Media Outreach and Education (MOE) Definitions

# MIPPA Contact

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 outreach with a Target Beneficiary Group listed below and one or more of the Topics Discussed:

|  |  |
| --- | --- |
| **Target Beneficiary Group** | **Topics Discussed** |
| Low Income | Extra Help/LIS |
| Rural | Medicaid |
|  | MSP |
|  | Preventive Services |

# Send to SMP

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. Note: All topics on the Media Outreach and Education (MOE) form are SMP Qualifying Topics Discussed.

# Time Spent

Count time spent preparing for the event (creating, practicing, or updating presentations/materials; copying materials; organizing; etc.), travel time (to and from the event), and time spent attending the event. When an event involves multiple team members, enter the full amount of time each team member spent using the “Additional Team Member” tab connected to the saved Group Outreach and Education Form.

# Event 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*. |

# Type of Media

|  |  |
| --- | --- |
| Billboard | Select this option to report both paper and electronic billboard advertisements. |
| Email | Select this option to report an email blast or listserv message to a larger group. Do not include email communications with individual beneficiaries. |
| Magazine | Select this option to report a magazine advertisement, feature, or story highlighting Medicare or SHIP. |
| Newsletter | Select this option to report distribution of a local, regional or state newsletter. |
| Newspaper | Select this option to report a newspaper advertisement, feature, or story highlighting Medicare or SHIP. |
| Radio | Select this option to report a public service announcement or a live or taped radio appearance including Medicare or SHIP information. |
| Social Media | Select this option to report use of any social media electronic platform to facilitate Medicare or SHIP information sharing. |
| Television | Select this option to report a public service announcement or a live or taped radio appearance for the purpose of sharing Medicare or SHIP information. |
| Website | Select this option to report messaging shared through the state, regional, or local SHIP website for the purpose of sharing Medicare or SHIP information. |
| Other | Select this option to report other media not listed above. |

# Audience

|  |  |
| --- | --- |
| **Field** | **Definition** |
| Beneficiaries | Check this box if current Medicare beneficiaries are part of the intended audience. |
| Employer-Related Groups | Check this box if employer-related groups are part of the intended audience (ie. active or retired employee groups, human resources departments). |
| Family Members/Caregivers | Check this box if family members or caregivers of current Medicare beneficiaries are part of the intended audience. |
| Limited-English Proficiency | Check this box if Medicare beneficiaries with Limited English Proficiency are part of the intended audience. |
| Medicare Pre-Enrollees | Check this box if those nearing Medicare eligibility are part of the intended audience. |
| Partner Organizations | Check this box if partner organizations are part of the intended audience. |
| People with Disabilities | Check this box if persons with disabilities either currently enrolled in Medicare or nearing Medicare eligibility are part of the intended audience. |
| Rural Beneficiaries | Check this box if rural dwelling current Medicare beneficiaries are part of the intended audience. |
| Other | Check this box to indicate an intended audience other than those listed. |
| Not Collected | Check this box to indicate there is no intended audience. |

# Geographic Coverage

|  |  |
| --- | --- |
| County or Counties | Select this option when an event targets a countywide audience or more then one county. |
| Multi-State | Select this option when an event targets an audience representing more than one state, particularly useful in areas near state borders. |
| National | Select this option when an event targets a national audience. |
| Regional | Select this option can be used when an event targets a regional audience of the state. |
| Statewide | Select this option when an event targets a statewide audience. |
| Zip Code | Select this option when an event targets an audience in a geographic area smaller than county level. |

# Topics Discussed

Listed below are descriptions of most of the SHIP-related topics discussed during a Media Outreach Event. Team members should select the boxes for all topics that apply. If, for example, a team member discusses Medicare Advantage and Medicaid, then both boxes should be selected.

|  |  |
| --- | --- |
| **Field** | **Definition** |
| Duals Demonstration | Check this box to indicate providing information about dually enrolled in Medicare and Medicaid beneficiaries 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. |
| Extra Help/LIS | Check this box to indicate providing information about the Extra Help/LIS program. This may include eligibility explanation/screening, benefit explanation, claims/billing, appeals/grievances, fraud and abuse, or marketing/sales complaints/issues. |
| General SHIP Program Information | Check this box to indicate providing general information about the SHIP program. |
| Long-Term Care Insurance | Check this box to indicate explaining LTC insurance. This may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, and marketing/sales complaints/issues. |
| Medicaid | Check this box to indicate discussion of Medicaid coverage. This could include discussion of Medicare cost sharing, LTSS, HCBS LTC, etc. |
| Medicare Advantage | Check this box to indicate discussion of Medicare Advantage coverage. This may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, and marketing/sales complaints/issues. |
| Medicare Fraud and Abuse | Check this box to indicate discussion of Medicare Fraud and Abuse. |
| Medicare Part D | Check this box to indicate discussion of Medicare Part D coverage. This may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, plan nonrenewals, and marketing/sales complaints/issues. |
| Medicare Savings Program | Check this box to indicate discussion of the Medicare Savings Programs (QMB and SLMB). This may include eligibility explanation/screening, benefit explanation, claims/billing, appeals/grievances, and fraud and abuse. |
| Medigap or Supplemental Insurance | Check this box to indicate discussion of Medigap or Supplemental Insurance coverage. This may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, and marketing/sales complaints/issues. |
| Original Medicare (Parts A and B) | Check this box to indicate discussion of Original Medicare Parts A and B coverage. This may include eligibility explanation/screening, benefit explanation, enrollment/disenrollment, claims/billing, appeals/grievances, and fraud and abuse,. |
| Partnership Recruitment | Check this box to indicate targeting new partners. |
| Preventive Services | Check this box to indicate discussion of Medicare Preventive Services coverage. This may include eligibility, benefit explanation, claims/billing, appeals/grievances, and fraud and abuse. |
| Volunteer Recruitment | Check this box to indicate targeting new volunteers. |
| Other | Check this box to indicate a topic discussed not included in the list. |