptacenter.org. You can also call for technical assistance using our toll-free number, 877-839-2675 (say "Center" when prompted).

Website Access Support: For assistance accessing password-protected STARS resources, email info@shiptacenter.org or call our toll-free number, 877-839-2675 (say "Center" when prompted).