Beneficiary Contacts

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

Contents 1
Introduction 2
STARS Landing Page: https://stars.acl.gov 3
Data Entry Steps 3
Tracking Inbox 3
MIPPA and SMP 4
Reference Number 4
Session Conducted By and Partner Organization Affiliation 5
Session Location Zip Code and County 5
Beneficiary Information 5
Beneficiary Zip Code and County 6
Contact Date and Method 6
Demographics 7
Financial Information 7
Topics Discussed 7
Time Spent 9
Status 9
Special Use Fields 9
Notes and Uploaded Files 10
Save Your Work 10
Beneficiary Additional Sessions (BAS) 11
Updating or Editing Previous Contacts 12
Appendix A: Technical Assistance 13
Appendix B: User Roles At-a-Glance Reference 14
Appendix C: Definitions from ACL 15
MIPPA Qualifying Topics Discussed 15
SMP Qualifying Topics Discussed 15
Counseling Information 16
Beneficiary Information 16
Contact Details 17

How did Beneficiary Learn About SHIP 18
Friend or Relative 18
Method of Contact 19
Beneficiary Demographics 19
Topics Discussed 20
Original Medicare Parts A & B 20
Medigap and Medicare Select 21
Medicare Advantage (MA and MA-PD) 22
Medicare Part D 23
Part D Low Income Subsidy (LIS/Extra Help) 24
Other Prescription Assistance 25
Medicaid 26
Other Insurance 27
Additional Topic Details 28
Time Spent 29

Introduction

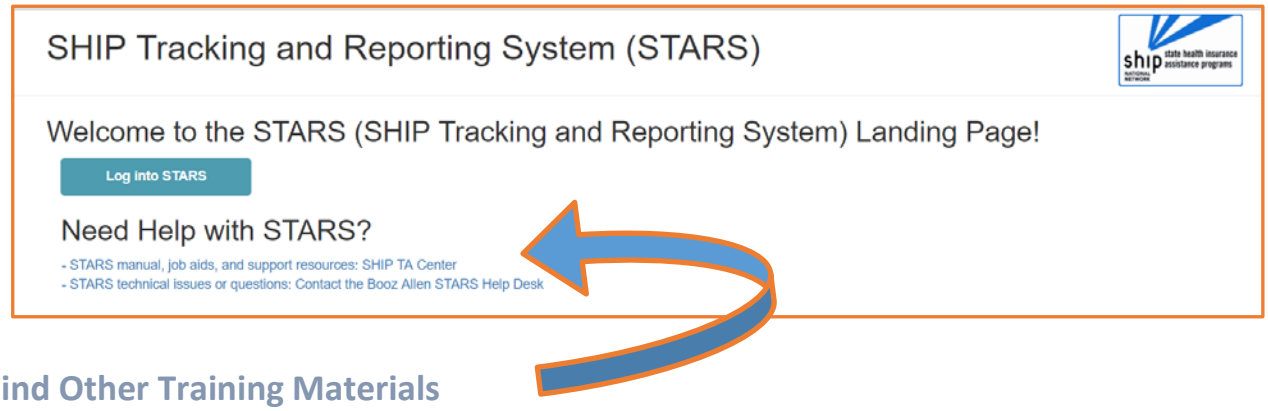
The SHIP Tracking and Reporting System (STARS) is the nationwide, web-based data system that facilitates reporting of SHIP activities. STARS allows all SHIP team members to enter SHIP activities into STARS. This job aid provides step-by-step instructions for entering beneficiary

contacts into STARS. It is meant to be used in conjunction with the STARS User Basics job aid, which explains how to log in, retrieve passwords, and more.

The beneficiary contact form is the most complex form in STARS, and it involves the largest amount of detailed guidance from the Administration for Community Living (ACL). See Appendix C for comprehensive definitions of terms and reporting guidance.

STARS Landing Page: https://stars.acl.gov

We recommend you bookmark the STARS landing page for your convenience. You must have user credentials to successfully log into STARS.



Find Other Training Materials

The STARS home page contains links to all available STARS job aids, recorded webinars, and, when it's available, the STARS manual, which will contain detailed program guidance from ACL (like the SHIP NPR manual).

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. If you press the Enter key, STARS will think you are trying to Save and will notify you of the yet-to-be completed fields. Also, STARS identifies fields where an entry is required (R) with a small red R.

Tracking Inbox

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

1. Select Beneficiary Contact.

2. The term "NEW" will appear. Click on "NEW."

MIPPA and SMP

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

MIPPA Note:
STARS is also the MIPPA data reporting system. If you work with the MIPPA (Medicare Improvements for Patients and Providers Act) program, MIPPA qualifying *Topics Discussed* are listed in Appendix C.

SIRS Note:
SIRS is the data system used by Senior Medicare Patrol (SMP) programs. SIRS and STARS are connected. If you are a SIRS user, you will now enter data in STARS and then send it to SIRS, with the exception of complex interactions. Beneficiary contacts that become complex interactions are finalized in SIRS. If you work with the SMP program, see the STARS to SIRS tip sheet on the STARS Resources page or in the SMP Resource Library for more details.

