Medicare Grants
2024 Session 2 Initial Counselor Training
Medicare Grants Coordinator
AGENDA

9:00   **WELCOME** - Sign In, Agenda Review, Introductions

SHICK Basics, MIPPA Information, SMP Information

Privacy Practices and Confidentiality

Rights & Appeals

Medicare & the Marketplace

LUNCH?   *(1 hour please)*

Medicare Plan Finder website – www.medicare.gov

STARS reporting website

SHIP TA Center resources

Test

Closing – Resource Information, Next Steps, Questions?

3:00   **Thank you for your attention and time today!!**

SHIP
State Health Insurance
Assistance Program
Navigating Medicare

SMP
Senior Medicare Patrol
Preventing Medicare Fraud

Medicare Grants Training Program
2024 Initial Training Session 2 –
Program Basics

Medicare Grants Coordinator

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Welcome Back

- Welcome to 2024 SHICK/SMP/MIPPA Counselor Training Session 2
- Begin at 9:00 a.m.
- Agenda Review
- Required paperwork
- You will need to successfully complete the final test through the SHIP TA Center to receive credit and certify

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Medicare Grants

- KDADS has three Medicare Grant programs awarded through the HHS Administration for Community Living (ACL)
  - Senior Health Insurance Counseling for Kansas (SHICK) - State Health Insurance Assistance Program (SHIP) for Kansas
  - Senior Medicare Patrol (SMP)
  - Medicare Improvements for Patients and Providers Act (MIPPA)

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State Health Insurance Assistance Program (SHIP)

- The State Health Insurance Assistance Program, or SHIP, is a national program that offers one-on-one counseling and assistance to people with Medicare and their families.
- They were created to provide personalized counseling and assistance to Medicare beneficiaries and their caregivers who need help navigating the increasingly complex health care system.
- SHIPs provide accurate, understandable, and objective information, counseling and assistance to Medicare beneficiaries on a wide range of health insurance issues including Medicare, Medicaid, long-term care, and prescription drugs

Senior Health Insurance Counseling for Kansas – SHICK

- The SHIP in Kansas is called the Senior Health Insurance Counseling for Kansas program (SHICK)
  - part of the Kansas Department for Aging and Disability Services (KDADS).
- SHICK Mission Statement
  - SHICK educates the public and assists consumers on topics related to Medicare and health insurance so they can make informed decisions.
- SHICK's mission is accomplished by
  - Information and Education
  - One-on-One Counseling

The SMP mission is…

to empower and assist Medicare beneficiaries, their families, and caregivers

to protect, detect, and report health care fraud, errors, and abuse

through outreach, counseling, and education.

Medicare Fraud, Errors, and Abuse Affect…

Everyone
- Billions of taxpayer dollars lost to improper claims
- Medicare trust fund at risk

Medicare Beneficiaries
- Higher premiums
- Less money for needed benefits
- Quality of treatment

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What is Medicare Fraud?

Intentionally billing Medicare for services that were not received or billing for a service at a higher rate than is actually justified

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What is Medicare Abuse?

Providers supply services or products that are not medically necessary or that do not meet professional standards

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Examples of Fraud & Abuse

Billing for services, supplies, or equipment that were not provided

Billing for excessive medical supplies

Obtaining or giving a Medicare number for "free" services

Improper coding to obtain a higher payment

Unneeded or excessive x-rays and lab tests

Claims for services that are not medically necessary

Using another person's Medicare number, or letting someone else use your number

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What about Errors?

- Health care services and billing are complicated, which can lead to errors.
- Only a review and investigation of the issue will determine if it is an error, fraud, or abuse.

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Step 1: Protect Yourself and Others from Medicare Fraud

DO

- Do treat your Medicare card and number like your credit card.
- Do watch out for identity theft.
- Do be aware that Medicare doesn't call or visit to sell you anything.
- Do be cautious of offers for "free" medical services.
- Do **pass it on!**

DON'T

- Don't give out your Medicare number except to your doctor or other Medicare provider.
- Don't carry your Medicare card unless you will need it.

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Step 2: Detect Medicare Fraud & Abuse

Review Medicare Summary Notices (MSNs) and other statements for:

1. Services you didn't receive
2. Double billing
3. Services not ordered by your doctor

Access your Medicare information online at www.Medicare.gov.

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Step 3: Report Suspected Medicare Fraud and Abuse

- Call the provider.
- Gather information and documentation.
- Contact your SMP.
  - ➢ This is a free and confidential service!

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Kansas Senior Medicare Patrol Contact Information

Visit us online: http://www.kdads.ks.gov/commissions/commission-on-aging/medicare-programs/kansas-senior-medicare-patrol

For more information

Call Toll-free: 800-432-3535

- For training, speakers, and/or materials
- To volunteer with the SMP program
- Call OIG direct at 1-800-HHS-TIPS (1-800-447-8477)
  - To report suspected fraud/abuse

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Medicare Improvements for
Patients and Providers Act (MIPPA)

- MIPPA - Under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), states, territories, and the District of Columbia received funding to help Medicare beneficiaries apply for the Medicare Part D Extra Help/Low-Income Subsidy (LIS) and the Medicare Savings Programs (MSPs).
- MIPPA provides targeted funding for SHIPs, AAAs, and ADRCs to:
  - Conduct outreach and enrollment of low-income Medicare beneficiaries into Part D Low Income Subsidy (LIS/Extra Help) and the Medicare Savings Programs (MSPs).
  - Promote utilization of free preventive services offered under Medicare since the passage of the Affordable Care Act (ACA) in 2010.

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MIPPA Reminders

- More information: https://www.ncoa.org/professionals/benefits/center-for-benefits-access/mippa-resource-center
- Make sure all beneficiaries seen by SHICK are screened for Extra Help and MSP.
- During a comprehensive counseling appointment be certain to hand out information about Medicare Preventive Services.
  - Talk to the beneficiary about http://www.medicare.gov/
- Make sure you are recording your contacts including low-income Medicare beneficiaries

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Protecting Beneficiary Confidentiality and Privacy

- As a SHICK counselor, you will have access to beneficiaries' health information as well as personal identifying information like Medicare numbers and Social Security Numbers.
- You must handle this information carefully and keep it confidential to protect beneficiaries from fraud, identity theft, health-based discrimination, and other potential problems.

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Privacy Practices and Conflict of Interest

What is "confidentiality?"

- Confide: to trust in someone when sharing private matters
- Confidentiality: those entrusted with private or secret matters will keep information to themselves

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Importance of Confidentiality

It frees clients to share personal information that counselors need to do their work.

It demonstrates respect

It builds the program's reputation as a trusted, reliable resource.

It helps prevent costly privacy and security breaches.

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Privacy Practices and Conflict of Interest

Rules Affecting Confidentiality

Health Insurance Portability and Accountability Act (HIPAA)

State laws

Agency policies

Volunteer Risk & Program Management (VRPM) policies

CMS unique ID requirements

Two Parts of HIPAA: The Privacy Rule

- Privacy rule defines protected health information (PHI)
  - Individually identifiable information held or transmitted by covered entity or business associate, in any form or media (electronic, paper, or oral)
    - Relates to health condition and providing health care
    - Identifies individual or give reasonable basis to use in identifying individual
  - Medical bill is PHI because it contains individual name and their health data
- Privacy rule defines covered entities
  - Organizations and individuals subject to the rule, including health insurance plans, health care providers, health care clearinghouses and business associates
- Privacy rule establishes health care provider may disclose personal health information for a good use without getting authorization from the patient (known as permitted uses)

Two Parts of HIPAA: The Security Rule

- Security rule addresses safeguards for electronic PHI or (e-PHI)
  - Protected health information that is produced, saved, transferred, or received in electronic form
- Security rule places requirements on covered entities to ensure confidentiality and integrity of all e-PHI
- Covered entities expected to identify and protect against anticipated security threats
- US Department of Health and Human Services (HHS) Office of Civil Rights (OCR) oversees and enforces HIPAA compliance
- Report suspected violations to OCR at www.hhs.gov/OCR

HIPAA's Privacy Rule

- Protects all individually identifiable health information held or transmitted by a covered entity
- Most SHIPs are not covered entities, but privacy rule provides guidance for best practices
- Privacy rule applies to:
  - Conversations that a person might have about a patient or client
  - Things that could be overheard
  - Paper left on a desk or copy machine that includes PHI
- Goal of privacy rule is to assure that individuals and health information are properly protected while allowing the flow of health information needed to provide and promote high quality health

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Required Disclosures

- Covered entities may not use or disclose PHI except:
  - as the privacy rule permits
  - Or, as the individual or the representative authorizes in writing
- Privacy rule requires covered entities to disclose PHI in two situations:
  - To individuals (or their personal representatives) when they request access to their PHI
  - To HHS when it undertakes compliance or enforcement action

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Permitted Disclosures

- Covered entities can disclose information:
  - To the individual when necessary
  - For purpose of treatment, payment, and health care operations
  - When individual would have had the opportunity to agree or object to the disclosure if not incapacitated
  - When it is incident to otherwise permitted use or disclosure or to law enforcement
  - For public interest and benefit activities, such during public health emergency
  - For research in public health and operations using limited data set

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Privacy Rule Protections

An individual has rights under the Privacy Rule to:
- Receive notice about provider's privacy practices
- Review and obtain copy of PHI in a covered entity's designated record set
- Ask covered entity to amend their PHI when it is incomplete or inaccurate
- Request covered entity restrict personal health information disclosure
- Request list of times when covered entity has shared their PHI
- Request alternate means or location for receiving communications of PHI

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HIPAA's Security Rule

Goal of security rule: Protect privacy of individual's health information and allow covered entities to adopt new technologies to improve quality and efficiency of patient care.

Security rule applies to electronic information that is:
- Transmitted over the Internet (e.g., email)
- Stored on computer, CD, USB drive, magnetic tape, or other related means.
- Stored on personal devices like cell phones

The Security Rule does not apply to PHI that is transmitted or stored on paper or provided orally

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Security Rule Safeguards

Covered entities must take steps to protect PHI against anticipated threats and impermissible disclosures
- Conduct risk analysis to identify and address system weaknesses
- Implement administrative safeguards such as hiring or consulting with security professionals
- Build physical safeguards such as requiring staff to turn off computers at the end of the day
- Install technical safeguards that encrypt information
- Document policies and procedures

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HIPAA: SHIP & SMP Operations

- SHIPs and SMPs are not covered entities, but people who sponsor them could be
  - Example: Area agency on aging may be covered entity if it provides health care services and maintains patient records or contracts with organizations that provide those kinds of services
- HIPAA may affect SHIP and SMP access to information, as covered entities can't disclose individual's PHI without written or oral consent
  - SHIPs and SMPS may address this by using consent forms or doing 3-way calls with client and provider
- Customer service representatives at 1-800-MEDICARE cannot disclose client's PHI with third parties, so using the CMS Unique ID is necessary

State Law

- State laws related to privacy protection laws:
  - Apply to individuals and organizations, including nonprofit organizations
  - Define personal protected information (PPI)
  - Create process for notifying people affected by security or data breach
  - Some establish statutory duty to protect personal information
  - Some set fines for breaches

Personal Protected Information (PPI)

- PPI has a different definition from PHI that is subject to HIPAA rules
- PPI = Beneficiary's first name and last name (or first initial and last name) plus any of the following:
  - Social Security number
  - Driver's license number or state-issued identification number
  - Financial account number, credit card or debit card number with or without any required access or password that would permit access to a resident's financial account

PPI = PII + PHI

Personal protected information includes personally identifiable information and protected health information

Personally Identifiable Information (PII)	Protected Health Information (PHI)
• Information which can be used to trace an individual's identity when combined with other personal information • Examples: Person's name, social security number, or biometric records + personal information like date or place of birth, mother's maiden name	• Information that is already explicitly linked to particular individual and includes health information which can allow individual identification. • Examples: name, address, Social Security Number when associated with health information

Check with your supervisor to learn about your organization's protocols for entering personal information into your electronic systems.

