

Instructions for Completing the Client Contact Form for the State Health Insurance Assistance Program (SHIP)

Submitted to CMS Quarterly

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0850. The time required to complete this information collection is estimated to average 7-10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850.

This document provides definitions and instructions for the information that is collected and reported on each contact with a client. All fields in all sections must be completed, except where noted.

Definition of Client Contacts

Client Contacts: "Client Contacts" includes **all** contacts between counselors or staff and clients which may include elders, Medicare or Medicaid beneficiaries, family members, or others working on behalf of a client. These contacts can be over the telephone, in person (site), in person (at home), or via postal mail, e-mail, or fax.

Do NOT use the Client Contact Form for:

- persons reached at public events such as presentations or health fairs. Questions asked during or after a presentation are not considered individual client contacts unless one-on-one counseling occurs.
- unsuccessful attempts to reach a client (e.g., leaving messages on an answering machine).

Who Completes the Client Contact Form?

The Client Contact Form is used by registered SHIP counselors only, i.e., individuals who have received counselor training and have signed some type of Counselor Agreement or Memorandum of Understanding. SHIP counselors may include volunteers, staff, toll-free helpline counselors, local coordinators/sponsors, etc.

Client Contact Forms are considered confidential. They must be treated by counselors as confidential information. THE COUNSELOR MUST ASSURE THE CLIENT THAT ALL PERSONAL INFORMATION COLLECTED IS CONFIDENTIAL.

Instructions for Completing the Client Contact Form

All fields in all sections must be completed, except where noted.

Contact Information (top section of page, before "Section 1- Beneficiary Information")

Counselor Name: Enter the name of the registered counselor who provided SHIP services to the client for this contact. If a team of two counselors helped the client, enter the name of the primary counselor (only complete one form). You may enter "NC" (not collected) if you do not have the counselor's name.

Zip Code of Counseling Location: Enter the zip code of the location where counseling occurred. If the contact occurred in more than one location or more than once, enter the location where the first contact occurred. Be sure to enter all five digits of the zip code. Please note this field will not accept 'zip plus 4'.

Type of Client/Assistance Requested by: Check the box or boxes that best describe the type of client or clients who request information or assistance. Check "couple" only if both require SHIP services for the same issue. Check "agency" for professionals calling on behalf of a client or for general information.

How Did Client Learn About the SHIP? Select one source.

- **Centers for Medicare and Medicaid Services--CMS (1-800-Medicare, www.medicare.gov, Medicare & You, CMS Mailing)** Check this box if the client learned about the SHIP from a CMS publication, a Medicare hotline counselor, CMS website, CMS regional office, or other CMS-sponsored source.
- **Presentations/Fairs:** Check this box if the client learned about the SHIP at a presentation or health fair sponsored by the SHIP or other organization.
- **State-specific mailings/brochures/posters:** Check this box if the client learned about the SHIP from publicity that your SHIP conducted via mail or SHIP

brochures left in community locations, or distributed by another agency. (e.g. a SHIP brochure enclosed with a mailing from the Alzheimer's Association).

- **Agency:** Check this box if the client was referred by another agency, such as a disability organization, a senior organization, or an advocacy organization.
- **Friend/Relative:** Check this box if a friend or relative referred the beneficiary to the SHIP.
- **Media:** Check this box if the client learned about the SHIP from a public service announcement, radio, newspaper, or other media advertisement.
- **Other:** Check this box ONLY if the response cannot fit into one of the previous categories. Please specify the source.
- **Not collected:** Check this box if client is unsure, does not know, or is not asked.

Date of Initial Client Contact: Enter the date on which the first counseling/assistance session occurred. Do not count contact with a client to merely set up an appointment for a later date. If more than one session occurs on the same day, that is considered the same contact. Remember to include all time spent for multiple contacts on the same day under 'time spent.'