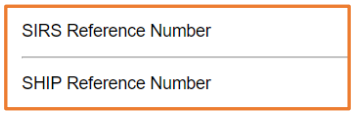
Send to SMP: When generating a new form, STARS will autofill the SIRS eFile ID of the logged in user, if applicable. Below is an example with an auto-filled SIRS eFile ID. If you are entering forms on behalf of another SMP team member, you should enter that person's valid SIRS eFile ID in this box to send the form to SIRS.

(!) Important:

- For the Beneficiary Contact Form, at least one SMP qualifying *Topics Discussed* must also be selected. SMP qualifying *Topics Discussed* are listed in Appendix C.
- If saved data must be corrected or updated later, it must be edited in both systems (unless edits are related strictly to finalizing a complex interaction, in which case you only need to edit in SIRS). STARS beneficiary contact form *updates* do not transfer from STARS to SIRS; only the *initial* saved record transfers.

Reference Number

STARS will assign a *STARS reference Number* and, if appropriate, a *SIRS Reference Number* after you have saved the beneficiary contact form. 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.



Session Conducted By and Partner Organization Affiliation

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

- Note: The saved form populates the tracking Inbox of the person listed for *Session Conducted By* and the person who conducted the data entry.

Partner Organization Affiliation (not pictured) will automatically appear based upon the associated team member profile.

Session Location Zip Code and County

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

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

Beneficiary Information

None of the beneficiary and representative contact information is required in STARS. Check with your supervisor about state and local SHIP program requirements for these fields.

Beneficiary Zip Code and County

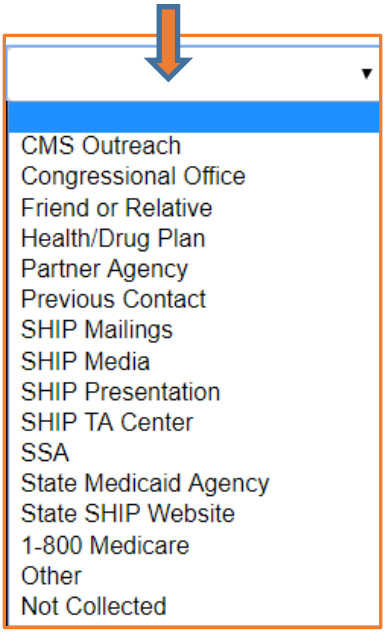
Though you have already completed the session location fields using the zip code, the beneficiary residence may be in a different zip code. Beneficiary location fields behave in exactly the same way as the session location fields described earlier.

Contact Date and Method

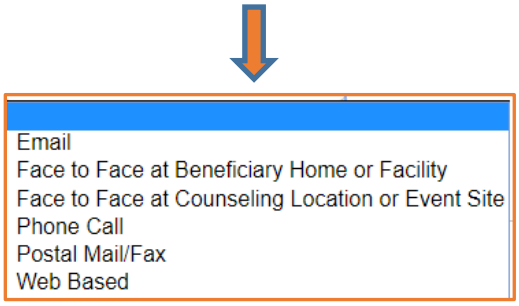
These fields are all required. See definitions of terms in Appendix C.

- A date selector is provided to assist in entering the *Date of Contact (R).* It looks like a small calendar. If you choose this data entry method, make sure you have selected the proper year. You can also manually enter the date of contact; however, if you choose this method, months and days must be entered using 2-digits (i.e. 01 for January, and so on).

- *How Did Beneficiary Learn About SHIP (R).* These drop down options are provided.

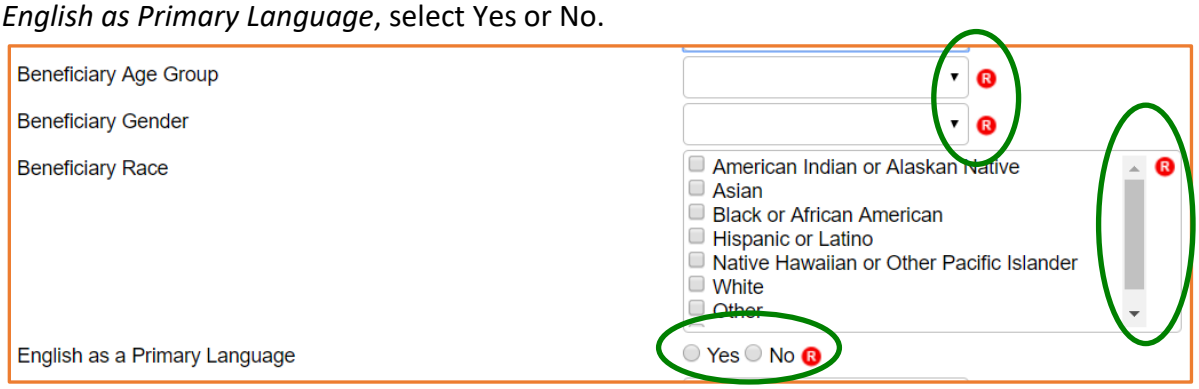


- *Method of Contact (R)*. These drop down options are provided.



Demographics

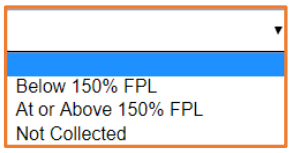
All of the demographic questions require an answer. Click the arrows to open drop down boxes for *Age Group* and *Gender*. Use the scroll bar to see all of the options for *Race*. For *English as Primary Language*, select Yes or No.



