



Chapter 4: Beneficiary Contacts

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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.

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.
 - **Or you can just enter a new BCF.**

Different team member, different day

- **If you DO have access to edit the original BCF** for that issue because of your user role and place on the STARS organizational hierarchy, you can add a BAS about your contact with the beneficiary to the original BCF about the different team member's contact with that beneficiary. You can also choose to **enter a new BCF for your contact with the beneficiary instead of adding a BAS to the existing BCF**.
- **If you do NOT have access to view or edit the original BCF** for that issue because of your user role or your place on the STARS organizational hierarchy, enter a new BCF. It will be your first contact with the beneficiary or representative on the issue.



Important 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 to record a follow-up session about an issue, it usually will not negatively affect the SHIP or MIPPA Performance Measures report. It is important to interpret “same issue” correctly. For example, you should not add a BAS to the previous year’s BCF about choosing a plan during open enrollment. That is not the same issue. Repeat clients for the annual fall open enrollment season have a “new issue” – and thus a new BCF – each year. However, if they need multiple appointments in a single open enrollment season to pick their plan for the coming year, that can be considered “the same issue.” When in doubt, create a new BCF instead of adding a BAS.

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.

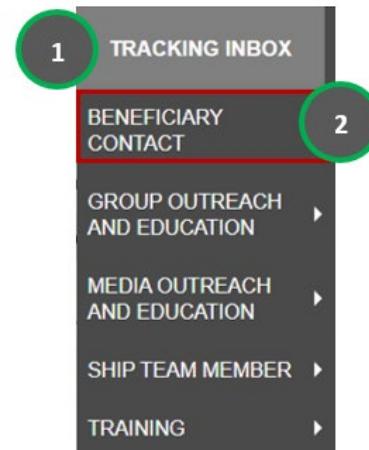
Data Entry Guidance

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 (*).

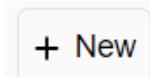
Tracking Inbox Menu

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 your mouse, you will open the Beneficiary Contact Tracking Inbox. From there, click the “+New” button to open a new form.





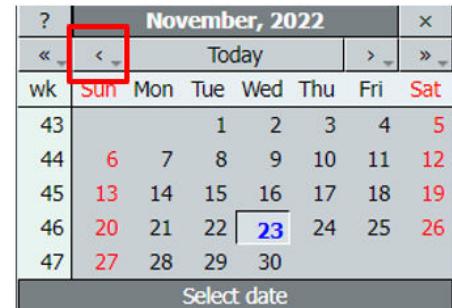
Date of Contact

This date fields appear at the top of the form and defaults to the date of data entry. Change the date to the actual date of the beneficiary contact if it is different. You can revise the date manually by typing within the field. If you choose this method, use the mm/dd/yyyy format.

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

Date of Contact	12/01/2022	 (mm/dd/yyyy) *
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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.



Beginning with a March 2024 enhancement, future dates are not allowed, and the Date of Contact cannot be more than 15 months in the past from the day of data entry. The following validation errors will occur if the date entered is greater than 15 months in the past or the date entered is in the future, respectively:

 **Validation Error**

- Please enter a valid date. Dates greater than 15 months in the past are not allowed.

 **Validation Error**

- Please enter a valid date. Future dates are not allowed.

Data Entry Tracking

A March 2024 enhancement added additional data entry tracking to this form and grouped these fields together at the top of the form. The fields are initially blank. The first three fields are populated after successfully saving the record. The Record Last Updated By field is only populated after the first update to the record is completed.

Date of Initial Creation
Session Entered By
Date of Last Update
Record Last Updated By



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 *

- As explained in Chapter 1, 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. For more information see Validation errors for MIPPA forms.
- 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, the contact fulfilled an aspect of the SMP mission, and SMP-qualifying topics were discussed (usually fraud and abuse, at a minimum), answer “Yes.”

Send to SMP

Yes No

A March 2024 enhancement removed the SIRS eFile ID field from the BCF. STARS will automatically send the record to the SIRS eFile ID of the team member selected in the *Session Conducted By* field. An error message in red text will be displayed if STARS does not find a SIRS eFile ID for the team member.

Send to SMP Error

- Please update the SHIP Team Member form to include a SIRS eFile ID in order to send this record to SIRS.**

This Send to SMP Error prompts the team member to update their SHIP Team Member form with their SIRS eFile ID. You will be unable to save the form until this is addressed. You will need save the record without sending it to SMP or abandon your data entry and start over after the team member record for the session conducted by team member has been updated with a SIRS eFile ID. Please refer to Chapter 3 of the STARS manual for instructions on who can update the team member form and how to update the team member.

- 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.



- **Do not confuse the SIRS eFile ID with the SHIP eFile ID.** They are entirely different, and the SHIP eFile ID should never be entered in the SIRS eFile ID field.
- Review Chapter 1 for more details about the SMP program and STARS.

Reference Numbers

At this stage of data entry, these fields will be blank. After you have saved, STARS will assign a STARS Reference Number and, if you successfully “Send to SMP,” a SIRS Reference Number. The SHIP Reference Number will also be known as the SHIP Case Number on the Tracking Inbox.

SIRS Reference Number

SHIP Reference Number

Session Conducted By

Session Conducted By defaults to you, the logged in user. (Edward Sims was the logged in user in the example below).

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 “ma,” and matching names appear. You can click on the match of your choice, or you can continue typing to narrow down your options.

Session Conducted By

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 Chapter 1 or Chapter 3 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

There are three required fields dedicated to session location: zip code, state, and county. 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 team member'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* 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	<input type="text" value="22193"/> *
State of Session Location	<input type="text" value="Virginia"/> *
County of Session Location	<input type="text" value="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. **Some zip codes span counties in two separate states. If that is the case, you must select the correct state and county.**



Beneficiary Information and Contact Method

None of the beneficiary and representative contact information is required in STARS. However, ACL does use the beneficiary name and phone number to periodically conduct a SHIP Beneficiary Satisfaction Survey. Therefore, please enter this information if you have it as often as possible.