Date if Multiple Contacts: Enter the date on which an additional contact or counseling/assistance occurred. Counseling sessions occurring on separate days should be entered as a separate contact date, even if the counseling session is a follow-up session on the same topic. You may need to use additional forms if more than two separate contacts occur on two separate days. You may not enter additional dates unless an initial contact date has been entered. Also, the additional date must be later than the initial contact date.

Type of Contact: This section reports on the five ways in which counselors provide services to help the client resolve his/her insurance-related problem(s). Check whether the contact was:

- Quick call (<10 minutes),
- Telephone (>10 minutes),
- In person (site),
- In person (home visit), or

- E-mail/fax/postal mail.

Please collect as much beneficiary information as possible. If the contact was a Quick Call, at minimum, try to get Beneficiary Name, Telephone Number, Zip Code and Topic Discussed.

Note: If you have a substantial, one-on-one discussion with a beneficiary at another location such as the grocery store or church, you may count this as a contact and check 'in-person (site)' as the type of contact.

Time Spent: Time spent represents the total hours/minutes a counselor spent counseling or working directly on behalf of the client for each contact.

This includes the total number of hours/minutes spent on the following activities to resolve the client's issue(s) related to each contact:

- Counseling
- Researching
- Referring
- Advocating (calling agencies on the client's behalf)
- Trying to reach the client
- Waiting to meet with a client
- Traveling
- Preparing materials to send to the client, and
- Completing paperwork/forms to report the client contact.

In the blank line(s) provided, write in the *total* number of hours or minutes spent on the case. Note that some of the time spent may take place on a day other than the contact date. For example, you may spend 1 hour with the client on the contact date, 1 hour the next day researching information on behalf of the client and another 20 minutes the following day completing paperwork. Two hours and 20 minutes should be entered as the total time spent next to the initial client contact date. Do not include time spent on non-SHIP activities.

SECTION 1- Beneficiary Information

Enter the **name**, **zip code**, and **telephone number** of the Medicare beneficiary (or pre-Medicare beneficiary) who is the recipient of SHIP services. This information may be needed to contact the client with follow-up information and to assist with their particular issue or problem. Identifying information such as beneficiary name or telephone number are not shared with CMS. If the beneficiary is deceased, information on the beneficiary's representative should be entered instead.

Note: Please remember to include area code when recording the telephone number.

You may enter "NC" (not collected) if you do not have the beneficiary's name.

For couples needing assistance with the same issue(s), enter the name of the individual who the counselor spent more time speaking with. Exception: if both individuals need assistance with separate issues, please complete a separate form for each individual.

If an agency professional contacts you for information that is not in reference to a specific beneficiary, enter N/A (not applicable) in this field and skip to Section 3. Check "agency" for type of client.

Representative name: If appropriate, enter the name of the person (spouse, relative, friend, agency staff) helping or representing the beneficiary.

SECTION 2- Beneficiary Demographics

Beneficiary demographic information shall be completed only if a client is contacting SHIP for the first time since April 1. If the beneficiary is deceased, complete this section for the beneficiary's representative you are helping.

Steps:

1. First, ask the client if he/she has received SHIP services since April 1. If not, complete the Beneficiary Demographics Section. Take the word of the client; no check of past records is necessary. If a client is unsure whether they have received SHIP services since April 1, complete this section.
2. Assure the client that the data gathered in this section are confidential and are used for statistical analysis purposes only. Counselors may read the following statement to the client: "The program uses this information to get an idea of which clients we are reaching and which we are not. We can also use this information to demonstrate how many people we reach so that we can continue to get funding to help Medicare beneficiaries. All information we collect is strictly confidential--no names will be attached when reported as totals."
3. Even though you may be uncomfortable asking these questions, demographic information is important data. These data help the SHIP determine whether they are reaching beneficiaries in various demographic groups and if outreach efforts to specific populations is warranted. Also, CMS uses this information to gain an understanding of the populations served by the SHIP program.

The client often communicates demographic information during the course of the counseling session. In these cases, the counselor does not need to ask for it directly.