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Security breach

Security breaches occur when unauthorized persons gain access to PPI/PHI by:
- Stealing computers and/or computer files
- Overhearing conversations about clients
- Dumpster diving for medical and payment records
- Reading documents left on unattended desks or copy machines
- Extracting data from the hard drives of discarded copy machines
- Any other means, such as hacking
- Unlike HIPAA, security breach under state law does not need to involve electronic records

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VRPM Confidentiality Policy

What is the policy for protecting client confidentiality?

> SHIP & SMP volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a member of staff, a volunteer, a beneficiary or other person, or involves the overall business of the SHIP.

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VRPM Policies and SHIP/SMP operations

How does VRPM affect SHIP & SMP operations?
- Volunteers are to be trained on confidentiality before they get a CMS Unique ID
- Volunteers are to sign a written confidentiality agreement
- The agreement informs volunteers that a confidentiality breach is grounds for immediate dismissal
- Participation in SHIP & SMP is conditioned on full compliance with the agreement.

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Confidentiality Best Practices

- Use private spaces in meetings with clients
- Use computer screen covers to block information from unauthorized viewers
- Store documents and locked offices or filing cabinets
- Shred documents when they were no longer needed
- Discuss cases in private
- Collect the minimum amount of information from the client
- Share minimum information related to a case as needed to assist train or report
- Return original documents and only make copies when needed

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VRPM IT Policies

Volunteers are to comply with Information Technology (IT) procedures or protocols for:
- Controlling access to and use of beneficiary information
- Safe operation of computers used to collect and store program and beneficiary information
- Using the Internet, including e-mail use and appropriate access to web sites.
- Using wireless devices to connect to the Internet while performing SHIP or SMP work
- Using personal computers while performing SHIP or SMP work.

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VRPM IT Policy Best Practices

Do's

✓ Store PPI in password-protected file on password-protected computer that only authorized users can access

✓ Encrypt or password-protect PPI before sending in email

✓ Report lost or stolen client information to supervisor

✓ Lock computer when you step away

✓ Clear web browser history

✓ Use strong passwords

✓ Lock up portable devices, laptops and cellphones

Don'ts

☒ Do not send work-related information to your personal email account

☒ Do not forward emails containing PPI unless properly encrypted

☒ Do not upload PPI to unauthorized websites

☒ Do not use unauthorized mobile devices to access PPI

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Strong Passwords

- Include a random combination of 8 or more numbers, symbols, capital and lower-case letters
  - Secure password generators and reputable password managers can help you keep track of strong passwords
  - Passphrases are also an option.
  - For example the phrase I like to sing and take long walks could be 1L2$&tLW

DO NOT:

- create passwords that are easy to remember
- use obvious passwords, like name of your favorite sports team
- Make passwords that someone can guess using information on social media
- Write down password where someone can easily find it, like a sticky note on monitor

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Wi-Fi Networks

- Always use secured networks and look for HTTPS in URL's

- Someone can access information more easily when you use unsecured Wi-Fi at places like coffee shops or airports

- Do not transmit or access PPI when using unsecured Wi-Fi network

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Conflict of Interest

No person who has a conflict of interest in connection with the work they will do for SHICK/SMP, whether personal, philosophical, or financial may serve as a volunteer. Volunteers do not promote any personal or business interest while undertaking their SHICK/SMP assignment.

SHICK/SMP volunteers sign a conflict-of-interest statement as part of the application and screening process and agree to immediately notify their local SHICK/SMP Coordinator if any potential conflict arises during performance of their duties.

All possible conflicts of interest are immediately reported by SHICK/SMP Coordinator to the KDADS Medicare Grants Team.

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The Memorandum of Understanding

The Memorandum of Understanding(MOU) acknowledges a volunteer's awareness of program policies. This agreement is signed annually. Compliance with all program volunteer policies is a minimal expectation of SHICK/SMP volunteers. Sub-Grantees and their volunteers exist as a team in which each of the partners brings resources to their mutual effort and each of whom possesses rights and interests that deserve protection. Volunteers have an obligation to read, understand, and implement the requirements set out in policies for the volunteers and to stay current with any updates to the policies.

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Guaranteed Rights

- No matter how you get your Medicare, you have certain rights and protections.
- These rights are guaranteed. They protect you when
  - You get healthcare
  - Make sure you get the medically necessary health care services that the law says you can get
  - Protect you against unethical practices
  - Protect your privacy

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Medicare Rights for Everyone with Medicare— Protection from Unfair Treatment and Discrimination

You have the right to be:
- Treated with dignity and respect at all times
- Protected from discrimination

NOTE: The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age.

If you think you haven't been treated fairly:
- Call the Office for Civil Rights (OCR) at 1-800-368-1019; TTY: 1-800-537-7697
- Visit hhs.gov/ocr/civilrights/complaints
- Contact the Medicare Beneficiary Ombudsman at 1-800-MEDICARE (1-800-633-4227); TTY: 1-877-486-2048

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Medicare Rights for Everyone with Medicare—Information

- All people with Medicare have a right to:
  - Have personal health information kept private
  - Get information in a way you understand from
    - Medicare
    - Health care providers
    - Medicare Contractors
  - Get information to help you make decisions
    - What is covered
    - What Medicare pays
    - How much you have to pay
    - What to do to file a complaint or an appeal

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Medicare Rights for Everyone with Medicare—Access to Care

You have the right to:

- Have access to doctors, specialists, and hospitals
- Learn about your treatment choices in clear language, and participate in treatment decisions
- Get health care services in a language you understand and in a culturally sensitive way
- Get Medicare-covered services in an emergency, when and where you need it
  - If your health is in danger due to a bad injury, sudden illness, or an illness gets worse and emergency help is needed, call 911
  - Medicare Advantage Plans, other Medicare health plans, and Medicare drug plans (known as PDPs) will cover emergency services without prior authorization

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Medicare Rights for Everyone with Medicare—Grievances

- You have the right to file complaints (also called grievances) about:
  - A doctor, hospital, or provider
  - Your health or drug plan
  - The quality of your care
  - Your dialysis or kidney transplant care
  - Durable medical equipment
- If you're concerned about the quality of care you're getting:
  - In Original Medicare, call the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) in your region
    - BFCC-QIO for Kansas, Livanta, Helpline: (888) 755 - 5580
  - In a Medicare Advantage Plan or other Medicare health plan, or Medicare drug plan, call the BFCC-QIO, your plan, or both
  - If you have End-Stage Renal Disease (ESRD), call the ESRD network in your state

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Your Rights in a Medicare Advantage Plan or Other Medicare Health Plan

You have the right to:

- Choose health care providers within the plan
- Get a treatment plan from your doctor
- Know how your doctors are paid
- Get a coverage decision or coverage information from your plan before getting services
- Request an appeal to resolve differences with your plan
- File a grievance about concerns or problems

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Your Rights with Medicare Drug Coverage

You have the right to:

- Request a coverage determination or appeal to resolve differences with your plan
- File a complaint (called a "grievance") with the plan
- Have the privacy of your health and drug information protected

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Medicare Rights – Claims and Appeals

- Have a claim for payment filed with Medicare
- Get decisions about
  - Health care payment
  - Coverage of services
  - Prescription drug coverage
- Get an appeal (review) of the decisions above

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Your Coverage and Appeal Rights

- When a claim is filed, you get a notice from Medicare letting you know what will and won't be covered.
- The coverage may be different from what your doctor says.
- If you disagree with Medicare's decision on your claim, you have the right to appeal
- Appeal – if you disagree with a decision about your health care payment, coverage of services, and prescription drug coverage.
- Instructions on how to start the appeal process are included on the Medicare Summary Notice

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Rights in Original Medicare

- Your rights when you are enrolled in Original Medicare include the following
  - The right to see any participating doctor or specialist
    - Including women's health specialists
  - To go to any Medicare-certified hospital
  - Get certain information such as notices, and appeal rights that help you resolve issues when Medicare isn't expected to pay or doesn't pay for health care

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How to Appeal in Original Medicare

- "Medicare Summary Notice" (MSN) will tell you
  - Why Medicare didn't pay
  - How to appeal
  - Where to file your appeal
  - How long you have to appeal
- Every three months
- Collect information that may help your case
- Keep a copy of everything you send to Medicare

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Protection from Unexpected Bills

- Medicare Advance Beneficiary Notice of Non- Coverage or ABN
  - Given by a health care provider or supplier
  - Says Medicare probably won't pay for an item or service
  - Used only in Original Medicare
  - Not required for items or services excluded under law
  - Will ask you to choose whether to get service
  - Will ask you to confirm you read/understood notice
- More than one kind of ABN

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Medicare & the Marketplace

If you have Medicare:

It's against the law for someone to sell you a Marketplace plan

You may have a Marketplace plan through your employer, sold through the Small Business Health Options Program (SHOP) if you're an active worker or a dependent of one

⭐ **NOTE:** SHOP plans are available through issuers, agents, and brokers, not through HealthCare.gov.

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Marketplace & Becoming Eligible for Medicare

HealthCare.gov to connect to the Marketplace in your state.

Once you're eligible for Medicare Part A (Hospital Insurance)
You won't be eligible for premium tax credits or other cost savings you may be getting for your Marketplace plan

Sign up for Medicare
During your Initial Enrollment Period (IEP) to avoid a possible lifetime late enrollment penalty

Connect with the Marketplace in your state
Before your Medicare enrollment begins to learn more

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Choosing Marketplace Coverage Instead of Medicare

What if I have Medicare Part A and Part B, but I'm paying a premium for Part A?	You can drop your Part A and Part B coverage and get a Marketplace plan instead.
What if I only have Part B, and would have to pay a premium for Part A?	You can drop Part B and get a Marketplace plan instead.
What if I'm eligible for Medicare but haven't enrolled?	You can get a Marketplace plan if you haven't enrolled because you'd have to pay for Part A, have a medical condition that qualifies you for Medicare, or are in your 24-month disability waiting period.