Beneficiary First Name	<input type="text"/>
Beneficiary Last Name	<input type="text"/>
Beneficiary Phone Number	<input type="text"/>
Beneficiary Email	<input type="text"/>
Representative First Name	<input type="text"/>
Representative Last Name	<input type="text"/>
Representative Phone Number	<input type="text"/>
Representative Email	<input type="text"/>

In addition, some states and agencies use STARS as a case management tool and record beneficiary names and contact information to make it easier to retrieve an existing beneficiary record. For example, a team member may need to look up a previously entered Beneficiary Contact Form to update it or add a new record for an existing beneficiary. Check with your supervisor about state and local program requirements for these fields.

Beneficiary Location

Though you have already completed the session location fields using the zip code, the beneficiary residence may be in a different zip code. 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	<input type="text"/> *
State of Beneficiary Residence	<input type="text"/> *
County of Beneficiary Residence	<input type="text"/> *

- **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.



Check for Duplicate Records

A blue button labeled Check for Duplicate Records has been added to the BCF under the beneficiary zip code, state, and county and to the BAS under partner organization zip code, state, and county. Clicking this button will display red text on the screen that will alert the user whether another record exists for this beneficiary **on the same date of contact**. This feature will help prevent unintentional duplicate record errors. You should click this button each time a BCF or BAS is entered. This enhancement helps reinforce the guidance about when to enter a new BCF and when to edit an existing BCF.

If there are no duplicate records found, the red text will display:

Check For Duplicate Records

No potential duplicate records found.

If duplicate records exist, the red text will display the following message and give the matching potential duplicate record reference numbers :

Check For Duplicate Records

Potential duplicate records have been located for this Beneficiary Contact form. This message will not prevent you from saving. Please find matching records' reference numbers below. If you are unable to view duplicate records, please reach out to your state Director

- VA-24-13034

Additionally, an alert stating *duplicates found* in red text will appear at the top of the BCF or BAS with text stating that potential duplicate records have been found:

Beneficiary Contact

SHIP Beneficiary Additional Sessions

Duplicates found

- Potential duplicate records have been located for this Beneficiary Contact form. This message will not prevent you from saving.

Important Note:

The alert messages state that you are not prevented from saving the record. After checking the duplicate record reference numbers, you can determine if the record truly is a duplicate, meeting the criteria below. If it is a duplicate, do not enter another record with the data meeting the criteria. If the record is not a duplicate (doesn't meet criteria below), you are permitted to enter and save the record. If you are unable to view the duplicate record reference numbers, the red text alert message directs you to contact your state director.

Criteria used for duplicate records in STARS:

- BCF - Beneficiary First Name, Beneficiary Last Name, Beneficiary Zip Code, and Beneficiary County with **same Date of Contact** within partner organization affiliation
- BAS - Beneficiary First Name, Beneficiary Last Name, Beneficiary Zip Code, and Beneficiary County with **same Date of Contact** within partner organization affiliation



How Did Beneficiary Learn About SHIP

This required field tracks how beneficiaries (or caregivers) learned about your program. It is increasingly important information to have. It can measure effective outreach methods, and this data is used by ACL for education purposes at the national level.

How Did Beneficiary Learn About SHIP

*

CMS Outreach
 Congressional Office
 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

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

Method of Contact

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

Method of Contact

*

- 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

Demographic Information

The following fields collect beneficiary demographic information. Team members should refer to the appendices for a [Demographic Data Collection Sample Script](#) when asking beneficiary questions on race or ethnicity, gender identity, sexual orientation, language, military status, and income/asset level. The script explains to the beneficiary or caregiver the importance and purpose of collecting this information and ensuring their confidentiality. The appendices also include specific FAQs and additional guidance about the [gender identity](#), [sexual orientation](#), and [military](#) demographic questions.



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,

A dropdown menu with a red asterisk (*) at the top right. The menu contains the following options: 64 or Younger, 65-74, 75-84, 85 or Older, and Not Collected. The '64 or Younger' option is highlighted with a blue background.

Gender Identity and Sexual Orientation

This area of the Beneficiary Contact form was expanded in a March 2024 STARS enhancement to comply with a federal executive order. The gender question answer options were expanded, and two new questions were added. These fields are not marked with a red asterisk. If answers are not provided, you will still be able to save the form.

Which of the following best represents how you think of yourself?

A dropdown menu with a red asterisk (*) at the top right. The menu contains the following options: Lesbian or gay, Straight, that is, not gay or lesbian, Bisexual, I use a different term, Don't know, and Prefer not to answer. The 'Lesbian or gay' option is highlighted with a blue background.

What is your current gender?

A dropdown menu with a red asterisk (*) at the top right. The menu contains the following options: Female, Male, Transgender, I use a different term, Don't know, and Prefer not to answer. The 'Female' option is highlighted with a blue background.

Do you consider yourself to be transgender?

A dropdown menu with a red asterisk (*) at the top right. The menu contains the following options: Female, Male, Transgender, I use a different term, Don't know, and Prefer not to answer. The 'Transgender' option is highlighted with a blue background.

See [Appendix A](#) and [Appendix B](#) for a script, FAQs and more detailed information and guidance about these questions.

Here are the answer options for each question:

- Which of the following best represents how you think of yourself?

Lesbian or gay
Straight, that is, not gay or lesbian
Bisexual
I use a different term
Don't know
Prefer not to answer

- What is your current gender?

Female
Male
Transgender
I use a different term
Don't know
Prefer not to answer



- Do you consider yourself to be transgender?

