

Beneficiary Contact Form (BCF) Definitions

MIPPA Contact

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

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

Send to SMP

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

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

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

SMP Qualifying Topics Discussed continued on next page.

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

Counseling Information

Field	Definition
Session Conducted By	Auto-populates with the name of the user logged into STARS. Use the dropdown arrow to select the appropriate team member when entering contacts on another's behalf.
Partner Organization Affiliation	Auto-populates after the form has been saved based on the <i>Organization Affiliation</i> assigned in the profile of the team member listed in the <i>Session Conducted By</i> dropdown box.
Zip Code of Session Location	Enter the five-digit zip code of the properly trained and state certified SHIP Team Member's physical location at the time the counseling session occurs. <i>NOTE: If the event location zip code is not available, the team member (with approval from their supervisor) may use a default zip code for the county in which the event occurred, as a proxy entry, for the real zip code.</i>
State of Session Location	Auto-populates based on the state assigned in the profile 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. <i>NOTE: Be sure to select state from dropdown menu if the beneficiary or representative lives in different state than the state where the SHIP team member counsels.</i>
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.</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>

Contact Details

Field	Definition
Date of Contact	<p>Enter the date of the counseling session in the MM/DD/YYYY format or click the calendar and use the date picker.</p> <p><i>When to update a BCF:</i> <i>All contact and work by the same team member on behalf of a beneficiary or representative on one day must be reported on the same form. To report additional time (e.g. another phone call, research time, etc.) for the same day, edit the existing form in STARS and save it. Do not submit multiple forms for the same team member on behalf of the same beneficiary or representative on one day.</i></p> <p><i>When to add a new BCF:</i> <i>If two or more team members work with the beneficiary or their representative on the same day, then each team member should submit a separate BCF.</i></p>

How did Beneficiary Learn About SHIP

Field	Definition
CMS Outreach	Select this option if a CMS sponsored source such as a web site, publication, mailing, regional office, etc., provided the referral. Examples include, but not limited to, Medicare.gov, Medicare & You, and other CMS Publications. <i>NOTE: Do not</i> include 1-800-Medicare referrals. There is a separate listing for 1-800-Medicare near the bottom of the dropdown menu.
Congressional Office	Select this option if a Congressional Office representative provided the referral.
Friend or Relative	Select this option if a friend or relative provided the referral.
Health/Drug Plan	Select this option if a Medicare health or drug plan's representative, materials, website, or informational session provided the referral.
Partner Agency	Select this option if one of SHIP's partner agencies such as a disability organization, a senior organization, an advocacy organization, etc. provided the referral.
Previous Contact	Select this option if the beneficiary sought SHIP services in the past.
SHIP Mailings	Select this option if publicity that SHIP generated (distributed by mail, brochures left in community locations, or another agency (e.g., a SHIP brochure enclosed with a mailing from the Alzheimer's Association)) the referral.
SHIP Media	Select this option if a public service announcement (PSA), radio, newspaper, or other media SHIP conducted provided the referral.
SHIP Presentation	Select this option if the beneficiary learned about SHIP at a presentation or health fair sponsored by SHIP or another organization.
SHIP TA Center	Select this option if the SHIP Technical Assistance (TA) Center representative, website, or materials of the SHIP TA Center provided the referral.
SSA	Select this option if a Social Security Administration (SSA) representative, website, or materials provided the referral.
State Medicaid Agency	Select this option if a representative of the State Medicaid Agency (such as a casework, eligibility specialist, etc.) provided the referral.
State SHIP Website	Select this option if the website of the state SHIP or a local SHIP agency within the state provided the referral.
1-800-Medicare	Select this option if a representative of 1-800-Medicare provided the referral.
Other	Select this option <i>only</i> if the referral response cannot fit into one of the previous categories.
Not Collected	Select this option if the beneficiary refuses, is unsure, does not know, or if this question was not asked.

Method of Contact

Field	Definition
Email	Select this option if the contact occurs by email.
Face to Face at Beneficiary Home or Facility	Select this option if the contact occurs at the beneficiary's (or their representative's) home or facility.
Face to Face at Counseling Location or Event Site	Select this option if the contact occurs in a location other than the beneficiary's (or their representative's) home or facility.

Phone Call	Select this option if the contact occurs by phone.
Postal Mail/Fax	Select this option if the contact occurs by postal mail/fax.
Web Based	Select this option if the contact occurs by web including examples like Skype, web conference (ex. WebEx, ReadyTalk, GoTo Meeting), or other methods of web communication (ex. web chat).