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Marketplace/Medicare Enrollment Considerations

- If they don't enroll in Medicare when they're first eligible (Initial Enrollment Period)
  - A late enrollment penalty may apply (lifetime)
  - they generally can't enroll until the Medicare General Enrollment Period (January 1 to March 31) coverage starting the first day of the following month
- If their Marketplace plan isn't through their employer
  - And they must pay a premium for Part A, they would need to drop Part A and Part B to be eligible to get a Marketplace plan
  - However, if they're also receiving Social Security benefits, they would have to drop their Social Security if they drop Medicare

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Using the Medicare PlanFinder
Medicare.gov

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Using the Medicare Plan Finder – Medicare.gov

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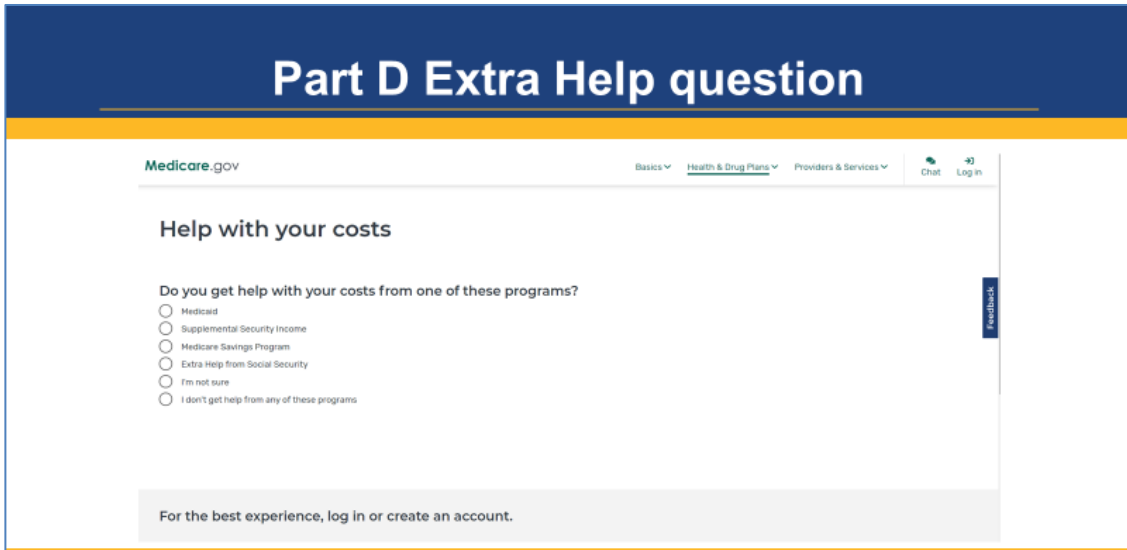
Using the Medicare Plan Finder – Search page

Anonymous (Generic) Search

Select Type of Plan

Part D Extra Help question

Medicare.gov

Basics ∨   Health & Drug Plans ∨   Providers & Services ∨   Chat   Log in

Help with your costs

Do you get help with your costs from one of these programs?
- ○ Medicaid
- ○ Supplemental Security Income
- ○ Medicare Savings Program
- ○ Extra Help from Social Security
- ○ I'm not sure
- ○ I don't get help from any of these programs
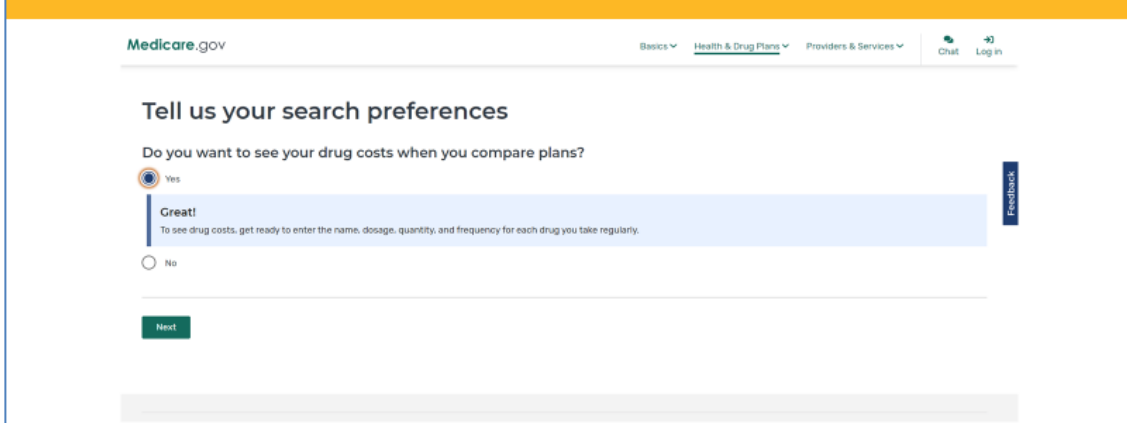
For the best experience, log in or create an account.

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Look at Drug Costs?

Medicare.gov

Basics ∨   Health & Drug Plans ∨   Providers & Services ∨   Chat   Log in

Tell us your search preferences

Do you want to see your drug costs when you compare plans?
- ● Yes

  Great!
  To see drug costs, get ready to enter the name, dosage, quantity, and frequency for each drug you take regularly.

- ○ No

Next

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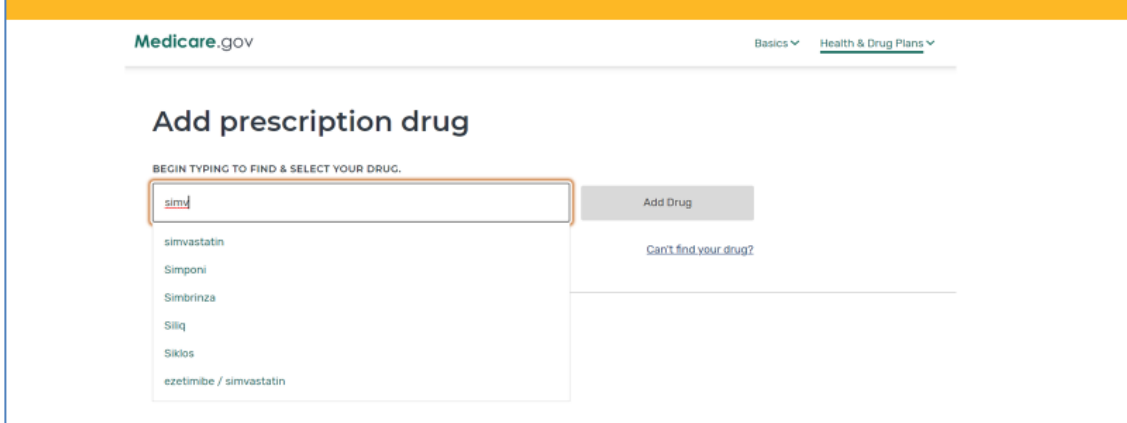
Adding Prescriptions

Medicare.gov

Basics ∨   Health & Drug Plans ∨

Add prescription drug

BEGIN TYPING TO FIND & SELECT YOUR DRUG.

simv| Add Drug

- simvastatin   Can't find your drug?
- Simponi
- Simbrinza
- Siliq
- Siklos
- ezetimibe / simvastatin

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Dosage, Quantity, Frequency

Medicare.gov

Ba:

Tell us about this drug

Simvastatin

DOSAGE

20mg tablet

QUANTITY FREQUENCY

45 Every month

Add to My Drug List Cancel

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Add Another Drug or Done Adding Drugs

Confirm your drug list

Add Another Drug

Lisinopril 10mg tablet	Quantity	Frequency
generic	30	Every month
Remove drug		Edit drug

Simvastatin 20mg tablet	Quantity	Frequency
generic	45	Every month
Remove drug		Edit drug

Add Another Drug

Done Adding Drugs

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Choosing Pharmacies

< Back to drug selection

Choose up to 5 pharmacies

Drug costs vary based on the pharmacy you use. Choosing pharmacies lets us show you your estimated drug costs, helping you pick the lowest cost plan. You don't have to choose the pharmacies you currently use.

ENTER YOUR COMPLETE ADDRESS OR ZIP CODE NAME OF PHARMACY (OPTIONAL)

66604

Find Pharmacy

Feedback

Filter by: Distance: 5 miles

Showing 1-10 of 39 pharmacies near 66604

Done

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List of Pharmacies

Plans Listing

Plan Information Card

Plan Detail Page

< Back to search results

Blue Cross and Blue Shield of Kansas or Blue KC
Blue MedicareRx Plus (PDP)

Plan type: Drug plan (Part D)
Plan ID: S5726-014-0

🖨 Print

Feedback

Enroll

Plan website | **Non-members:** 1-855-793-1939 | **Members:** 1-866-755-2776

What you'll pay	Total monthly premium	Retail pharmacy: 2023 estimated total drug costs
	$48.60	**$288.00**
		Covers **2 of 2** drugs

Overview   Drug Coverage   Star Ratings

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Plan Details - Overview

Overview   Drug Coverage   Star Ratings

Overview

PREMIUMS	
Total monthly premium	$48.60
DEDUCTIBLES	
The amount you must pay each year before your plan starts to pay for covered services or drugs.	
Drug deductible	$0.00
CONTACT INFORMATION	
Plan address	Enrollment Processing Center P.O. Box 659403 San Antonio, TX 78265

Feedback

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Plan Details – Drug Coverage

Drug Coverage

See if there's help to lower costs for drugs you take.

PHARMACIES

Check the network status of each pharmacy on your list. You can change pharmacies at any time to find lower costs for drugs.

How do pharmacy networks affect what I pay?

Change Pharmacies

Feedback

WALGREENS #7778	✅ In-network
CVS PHARMACY #10244	✅ Preferred In-network

YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?

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Plan Details – Annual Drug Costs

YEARLY DRUG COSTS BY PHARMACY

Drug costs shown vary based on the plan and pharmacy that you use. Contact the plan if you have specific questions about drug costs. Can my drug costs change by pharmacy?

	Walgreens #7778 ✔ In-network	CVS Pharmacy #10244 ✔ Preferred
Eliquis 5mg tablet	$282.00	$282.00
Simvastatin 20mg tablet	$13.80	$6.00
Total yearly drug cost	$295.80	$288.00

ESTIMATED TOTAL DRUG + PREMIUM COST

	Walgreens #7778 ✔ In-network	CVS Pharmacy #10244 ✔ Preferred
Total drug + premium cost (for the rest of 2023)	$587.40	$579.60

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Plan Details Drug Costs by Pharmacy

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

Learn more about coverage phases.

+ WALGREENS #7778 - DRUG COSTS DURING COVERAGE PHASES

+ CVS PHARMACY #10244 - DRUG COSTS DURING COVERAGE PHASES

+ View more drug coverage

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Plan Details – Costs by Coverage Stage

ESTIMATED DRUG COSTS DURING COVERAGE PHASES

The drug prices shown may vary based on the plan and pharmacy you've selected. Contact the plan if you have specific questions about drug costs.

Learn more about coverage phases.