Yes
 No
 Prefer not to answer

Beneficiary Race

The *Beneficiary Race* field is a checklist containing specific race/ethnicity options, which were selected by the U.S. Department of Health and Human Services. You should check all that apply. You are limited to the options shown. If the beneficiary refuses to answer, record a response of Not Collected under Beneficiary Race. If Not Collected is selected, no other options can be checked.

Beneficiary Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Collected	*
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If Not Collected plus another option are selected, a validation error will appear on the screen:



Validation Error

- Not Collected has been selected in Beneficiary Race. Please remove the other selections to submit with this option.

- **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. See [Appendix C](#) for FAQs about this field.

Have you or a family member ever served in the military?	<input type="button" value="▼"/> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="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.

<input type="button" value="▼"/> <input type="button" value="At or Above 150% FPL"/> <input type="button" value="Below 150% FPL"/> <input type="button" value="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.

<input type="button" value="▼"/> <input type="button" value="Above LIS Asset Limits"/> <input type="button" value="Below LIS Asset Limits"/> <input type="button" value="Not Collected"/>	*
--	---

Receiving or Applying for Social Security Disability or Medicare Disability

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

Receiving or Applying for Social Security Disability or Medicare Disability Yes No *

beneficiary age group you selected earlier is 64 or younger.

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

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

- In some limited circumstances, a client over 65 years old may receive SSDI. At that point, they are eligible for Medicare because of age instead of disability. In these limited circumstances, select the correct age category, such as “65-74,” but answer “No” to the question about receiving SSDI. This will seem counterintuitive, but the “Beneficiary Age Group” field and SSDI field interact to track beneficiaries served who are eligible for Medicare because of a disability instead of age.



- **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

The topics discussed options on the BCF and BAS were selected by the U.S. Administration for Community Living based on federal needs and the input of SHIP and MIPPA grantee work group members. Keep in mind that topics can be added, revised, and removed over time. Therefore, previously completed BCF and BAS forms will display the topics that were selected based on the availability at that time.

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.

If you do not select at least one Topic Discussed, you will be unable to save the form and this validation error will appear.

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.

You must select the appropriate topic/s discussed and click the save button again or you will lose your work.

Sub-Categories of Topics Discussed

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 currently available topics are 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.

- Accountable Care Organizations (ACOs)
- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Conditional Enrollment
- Coordination of Benefits
- Eligibility

Medigap and Medicare Select

- Application Assistance
- Benefit Explanation
- Claims/Billing
- Complaints
- Eligibility/Screening
- Fraud and Abuse

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: 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.

- Appeals/Grievances
- Benefit Explanation
- Chronic Conditions Special Needs Plans
- Claims/Billing
- Disenrollment
- Dual Eligible Special Needs Plans
- Eligibility/Screening
- Enrollment

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 validation error that will appear if you select Supplemental Benefits as a topic discussed but do not enter any text:

 **Validation Error**

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

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

Supplemental Benefits Explanation	Transportation and meals for a chronically ill beneficiary.
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- A new summary report of BCF and BAS forms where this option was selected is available after the March 2024 STARS enhancement. See Chapter 3 to learn more about what user roles have access to summary reports. See Chapter 8 to learn more about accessing reports.

Medicare Advantage Marketing Sales Complaints & Issues Note: Did you select that topic discussed 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? If yes, enter "Marketing" in Special Use Field 3 and add those details in the Notes field. This is to facilitate national marketing trends tracking.

Medicare Part D

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

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

Medicare Part D Marketing Sales Complaints &

Issues: Did you select that topic discussed 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? If yes, enter "Marketing" in Special Use Field 3 and add those details in the Notes field. This is to facilitate national marketing trends tracking.

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

Other Prescription Assistance

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

Medicaid

MIPPA Performance Measure (PM) 4 Note: MSP Application Submission and MSP Recertification count toward MIPPA PM 4 – Contacts with Applications Submitted. Medicaid Application Submission and Medicaid Recertification topics 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

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



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.

SHIP Performance Measure (PM) 5 Note: The following Medicaid sub-category topics are SHIP Performance Measure (PM) 5 qualifying: Medicaid Application Submission, MSP Application Submission, Medicaid Recertification, and MSP Recertification.

Duals Demonstration Note: Some states have Centers for Medicare & Medicaid Services (CMS) Duals Demonstration Grants. 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

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

- 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, team members may gather necessary info from beneficiaries to log-in and/or create new accounts. Team members 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](#). 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.
- **Accuracy reminder:** Typos in the Time Spent fields are common, and they negatively affect the published outcomes of the SHIP and MIPPA programs. When entering time spent, slow down and double-check yourself. Ensure that you haven't put minutes in the



hours field (inflating time) or hours in the minutes field (deflating time). Other common typos are entering extra zeroes or putting zip codes in the time spent field. Always re-read your time spent entry before continuing data entry to catch these obvious errors.

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

Time spent is 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.

Guidelines for Calculating Time Spent

- ✓ If the same team member conducts multiple sessions in one day, enter the total amount of time spent during those multiple sessions in the time spent field.
- ✓ 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.
- ✓ When two team members conduct a single counseling session together, enter one team member's name in the Session Conducted by field and count the entire length of the session in the time spent fields. The other team member should count their total time spent on the Activity Form. (See Chapter 2 or Chapter 3 for Activity Form instructions.)



Status

This field refers to whether your casework is in progress or completed, not your data entry.

After a March 2024 enhancement, Status is no longer a required field on the BCF.

A screenshot of a dropdown menu. The label 'Status' is on the left. The dropdown menu contains two items: 'In Progress' and 'Completed'. The 'In Progress' item is highlighted with a blue background.

If your program is using this field, here are some rules of thumb: If you believe you have addressed the issue, you should mark *Completed*. If you expect future contacts related to the issue, such as a return call with more information, indicating a more complex case, mark the status as *In Progress*. If your BCF involves associated BASs, return to the original BCF, and update the status to *Completed* when the case is resolved. Status is not a field on the BAS form.