Beneficiary Demographics

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

English as a Primary Language	Select the “yes” radio button if the beneficiary or their representative’s primary language is English. If English is not the primary language, select the “no” radio button.
Beneficiary Income	Select the appropriate income level above or below 150% of the Federal Poverty Level (FPL) of monthly household income. If the beneficiary refuses or if the question was not asked, record a response of Not Collected. <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) <i>NOTE: STARS will not allow a ‘yes’ response if the beneficiary age range is something other than under age 65.</i>

Topics Discussed

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

Original Medicare Parts A & B

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an Original Medicare appeals/grievance process including determining appropriateness, describing the process, assisting with gathering

	and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Original Medicare coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with an Original Medicare claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Coordination of Benefits (COB)	Check this box to indicate assisting with an Original Medicare COB including primary and secondary payer rules, assisting with calling, gathering, or submitting documentation to the COB contractor, or sorting paperwork.
Eligibility	Check this box to indicate discussion of Original Medicare eligibility criteria including answering eligibility questions or screening for eligibility.
Enrollment/Disenrollment	Check this box to indicate assisting with Original Medicare enrollment or disenrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from Social Security representatives.</i>
Fraud and Abuse	Check this box to indicate assisting with Original Medicare fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
QIO/Quality of Care	Check this box to indicate discussion of Original Medicare Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medigap and Medicare Select

Field	Definition
Benefit Explanation	Check this box to indicate discussion of Medigap or Medicare Select supplemental coverage (what is pays for or does not pay for).
Claims/Billing	Check this box to indicate assisting with a Medigap or Medicare Select claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medigap or Medicare Select eligibility criteria including screening for eligibility and answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medigap or Medicare Select fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP, Insurance Department/Bureau).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Medigap or Medicare Select complaint. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.

	<i>NOTE: Such complaints can be filed with the SMP or Insurance Department/Bureau with Medigap regulatory authority.</i>
Plan Non-Renewal	Check this box to indicate assisting with Medigap or Medicare Select plan termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Medigap or Medicare Select plan comparison. Sample sources include the plan website, www.medicare.gov , or state/territory specific Medigap rates.

Medicare Advantage (MA and MA-PD)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with an MA or MA-PD appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of MA or MA-PD coverage (what is paid for or does not pay for) such as coverage areas, networks, benefits, costs, etc.
Claims/Billing	Check this box to indicate assisting with an MA or MA-PD claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with MA or MA-PD disenrollment (e.g. enrolling in a different plan to replace the current MA/MA-PD). <i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i>
Eligibility/Screening	Check this box to indicate discussion of MA or MA-PD eligibility criteria including screening for eligibility or answering eligibility questions.
Enrollment	Check this box to indicate assisting with MA or MA-PD enrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i>
Fraud and Abuse	Check this box to indicate assisting with MA or MA-PD fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).

Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a MA or MA-PD complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc. <i>NOTE: Such complaints can be filed with the SMP, Insurance Department/Bureau with Medigap regulatory authority.</i>
Plan Non-Renewal	Check this box to indicate assisting with MA or MA-PD termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with MA or MA-PD plan comparison. Sample sources include the plan website, www.medicare.gov , or state/territory specific Medigap rates.
QIO/Quality of Care	Check this box to indicate discussion of MA or MA-PD Quality Improvement Organization (QIO) or Quality of Care concerns. These concerns that are not considered appeals and/or grievances (e.g. referrals to the QIO for provider/skilled nursing facility/physical therapy/hospital quality of care or discharge concerns).

Medicare Part D

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Benefit Explanation	Check this box to indicate discussion of Part D coverage (what it pays for or does not pay for) such as coverage areas, formulary, quantity limits, and step therapy.
Claims/Billing	Check this box to indicate assisting with a Part D claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Disenrollment	Check this box to indicate assisting with Part D disenrollment (e.g. enrolling in a different plan to replace the current Part D plan). <i>NOTE: Disenrollment can occur via online enrollment into a new plan, a paper application to a new plan, or through assistance of Medicare (via CTM, CMS Regional Office, or 1-800-Medicare) or the plan customer service. The reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).</i>
Eligibility/Screening	Check this box to indicate discussion of Part D eligibility criteria including screening for eligibility or answering eligibility questions.