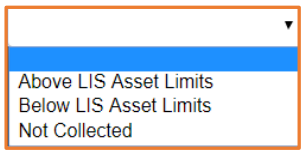
Financial Information

Answers to the financial information questions in STARS are all required. On-screen income guidelines are provided for FPL (federal poverty limit) and LIS (Low-Income Subsidy).

- *Beneficiary Monthly Income* drop down options:



- *Beneficiary Assets* drop down options:



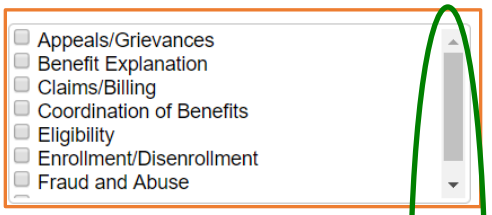
- *Receiving or Applying for Social Security Disability or Medicare Disability.* (Not pictured.) Answer Yes or No. You should only select "Yes" if the beneficiary is under the age of 65 and also receiving or applying for Social Security Disability or Medicare Disability. Medicare beneficiaries with End-Stage Renal Disease count. If your answer is not consistent with the age of the beneficiary in this contact, a prompt will appear and you will need to correct your entry.

Topics Discussed

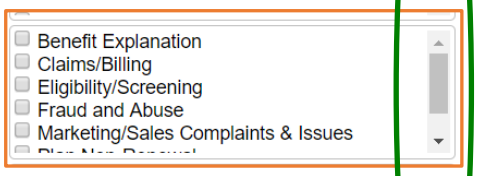
At least one topic must be chosen as the topic discussed. At least one answer must be selected from at least one of the drop down lists provided. For the list associated with each topic, use the scroll bar to see all options (circled in green on the next page). Topics and their list options are depicted on the next page; however, you must go to the STARS system to see the options in their entirety. To effectively use the "Send to SMP" functionality, at least one SMP-qualifying topic must be selected.

For definitions of the *Topics Discussed* terms, including lists of SMP and MIPPA qualifying topics, see Appendix C.