Special Use Fields (SUFs)

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

If entering multiple items in SUF 3, separate them with a semi-colon and a space. You can find these records later using a 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	<input type="text" value="C:\fakepath\Original and New PDF"/> <input type="button" value="Browse"/>	

- *Notes*: Nearly an unlimited number of characters are allowed. The box will expand as you type in it.
- *Attach File*: You can attach one file in each space that is provided using each *Browse* button. The following file types are accepted in STARS: pdf, png, jpeg, rtf, doc/docx; ppt/pptx; xls/xlsx, m4a, csv, html, xml, bmp. The limit on file size uploads into STARS is 500MB per file.
- **Although STARS is a secure system (see Chapter 2), ACL asks that you never enter beneficiary Social Security Numbers into STARS notes or uploaded files. It is a recommended practice to not enter unrequired and unnecessary beneficiary personal information into the STARS notes fields or as attached files.**

Save Your Work

When you press the blue *Save* button, 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 briefly appears on your screen while successfully saving your form.



You will know you successfully saved the BCF or BAS 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**

The March 2024 enhancement populates three fields at the top of the BCF or BAS upon saving: *Date of Initial Creation*, *Session Entered By*, and *Date of Last Update*. Here is an example of a form entered by a user named Mary Hays.

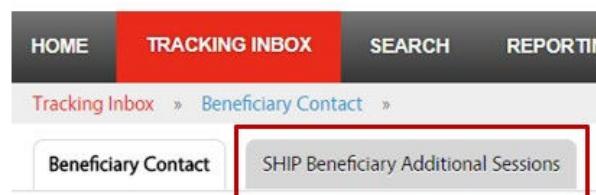
Date of Initial Creation	02/14/2024
Session Entered By	Mary Hays
Date of Last Update	02/14/2024

Other Aspects 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 as a SHIP Case Number in the Tracking Inbox.)



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.



Validation errors preventing saving

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 required 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 below.

Validation errors

- MIPPA is required.
- Zip Code of Session Location is required.
- State of Session Location is required.
- County of Session Location is required.
- Zip Code of Beneficiary Residence is required.
- State 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 Race is required.
- English as a Primary Language is required.
- Beneficiary Monthly Income is required.
- Beneficiary Assets is required.
- Receiving or Applying for Social Security Disability or Medicare Disability is required.
- Total Time Spent (minutes) is required.

Secondary validation errors appear immediately upon data entry beside the associated data entry field. They were explained throughout the chapter along with their applicable data entry fields. One example is the time spent secondary validation error, limiting your entry to no more than 2,400 minutes.

Validation errors for MIPPA forms

You will receive a MIPPA error message and must edit and resave under the following circumstances:

- If MIPPA “Yes” is selected and no MIPPA-qualifying topics discussed are selected.
- If MIPPA “Yes” is selected, but the person entered in the “Session Conducted By” field does not have MIPPA selected on the Program field of their Team Member form.
 - If this is the case, someone with a user role capable of editing team member forms will need to edit the team member record. You will be unable to enter the contact until this has been addressed. Alert your supervisor.
- See [ACL Guidance and Definitions](#) for a list of MIPPA-Qualifying Topics Discussed.
- The MIPPA Performance Measures At-A-Glance reference document in the STARS Resources toolbox 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 follow-up counseling sessions about the **same SHIP issue or MIPPA issue**. Follow-up SMP sessions are always tracked in SIRS. Tracking beneficiary contacts using BAS forms is intended for more complex cases and reduces the burden of reentering beneficiary demographic data. It is not wrong to start a new BCF for each contact, however.

You should never enter a BAS for counseling sessions with regular clients who return for an appointment every fall during open enrollment. That is not considered a follow-up on the same issue. The new open enrollment period counseling session is considered a new issue.

Demographics change over time, and you must complete a new BCF for regular clients who make an appointment for a new issue. If, during open enrollment, a beneficiary has two counseling sessions before they settle on their final plan for the new year, you can enter a BAS for their second appointment with you during that particular open enrollment period. That is an example of using the BAS form properly.

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” or “STARS Submitter,” 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 a form of editing, and having read only access prohibits editing.

Steps to Adding BAS Forms to Existing BCFs

1. Find and open the associated BCF using the tracking inbox or a standard 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.

The screenshot shows a software interface for managing beneficiary additional sessions. At the top, there are navigation links: 'Tracking Inbox' and 'Beneficiary Contact'. Below these, there are two tabs: 'Beneficiary Contact' (which is the active tab, indicated by a blue border) and 'SHIP Beneficiary Additional Sessions' (which is highlighted with a blue box and a circled '1').

Below the tabs is a table with the following columns: 'Session Conducted By', 'Partner Organization Affiliation', 'Zip Code of Session Location', 'State of Session Location', 'County of Session Location', 'Date of Contact', 'Total Time Spent', 'Original Medicare Parts A and B', and 'Med and Med Sel'. There are two rows of data in the table:

Session Conducted By	Partner Organization Affiliation	Zip Code of Session Location	State of Session Location	County of Session Location	Date of Contact	Total Time Spent	Original Medicare Parts A and B	Med and Med Sel
Edward Sims	Virginia Site 1020	22193	Virginia	Prince William - VA	08/15/2018	20	• Appeals/Grievances	
Ida Nygaard	Virginia Site 1020	22193	Virginia	Prince William - VA	06/04/2018	45	• Enrollment/Disenrollment	

At the bottom left of the table, there is a circled '2'. At the top left of the table, there is a circled '3' over the '+ New' button. At the top right of the table, there is a circled '1' over the 'SHIP Beneficiary Additional Sessions' tab.