Enrollment	Check this box to indicate assisting with Part D enrollment. <i>NOTE: Enrollment may occur online, with a paper application, or other means such as help from 1-800-Medicare representatives, the CMS Regional Office, or the plan.</i>
Fraud and Abuse	Check this box to indicate assisting with Part D fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).
Marketing/Sales Complaints & Issues	Check this box to indicate assisting with a Part D complaints. For example, complaints may include broker/agent tactics, marketing misrepresentations, etc.
Plan Non-Renewal	Check this box to indicate assisting with Part D termination or nonrenewal.
Plan Comparison	Check this box to indicate assisting with Part D plan comparison. Sample sources include the plan website, www.medicare.gov , or state/territory specific Medigap rates.

Part D Low Income Subsidy (LIS/Extra Help)

Field	Definition
Appeals/Grievances	Check this box to indicate assisting with a Part D LIS/Extra Help appeals/grievance process including determining appropriateness, describing the process, assisting with gathering and/or submitting documentation, or participating in appeals/grievance communications.
Application Assistance	Check this box to indicate Part D LIS/Extra Help application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Application Submission	Check this box to indicate submitting a Part D LIS/Extra Help application, either paper or electronically via SSA's website.
Benefit Explanation	Check this box to indicate discussion of Part D LIS/Extra Help program in making prescriptions more affordable, importance of the formulary, allowing a Continuous Special Enrollment Period (SEP), etc.
Claims/Billing	Check this box to indicate assisting with a Part D LIS/Extra Help claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Part D LIS/Extra Help eligibility criteria including screening for eligibility or answering eligibility questions.
LI NET/BAE	Check this box to indicate assisting with the Limited-income Newly Eligible Transition (LI NET) program or Best Available Evidence (BAE) policy. <i>NOTE: Assistance could include but not limited to providing information to a pharmacy about LI NET or BAE for immediate, point-of-sale Part D coverage.</i>

Other Prescription Assistance

Field	Definition
Manufacturer Programs	Check this box to indicate assisting with questions related to prescription drug assistance under manufacturer programs (e.g. Prescription Assistance Programs (PAPs)). This includes assistance with answering questions related to eligibility, screening and applying for benefits, claims/billing and appeals/grievances.
Military Drug Benefits	Check this box to indicate assisting with questions related to prescription drug coverage under military benefits (e.g. Tricare). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
State Pharmaceutical Assistance Programs	Check this box to indicate assisting with questions related to prescription drug coverage under State Pharmacy Assistance Programs (SPAPs). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Union/Employer Plan	Check this box to indicate assisting with questions related to prescription drug coverage under Union/Employer plans. This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.
Other	Check this box to indicate assisting with all other prescription assistance programs/plans (e.g. local sources of assistance such as American Red Cross, Salvation Army, churches, non-profit organizations that assist beneficiaries with obtaining medications related to specific diseases, such as cancer drugs).

Medicaid

Field	Definition
Application Submission	Check this box to indicate submitting a Medicaid and/or a Medicare Savings Program (MSP) application.
Benefit Explanation	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) coverage. This could include discussion of Medicare cost sharing, long term services and supports (LTSS), long-term care (LTC), etc.
Claims/Billing	Check this box to indicate assisting with a Medicaid or Medicare Savings Program (MSP) claims/billing process including describing the process, assisting with gathering and submitting documentation, or sorting paperwork.
Eligibility/Screening	Check this box to indicate discussion of Medicaid or Medicare Savings Program (MSP) eligibility criteria including screening for eligibility or answering eligibility questions.
Fraud and Abuse	Check this box to indicate assisting with Medicaid or Medicare Savings Program (MSP) fraud and abuse reporting, investigating, and/or referrals to other agencies (e.g. SMP).

Medicaid Application Assistance	Check this box to indicate Medicaid application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Medicare Buy-in Coordination	Check this box to indicate helping a beneficiary with Medicare buy-in. This can include conditional Medicare enrollment, troubleshooting premium withholdings, or in any way to help coordinate benefits for the beneficiary.
Medicaid Managed Care	Check this box to indicate Medicaid Managed Care assistance. Examples include finding network providers, benefits explanation, discussing notices, reviewing enrollment options, etc.
MSP Application Assistance	Check this box to indicate Medicare Savings Programs (MSP) application assistance including explaining the application process, sorting materials for the application, or providing assistance with the application form.
Recertification	Check this box to indicate Medicaid or Medicare Savings Program (MSP) assistance with or submission of verification documents required for recertification.
Other	Check this box to indicate assisting with Medicaid topics not listed above.