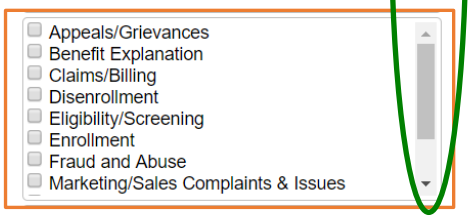
- *Original Medicare (Parts A and B)*



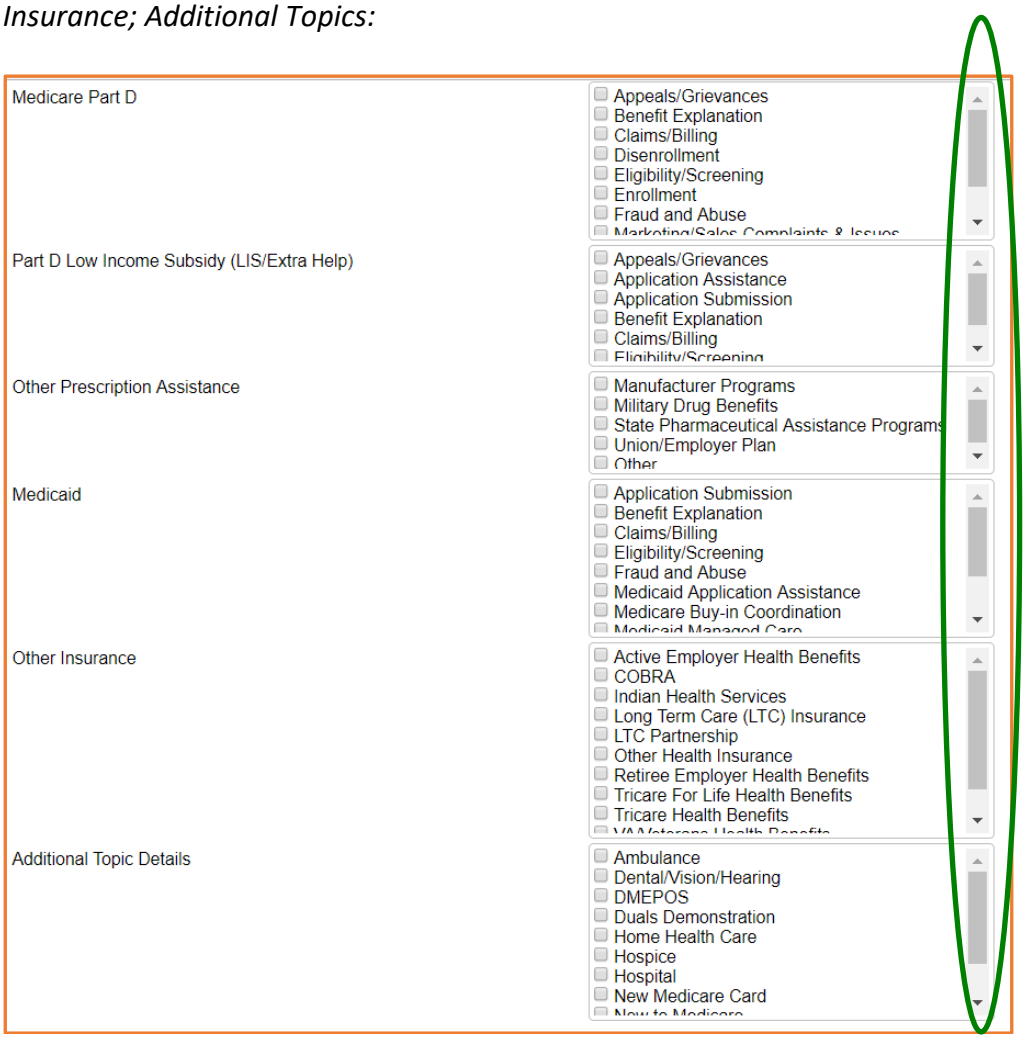
- *Medigap and Medicare Select*



- *Medicare Advantage (MA and MAPD)*



- *Medicare Part D; Part D Low Income Subsidy (LIS/Extra Help); Other Prescription Insurance Assistance; Medicaid; Other Insurance; Additional Topics:*



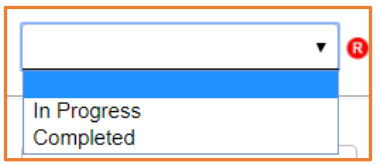
Time Spent

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

Note to users of STARS and SIRS (for SMPs): Though STARS sends data to SIRS, the time spent cannot be divided between the SHIP and SMP content of the beneficiary contact. Enter the entire time spent in a given beneficiary contact into STARS. ACL accepts that the entire time spent on an interaction will be counted in both STARS and SIRS.

Status

Status is a required field. There are only two answer options – In Progress or Completed. This refers to whether your casework is in progress or completed, not your data entry.

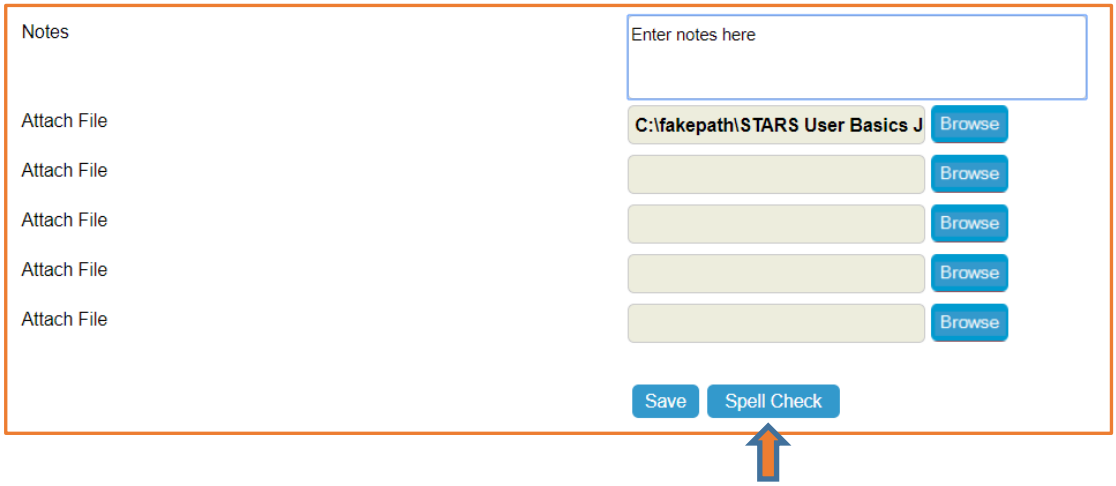


Special Use Fields

The Special Use Fields are not required in STARS. Only two are designated: *Original PDP/MA-PD Cost* and *New PDP/MA-PD Cost.* Talk with your supervisor about how the Special Use fields are being used in STARS for your SHIP program.

Notes and Uploaded Files

It is not required by STARS that you enter notes or upload files. Talk with your supervisor about whether and how the *Notes* and *Attach Files* fields are being used in your SHIP program. 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.



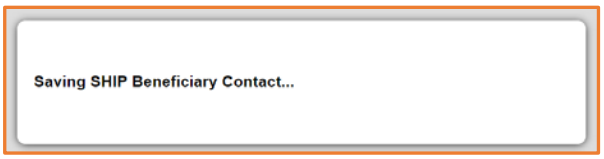
STARS offers a Spell Check feature for use with the open-ended data fields. Click Spell Check and follow the on-line prompts. It works just like a typical spell checker in other software programs you are likely to be familiar with.

Save Your Work

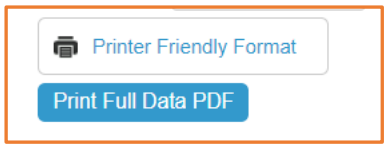
When you press the blue Save button, either your beneficiary contact will be successfully saved, or you will be prompted to complete any required fields that you neglected.

Required Fields Prompts: Here is a list of the prompts that will appear for the required fields, if you neglect to provide answers for any of them:

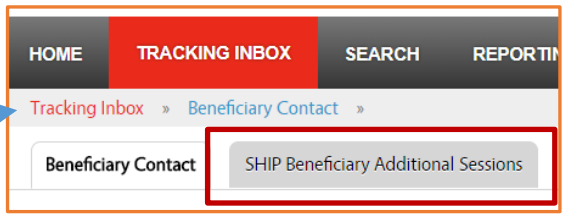
Successful Save: A prompt indicating a successfully save contact briefly appears on your screen.