4. After clicking “New,” a new BAS form will appear. It contains the same fields as the Beneficiary Contact Form (BCF), with some exceptions. It doesn’t have a Send to SMP option (because follow-up SMP sessions must be entered in SIRS). It also does not repeat beneficiary contact information or demographic questions. Complete the available field as you would for a BCF.

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.

Edits Do Not Send to SMP

Updates to beneficiary contacts 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).

A March 2024 enhancement added on screen text emphasizing this point. It appears below the successful save message:

 **Record Successfully Saved**

- Thank you for submitting your **Beneficiary Contact record**. The reference number for this record is: **VA-23-12956**
- Please note that updates to **Send to SMP records** must be manually updated on the corresponding **SIRS record**. The **SIRS Reference Number** for this record is: **VA-23-1873-SHIPSMP**

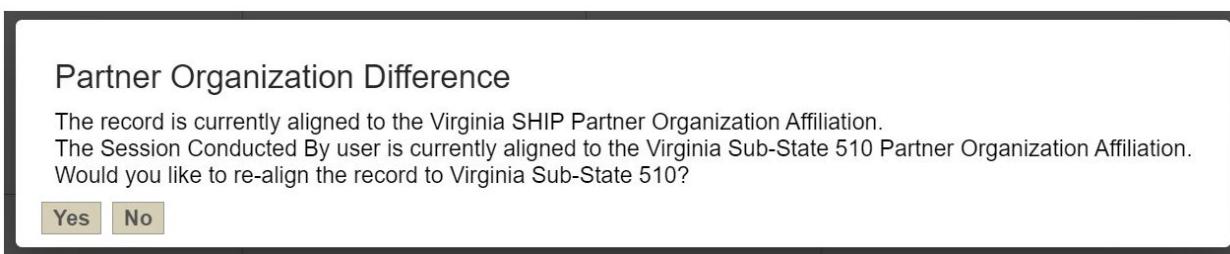


Partner Organization Difference

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 process. 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” (“data,” in other words) should move with them to Organization B – option #1 above – or whether this baggage (i.e. “data”) 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 or a standard search using the Search menu. The standard search is available to all user roles. The table on the next page outlines the visibility of beneficiary contacts by user role and place in the STARS hierarchy.

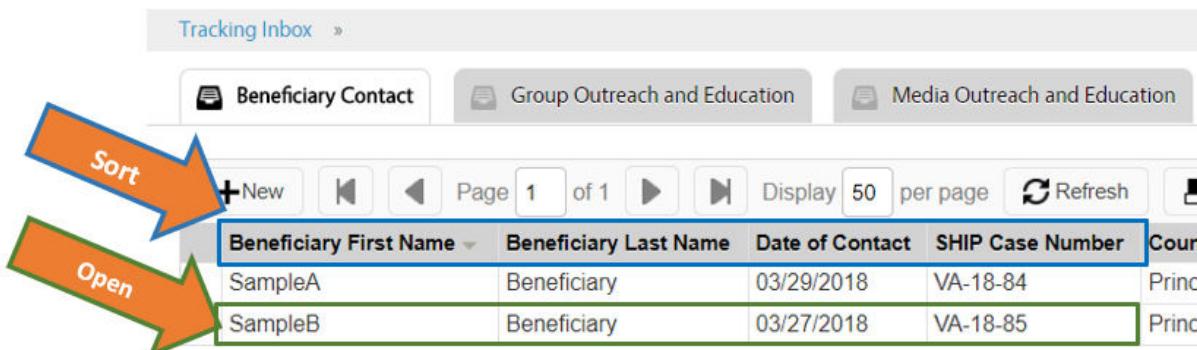


Contacts by Others: Roles Overview

Place in the STARS hierarchy	Cannot Edit (Read Only/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 . (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. For records that will be sent to SIRS via the “Send to SMP” radio button, SMP-qualifying topics must be discussed (usually fraud and abuse, at a minimum). Some qualifying topics were inadvertently omitted in the previous version of this chapter. They are highlighted in yellow below.

SMP Qualifying Topics Discussed			
Original Medicare (Parts A & B)	Medigap and Medicare Select	Medicare Advantage (MA and MA-PD)	Medicare Part D
Accountable Care Organizations	Claims/Billing	Appeals/Grievances	Appeals/Grievances
Appeals/Grievances	Complaints	Claims/Billing	Claims/Billing
Claims/Billing	Fraud and Abuse	Disenrollment	Disenrollment
Coordination of Benefits		Dual Eligible Special Needs Plans	Enrollment



SMP Qualifying Topics Discussed (continued for previous subtopics)

Original Medicare (Parts A & B)	Medigap and Medicare Select	Medicare Advantage (MA and MA-PD)	Medicare Part D
Eligibility		Enrollment	Fraud and Abuse
Enrollment/ Disenrollment		Fraud and Abuse	Marketing/Sales Complaints & Issues
Fraud and Abuse		Marketing/Sales Complaints & Issues	
Provider Participation		Supplemental Benefits	
QIO/Quality of Care		QIO/Quality of Care	

SMP Qualifying Topics Discussed (continued for additional sub-topics)

Part D Low Income Subsidy (LIS/Extra Help)	Medicaid	Other Insurance	Additional Topics Details
Appeals/Grievances	Appeals/Grievances	Marketplace Transition to Medicare	Ambulance
Claims/Billing	Claims/Billing		Covid-19
	Fraud and Abuse		Dental/Vision/Hearing
	QMB Improper Billing		DMEPOS
			Home Health Care
			Hospice
			Hospital
			Medicare Card
			New to Medicare
			Preventive Benefits
			Skilled Nursing Facility
			Substance Misuse/Fraud
			Telehealth

Session 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 <i>Organization Affiliation</i> assigned in the team member record of the team member listed in the <i>Session Conducted By</i> dropdown box.