– WALGREENS #7778 - DRUG COSTS DURING COVERAGE PHASES

	Retail cost	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Eliquis 5mg tablet	$630.00	$47.00	$157.50	$31.50
Simvastatin 20mg tablet	$2.30	$2.30	$0.58	$2.30
Monthly totals	$632.31	$49.30	$158.08	$33.80

+ CVS PHARMACY #10244 - DRUG COSTS DURING COVERAGE PHASES

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Plan Details – Star Ratings

Star Ratings   + Expand All Ratings

Overall star rating
Overall rating is based on the categories below.   ★★★☆☆

+ **Drug plan star rating**

Summary rating of drug plan quality   ★★★☆☆

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Enrollment Available

🇺🇸 An official website of the United States government Here's how you know ⌄   Cambiar a español

Medicare.gov   Basics ⌄   Health & Drug Plans ⌄   Providers & Services ⌄   💬 Chat   ➜) Log in

‹ Back to search results

Wellcare
Wellcare Value Script (PDP)   🖨 Print
Plan type: Drug plan (Part D)
Plan ID: S4802-157-0

Plan website | Non-members: 1-800-270-5320 | Members: 1-888-550-5252   Enroll

What you'll pay	Total monthly premium	Retail pharmacy: 2024 estimated total drug costs	Mail order pharmacy: 2024 estimated total drug costs
	$0.50	$0.00	$0.00
		Covers 1 of 1 drugs View drug coverage	Covers 1 of 1 drugs View drug coverage

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Demographic Data Best Practices

- The **questions are** *optional* for the consumers to answer. However, the team member should always ask the consumer these questions so consumers can choose whether to answer them.
- Responses should **always be self-reported by the consumer**. The team members should not guess the answers or make any assumptions even if they think they know the answers based on their interaction with the consumer. The consumer should have the opportunity to decide how to answer each question.
- These questions may be sensitive, and it is understandable that some may feel discomfort asking 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.

Source: CMS Marketplace Presentation https://regtap.cms.gov/reg_librarye.php?i=4790

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Improving Equity in Data Collection

JANUARY 20, 2021

Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government
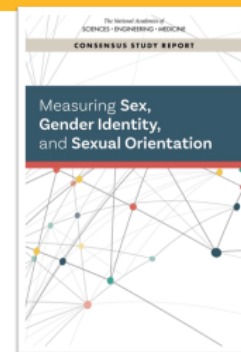
EO 13985

JANUARY 20, 2021

Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation

EO 13988

JUNE 15, 2022

Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals

EO 14075

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NASEM Report: Guiding Principles

- Inclusiveness
  - People deserve to count and be counted
- Precision
  - Use precise terminology that reflects the constructs of interest
- Autonomy
  - Respect individual identity and autonomy
- Parsimony
  - Collect only necessary data
- Privacy
  - Use data in a manner that benefits respondents and respects their privacy and confidentiality

The National Academies of
SCIENCES · ENGINEERING · MEDICINE
CONSENSUS STUDY REPORT

Measuring **Sex, Gender Identity, and Sexual Orientation**

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Counselor Tips on Data Collection

- 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

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Data Collection Tips Continued

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.

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Identity in Aging Services

- Why am I being asked about my sexual orientation, gender, and gender identity?

- Why is it essential to ask demographic questions?

- Who has access to this information?

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Why am I being asked about my sexual orientation, gender, and gender identity?

- There are federal and some state mandates requiring we ask these questions.
- 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 access services.

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Why is it essential to ask demographic questions?

- Every day decisions are made based on data gathered through intake forms and assessments.
- Common demographic or data questions, include such race, ethnicity, educational background, income, relationship status, emergency contact, sexual orientation, gender, and gender identity.
- These question help us know the community we serve and unique needs and challenges.
- The data helps us ensure programs are addressing needs of the community they serve.

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Who has access to this information?

- Your responses to demographic questions are voluntary and not required to receive services.
- When you do share this information, aging and health service organizations have policies required by state and federal privacy laws that protect the confidentiality of personally identifying information.
- Your provider and staff providing you services will see this information to assist in providing you services.
- If you are unsure about privacy rules, ask to see the organization's privacy policy.

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SOGI Questions - Current

1. 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

2. What is your current gender?

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

3. Do you consider yourself to be transgender?

   Yes
   No
   Prefer not to answer

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SOGI Question – Change Coming

Change!

No Change

Gender Identity Question 1

Released 3/9/2024	Revisions To Be Released (TBD, likely May/June 2024)
What is your current gender [Select ONE] ❑ Female ❑ Male ❑ Transgender ❑ I use a different term_____ ❑ Prefer not to answer	What is your current gender [Select ONE] ❑ Man ❑ Woman ❑ Non-binary ❑ I use a different term_____ ❑ Prefer not to answer

Gender Identity Question 2 (no change)

Do you consider yourself transgender? [Select ONE]
❑ Yes
❑ No
❑ Prefer not to answer

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Current SOGI Question FAQ

• Current "What is your current gender" answer Options:

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

• Q: What should I do until this STARS SOGI question changes later this year?

• **A:** If a person responds 'transgender' to the "What is your current gender" question, **do not ask the second gender identity** question, which is "Do you consider yourself to be transgender?"

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Demographic Questions - Script

ACL has provided a script and FAQs to help you ask demographic questions.

See the appendix of chapter 4 or the excerpted file in the resource library.

(See also the STARS Resources toolbox, Beneficiary Contacts)

Demographic Data Collection – Sample Script and FAQs

Excerpted from the STARS Manual Chapter 4: Appendix A, B, & C

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.
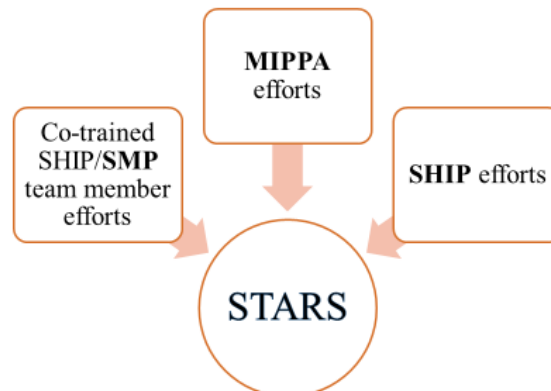
Using

STARS

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STARS

➢S HIP T racking A nd R eporting S ystem (STARS)
  ➢stars.acl.gov
➢Developed and owned by ACL
➢Hosted, enhanced, and supported under a contract with Booz Allen Hamilton
  ➢BoozAllenStarsHelpDesk@bah.com
➢Training and Technical Assistance by the national
  SHIP TA Center
  ➢ STARS@shiptacenter.org

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Programs that use STARS

MIPPA efforts

Co-trained SHIP/**SMP** team member efforts

SHIP efforts

STARS

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STARS Landing Page

- https://stars.acl.gov

SHIP Tracking and Reporting System (STARS)

SHIP — State Health Insurance Assistance Program — Navigating Medicare

Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!

Log into STARS

Need Help with STARS?

- STARS manual, job aids, and support resources: SHIP TA Center
- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk

- Contains link to SHIP TA Center's STARS Resources page
- Contains link to Booz Allen STARS Help Desk

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STARS Log In page

https://smpship.acl.gov/

entellitrak

ACL Administration for Community Living

BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO FOLLOW THE STATED SECURITY POLICY.

Username

Password

Sign On

Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

PLEASE CLICK HERE IF YOU'VE FORGOTTEN YOUR USERNAME OR PASSWORD

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STARS Password Reset page

smpship.acl.gov/etk-hhs-acl-prod/page.request.do?page=page.htmlExternalPasswordReset

ACL - Sign On   Shared Pages - ACL   hardin   wllNW

ACL Administration for Community Living

ACL Systems Password Reset

Use this →

To reset your password, please enter your username in the box below and select the "Reset Password" button (usernames are case sensitive). You will receive a feedback message indicating the status of your request.

Username: [   ]   RESET PASSWORD

Not that

If you have forgotten your username, please enter the email associated with your username in the box below to receive an email containing your username.

User Email: [   ]   EMAIL USERNAME

Still having trouble?

If you are a part of the SMP Program:

Contact your SMP Director or the Booz Allen STRS Help Desk if you are still experiencing problems resetting your password.

If you are a part of the SHIP Program:

Contact your SHIP Director or the Booz Allen SHIP Help Desk if you are still experiencing problems resetting your password.

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Due Dates for Data Entry

Month Effort Occurred	Data Entry Due Dates for Efforts
January	February 28
February	March 31
March	April 30
April	May 31
May	June 30
June	July 31
July	August 31
August	September 30
September	October 31
October	November 30
November	December 31
December	January 31

- Important for accurate reports
- See Chapter 1 of STARS Manual
- If you miss these deadlines, you can still enter your data
  - "Better late than never"

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Group Outreach & Education (GOE)

- Report
  1. Interactive presentations
  2. Booth/Exhibits
  3. Enrollment Events
- Select date range for multiday events

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Media Outreach & Education (MOE)

- Report all other media outreach and education

Billboards	Print	Radio
Email Blasts	Ads/Articles	Television
		Other

- Wide range of Geographic Coverage selections

| Zip Code | Statewide | Regional |
| County/Counties | Multi-state | National |

- Select date range for multiday events and campaigns

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Definition of a Beneficiary Contact

- All contacts for the purpose of relaying Medicare and State Health Insurance Assistance Program (SHIP) related information between a **properly trained and state certified SHIP team member** and a **Medicare beneficiary or a representative** working on their behalf.

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Beneficiary contacts do NOT include:

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 contacts in which the only purpose is to schedule an appointment
Calls or other contacts in which the sole purpose is referral to another agency or program	Unsolicited or mass mailings (email or postal) to SHIP contacts	

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STARS Tracking Inbox for Data Entry

All data is entered on a form in the Tracking Inbox.

Beneficiary Contact Form (BCF)

Group Outreach
Media Outreach
Team Member
Training

HOME	TRACKING INBOX	SEARCH	REPORTING	CONFIGURATION

Home

BENEFICIARY CONTACT ▸

GROUP OUTREACH AND EDUCATION ▸

MEDIA OUTREACH AND EDUCATION ▸

SHIP TEAM MEMBER ▸

TRAINING ▸

☐ Tra...	...y Contact	All Assignments ▾	▼
Bene... Nam	...ary Last	Date of Contact	SHIP Case Number	County Locatic
▸ Jane		06/22/2023	IA-23-12929	Allamal
▸		01/27/2023	VA-23-12843	Fairfax
▸		12/15/2022	VA-22-12785	Fairfax
▸		12/01/2022	VA-22-12780	Fairfax

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Beneficiary Additional Sessions (BAS)

- Illustrate complexity of a single issue
- Do not use annually for Open Enrollment sessions. Each year's Open Enrollment is a new issue.
- Each additional contact counts the same way as a stand-alone contact.
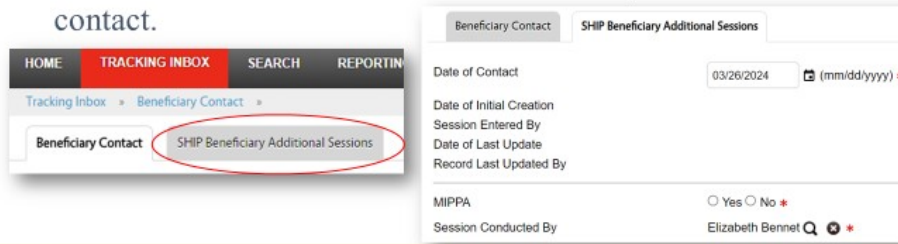
Multiple Contacts on the Same Day

- **Same day, same team member**

Only one form should be entered to capture the nature of the contacts with the beneficiary for that day with that team member.

→Edit the original BCF to add time spent and topics discussed.

Same day, different team member

A separate form should be entered for the session with the different team member.

It can be a new BCF.

→It can also be a BAS, if it is the same issue, but that depends upon user role access.

