

11/14/2024 Q&A for:

93.634 Support for Beneficiary Counseling Programs for States Participating in the Medicare - Medicaid Financial Alignment Initiative - SHIP

Q1: I do not see a guideline for the Scope of work and work plan for the grant or performance measures.

A1: This information has been made public and can be found in the Additional Information Section of the Notice of Funding Opportunity and is also listed below.

Project Description:

The SHIP mission is to empower, educate and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits. The purpose of this grant is to:

1. assist the SHIP with the CMS Financial Alignment Initiative (referred to as MMAI for this NOFO) for Medicare and Medicaid dually eligible beneficiaries (referred to as beneficiaries in this NOFO);
2. strengthen the SHIP network by adding Bi-lingual speaking counselors at existing sites, expanding coverage by developing new sites, and recruiting additional counselors to support the community as they perform personalized counseling, education, and outreach to help achieve the program mission; and
3. support the development of new innovative ideas and expand strategic awareness within the SHIP network to provide enhanced services to MMAI eligible individuals and produce better health outcomes for beneficiaries.

SHIP was created in Section 4360 of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (Pub.L. 101–508, 104 Stat. 1388.) The Text of the provision is available at the link below. The title of the section is, “HEALTH INSURANCE INFORMATION, COUNSELING, AND ASSISTANCE GRANTS.”

[https://www.ssa.gov/OP\\_Home/comp2/F101-508.html](https://www.ssa.gov/OP_Home/comp2/F101-508.html)

Section 1115A of the Social Security Act (the Act) as added by Section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148), authorized the Innovation Center to test innovative payment and service delivery models to reduce expenditures under Medicare, Medicaid, and the children’s Health Insurance Program while preserving or enhancing the quality of all beneficiaries’ care. As CMS continues to test the MMAI model in Illinois, this funding allows SHIP counselors performing one-on-one counseling the resources needed to support beneficiaries and gives insight to SHIP administration to use to track issues and best practices.

As part of MMAI, SHIP is required to serve low-income English, non-Native English-speaking persons, and disadvantaged populations with limited access to services. SHIP strives to increase the size and number of sites to expand service availability and improve the counseling experience. The goal of this funding

opportunity is to enhance the SHIP network statewide (PSAs 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, and 13).

#### Deliverables and Milestones:

The Grantee shall be responsible for ensuring all sites adhere to the standard requirements of SHIP, including reporting in the SHIP Data Tracking and Reporting System (STARS).

The performance measures are mandated by the Administration for Community Living (ACL) and are comprised of data entries of client contacts and public and media forms that are entered into a web-based system for SHIP Data Tracking and Reporting System (STARS) that is used by all SHIP programs in the United States and its territories. SHIP certified counselors who have successfully completed SHIP training and certification, and are registered on the SHIP Data Tracking and Reporting System (STARS), are mandated to enter work performed in this data collection system. All data entered by SHIP counselors is monitored using five performance measures established by ACL. The SHIP 2024 training manual includes an instructional section within Chapter 14 which provides information on reporting, including an outline of the types of counseling activities that should be reported, instructions for logging phone calls, one-on-one counseling services and the demographics of each person served.

Any work performed within a month should be reported into the STARS Data System as a beneficiary contact (counseling) or a group or media outreach event, (health fair, webinar, teleconference, etc.), in a timely manner. Counseling conducted in one month, must be entered in the STARS Data System by the end of the following month the counseling was rendered, as outlined in ACLs' Reporting Schedule shown below. (Applicable dates of this grant will be a subset of this table).

The Grantee shall be responsible for ensuring all sites adhere to the standard requirements of SHIP, including reporting in the SHIP Data Tracking and Reporting System (STARS).

See attachment of STARS Reporting timelines in Question submission attachment area.

#### Performance Measures and Standards:

PM1: Client Contacts – Percentage of total one-on-one client contacts (in-person office, in-person home, telephone (all durations), and contacts by e-mail, postal mail, or fax) per Medicare beneficiaries in the state.

This performance measure covers every one-on-one interaction SHIPs have with beneficiaries or on behalf of a beneficiary and is reported on the Beneficiary Contact Form in the STARS Data System. It includes in-person counseling sessions (in the office or at the beneficiary's home); telephone conversations of all durations (including on-line call formats such as Skype); and email, postal mail and fax correspondence. It does not count unsuccessful attempts to reach beneficiaries (such as leaving messages); individuals reached through public events (unless the presenter has substantial individual interaction with a beneficiary after the event); contacts when the only purpose is to schedule a meeting; or mass emails.

PM2: Outreach Contacts – Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

This performance measure is the number of people reached through presentations (including webinars and tele-conferences), booths/exhibits at Health/Senior Fairs or Special Events, and Enrollment Events. The event must include the provision of Medicare or SHIP information to the public and is reported on the Group Outreach and Education Form in the STARS Data System. In order to count outreach contacts, SHIPs must have the ability to monitor attendance and must provide an opportunity for participants to ask questions and provide clarification at the time of the presentation.

PM3: Contacts with Medicare Beneficiaries under 65 – Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.

This performance measure includes the number of one-on-one contacts with Medicare beneficiaries who are under the age of 65. The beneficiary must be receiving or applying for Medicare and Social Security benefits due to a disability or; receiving Medicare because of the diagnosis of End Stage Renal Disease. This does not include soon-to-be new to Medicare beneficiaries (i.e. those entering Medicare at age 65).

PM4: Hard-to-Reach Contacts – Percentage of low-income, rural, and non-native English contacts per total “hard-to-reach” Medicare beneficiaries in the State.

This performance measure is based on the number of contacts made with any of the designated hard-to-reach populations divided by the total number of beneficiaries in that population. The designated hard-to-reach populations include:

1. Low-income beneficiaries – all contacts with beneficiaries whose income is below 150% Federal Poverty Level;
2. Rural beneficiaries – all contacts with beneficiaries that live in areas with a population fewer than 50,000 as designated by the Office of Management and Budget (OMB), and
3. Non-native English-speaking beneficiaries – all contacts with beneficiaries where English is not the beneficiaries first language as indicated on the Beneficiary Contact Form. Beneficiaries can self-select, or the counselor can reasonably conclude that the client is not fluent in understanding, speaking, reading, and/or writing the English language.

Each section of this PM will be calculated by taking the total client contacts reached in the hard-to reach category divided by the total beneficiary population in that category. Some beneficiaries could fall into multiple categories and thus be counted multiple times in the numerator and denominator.

PM5: Enrollment Contacts – Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topic(s) discussed per total Medicare beneficiaries in the state.

This performance measure is the total unduplicated enrollment contacts as reported on the SHIP Beneficiary Contact Form. It includes eighteen possible enrollment topics and will only count once per client contact.