Even if you were looking down or away when the above prompt briefly appeared, you can know that your contact successfully saved if you see your contact on the screen with an absence of business required prompts. Upon successful completion, STARS provides the option to **Print Full Data PDF**. This will appear in the upper right corner.



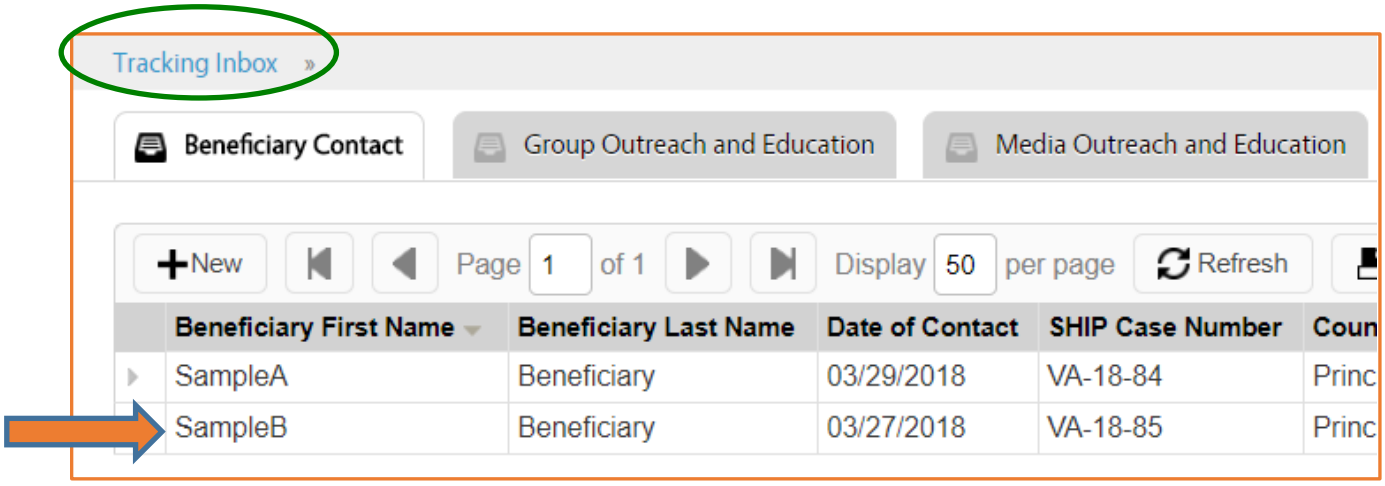
Also, the *SHIP Beneficiary Additional Sessions* tab – a "child object" to the main *Beneficiary Contact* form – only appears after the record has been saved.



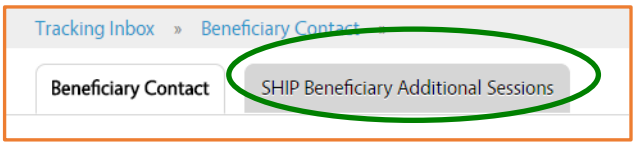
- Click Tracking Inbox to see a list of your beneficiary contacts, including the one you just finished entering and also contacts entered by others with your name selected as *Session Conducted By*.

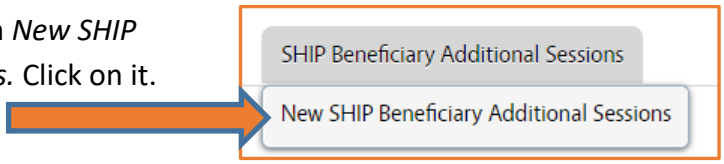
Beneficiary Additional Sessions (BAS)

You can enter additional contacts for the same beneficiary by finding that beneficiary in the tracking inbox (circled in green) and selecting the benefiary by clicking anywhere in their row. In this example, we will click Sample B.



Their record will appear. Hover your mouse over the *SHIP Beneficiary Additional Sessions* tab (circled in green). You will see the option *New SHIP Beneficiary Additional Sessions.* Click on it.

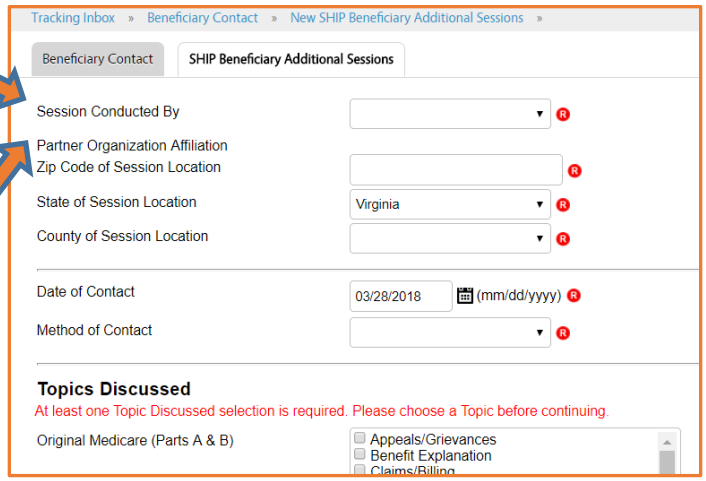




A form auto-populated with the beneficiary's contact information will appear. Complete the beneficiary contact fields according to the steps provided earlier in this job aid.