Multiple Contacts on Different Days

- **Different day, same team member**

Is the contact about a **new** issue?
→Enter a **new** BCF.

Is the contact about the **same** issue?
→You can add a Beneficiary Additional Session (BAS) to the previous BCF about that issue. It is also correct to enter a new BCF.

Different day, different team member

A separate form should be entered for the session with the different team member.

It can be a new BCF.

→It can also be added as a BAS to the other team member's BCF, but only if it is the same issue (and you may or may not have access).

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 total time spent was an hour, shared evenly between the two beneficiaries, enter 30 minutes on one BCF and 30 minutes on the other.

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Topics Selected

- Select all topics touched on during the contact. Some topics can trigger the responsibility of sending the contact to either the SMP grant reporting, the MIPPA grant reporting, or both
  - **Do not** select the topic "Dual Demonstrations" under Medicaid
  - Kansas does not participate in this Demonstration project

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SMP and MIPPA Program Qualifying Topics

- To effectively use the "Send to SMP" functionality and the MIPPA Performance Measures Report, a qualifying topic must be selected.
- The qualifying topics can be found on the following slides and are also in the Appendix as a printable handout for ease when completing data entry.

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MIPPA Qualifying Topics

Part D Low Income Subsidy (LIS/Extra Help)	Medicaid	Additional Topic Details
Application Assistance	Benefit Explanation	Preventive Services
Application Submission	Eligibility/Screening	
Benefit Explanation	Medicaid Application Assistance	
Eligibility/Screening	Medicaid Application Submission	
LI NET/BAE	Medicaid Recertification	
	Medicare Buy-In Coordination	
	MSP Application Assistance	
	MSP Recertification	

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SMP Qualifying Topics Discussed

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

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SMP Qualifying Topics Discussed (cont.)

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	Preventive Benefits
		Home Health Care	Skilled Nursing Facility

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Validation Error: MIPPA or SMP Qualifying Topics

- You will receive an error message and be required to edit your form and resave under the following circumstances:
  1. If MIPPA "Yes" is selected and no MIPPA-qualifying topics discussed are selected.
  2. If Send to SMP "Yes" is selected and no SMP-qualifying topics discussed are selected.
- A list of qualifying topics for each of these subjects is in the appendix of the Course handout, page?.

> **Validation Error**
> - At least one MIPPA qualifying topic must be selected for the MIPPA field to be set to Yes.

> **Send to SMP Error**
> - An error has occurred while attempting to send your record to SIRS. At least one SMP related topic must be selected for the record to be sent to SIRS.

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Check for Duplicates

- This blue button appears on most STARS forms.

Check For Duplicate Records

- Upon clicking, it will alert you if there are **potential** duplicates, and it provides the reference number for the potential duplicate/s.

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

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Criteria for Potential Duplicates

Beneficiary Contacts in user's organization (or below) with matching:

- Beneficiary First Name
- Beneficiary Last Name
- Beneficiary Zip Code and Beneficiary County
- Date of Contact

Group Outreach or Media Outreach in user's organization (or below) with matching:

- Start Date of Activity

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Part One: Forms You Commonly Use

- STARS Menu Options Lower User Roles See:

TRACKING INBOX

BENEFICIARY CONTACT

GROUP OUTREACH AND EDUCATION

MEDIA OUTREACH AND EDUCATION

SHIP TEAM MEMBER

My Account   Sign Out   Help

HOME   TRACKING INBOX   SEARCH

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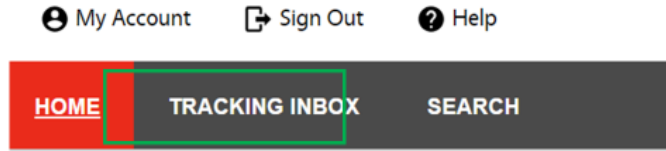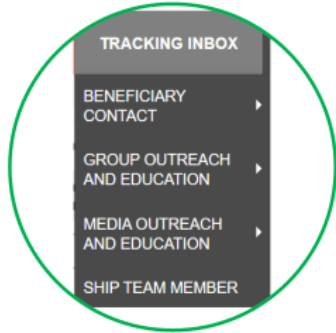
Printable STARS Forms

Updated printable STARS forms by Booz Allen Hamilton reflect the March 2024 STARS enhancements. Helpful for collecting counseling session data on paper for later entry into STARS.

- **Beneficiary Contact Form**
- **Group Outreach and Education Form**
- **Media Outreach and Education Form**
- **Team Member Form**
- **Training Form**

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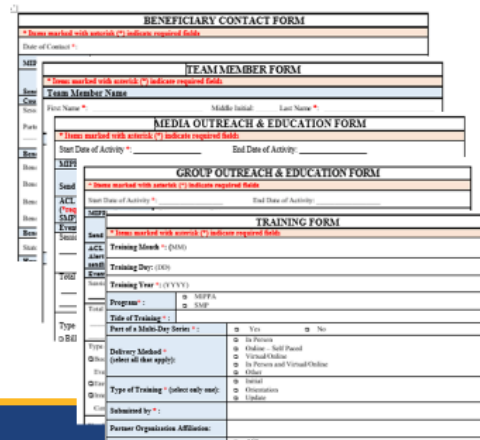
Tracking Part D Enrollment Outcomes Overview

ACL uses STARS to collect data related to the cost changes as result of enrollment in Part D prescription drug plans (PDPs) and Medicare Advantage plans with prescription drug coverage (MA-PDs) available through the Medicare Plan Finder (MPF).

By collecting this data, SHIPs can demonstrate the impact of their work on behalf of beneficiaries in three ways:

1. Data on the number of beneficiaries who received PDP/MA-PD enrollment assistance from SHIPs;
2. Data on the average cost change per beneficiary who received PDP/MA-PD enrollment assistance from SHIPs;
3. Data on the reported total of PDP/MA-PD cost change for each state.

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Part D/MA-PD Enrollment Data Steps

1. Collect Plan Cost Information

2. Assist Beneficiary with Enrollment

3. Enter Data in STARS

4. Attach Verification

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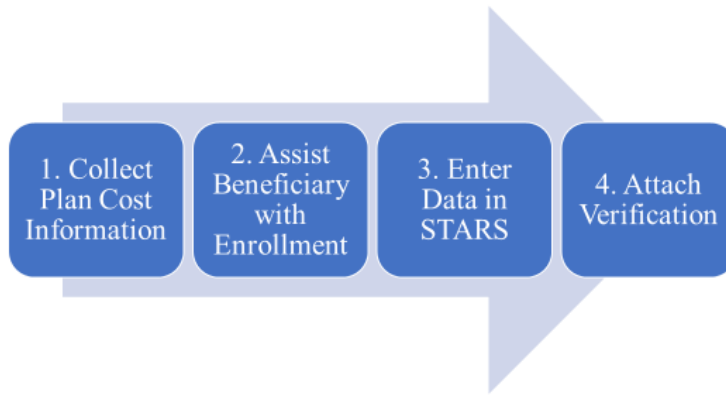
Step 1: Collect PDP/MA-PD Cost Data

- Track when you *actively assist a beneficiary with PDP/MA-PD enrollment**
  - **Online** through the MPF or the plan website, *or*
  - **Over the phone** with a plan customer service representative or 1-800-Medicare, *or*
  - With a **paper** application
- Two kinds of enrollment
  - Switching from one plan to another
  - New to Medicare PDP/MA-PD

Cost changes resulting from any action outside PDP/MA-PD are important and not part of the Enrollment Outcomes tracking. Examples may include change in pharmacy, applications for Part D subsidies like Extra Help/LIS, State Pharmaceutical Assistance Program (SPAP), or drug manufacturer discount programs.

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Standardized Documentation – Plan Detail Pages as PDF

- All documentation of the New and Old Plans must be the Plan Detail Page as a PDF
  - At the top of every page there is an option to print the page
  - You will be taken to a new window and the print options will appear.
- Select "Print to PDF". You will be able to save a PDF version of the Plan Finder page on your computer.

Medicare.gov

Cigna
Cigna Extra Rx (PDP)
Plan type: Drug plan (Part D)
Plan ID: S5617-269-0

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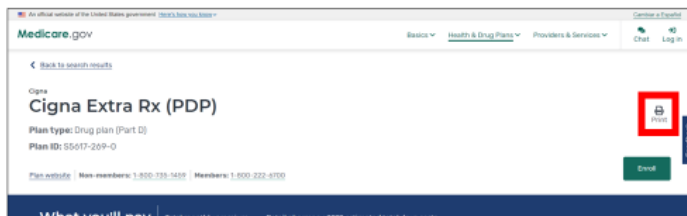
MPF - Switching Plans (Original vs. New Costs)

These are screen shots from two different pages of the PDF. **Save the entire PDF!**

Use the same pharmacy to compare Original plan costs to New plan costs.

Blue Cross and Blue Shield of Kansas or Blue KC
Blue MedicareRx Plus (PDP)
Plan type: Drug plan (Part D)
Plan ID: S5726-014-0
Plan website | Non-members: 1-855-793-1939 | Members: 1-866-755-2776

Your next plan

ESTIMATED TOTAL DRUG + PREMIUM COST

	Dillon Pharmacy #089 Preferred	CVS Pharmacy #10159 Preferred
Total drug + premium cost (for the rest of 2024)	$3,129.50	$2,506.44
When you'll enter the coverage gap	December 2024	You won't enter the coverage gap in 2024
When you'll get out of the coverage gap	You won't get out of the coverage gap in 2024	You won't get out of the coverage gap in 2024

Wellcare
Wellcare Value Script (PDP)
Plan type: Drug plan (Part D)
Plan ID: S4802-157-0
Plan website | Non-members: 1-800-270-5320 | Members: 1-888-550-5252

New Cost SUF 2
$1,514.55

ESTIMATED TOTAL DRUG + PREMIUM COST

	Dillon Pharmacy #089 Preferred	CVS Pharmacy #10159 Preferred
Total drug + premium cost (for the rest of 2024)	$1,514.55	$997.69
When you'll meet your deductible	February 2024	April 2024
When you'll enter the coverage gap	You won't enter the coverage gap in 2024	You won't enter the coverage gap in 2024

Original Cost SUF 1
$3,129.50

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MPF – New to Medicare (Original Cost Calculation)

+ DILLON PHARMACY #089

	Retail cost	Cost before deductible	Cost after deductible	Cost in coverage gap	Cost after coverage gap
Baclofen 20mg tablet	$76.25	$76.25	$19.06	$19.06	$0.00
Duloxetine 60mg capsule delayed release particles	$6.05	$5.00	$5.00	$1.51	$0.00
Duloxetine 30mg capsule delayed release particles	$6.05	$5.00	$5.00	$1.51	$0.00
Hydromorphone hcl 2mg tablet	$12.05	$12.05	$3.01	$3.01	$0.00
Lidocaine 5% patch	$75.95	$75.95	$18.99	$18.99	$0.00
Oxycodone hydrochloride 10mg tablet	$162.35	$162.35	$40.58		
Monthly totals	$338.70	$336.60	$91.6		

SUF 1 - $338.70 X12 months = $4,064.40

Wellcare
Wellcare Value Script (PDP)
Plan type: Drug plan (Part D)
Plan ID: S4802-157-0
Plan website | Non-members: 1-800-270-5320 | Members: 1-888-550-5252

SUF 2 - $1514.55

ESTIMATED TOTAL DRUG + PREMIUM COST

	Dillon Pharmacy #089 Preferred	CVS Pharmacy #10159 Preferred
Total drug + premium cost (for the rest of 2024)	$1,514.55	$997.69
When you'll meet your deductible	February 2024	April 2024
When you'll enter the coverage gap	You won't enter the coverage gap in 2024	You won't enter the coverage gap in 2024

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New to Part D (PDP or MA-PD)?