Other Insurance

Field	Definition
Active Employer Health Benefits	Check this box to indicate assistance with employer health benefits (insurance/coverage) based on current or active employment (e.g. questions about keeping employer coverage vs. joining Medicare, coordination of benefits, etc.).
COBRA	Check this box to indicate assistance with COBRA, which may include eligibility explanation/screening, benefit explanation, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, and quality of care.
Indian Health Services	Check this box to indicate explaining Indian Health Service coverage, which may include eligibility explanation/screening, benefit explanation, claims/billing, appeals/grievances, fraud and abuse, quality of care, and coordination with Medicare.
Long Term Care (LTC) Insurance	Check this box to indicate explaining LTC insurance, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.

LTC Partnership	Check this box to indicate explaining LTC insurance partnership policies, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Other Health Insurance	Check this box to indicate explaining Other insurance not listed in this section. Topics may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.
Retiree Employer Health Benefits	Check this box to indicate assistance with retiree health benefits (insurance/coverage) based on previous employment (e.g. coordination of benefits, comparing coverage with other Medicare products like Medicare Advantage, etc.).
Tricare For Life Health Benefits	Check this box to indicate explaining Tricare For Life Health Benefits for retired military enrolled in Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.
Tricare Health Benefits	Check this box to indicate explaining Tricare Health Benefits not yet eligible for Medicare. Topics may include eligibility/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, and claims/billing.
VA/Veterans Health Benefits	Check this box to indicate explaining VA/Veterans Health Benefits. Topics may include eligibility/screening, benefit explanation, coordination of benefits, and claims/billing.
Other	Check this box to indicate assisting with insurance topics not listed above (e.g. workers compensation, Marketplace, auto insurance, etc. in coordination with Medicare).

Additional Topic Details

Field	Definition
Ambulance	Check this box to indicate assistance with Medicare coverage of ambulance benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Dental/Vision/Hearing	Check this box to indicate assistance with dental/vision/hearing benefits.
DMEPOS	Check this box to indicate assistance with Medicare coverage of Durable Medical Equipment Prosthetics Orthotics and Supplies (DMEPOS) benefit. Topics may include eligibility/screening, benefit explanation, finding a provider, fraud and abuse, and appeals or claims/billing.

Duals Demonstration	Check this box to indicate the SHIP receives additional grant dollars to assist beneficiaries enrolled in both Medicare and Medicaid known as Duals Demonstrations Programs. <i>NOTE: SHIPs participating in Duals Demonstration Grant Programs from CMS must use this topic to track and report for grant purposes.</i>
Home Health Care	Check this box to indicate assistance with Medicare coverage of home health benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Hospice	Check this box to indicate assistance with Medicare coverage of hospice benefit. Topics may include eligibility/screening, benefit explanation, locating a provider, fraud and abuse, and appeals or claims/billing.
Hospital	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, observation vs. admittance, ratings comparisons, fraud and abuse, and appeals or claims/billing.
New Medicare Card	Check this box to indicate assistance with New Medicare Cards.
New to Medicare	Check this box to indicate assistance to a beneficiary just joining Medicare, known as New to Medicare.
Preventive Benefits	Check this box to indicate assistance with Medicare coverage of preventive benefits coverage. Topics may include eligibility/screening, benefit explanation, cost-sharing requirements, fraud and abuse, and appeals or claims/billing.
Skilled Nursing Facility	Check this box to indicate assistance with Medicare coverage of hospital benefit. Topics may include eligibility/screening, benefit explanation, fraud and abuse, and appeals or claims/billing.
Other	Check this box to indicate assistance with Medicare coverage not listed in other topics of this section.

Time Spent

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

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

REPORTING MULTIPLE SESSIONS ON THE SAME DAY

If multiple sessions with the same beneficiary or representative occur on the same day, this time is considered as one contact. Add all of the time spent that day and enter it into time spent.

Sometimes the time spent on a particular contact may take place over multiple days. For example, the initial session with the beneficiary lasts one (1) hour. On day two (2), one (1) of research on behalf of the beneficiary is completed. On day three, another 20 minutes is required to complete paperwork and mail documents to the beneficiary. In this instance, 2 hours and 20 minutes should be entered as the total time spent for the initial beneficiary contact date because all the work is to the initial contact.

Only complete a new **BCF** form if a second session happens with the beneficiary. This would be considered as a 'previous contact' in the *How Did Beneficiary learn About SHIP* section of the form. It could also be entered as an *Additional Session* in the tab connected to the original Beneficiary Contact Form.