Zip Code of Session Location	Enter the five-digit zip code of the properly trained and state certified SHIP team member's physical location at the time the counseling session occurs. <i>NOTE: If the event location zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the event occurred, as a proxy entry, for the real zip code. 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.</i>
State of Session Location	Auto-populates based on the state assigned in the team member record of the team member listed in the <i>Session Conducted By</i> dropdown box.
County of Session Location	Auto-populates based on the <i>Zip Code of Session Location</i> .

Beneficiary Information

Field	Definition
Beneficiary First and Last Name	Enter as appropriate. If counseling more than one person per session (e.g., a couple or family members), be sure to complete a form for each individual for the same issue(s) or separate issues. <i>NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary name is needed for survey completion. Though this field is not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.</i>
Beneficiary Phone Number	Enter the phone number starting with the area code as appropriate. Enter numbers only as the field is automatically formatted. <i>NOTE: The SHIP Beneficiary Satisfaction Survey project involves a contractor calling the SHIP service recipient to obtain feedback. A beneficiary phone number is needed for survey completion. Though this field is not required, ACL requests the beneficiary name be reported as often as possible to support the survey project.</i>
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 <i>Session Conducted By</i> 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. <i>NOTE: If the beneficiary's specific zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the client resides, as a proxy entry, for the real zip code. 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.</i>
County of Beneficiary Residence	Auto-populates based on the <i>Zip Code of Beneficiary Residence</i> . <i>NOTE: Zip codes may cross county lines and include more than one county, and therefore the default zip code which auto-populates may not be correct. Be sure to ask the beneficiary or their representative for their specific zip code.</i>

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 <i>only</i> if the referral response cannot fit into one of the previous categories.
Not Collected	Select this option if the beneficiary refuses, is unsure, does not know, or if this question was not asked.

Method of Contact

Field	Definition
Email	Select this option if the contact <i>only</i> occurs by email.
Face to Face at Beneficiary Home or Facility	Select this option if the contact occurs at the beneficiary's (or their representative's) home or facility.
Face to Face at Counseling Location or Event Site	Select this option if the contact occurs in a location other than the beneficiary's (or their representative's) home or facility.
Phone Call	Select this option if the contact <i>only</i> occurs by phone.
Postal Mail/Fax	Select this option if the contact <i>only</i> occurs by postal mail/fax.
Web Based	Select this option if the contact <i>primarily</i> occurs by web, including examples like Skype, Zoom, Webex, ReadyTalk, GoTo Meeting or other remote technology. Technology evolves. Select this option for other methods of web communication (ex. web chat).

Beneficiary Language, Income, Assets, SSI Status

Select the appropriate demographic information as reported by the beneficiary (or representative). ACL requests these details to document service provision to all populations and to identify when services need to be adjusted. 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 team member can reasonably conclude that the client is not fluent in understanding, speaking, reading, and/or writing the English language.
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Beneficiary Income	Select the appropriate income level above or below 150% of the Federal Poverty Level (FPL) of monthly household income. If the beneficiary refuses or if the question was not asked, record a response of Not Collected. <i>NOTE: 150% of FPL is the federal government income limit (maximum) for Extra Help eligibility.</i>
Beneficiary Assets	Select the appropriate asset level above or below LIS assets limits (maximum) for Extra Help eligibility. If the beneficiary refuses or if the question was not asked, record a response of <i>Not Collected</i> .
Receiving or Applying for Social Security Disability or Medicare Disability	Select the “yes” radio button if the beneficiary is: <ol style="list-style-type: none"> 1. Under age 65 <u>and</u> 2. Applying for Medicare or Social Security benefits due to disability <u>or</u> 3. Receiving Medicare or Social Security benefits due to disability (including End-Stage Renal Disease (ESRD), Amyotrophic Lateral Sclerosis (ALS), or other disability determination) NOTE: STARS will not allow a ‘yes’ response if the beneficiary age range is something other than under age 65. 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. If the beneficiary is over 65 and receiving SSDI, prioritize their accurate age by selecting “65-74” and select “No” for receiving SSDI.

Beneficiary Demographics

- See [Appendix A](#) for a script to introduce demographic data collection.
- See [Appendix B](#) for more information about Gender Identity and Sexual Orientation (SOGI) demographic data collection.
- See [Appendix C](#) for more information and FAQs about the military question.

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 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. 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)	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	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. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.</i>
Equitable Relief	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	Check this box to indicate discussion of Medicare Part A and Part B late enrollment penalties.
Provider Participation	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	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 it 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	Check this box to indicate assisting with Medigap or Medicare Select complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. <i>NOTE: Such complaints can be filed with the Insurance Department.</i>
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	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 provided 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 paid for or does not pay for) such as coverage areas, networks, benefits, costs, etc.
Chronic Conditions Special Needs Plans	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). <i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i>



Dual Eligible Special Needs Plans	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. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i>
Fraud and Abuse	Check this box to indicate assisting with MA or MA-PD fraud, errors, and abuse reporting and/or referrals to other agencies (e.g., SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a MA or MA-PD complaints, 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	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)	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.
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Medicare Part D

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Part D coverage (what it pays for or does not pay for) such as coverage areas, formulary, quantity limits, and step therapy.
Claims/Billing	Check this box to indicate assisting with a Part D claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with Part D disenrollment (e.g., enrolling in a different plan to replace the current Part D plan). <i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i>
Eligibility/Screening	Check this box to indicate discussion of Part D eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with Part D enrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i>
Fraud and Abuse	Check this box to indicate assisting with Part D fraud, errors, and abuse reporting and/or referrals to other agencies (e.g., SMP). You can also check this box if you provide individualized, in-depth fraud prevention education; however, do not check this box if you only distributed print materials during the beneficiary contact.