Reminder: *Session Conducted By*: From the drop down list, select who the session was conducted by (you or another team member, if applicable).

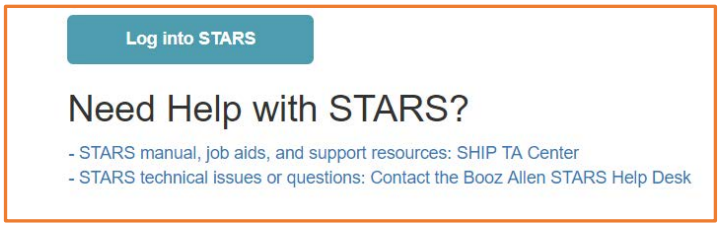
Partner Organization Affiliation will auto-populate accordingly.



Updating or Editing Previous Contacts

Beneficiary contacts can be updated and edited following the instructions provided in this job aid. All actions begin with the Tracking Inbox.

For guidance about when to edit a previous contact versus when to enter a SHIP Beneficiary Additional Session, refer to the guidance in Appendix C and also the STARS FAQs job aid on the STARS Resources page (under "Need Help With STARS?").



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

Appendix A: Technical Assistance

Where you should go for individual technical assistance will vary, depending upon your issue or need. Here is a decision-making guide.

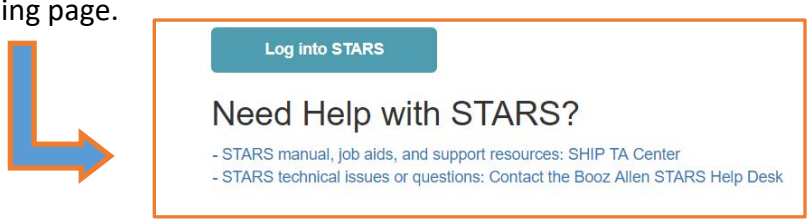
- **Your SHIP program leaders:** Data reporting processes vary by SHIP. For questions about how STARS is being managed by the SHIP in your area, contact your supervisor or leadership for your SHIP program.

- **Booz Allen Hamilton (a.k.a. "Booz Allen"):** For technical assistance, such as for difficulties with usernames and passwords, contact the Booz Allen STARS help desk at boozallenstarshelpdesk@bah.com or 703-377-4424.

- **SHIP National Technical Assistance Center (SHIP TA Center):** The SHIP TA Center provides webinar training, technical assistance, and written job aids on STARS.
    - Links to SHIP TA Center and ACL STARS resources are available to all STARS users on the STARS landing page
    - For questions about these steps or other STARS support resources, contact the SHIP TA Center, stars@shiptacenter.org or 877-839-2675.

- **SIRS (SMP Information and Reporting System) Support:**
    - *Help using SIRS:* SMP National Resource Center; Sara Lauer, SMP Resource Center; SIRS@smpresource.org; 319-874-6859
    - *SIRS technical issues and password reset assistance:* Booz Allen Hamilton Help Desk; 703-377-4411 or BoozAllenSIRSHelpDesk@bah.com

- **Reminder: For online information about STARS**: Follow the links under "Need Help with STARS?" on the STARS landing page.



The production of this job aid was supported by Grant Number 90SATC0001 from the Administration for Community Living (ACL). Though its contents were developed in cooperation with ACL, this document is solely the responsibility of the SHIP National Technical Assistance Center.

Appendix B: User Roles At-a-Glance Reference

STARS User Roles Overview

Role Name	Enter own efforts & edit those forms	Edit forms entered by others about own efforts	Enter forms about others efforts and edit those forms	View forms entered by and about others	Edit forms entered by others about others	Enter & edit team members	View other team members	Use Search Tool	Generate perf. Measures and Resource Reports	Unique IDs: create & manage/generate report	Unique IDs: view numbers	Delete data
STARS Submitter ***	yes	yes	*yes	no	no	no	no	no	no	no	no	no
Team Member ***	yes	yes	*yes	*yes	no	no	no	*yes	no	no	no	no
Site Staff	yes	yes	*yes	*yes	*yes	no	*yes	*yes	no	no	*yes	no
Site Manager	yes	yes	*yes	*yes	**yes	*yes	*yes	*yes	*yes	no	*yes	no
Sub-State Staff	yes	yes	*yes	*yes	*yes	no	*yes	*yes	no	no	*yes	no
Sub-State Manager	yes	yes	*yes	*yes	**yes	*yes	*yes	*yes	*yes	no	*yes	no
State Staff	yes	yes	yes	yes	yes	**yes	yes	yes	yes	no	yes	no
SHIP Assistant Director	yes	yes	yes	yes	yes	**yes	yes	yes	yes	yes	yes	yes
SHIP Director	yes	yes	yes	yes	yes	**yes	yes	yes	yes	yes	yes	yes

KEY:

* *At and below* their level on the hierarchy

** Roles *lower* than their own (*and* at and below their level on the hierarchy)

*** Can be aligned with *any* organization at *any* level of the hierarchy

Note: If there is no asterisk, then no other hierarchy-related conditions apply

Appendix C: Definitions from ACL

Beneficiary Contact Form (BCF) Definitions

MIPPA Qualifying Topics Discussed

The Medicare Improvements for Patients and Providers Act (MIPPA) Contact radio button defaults a 'no' response. Select the 'yes' radio button if the SHIP team member conducts MIPPA work and the beneficiary contact included one or more of the Topics Discussed listed in the table below:

Qualifying MIPPA Topics Discussed	
Part D Low Income Subsidy (LIS/Extra Help)	**Medicaid**
Application Assistance	Application Submission
Application Submission	Benefit Explanation
Benefit Explanation	Eligibility/Screening
Eligibility/Screening	Medicaid Application Assistance
	MSP Application Assistance
	Recertification

SMP Qualifying Topics Discussed

The *Send to SMP* radio button defaults a 'no' answer. To send a form to SMP database, known as the SMP Information and Reporting System (SIRS), requires the all following:

1. Select the 'yes' radio button associated with *Send to SMP*.
2. The SHIP properly trained and state certified SHIP Team Member listed in the *Session Conducted By* field is a trained SMP team member with a valid SIRS efile ID.
3. The valid SIRS efile ID appears in the corresponding text box. *Note: When conducting data entry on behalf of another team member, be sure to enter the other team members eFile ID and select their name in the Session Conducted By dropdown.*
4. The beneficiary contact form includes one or more of the **SMP Qualifying Topics Discussed** listed in the tables below:

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

SMP Qualifying *Topics Discussed* are continued on the next page.

SMP Qualifying *Topics Discussed*, continued.

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

Counseling Information

Field	Definition
Session Conducted By	Auto-populates with the name of the user logged into STARS. Use the dropdown arrow to select the appropriate team member when entering contacts on another's behalf.
Partner Organization Affiliation	Auto-populates after the form has been saved based on the *Organization Affiliation* assigned in the profile 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.*
State of Session Location	Auto-populates based on the state assigned in the profile 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.*
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. *When to update a BCF:* *All contact and work by the same team member on behalf of a beneficiary or representative on one day must be reported on the same*

	form. To report additional time (e.g. another phone call, research time, etc.) for the same day, edit the existing form in STARS and save it. Do not submit multiple forms for the same team member on behalf of the same beneficiary or representative on one day. *When to add a new BCF:* *If two or more team members work with the beneficiary or their representative on the same day, then each team member should submit a separate BCF.*

How did Beneficiary Learn About SHIP

Field	Definition
CMS Outreach	Select this option if a CMS sponsored source such as a web site, publication, mailing, regional office, etc., provided the referral. Examples include, but not limited to, Medicare.gov, Medicare & You, and other CMS Publications. *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.
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 occurs by email.
Face to Face at Beneficiary Home or Facility	Select this option if the contact occurs at the beneficiary's (or their representative's) home or facility.
Face to Face at Counseling Location or Event Site	Select this option if the contact occurs in a location other than the beneficiary's (or their representative's) home or facility.
Phone Call	Select this option if the contact occurs by phone.
Postal Mail/Fax	Select this option if the contact occurs by postal mail/fax.
Web Based	Select this option if the contact occurs by web including examples like Skype, web conference (ex. WebEx, ReadyTalk, GoTo Meeting), or other methods of web communication (ex. web chat).

Beneficiary Demographics

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

English as a Primary Language	Select the "yes" radio button if the beneficiary or their representative's primary language is English. If English is not the primary language, select the "no" radio button.
Beneficiary Income	Select the appropriate income level above or below 150% of the Federal Poverty Level (FPL) of monthly household income. If the beneficiary refuses or if the question was not asked, record a response of Not Collected. *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 and 2. Applying for Medicare or Social Security benefits due to disability or 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.*

Topics Discussed

Listed below are descriptions of most of the SHIP-related topics discussed during a counseling session. Team members should select the boxes for all topics that apply. If, for example, a team member discusses eligibility for Medicare Advantage and provides an explanation of benefits, then both boxes should be selected.

Original Medicare Parts A & B

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an Original Medicare appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Original Medicare coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with an Original Medicare claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Coordination of Benefits (COB)	Check this box to indicate assisting with an Original Medicare COB including primary and secondary payer rules, assisting with calling, gathering, or submitting documentation to the COB contractor, or sorting paperwork.
Eligibility	Check this box to indicate discussion of Original Medicare eligibility criteria including answering eligibility questions or screening for eligibility.
Enrollment/Disenrollment	Check this box to indicate assisting with Original Medicare enrollment or disenrollment. *NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.*

Fraud and Abuse	Check this box to indicate assisting with Original Medicare fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
QIO/Quality of Care	Check this box to indicate discussion of Original Medicare Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medigap and Medicare Select

Field	Definition
Benefit Explanation	Check this box to indicate discussion of Medigap or Medicare Select supplemental coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with a Medigap or Medicare Select claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medigap or Medicare Select eligibility criteria including screening for eligibility and answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medigap or Medicare Select fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP, Insurance Department/Bureau).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Medigap or Medicare Select complaint. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. *NOTE: Such complaints can be filed with* the SMP or Insurance Department/Bureau with Medigap regulatory authority.
Plan Non-Renewal	Check this box to indicate assisting with Medigap or Medicare Select plan termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Medigap or Medicare Select plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.