Hint: If the contact is in person, the counselor may ask the client to fill in the demographics him/herself. This can be accomplished easily by turning the form around to them and giving them a few minutes to complete it before the counselor continues.

**For couples, complete this section for only one individual.
(Choose the one you spent more time talking with or who needs most assistance.)**

Age or Date of Birth: The counselor may collect either of these items. For the age categories, check the box that applies to the client. For date of birth, simply record this information in the allotted space.

Hint: If the client has not volunteered information about his/her age, it may be easier to ask for date of birth.

Gender: Check the appropriate box.

Monthly income: Check the appropriate box that applies to the client. Check “Not Collected” if the client refuses to reveal his/her income. While income is a sensitive topic, knowledge of a client’s income may help the counselor assess whether the client is eligible for Medicaid, QMB, SLMB, or any other needs-based programs. The Federal Poverty Level (or FPL) varies from state to state and is adjusted annually. Your SHIP Program Director will provide you with the FPL income figure for your state to use as reference. Check the appropriate box to indicate whether the beneficiary’s income is below or equal to/above 150% of this figure. Use the \$_____ line either to insert the beneficiary’s actual income (if you are so told—in this case you still must check a box) or, to insert 150% of FPL for your state, in which case you have the option of turning the form around to the client, and asking him/her to indicate if their income is below or equal to/above this figure. Again, your SHIP Program Director will instruct you as to what to insert on this line.

Note: This category refers to the monthly "household" income of the client or the client and spouse only, not relatives with whom the client might be living.

Hint: If the counselor is feeling uncomfortable with this topic, the counselor might tell the client that there are different programs available for different

income levels. The counselor can provide a list of the income levels and the programs that correspond with them and ask the client to report which programs sound appropriate to his/her income level. The counselor can then explain these specific programs to the client.

Hint: The counselor might show the client income that is 150% of the FPL and ask the client whether their income is above or below this amount.

Disabled: Check “Yes” if the client is currently receiving or applying for Medicare/Social Security benefits due to disability or End Stage Renal Disease (ESRD).

Race/Ethnicity: Check the race/ethnicity category that applies to the client.

Hint: It may be helpful to explain to the client that this information is being collected to ensure that SHIP services are accessible to all members of the Medicare community, such that no group is under served.

SECTION 3- Topics Discussed

Discussed: Many clients need assistance with more than one issue. Section 3 is designed to reflect all major topics discussed during the course of the client contact. For example, if a counselor discusses three topics with a client, then the boxes for all three topics should be checked. Thus, this section provides a list of the specific issues that require counselor assistance to resolve or understand.

Please note: The Centers for Medicare and Medicaid Services (CMS) will apply a formula to the data submitted in order to estimate the amount of money the beneficiary will potentially save as a result of the counseling session. This formula is based on the topics you indicate were discussed. Topics listed in “other (specify)” are not included in this formula. Please make every effort to use the categories listed below to ensure accuracy and avoid using the “other” category, if at all possible.

Prescription Assistance

Medicare Prescription Drug Coverage (PDP/MA-PD)

Note: Until 12/31/05 – If you discuss the Medicare-Approved Drug Discount Card, check the box, "Medicare-Approved Drug Discount Card", under Other Sources of Prescription Drug Coverage/Assistance.

Plan eligibility, benefit comparisons: includes helping someone understand Medicare Prescription Drug Coverage; what the plans do or do not pay for; and answering eligibility and enrollment questions. Medicare prescription drug coverage is available to all people with Medicare and is provided through a Prescription Drug Plan (PDP) or a Medicare Health Plan with Prescription Drug Coverage (MA-PD).

Low-income assistance (also referred to as extra help for persons with limited income and resources) - eligibility, benefit comparisons: A Medicare-eligible person with income below a certain limit (below 150% of the federal poverty level--FPL) is eligible for assistance to help pay for their prescription drugs. This includes helping someone understand what Medicare does and does not pay for, or answering eligibility and enrollment questions.