Late Enrollment Penalty	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.
Pharmacy Network	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. <i>NOTE: Assistance could include but not limited to providing information to a pharmacy about LI NET or BAE for immediate, point-of-sale Part D coverage.</i>

Other Prescription Assistance

Field	Definition
Manufacturer Programs	Check this box to indicate assisting with questions related to prescription drug assistance under manufacturer programs (e.g., Prescription Assistance Programs (PAPs)). This includes assistance with answering questions related to eligibility, screening and applying for benefits, claims/billing, and appeals/grievances.
Military Drug Benefits	Check this box to indicate assisting with questions related to prescription drug coverage under military benefits (e.g., VA and Tricare). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing, and appeals/grievances.
Prescription Discount Cards	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	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	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. <i>[NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes, at a minimum.]</i>
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	Check this box to indicate submitting a Medicaid application <u>other than</u> 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. <i>[Only check this box if a Medicaid application was submitted in addition to assisting with other qualifying SHIP or MIPPA program work. If the <u>only</u> 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.]</i>



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	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	Check this box to indicate Medicaid recertification <u>other than</u> or Medicare Savings Program (MSP) assistance, such as submission of verification documents required for Medicaid recertification. 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 <u>in addition to</u> assisting with other qualifying SHIP or MIPPA program work. If the <u>only</u> 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	Check this box to indicate providing information about Medicaid spend down criteria in your state/territory.
MSP Application Submission	Check this box to indicate working with a client to submit a Medicare Savings Program (MSP) application.
MSP Recertification	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)	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	Check this box to indicate assisting with discussion of provider participation in Medicaid, including finding participating providers.
QMB Improper Billing	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	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.
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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	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	Check this box to indicate assistance to a beneficiary who qualifies for Medicare based on a diagnosis of End-Stage Renal Disease (ESRD).
Health Savings Account(s)	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	Check this box to indicate discussion of the Income Related Monthly Adjustment Account (IRMAA).
Mail Order Prescription	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	Check this box to indicate assistance with Medicare Cards.



Mental Health	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	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	Check this box to indicate assistance with Medicare and opioid misuse.
Physical Therapy	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	Check this box to indicate discussion of substance abuse and/or fraud.
Telehealth	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	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 7A 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: <ul style="list-style-type: none"> Using MARx: Type <i>MARx</i> Marketing complaints: Type <i>Marketing</i> PHE and Medicaid unwinding: Type <i>Unwinding</i> (Separate multiple items by a space, when applicable.)



Technical Assistance

Booz Allen Hamilton (a.k.a. “Booz Allen”): For difficulties with usernames, passwords, and if your account is locked because of failed log in attempts, 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, training, and technical assistance about STARS. They are available for one-on-one support from 8:00 - 4:30 Central Time, Monday through Friday.

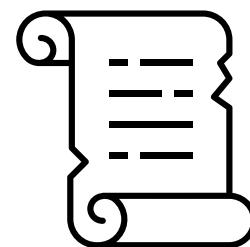
- **Manual, self-paced courses, webinar recordings, STARS office hours, and other training materials:** Login at www.shiphelp.org. Upon login, go to “STARS Resources” in the navigation pane.
- **Live training:** Webinars and office hours are announced by email to registered users at shiphelp.org, or 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:** email your STARS questions to the SHIP TA Center at: 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).

Your supervisor or local program: If you need a STARS account, a change to your STARS user role, or if your account is locked because of inactivity, you will need help from your supervisor or other leader within your program. The SHIP TA Center and Booz Allen Hamilton cannot make or change STARS accounts (except SHIP director accounts), nor can they unlock accounts that have been automatically inactivated.

Appendix

Appendix A: 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 demographic questions, including race or ethnicity, gender identity, sexual orientation, language, military status, 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, including race, gender, sexual orientation, military status, assets and income level, 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.

Demographic 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 our demographic 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.

Appendix B: Sexual Orientation and Gender Identity (SOGI)

Beginning March 2024, the Administration for Community Living (ACL), is expanding demographic data collection to incorporate a broader range of sexual and gender diverse populations. This work is anchored in a 2022 National Academies of Science, Engineering, and Medicine (NASEM) report. The NASEM convened a nationally recognized team of experts to review 10+ years of research on data to best serve LGBTQI+ Americans and published a report titled [Measuring Sexual Orientation and Gender Identity](#) (SOGI). The report provides guidance on standard language and information collection to improve SOGI data quality and has been adopted by ACL. SOGI collection was added to the Medicare Beneficiary Outreach Event Satisfaction Survey in 2023, and in March 2024 it was added in STARS to the Team Member form and the Beneficiary Contact Form.

A February 2024 webinar titled, "Building Skills and Confidence in Demographic Data Collection," provided background for these demographic questions. It was a collaborative effort with ACL, Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders (SAGE), and the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). The recording and handouts are in the password-protected [SHIP Resource Library](#).

More information about collecting demographic data and asking inclusive question is available from [SAGE](#), the National Resource Center on LGBTQ+ Aging.



SOGI Data Collection FAQs

Q: Why are these questions being asked?

A: One reason is for inclusiveness – people deserve to be counted (see report titled [Measuring Sexual Orientation and Gender Identity](#)). Another important reason is that data collection is a core component of the Administration’s efforts to advance equity. Executive Order 13985 defines “equity” as the consistent and systematic fair, just, and impartial treatment of all individuals, and includes lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people among the underserved communities listed. The Executive Order highlights the barriers to equity associated with the lack of Federal datasets that are disaggregated by key demographic variables. Executive Order 13988 instructs each agency to consider additional actions it can take to fully implement the Administration’s policy of ensuring that all persons receive equal treatment under the law, no matter their gender identity or sexual orientation. Finally, Executive Order 14075 directly addresses the importance of SOGI data collection, including a specific instruction to consider “ways to improve and increase appropriate data collection on sexual orientation and gender identity in surveys on older adults[.]”

Q: Why is there a separate question asking someone if they are transgender when transgender is an answer option for the “what is your gender” question?