Medicare Advantage (MA and MA-PD)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an MA or MA-PD appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of MA or MA-PD coverage (what is pays for or does not pay for) such as coverage areas, networks, benefits, costs, etc.
Claims/Billing	Check this box to indicate assisting with an MA or MA-PD claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with MA or MA-PD disenrollment (e.g. enrolling in a different plan to replace the current MA/MA-PD). *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 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 and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a MA or MA-PD complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. *NOTE: Such complaints can be filed with* the SMP, Insurance Department/Bureau with Medigap regulatory authority.

Plan Non-Renewal	Check this box to indicate assisting with MA or MA-PD termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with MA or MA-PD plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.
QIO/Quality of Care	Check this box to indicate discussion of MA or MA-PD Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medicare Part D

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Part D coverage (what it pays for or does not pay for) such as coverage areas, formulary, quantity limits, and step therapy.
Claims/Billing	Check this box to indicate assisting with a Part D claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with Part D disenrollment (e.g. enrolling in a different plan to replace the current Part D plan). *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 and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Part D complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.
Plan Non-Renewal	Check this box to indicate assisting with Part D termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Part D plan comparison. Sample sources include the plan website, www.medicare.gov, or state/territory specific Medigap rates.

Part D Low Income Subsidy (LIS/Extra Help)

Field	**Definition**
Appeals/Grievances	Check this box to indicate assisting with a Part D LIS/Extra Help appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Application Assistance	Check this box to indicate Part D LIS/Extra Help application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Application Submission	Check this box to indicate submitting a Part D LIS/Extra Help application, either paper or electronically via SSA's website.
Benefit Explanation	Check this box to indicate discussion of Part D LIS/Extra Help program in making prescriptions more affordable, importance of the formulary, allowing a Continuous Special Enrollment Period (SEP), etc.
Claims/Billing	Check this box to indicate assisting with a Part D LIS/Extra Help claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.

Eligibility/Screening	Check this box to indicate discussion of Part D LIS/Extra Help eligibility criteria including screening for eligibility or answering eligibility questions.
LI NET/BAE	Check this box to indicate assisting with the Limited-income Newly Eligible Transition (LI NET) program or Best Available Evidence (BAE) policy. *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.
State Pharmaceutical Assistance Programs	Check this box to indicate assisting with questions related to prescription drug coverage under State Pharmacy Assistance Programs (SPAPs). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Union/Employer Plan	Check this box to indicate assisting with questions related to prescription drug coverage under Union/Employer plans. This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Other	Check this box to indicate assisting with all other prescription assistance programs/plans (e.g. local sources of assistance such as American Red Cross, Salvation Army, churches, non-profit organizations that assist beneficiaries with obtaining medications related to specific diseases, such as cancer drugs).

Medicaid

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

Other Insurance

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

VA/Veterans Health Benefits	Check this box to indicate explaining VA/Veterans Health Benefits. Topics may include eligibility/screening, benefit explanation, coordination of benefits, and claims/billing.
Other	Check this box to indicate assisting with insurance topics not listed above (e.g. workers compensation, Marketplace, auto insurance, etc. in coordination with Medicare).

Additional Topic Details

Field	Definition
Ambulance	Check this box to indicate assistance with Medicare coverage of ambulance benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Dental/Vision/Hearing	Check this box to indicate assistance with dental/vision/hearing benefits.
DMEPOS	Check this box to indicate assistance with Medicare coverage of Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) benefit. Topics may include eligibility/screening, benefit explanation, finding a provider, fraud and abuse, and appeals or claims/billing.
Duals Demonstration	Check this box to indicate the SHIP receives additional grant dollars to assist beneficiaries enrolled in both Medicare and Medicaid known as Duals Demonstrations Programs. *NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes.*
Home Health Care	Check this box to indicate assistance with Medicare coverage of home health benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Hospice	Check this box to indicate assistance with Medicare coverage of hospice benefit. Topics may include eligibility/screening, benefit explanation, locating a provider, fraud and abuse, and appeals or claims/billing.
Hospital	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, observation vs. admittance, ratings comparisons, fraud and abuse, and appeals or claims/billing.
New Medicare Card	Check this box to indicate assistance with New Medicare Cards.
New to Medicare	Check this box to indicate assistance to a beneficiary just joining Medicare, known as New to Medicare.

Preventive Benefits	Check this box to indicate assistance with Medicare coverage of preventive benefits coverage. Topics may include eligibility/screening, benefit explanation, cost-sharing requirements, fraud and abuse, and appeals or claims/billing.
Skilled Nursing Facility	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Other	Check this box to indicate assistance with Medicare coverage not listed in other topics of this section.

Time Spent

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

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

REPORTING TIME SPENT WHEN THERE ARE MULTIPLE SESSIONS ON THE SAME DAY

If the same counselor conducts the sessions: When multiple sessions with the same beneficiary or representative occur on the same day, compile all of the information into one Beneficiary Contact Form. Add all of the time spent that day and enter the total amount of time spent with that beneficiary or representative into the time spent field.

If different counselors conduct the sessions: When multiple sessions with the same beneficiary or representative occur on the same day with different counselors, each counselor enters a Beneficiary Contact Form for their *own* contact/s and enters their *own* time spent.

.