Enrollment/application assistance: includes providing information to and assisting someone, or a personal representative acting on behalf of an individual, with enrollment in a Medicare Prescription Drug Coverage plan either on-line with a computer or by assisting with filling out a paper application.

Claims/billing: includes any problems with a Medicare Prescription Drug Coverage Plan (PDP or MA-PD) covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to organize billings and claims papers fit into this category.

Appeals/quality of care/complaints: includes contacts associated with a review, reconsideration, or formal appeal regarding an original statement from Medicare for Medicare Prescription Drug Coverage.

Other Sources of Prescription Drug Coverage/Assistance

Medicare-Approved Drug Discount Card: Check here if you discuss any aspect of the Medicare-Approved Drug Discount Card, including enrollment, low-income assistance, appeals, etc.

State Pharmacy Assistance Program (SPAP): includes programs that are administered by states to provide education and prescription drug coverage to qualified individuals. SPAPs provide wrap-around coverage and may provide the same or better coverage as other plans. Costs incurred by SPAPs are counted toward out-of-pocket cost limits when enrolling in a PDP or MA-PD.

Union/Employer plan: A union or private employer is considered a plan sponsor if they provide prescription drug coverage to their employees and retirees. They can provide drug coverage in place of Medicare prescription drug coverage; provide drug coverage that supplements the Medicare prescription drug coverage; or pay part or all of Medicare prescription drug plan premiums.

Manufacturer's Assistance Program: includes prescription drugs provided by pharmaceutical manufacturing companies at no or low cost to individuals uninsured for prescription drugs.

Discount plans: includes private companies that offer prescription drugs at discounted prices. A discount card can help save on outpatient prescription drug costs. Each drug discount card has a list of pharmacies where the discount card can be used.

Other: includes local sources of assistance such as American Red Cross, Salvation Army, churches, etc. that might be available to help beneficiaries pay for prescription drugs.

Medicare (Parts A and B)

Enrollment, eligibility, and benefits: includes helping someone understand what Medicare does and does not pay for, or answering eligibility and enrollment questions.

Claims/billing: includes any problems with Medicare covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to

organize billings and claims papers fit into this category.

Appeals/quality of care/complaints: includes contacts associated with a review, reconsideration, or formal appeal regarding an original statement from Medicare.

Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans)

Enrollment, disenrollment, eligibility, comparisons etc.: includes helping someone understand how Medicare Health Plans (formerly known as Medicare Advantage Plans) work, answering eligibility and enrollment questions, reviewing similar insurance policies being considered by a client, and comparing different Medicare Health Plans. It can include any mention of “Medicare Health Plans” by the client or the need for assistance on any of the expanded health plan choices including Medicare Health Maintenance Organizations (HMOs), Medicare Preferred Provider Organizations (PPOs), Medicare Private Fee-For-Service Plans (PFFS plans), or Medicare Special Needs Plans.

Plan or benefit changes/non-renewals: includes any changes in a client’s coverage due to plan non-renewals/terminations, changes in provider participation, changes in premiums, or changes in covered benefits.

Claims/billing: includes any problems with a Medicare Health Plan covering a provider bill or with understanding the claims process that is not resulting in a review, reconsideration, or appeal. Helping a person sort bills and teaching them how to organize billings and claims papers fit into this category.

Appeals/quality of care/complaints: includes contacts associated with an appeal, quality of care complaint or grievance related to HMOs or other choices authorized under Medicare Health Plans.

Medicaid (enrollment, eligibility, benefits)

All of these categories include helping someone understand what services are covered under a particular Medicaid program, answering general eligibility and enrollment questions, such as income and resource limits, and possibly helping clients complete enrollment forms.

QMB/SLMB/QI:

QMB: includes discussion of eligibility for the Qualified Medicare Beneficiary program that pays for Medicare premiums, deductibles, and coinsurance.

SLMB: includes discussion of eligibility for the Specified Low-Income Medicare Beneficiary program that pays for the Medicare Part B premium.