- **Topics Discussed**: "Additional Topic Details" category
  - Select "New to Medicare"
    - even if the beneficiary has been enrolled in other parts of Medicare previously

☐ Medicare.gov Account
☐ Mental Health
☐ New to Medicare
☐ Opioids
☐ Physical Therapy
☐ Preventive Benefits
☐ Skilled Nursing Facility
☐ Substance Misuse/Fraud
☐ Telehealth

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Step 2: Assist with Enrollment and Save Application Confirmation

- If enrolling by another method (plan's website, phone, etc.) an enrollment confirmation information must be saved.
- If using MPF, upload the MFP application confirmation

An official website of the United States government
Here's how you know

Medicare.gov   ☰ Menu

You're all set. Your application is with the plan.

For 2024, you're joining: Wellcare Value Script (PDP)

Plan ID: S4802-157-0
Plan Includes: Only drug coverage

Name of person joining plan:

Confirmation number for your application:
Keep this number. You'll need it if you contact the plan before your coverage starts.

The plan will review and process your application. The plan may contact you if it needs

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Step 3 – Enter Data in STARS

- All Part D cost changes are entered on the Beneficiary Contact Form (BCF) in the Special Use Fields
- The first two Special Use Fields (SUFs) on the BCF are designated (*Original* and *New*).
- Enter only numbers or currency symbols (dollar sign, comma, or decimal points)
- Currently, there is no calculation of the cost change on the BCF or elsewhere in STARS
- **Do not add the cost change amount to SUF 3**

Special Use Fields

Original PDP/MA-PD Cost	
New PDP/MA-PD Cost	
Field 3	

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Validation Messages – SUF 1 & 2

- Validation has been added to BCF and BAS SUF 1 and 2 to only accept dollar signs, commas, number, and decimal points. Limited to two decimal places
- While filling out the form or at the back end appears as
  - 'Please enter valid input into the PDP/MA-PD Cost fields. Valid input examples: "1.00"; "1.23"; "1"; "$1"; "$1.00"; "1,000"; "1,000.00"'
- Validation has been added to require SUF 1 and 2 to both be completed or empty for successful record submission
  - "Please enter valid input into both Special Use fields"

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"Enrollment" Topic Discussed

- **Topic Discussed:** "Medicare Part D" category or "Medicare Advantage (MA and MA-PD)" category
  - Check "Enrollment" in **one** category (**not both**) to report enrollment assistance (pictured below).

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Enrollment Field Validation Message

- Validation prevents "Enrollment" from being selected in both Medicare Part D and Medicare Advantage (MA and MA-PD) if data is entered into SUF 1 and SUF 2
  - "You have entered cost into SUF 1 and SUF 2, please ensure that only one "Enrollment" topic is selected in Medicare Part D or Medicare Advantage (MA and MA-PD)"
- Form submission not allowed if data is entered into SUF 1 and SUF 2 but "Enrollment" was not selected for Medicare Part D or Medicare Advantage (MA and MA-PD)
  - "You have entered cost into SUF 1 and SUF 2, if enrollment assistance was provided, please ensure you have checked the Medicare Part D or Medicare Advantage (MA and MA-PD) enrollment box. If enrollment assistance was not provided, please remove costs from SUF 1 and SUF 2."

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Step 4: Attach Cost Verification Sources

- Attach the following verification to the Beneficiary Contact Form:
  1. Application confirmation
  2. Cost changes verification detailing Original and New Cost

- **File types accepted: PDF** ONLY
- File size limit: 500MB per file.

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Enrollment Outcomes and Quality Assurance

- The State SHIP performs quality assurance for ACL biannually
  - Incomplete records are reviewed
  - Valid records documentation verification checks

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Part D Enrollment Outcomes (PDEO) Resources

Part D Enrollment Outcomes (PDEO) Data Entry

START COURSE

SHIP
State Health Insurance
Assistance Program
Technical Assistance Center

In this course, you will learn about the Administration for Community Living's (ACL) Part D Enrollment Outcomes (PDEO) tracking process. This course is a companion to Chapter 7A in the STARS Manual, not a replacement for that resource. The overall objective is to provide SHIP counselors and leaders overseeing the SHIP program with working knowledge of the PDEO data entry process.

INTRODUCTION

How to Use On-Demand Training

Notices

- **Resources**
- NEW Interactive Online Course
- STARS Manual Chapter 7A
- Micro-Training Video Demonstrations

Visit the "Part D Enrollment Outcomes (PDEO) Section of the STARS Resources Kit.

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CMS Unique ID

- Unique ID numbers are assigned through STARS
- It is for your use only and should not be shared with anyone else, including your area SHICK/SMP coordinator
- Your Unique ID can be accessed by using your SHIP Team Member Tracking Inbox in STARS
- A SHIP-only number, **1-888-647-6701**, allows SHIP counselors to reach customer service representatives at 1-800-MEDICARE
  - *This number is not to be given to beneficiaries.*
- A job aid for Unique ID users is available on the SHIP TA Center or the SHICK website, https://kdads.ks.gov/kdads-commissions/aging-services/medicare-programs/shick/shick-coordinator-counselor-information/frequently-used-counselor-procedures

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120 Day Inactivity Rules

These rules affect the ability to log in, team member status, and/or CMS Unique ID status. Below are some overarching considerations and charts that illustrate this functionality further.

- *Locked accounts and direct entry users.* If the 120 Days of Inactivity rules are met, the team member's account becomes locked, preventing STARS log in. Affected team members must contact the Booz Allen STARS help desk to have their accounts unlocked. That is the only solution.

- *Inactivity and the Team Member Form Status field.* If a team member with an active status does *not* log in and also does *not* have program work entered in STARS for 120 days, the Status field on their team member form will be automatically set to inactive.

- *Inactivity and the CMS Unique ID.* The CMS Unique ID status depends upon counseling activity, as shown on the Beneficiary Contact and Beneficiary Additional Sessions forms. The CMS Unique ID will become automatically inactive even if a team member is conducting SHIP activities other than counseling. SHIP directors and assistant directors can manually update unique IDs, which prevents automatic inactivation.

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STARS Resources Kit in STARS Menu

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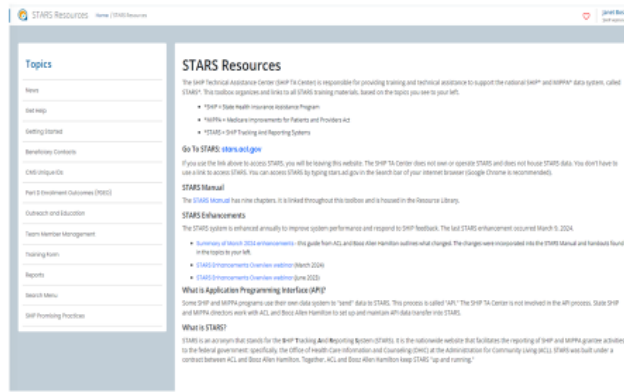
Individualized Technical Assistance

- For STARS username, password, account locked, and hierarchy support:
  - Contact the STARS help desk at Booz Allen Hamilton, boozallenstarshelpdesk@bah.com
- For STARS resources support:
  - Contact the SHIP TA Center, stars@shiptacenter.org or 877-839-2675.

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Helpful Resources

Kansas Insurance Department	800-432-2484 https://insurance.kansas.gov/
Kansas Department for Aging and Disability Services	800-432-3535 https://kdads.ks.gov/home
SHICK counselor information and resource page	https://kdads.ks.gov/shick/shick-coordinator-counselor-information/counselor-information-resource-page
KanCare Clearinghouse	800-792-4884 https://kancare.ks.gov/
KanCare Ombudsman	855-643-8180 - https://www.kancare.ks.gov/kancare-ombudsman-office/about-contact-us
CMS Product Ordering Website	http://productordering.cms.hhs.gov

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Medicare Grants Staff

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Tressie Lewis, tressier.lewis@ks.gov, 785-296-6471, Medicare Program Consultant

Jami Boone, jamim.boone@ks.gov, 785-296-3003, Senior Medicare Patrol Program Coordinator

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What's next?

- Complete the Course 4 test through the SHIPTA Center
- You are a certified SHICK Counselor
- Continue your mentoring sessions!
- Practice, Practice, Practice
- Questions? Issues? Concerns?
  - Contact Local Coordinator, Mentor, or Regional Manager
  - Use SHICK Handbook
  - Use www.medicare.gov

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APPENDIX

Using the Medicare Plan Finder

Medicare videos available through YouTube

https://www.youtube.com/watch?v=WWouFwIsf64

Creating a Medicare.gov account

https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/2022_12104_Create_an_Account_50
8.pdf

Medicare Plan Finder – Ready to choose a plan?

https://cmsnationaltrainingprogram.cms.gov/sites/default/files/shared/2022_12105_Ready_to_Choose_a_M
edicare_Plan_508.pdf

Using STARS

Use the STARS manual available on the SHIP TA Center

Using the SHIP TA Center

User Basics: SHIP Login at www.shiphelp.org

Contents

This tip sheet is for anyone who logs into the password-protected portion of shiphelp.org using the SHIP Login button. This website is operated by the SHIP Technical Assistance Center (SHIP TA Center). It has a secondary address, shiptacenter.org which redirects to the more consumer-friendly website address for the same website, shiphelp.org.
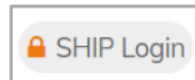
The direct address for the password-protected portal is https://portal.shiptacenter.org. You can choose to bookmark that page; however, bookmarks may need to be refreshed periodically. If your bookmark malfunctions, return to the login button at shiphelp.org.

Receiving your account

There are two ways to get an account to log in at www.shiphelp.org. You can register online, or a SHIP director or administrator can create an account for you.

User registered online

1. Upon registration at portal.shiptacenter.org, the person who registered will receive an email from DoNotReply@shiptacenter.org asking them to verify their registration.
   a. This prevents anyone from posing as someone else or registering using someone else's email address. Only the true user of an email address will be able to verify a registration by email.
2. After the user who registered online verifies their email address, they receive another email from DoNotReply@shiptacenter.org alerting them that their registration is waiting for approval.
3. After a SHIP director or SHIP administrator has approved or denied the user's request, the newly registered user will receive an email from DoNotReply@shiptacenter.org explaining whether their account request was approved or denied. If approved, the email explains how to re-set their password and log in.
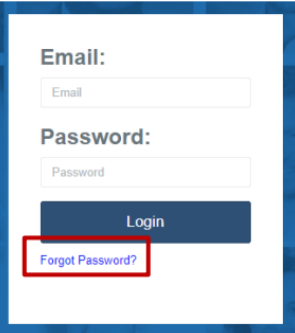
User account is created by a SHIP director or SHIP administrator

Only one email is sent from DoNotReply@shiptacenter.org alerting the user that an account has been approved for them. The email explains how to re-set their password and log in.