A: Someone who is transgender may answer the “what is your gender” question with the gender they have transitioned to rather than describing their gender as transgender. That is why there are separate questions. For example, someone may answer that their gender is male and may answer “yes” when asked if they consider themselves transgender.

Q: Do I have to ask everyone these questions?

A: You should always ask the beneficiary these questions so they can choose whether to answer them. However, the questions are optional for the beneficiary to answer.

Q: What if a person doesn’t want to answer the questions?

A: It is also important to note that research has shown that people are becoming more and more comfortable with answering these questions. However, the questions are optional for the beneficiary to answer. Reassure them that their responses are voluntary and not required to receive service. Also, responses should always be self-reported. If someone chooses not to answer, you should select the corresponding answer option, when available. You should not guess the answers or make any assumptions, even if you think you know the answers based on your interaction with the beneficiary.

Q: Can you provide a script for asking these questions?

A: Yes, here are some options for you, taken from the February 6, 2024, webinar training:

- Sample introductory statement: “There are federal mandates requiring we ask everyone some intake questions about gender and sexual orientation.”
- If they ask, “Why am I being asked this?” you can expand with:



- "It is important for service providers to not assume a person is heterosexual or straight or to assume a person's gender or gender identity. Assumptions can often be wrong and when this happens it can lead to people not feeling welcomed to be part of our program."
- If they ask, "Why does this matter?" you can answer with any or all of these options:
 - "Every day decisions are made based on data gathered through intake forms and assessments."
 - "Common demographic or data questions asked these days include or ethnicity, educational background, income, relationship status, emergency contact, sexual orientation, gender, and gender identity."
 - "These question help us better know the community we serve."
 - "The data helps us ensure our programs are addressing the needs of the community we serve."
- If they ask, "Who has access to this information?" you can answer from these options:
 - "When you do share this information, we are required by state and federal privacy laws to protect the confidentiality of personally identifying information."

Q: What if I feel uncomfortable asking the questions?

A: These questions may be sensitive, and it is understandable that some people may feel discomfort asking these demographic questions. One way to normalize the questions is to explain that all consumers are asked these same questions. Although some may assume their clients will be offended by SOGI questions, research shows this is rarely the case. Here is some advice from the Marketplace Navigator program, based on their experience, as presented in the February 6, 2024, webinar:

Team Member Confidence

- Practice asking questions by speaking them out loud several times to avoid self-consciousness on either side and ensure smooth delivery
- Do not pause after reading the question, move right into the demographic answer options so the client hears all the options quickly and repeats one or says prefer not to answer
- Learn the terminology and prepare to answer client/respondent about how the information will be used and privacy of the information

Team Building Opportunities

- Complete training opportunities and gain certification as a safe and affirming organization
- Get involved in the LGBTQ+ community where you live and find partners, there are many nuances
- Start each day with a 15-minute meeting team touch base on data collection efforts



Consumer Comfort

- Let the client have the appearance of control and disarm fears. For example, say "I'm entering the portion of our conversation that asks for personal information. You can skip the questions or not answer the questions as I ask them. I have to ask each question."
- Ask the client for their preferred name and pronouns, some clients do not use their legal name
- Frame all question as 'the application asks' or "the application asks everyone this question" versus "please tell me...your gender orientation" or 'I need to know...your sexual identity' to preserve trust building with client
- When in-person, offer
 - ability to point to the screen
 - fill out a form to alleviate respondent having to say out loud sensitive info or words
 - a second monitor so the consumer can follow along
- Be ready to explain how the information collected will be used
- If the consumer is frustrated, allow them to vent, skip or answer, and move on
- Thank you for doing this work! You would be surprised on how many older individuals live in the "closet" because they were never given the space to just be who they are.

Q: What if I don't feel safe asking the questions?

A: We don't want to interfere with safety, so you can reserve the right to prioritize your safety over asking the question. These fields are not required in STARS. You can leave them blank or mark "Don't know" when that answer option is available.

Appendix C: Military FAQs

In the June 2023 STARS/SIRS enhancements, a new field was added to the Beneficiary Contact Form (BCF) in STARS and to the Individual Interaction form in SIRS asking, "Have you or a family member ever served in the military?" The following questions arose, and the answers are provided by ACL

Question 1: Why was this question added to STARS and SIRS?

Answer: The Administration for Community Living (ACL) lacked demographic information about members of this population among their grantee's clients, and this new field fills that gap. ACL also wants to help grantees identify people from the military and get them connected to supportive services. They know grantees are already referring clients for Veterans Administration (VA) and other military benefits. Adding this question is a way to help identify clients that should potentially be referred to a VA agency. Additionally, it helps more easily identify when grantees are helping military families, which is one way to address equity, an ACL priority. Veterans are a key population, and the government wants to ensure they are receiving necessary services. ACL is part of a national initiative that many other government and community-based organizations are participating in.

Question 1: How do you define having "ever served in the military?"



Answer: It is defined broadly and can include anyone who has served in the military, no matter their discharge status, when they performed their military service, or how old they are.

Question 3: How do you define a “family member” of someone who has ever served in the military?

Answer: To be a family member, they must currently be or must have in the past been in the immediate household of someone who has ever served in the military. They must also be related by blood, marriage, domestic partnership, or adoption to someone who is or was a member of the military. This includes instances when the military service member is deceased.

References:

- Serving Together: <https://servingtogetherproject.org/asking-this-critical-question-can-make-a-difference-for-our-military-and-veterans/>
- Federal: <https://statepolicy.militaryonesource.mil/priorities/ask-the-question-campaign/2022#:~:text=State%20agencies%20can%20connect%20service,%3F%E2%80%9D%20on%20all%20intake%20forms>

Appendix D: Marketing Complaints

ACL strongly encourages SHIP team members 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).

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