QI: includes discussion of the Qualifying Individual program that pays for the Medicare Part B premium.

Other Medicaid (some of these may not apply to all states): includes discussion of the Regular Medicaid program, Medicaid for Aged or Disabled, Medically Needy Medicaid, dual eligibility, LTC/home & community-based waivers, nursing home/spousal impoverishment, or Supplemental Security Income (SSI).

Medigap/Supplement/SELECT

Enrollment, eligibility, comparisons: includes contacts associated with explaining Medicare supplement coverage, answering questions about eligibility and enrollment, comparing policies, or providing information to help someone make a decision on the best policy to meet their financial needs.

Change coverage: includes discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance. This also includes discussion of the Medicaid suspension option, which allows for the discontinuation of Medicare supplement premiums.

Claims/appeals: includes problems with Medigap covering a provider bill or with understanding the claims process. This section also includes contact associated with a review, reconsideration, or formal appeal regarding a Medigap decision or finding.

Other

Long-Term Care: May include explaining long-term care insurance; discussing eligibility; reviewing policies; providing someone with the information necessary to make a decision about whether or not to purchase a LTC policy; discussion of the way a client can secure comparable or better insurance coverage, reduce coverage, cancel coverage, or not purchase unnecessary insurance; and claims/appeals.

Fraud and Abuse: may include Medicare fraud and any problems associated with unethical, illegal, or abusive sales practices by a provider, an insurer, insurance representative, or managed care sales representative in regard to selling a client insurance policies or health plans. If a complaint based on abuse or fraud is filed, this category should be checked also.

Military health benefits: may include explaining military health benefits, comparing them to a Medicare Supplement or referral to a Military Retiree Benefits Information Officer/program. A retiree may have health benefits through the military, including VA benefits or TRICARE/CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) coverage.

Employer health plan or Federal Employee Health Benefits Program (FEHB): may include explaining an employer group plan or federal employee health plan, comparing one to a Medicare Supplement, or assisting a client with filing a claim or appeal.

Customer service issues/complaints: may include discussions with clients who experienced inadequate service when contacting an agency, such as CMS, Social Security Administration, state Medicaid agency, or a Peer Review Organization. This may include receiving wrong information, not being treated courteously by a representative, or not receiving assistance with an issue with which a representative is expected to help them. This also includes problems associated with unethical, illegal, or abusive sales practices. This does not include claims issues.

Other: includes any other type of assistance provided by the counselor which is not listed within the major topic areas, such as COBRA, ERISA (Employee Retirement Income Security Act of 1974), free care, or state specific topics. This can be written in on the blank line provided.

Note: Before checking this category, please verify that the type of assistance provided doesn't fit into a pre-existing Topic Discussed category.

Optional Notes

You may jot down additional notes on this form for the benefit of the counselor only. This information will not be entered or uploaded to www.SHIPtalk.org,

nor will it be used in any way by CMS. This suggestion is for the convenience of the counselor who may want to keep such notes.

This can include information helpful to the counselor or coordinator such as a summary of the question or problem that the client described to the counselor; the type of insurance coverage and policy numbers if needed for counseling purposes; what action was taken by the counselor and the outcome or resolution to the problem; referrals to other agencies; whether materials were mailed to the client; and status of the contact.

Extraordinary Client Savings

Instructions for counselors to summarize extraordinary savings to clients:

If:

1. A client specifies the exact dollar amount of savings associated with discussion of a particular topic with the counselor (no calculations necessary by counselor), AND
2. This amount is \$10,000 or more, AND
3. The counselor is reasonably sure that the discussion did in fact lead to this amount of financial savings for the client; then counselors should attach a separate page to the client contact form to summarize this case as part of their "optional notes".

This summary should include:

- Summary of the question or problem that the client described to the counselor;
- What action was taken by the counselor;
- Outcome or resolution to the problem; and
- Status of the client contact.

SHIP project directors should report these cases in the narrative portion of the **Resource Report Form** (Section 8).