Forgot Your Password?

If you have an approved account at portal.shiptacenter.org (accessed also from the SHIP Login button at shiphelp.org), you can click the Forgot Password   link below the login windows to reset your password.

• If you do not receive the "SHIP-TA Center Portal Login Information" email from the DoNotReply@shiptcenter.org address, check your junk mail or spam.

• If you still cannot find the password reset email, contact us for technical assistance at info@shiptacenter.org or call 877-839-2675 and say "Center" when prompted.
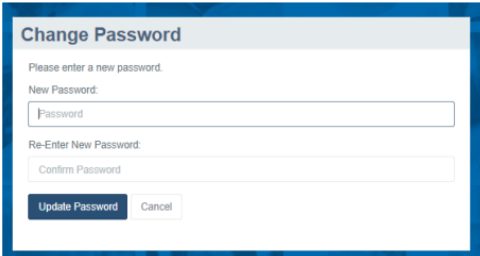
90 Day Password Reset

Passwords are set to expire every 90-days. The first time you log   in after this 90-day period has passed, you will be directed to change your password.

Troubleshooting Tips

Here are some typical issues users have reported, with the solutions:

You did not get your automatic email from DoNotReply@shiptacenter.org.

- Check your junk mail or spam filter. If the email is there, take the necessary action to deliver this and future emails, such as: mark us as a safe sender, allow our emails, allow our domain, deliver the email, etc.
  - o If the email is not in your junk mail or spam folder, contact a SHIP administrator for your program or the SHIP TA Center. They can:
  - o Compare the email address you are using with the email address associated with your account and check for discrepancies.
  - o Change your password and convey the new password to you. Once you successfully log in, change your own password to something known only to you.

You are not successful in logging in, even with a username and password

- If you commonly access the login page with a bookmark, try this instead: Go to www.shiphelp.org and click the orange SHIP Login padlock. A fresh login page will appear. Enter your username and password.
- If there is a message on the screen, follow the instructions. You may need to re-enter your username or password because of typos. Your account may not have been approved yet. You may need to re-set your password by clicking Forgot Password.
- Try clearing your cache, cookies, or browsing history. One easy way is to hold the control key and the F5 key at the same time while on the page. Otherwise, use your browser settings.
- Try a different browser than the one you usually use. For example, switch to Firefox or Google Chrome.

> For technical assistance, contact the center at info@shiptacenter.org or by calling 877-839-2675 (and say "Center" when prompted).

About the Site's Buttons

Training And Certification (OCCT) – Green Button

Access online courses and online certification tests using the green button titled Training and Certification (OCCT). OCCT stands for Online Counselor Certification and Training. The green button is located at the top right of the website for quick navigation. All users have the green button, regardless of role.

Dashboard - Blue Button

All users except those with the SHIP Trainee role have a role-based dashboard. It includes these kinds of information:

- Top Toolbox views (including the STARS and Medigap Plan Finder menu items)
- Top resource views and downloads
- Top keywords used in resource library searches
- Most accessed events
- Most accessed news
- User Analytics for directors, administrators, and Administration for Community Living (ACL) users only

All roles have access to a version of this dashboard. However, staff-users and lower only have the top toolbox views, lists of resources, and events.

The SHIP Trainee role is intended to be temporary. Trainees should be graduated to a SHIP Counselor user role or higher upon successful certification. If you are a certified SHIP counselor, contact your supervisor to request a higher user role

About the Navigation Menu Options

All content within each menu is role-based. SHIP Trainees can only see their name, user role, profile, and limited news (OCCT tips).

User Role

All users can now see their user role below their name. In the example on the next page, the user's role is "SHIP Staff." If you believe your user role is too low, contact your supervisor.

My Favorites

This site allows you to mark pages and resources as a favorite. Click the red heart on any page or resource (in the upper right corner) to mark it a favorite. Access all saved favorites through this red button.

Logout

If you do not manually log out, you will be automatically logged out after approximately 60 minutes of inactivity.

My Profile

All users can access their profile to keep their information updated. From this page, users can change their email address, password, contact information, and subscribe to SHIP TA Center publications and announcements.

STARS

Find the STARS Resources Kit on the STARS web page. Some users don't see the STARS menu. If your user role is SHIP Trainee or if your program doesn't enter data into STARS, your program may have chosen to hide this menu.

Medigap Plan Finder

The SHIP TA Center offers a Medigap Plan Finder tool for all SHIPs nationally. It is created by and managed by CSG Actuarial. Filter by client characteristics, review prices, compare plan options, and more.

Resource Library

Most materials created for SHIPs and by SHIPs are housed here.

News

The News page is what you see when you log in. If you click the News menu, you can search for News by date or category.

Events

Register for upcoming events, search for past events, and filter by categories.

Profiles and Practices

SHIP Profiles and Practices are created by SHIP directors and can be filtered. Review operational models, counselor training approaches, and more. SHIP Counselors do not have this menu option.

FAQs

Review answers to questions according to categories, such as STARS, VRPM, and more.

Toolbox

The toolbox houses webpages for Counselors, Trainers, Coordinators of Volunteers, and SHIP Directors or Administrators. What you will see depends upon your user role.
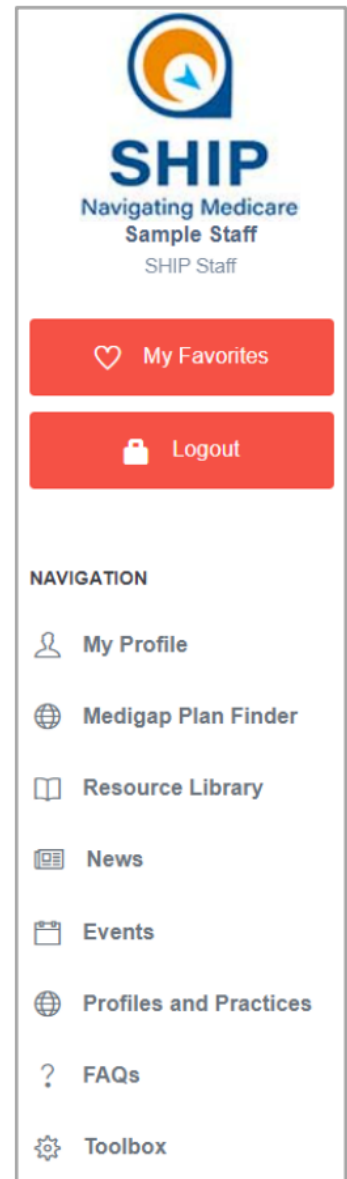
MIPPA Qualifying Topics Discussed		
Part D Low Income Subsidy (LIS/Extra Help)	**Medicaid**	**Additional Topic Details**
Application Assistance	Benefit Explanation	Preventive Services
Application Submission	Eligibility/Screening	
Benefit Explanation	Medicaid Application Assistance	
Eligibility/Screening	Medicaid Application Submission*	
LI NET/BAE	Medicaid Recertification*	
	Medicare Buy-In Coordination	
	MSP Application Assistance*	
	MSP Recertification*	

SMP Qualifying Topics Discussed			
Original Medicare (Parts A & B)	**Medigap and Medicare Select**	**Medicare Advantage (MA and MA-PD)**	**Medicare Part D**
Appeals/Grievances	Claims/Billing	Appeals/Grievances	Appeals/Grievances
Claims/Billing	Fraud and Abuse	Claims/Billing	Claims/Billing
Coordination of Benefits		Disenrollment	Disenrollment
Eligibility		Enrollment	Enrollment
Enrollment/Disenrollment		Fraud and Abuse	Fraud and Abuse
Fraud and Abuse		Marketing/Sales Complaints & Issues	Marketing/Sales Complaints & Issues
QIO/Quality of Care		QIO/Quality of Care	
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	Preventive Benefits
		Home Health Care	Skilled Nursing Facility

Qualifying Enrollment Topics		
Original Medicare (Parts A & B)	**Medigap and Medicare Select**	**Medicare Advantage (MA and MA-PD)**
Eligibility	Eligibility/Screening	Eligibility/Screening
Enrollment/Disenrollment	Plan Non-Renewal	Plan Non-Renewal
	Plans Comparison	Plans Comparison
		Enrollment
		Disenrollment
Medicare Part D	**Part D Low Income Subsidy (LIS Extra Help)**	**Medicaid**
Eligibility/Screening	Application Assistance	Eligibility/Screening
Enrollment	Application Submission	Medicaid Application Assistance
Disenrollment		Medicaid Application Submission
Plan Non-Renewal		Medicaid Recertification
Plans Comparison		MSP Application Assistance
		MSP Application Submission
		MSP Recertification

120 Day Inactivity Rules

No Login for 120 Days - Scenarios

Scenario	"Status" field	Account lockout	Unique ID Status field
Team member has **not logged in** for 120 days **and no records** have been linked to the team member via *Session Conducted By* fields	If previously *Active*, Status field **is** automatically set to *Inactive*	Account **is** automatically locked	CMS Unique ID Status field **is** automatically set to *Inactive*
Team member has **not logged in** for 120 days. **However, beneficiary contacts have been** linked to the team member via *Session Conducted By* fields	Status field **is not** automatically set to *Inactive*	Account is **not** automatically locked	CMS Unique ID Status field is **not** automatically set to Inactive (if ID status was *Active, it will remain Active)*
Team member has **not logged in** for 120 days. **However, records *other than* beneficiary contacts have been** linked to the team member via *Session Conducted By* fields (or Training Form *Submitted By* field)	Status field **is not** automatically set to *Inactive*	Account is **not** automatically locked	CMS Unique ID Status field **is** automatically set to *Inactive*

Has Logged in Within 120 Days - Scenarios

Scenario	"Status" field	Account Lockout	Unique ID Status field
Team member has logged in within 120 days, but no records have been linked to the team member via Session Conducted By	Status field is not automatically set to Inactive	Account is not automatically locked	CMS Unique ID Status field is automatically set to Inactive
Team member has logged in within 120 days, and beneficiary contacts (on Beneficiary Contact forms or Beneficiary Additional Session Forms) have been linked to the team member via Session Conducted By	Status field is not automatically set to Inactive	Account is not automatically locked	CMS Unique ID Status field is not automatically set to Inactive (if ID status was Active, it will remain Active)
Team member has logged in within 120 days, and records other than beneficiary contacts have been linked to the team member via Session Conducted By fields (or Training Form Submitted By field)	Status field is not automatically set to Inactive	Account is not automatically locked	CMS Unique ID Status field is automatically set to Inactive

GROUP OUTREACH & EDUCATION FORM

* Items marked with asterisk (*) indicate required fields

Start Date of Activity *****: _____   End Date of Activity: _____

MIPPA Event *:	❑ Yes ❑ No		
Send to SMP:	❑ Yes ❑No	**SIRS eFile ID:** (***required** if sending record to SMP)	This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form
ACL SMP Consumer Alert (*required if sending record to SMP)	❑ Yes ❑ No		

Event Details *

Session Conducted By *****:

_____

Partner Organization Affiliation***** :

_____

Total Time Spent on Event *****:

_____ Hours

_____ Minutes

Title of Interaction *****:

_____

Type of Event ***** (select only one):

❑ Booth/Exhibit (Health Fair, Senior Fair or Community Event)

❑ Enrollment Event

❑ Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)

Delivery Method (select only one):

❑ In-person

❑ Web-based

❑ Hybrid (in-person and web-based)

Number of Attendees *****: _____

Event Location *

State of Event ***** : _____   Zip Code of Event ***** : _____

County of Event ***** : _____

Event Contact Information

Event Contact First Name:

_____

Event Contact Phone:

_____

Event Contact Last Name:

_____

Event Contact Email:

_____

Intended Audience * (multiple selections allowed):

❑ Beneficiaries
❑ Employer-Related Groups
❑ Family Members/Caregivers

❑ Medicare Pre-Enrollees
❑ Partner Organizations
❑ Other

Target Beneficiary Group * (multiple selections allowed):

❑ American Indian or Alaskan Native
❑ Asian
❑ Black or African American
❑ People with Disabilities

❑ Hispanic/Latino
❑ Limited-English Proficiency
❑ LGBTQI+
❑ Low Income

❑ Native Hawaiian or other Pacific Islander
❑ Rural
❑ Other
❑ N/A

Topics Discussed * (multiple selections allowed):

- ❑ Duals Demonstration
- ❑ Extra Help/LIS
- ❑ General SHIP Program Information
- ❑ Long-Term Care Insurance
- ❑ Medicaid
- ❑ Medicare Advantage

- ❑ Medicare Fraud and Abuse
- ❑ Medicare Part D
- ❑ Medicare Savings Program
- ❑ Medigap or Supplemental Insurance
- ❑ Original Medicare (Parts A and B)
- ❑ Other Prescription Drug Coverage

- ❑ Partnership Recruitment
- ❑ Preventive Services
- ❑ Substance Misuse/Fraud
- ❑ Volunteer Recruitment
- ❑ Other

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes

MEDIA OUTREACH & EDUCATION FORM

Start Date of Activity *: _____   End Date of Activity: _____

MIPPA Event *:	❏ Yes ❏ No		
Send to SMP:	❏ Yes ❏ No	**SIRS eFile ID:** (*required if sending record to SMP)	This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form
ACL SMP Consumer Alert (*required if sending record to SMP)	❏ Yes ❏ No		

Event Details *

Session Conducted By *:

_____

Partner Organization Affiliation* :

_____

Total Time Spent on Event *:

_____Hours

_____Minutes

Title of Interaction *:

_____

Type of Media * (select only one):

❏ Billboard   ❏ Radio

❏ Email   ❏ Social Media

❏ Magazine   ❏ Television

❏ Newsletter   ❏ Website

❏ Newspaper   ❏ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):

❏   County or Counties   ❏   Regional

❏   Multi-State   ❏   Statewide

❏   National   ❏   Zip Code

Event Location *

State of Event * : _____   Zip Code of Event * : _____

County of Event * : _____

Media Contact Information

Media Contact First Name:

_____

Media Contact Phone:

_____

Media Contact Last Name:

_____

Media Contact Email:

_____

Intended Audience * (multiple selections allowed):

❏ Beneficiaries   ❏ Medicare Pre-Enrollees

❏ Employer-Related Groups   ❏ Partner Organizations

❏ Family Members/Caregivers ❏ Other

Target Beneficiary Group * (multiple selections allowed):

- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Black or African American
- ❑ People with Disabilities

- ❑ Hispanic/Latino
- ❑ Limited-English Proficiency
- ❑ LGBTQI+
- ❑ Low Income

- ❑ Native Hawaiian or other Pacific Islander
- ❑ Rural
- ❑ Other
- ❑ N/A

Topics Discussed * (multiple selections allowed):

- ❑ Duals Demonstration
- ❑ Extra Help/LIS
- ❑ General SHIP Program Information
- ❑ Long-Term Care Insurance
- ❑ Medicaid
- ❑ Medicare Advantage

- ❑ Medicare Fraud and Abuse
- ❑ Medicare Part D
- ❑ Medicare Savings Program
- ❑ Medigap or Supplemental Insurance
- ❑ Original Medicare (Parts A and B)
- ❑ Other Prescription Drug Coverage

- ❑ Partnership Recruitment
- ❑ Preventive Services
- ❑ Substance Misuse/Fraud
- ❑ Volunteer Recruitment
- ❑ Other

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes

BENEFICIARY CONTACT FORM

* Items marked with asterisk (*) indicate required fields

Date of Contact *****:

MIPPA Contact *:	❑ Yes ❑ No

Send to SMP:	❑ Yes ❑ No	**SIRS eFile ID: (*required if sending record to SMP)**	This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form

Counselor Information *

Session Conducted By***** : _____

ZIP Code of Session Location ***** : _____

State of Session Location ***** : _____

Partner Organization Affiliation***** : _____

County of Session Location ***** : _____

Beneficiary & Representative Name and Contact Information

Beneficiary First Name: _____

Representative First Name: _____

Beneficiary Last Name: _____

Representative Last Name: _____

Beneficiary Phone: (_____) -_____ -_____

Representative Phone: (_____) -_____ -_____

Beneficiary Email: _____

Representative Email: _____

Beneficiary Residence *

State of Bene Res. ***** : _____   Zip Code of Bene Res. ***** : _____   County of Bene Res. ***** : _____

How Did Beneficiary Learn About SHIP * (select only one):

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

Method of Contact * (select only one):	**Beneficiary Age Group * (select only one):**
❑ Phone Call ❑ Postal Mail or Fax ❑ Email ❑ Face to Face at Session Location/ Event Site ❑ Web-based ❑ Face to Face at Beneficiary Home/ Facility	❑ 64 or Younger ❑ 65 – 74 ❑ 75 – 84 ❑ 85 or Older ❑ Not collected

Which of the following best represents how you think of yourself? (Multiple selections allowed):	**What is your current gender? (select only one):**
❑ Lesbian or gay ❑ Straight, that is, not gay or lesbian ❑ Bisexual ❑ Don't know ❑ Prefer not to answer ❑ I use a different term Other Orientation Term: _____	❑ Female ❑ Male ❑ Transgender ❑ Don't know ❑ Prefer not to answer ❑ I use a different term Other Orientation Term: _____

Do you consider yourself to be transgender? (Select only one):	❑ Yes ❑ No ❑ Prefer not to answer

Beneficiary Race * (multiple selections allowed):	**Beneficiary Language *:**
❑ American Indian or Alaska Native ❑ Native Hawaiian or Other Pacific Islander ❑ Asian ❑ Black or African American ❑ White ❑ Hispanic or Latino ❑ Not Collected	English is Beneficiary's Primary Language ❑ Yes ❑ No

Have you or a family member ever served in the military?		
❑ Yes	❑ No	❑ Unsure

Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):

❏ Yes   ❏ No

Beneficiary Monthly Income * (select only one):	**Beneficiary Assets *** (select only one):
❏ Below 150% FPL ❏ Not Collected ❏ At or Above 150% FPL	❏ Below LIS Asset Limits ❏ Not Collected ❏ Above LIS Asset Limits

Topics Discussed * (At least one Topic Discussed selection is required. Multiple selections allowed)

Original Medicare (Parts A & B)
- ❏ Accountable Care Organizations (ACOs)
- ❏ Appeals/Grievances
- ❏ Benefit Explanation
- ❏ Claims/Billing
- ❏ Conditional Enrollment
- ❏ Coordination of Benefits
- ❏ Eligibility
- ❏ Enrollment/Disenrollment
- ❏ Equitable Relief
- ❏ Fraud and Abuse
- ❏ Late Enrollment Penalty
- ❏ Provider Participation
- ❏ QIO/Quality of Care

Medigap and Medicare Select
- ❏ Application Assistance
- ❏ Benefit Explanation
- ❏ Claims/Billing
- ❏ Complaints
- ❏ Eligibility/Screening
- ❏ Fraud and Abuse
- ❏ Guaranteed Issue Rights
- ❏ Plan Non-Renewal
- ❏ Plans Comparison

Medicare Advantage (MA and MA-PD)
- ❏ Appeals/Grievances
- ❏ Benefit Explanation
- ❏ Chronic Condition Special Needs Plans
- ❏ Claims/Billing
- ❏ Disenrollment
- ❏ Dual Eligible Special Needs Plans
- ❏ Eligibility/Screening
- ❏ Enrollment
- ❏ Fraud and Abuse
- ❏ Institutional Special Needs Plans
- ❏ Marketing/Sales Complaints & Issues
- ❏ Plan Non-Renewal
- ❏ Plans Comparison
- ❏ Provider Network
- ❏ QIO/Quality of Care
- ❏ Supplemental Benefits
  Please explain:

  _____

Part D Low Income Subsidy (LIS/Extra Help)
- ❏ Appeals/Grievances
- ❏ Application Assistance
- ❏ Application Submission
- ❏ Benefit Explanation
- ❏ Claims/Billing
- ❏ Eligibility/Screening
- ❏ LI NET/BAE

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

Medicaid
- ❏ Appeals/Grievances
- ❏ Benefit Explanation
- ❏ Claims/Billing
- ❏ Duals Demonstration
- ❏ Eligibility/Screening
- ❏ Fraud and Abuse
- ❏ Medicaid Application Assistance
- ❏ Medicaid Application Submission
- ❏ Medicare Buy-in Coordination
- ❏ Medicaid Expansion (ACA) Transition to Medicare
- ❏ Medicaid Recertification
- ❏ Medicaid Managed Care
- ❏ Medicaid Spend Down
- ❏ MSP Application Assistance
- ❏ MSP Application Submission
- ❏ MSP Recertification
- ❏ Program of All-Inclusive Care for the Elderly (PACE)
- ❏ Provider Participation
- ❏ QMB Improper Billing

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
- ❏ Tricare Health Benefits
- ❏ VA/Veterans Health Benefits

Topics Discussed (multiple selections allowed) (continued from p. 2)*		
Medicare Part D	❑ Appeals/Grievances ❑ Benefit Explanation ❑ Claims/Billing ❑ Disenrollment ❑ Eligibility/Screening ❑ Enrollment ❑ Fraud and Abuse ❑ Late Enrollment Penalty ❑ Marketing/Sales Complaints & Issues ❑ Pharmacy Network ❑ Plan Non-Renewal ❑ Plans Comparison	**Additional Topic Details**
		❑ Ambulance ❑ COVID-19 ❑ Dental/Vision/Hearing ❑ DMEPOS ❑ ESRD ❑ Health Savings Account(s) ❑ Home Health Care ❑ Hospice ❑ Hospital ❑ Income Related Monthly Adjustment Amount ❑ Mail Order Prescription ❑ Medicare Card ❑ Medicare.gov Account ❑ Mental Health ❑ New to Medicare ❑ Opioids ❑ Physical Therapy ❑ Preventive Benefits ❑ Skilled Nursing Facility ❑ Substance Misuse/Fraud/Abuse ❑ Telehealth ❑ Transportation

Total Time Spent on This Contact *	Status
_____ Hours _____ Minutes	❑ In Progress ❑ Completed

Special Use Fields

Original PDP/MA-PD Cost: _____

New PDP/MA-PD Cost: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes