SHIBA STARS workbook

May, 2025

Statewide Health Insurance Benefits Advisors (SHIBA)

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Message from SHIBA CTC

Dear Counselors,

As the curriculum & training coordinator (CTC), I deeply value your input in shaping effective training materials. Your feedback is crucial as we strive to refine and enhance resources to better support you in your role as Medicare counselors.

This workbook is designed to build your skills and knowledge through case scenarios and activities that encourage reflection and discussion. You are welcome to focus on the sections most relevant to your experience and expertise—there's no need to study all the material. Please take time to engage with the parts that interest you, jot down your insights, and share your thoughts during our sessions.

Your dedication to learning makes a meaningful difference in the lives of beneficiaries. Thank you for your commitment and for being an integral part of our team. I look forward to hearing your feedback and suggestions!

Best regards,

Elena Garrison
SHIBA Curriculum & Training Coordinator
Elena.Garrison@oic.wa.gov

STARS

The State Health Insurance Assistance Program (SHIP) Tracking And Reporting System (STARS) is the nationwide, web-based data system that facilitates the reporting of SHIP and Medicare Improvements for Patients and Providers Act (MIPPA) grantee activities[1] to the federal government.

Many organizations, including SHIBA, operate more than one of these grant-funded programs, and because STARS is also able to receive data from proprietary data systems, STARS streamlines the overall data reporting process across multiple programs and platforms.

SHIP & MIPPA grants performance measures (PM)

Data you enter in the BCF and BAS is included in the important performance measures reports. Here are some examples that show how the data you enter is reflected in the performance measures reports, and how it can be reported incorrectly.

We want to make sure you are aware of the impact of your data entry and how it can really benefit your SHIBA program.

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[1] The website address for this system is https://stars.acl.gov

SHIP Performance Measures (PM)[2]

PM 1 – Client Contacts	Percentage of **total client contacts** per Medicare beneficiaries in the state.
PM 2 – Outreach Contacts	Percentage of **persons reached through presentations, booths/exhibits, and enrollment events** per Medicare beneficiaries in the State.
PM 3 – Under 65	Percentage of **contacts with Medicare beneficiaries under the age of 65** per Medicare beneficiaries under 65 in the State.
PM 4 – Hard to Reach	Percentage of low-income, rural, and non-native English contacts per **total "hard-to-reach"** Medicare beneficiaries in the State.
PM 5 – Enrollment Contacts	Percentage of **unduplicated enrollment contacts** discussed per Medicare beneficiaries in the State (i.e., contacts with one or more qualifying enrollment topics).

Hard to Reach (PM3&4 – Beneficiary Contacts)

- Under 65 <u>and</u> receiving/applying for disability benefits, *or*

- Beneficiary Race (Native American – two options), *or*

- Rural (zip code-based), *or*

- English as a Primary Language = No

Beneficiary Age Group * [Select ONE]:
☐ 64 or Younger   ☐ 85 or Older   ☐ Not Collected   ☐ 65 – 74   ☐ 75 – 84

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[2] https://www.insurance.wa.gov/sites/default/files/documents/stars-ship-performance-measures.pdf

Beneficiary Race * (multiple selections allowed):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Not Collected

The Beneficiary **Race** field contributes to MIPPA Performance Measure 3 (Target Populations; Native American Beneficiaries) when American Indian or Alaskan Native or Native Hawaiian or Other Pacific Islander are selected.

English as a Primary **Language** is one of the fields used to calculate SHIP Performance Measure 4: Hard to Reach Beneficiaries and MIPPA Performance Measure 3: Beneficiaries with English as a Second Language. ("No" answers will apply.)

Beneficiary Language *:

English is Beneficiary's Primary Language	☐ Yes	☐ No

Beneficiary Residence *

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

Tip

If STARS does not recognize the zip code you enter, please use the nearest standard zip code for the session location. The U.S. Postal Service offers an online zip code locator tool at www.usps.gov that you might find helpful for this purpose.

SHIP PM 3 qualifying topics

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

Medicare Improvements for Patients and Providers Act (MIPPA) Performance Measures (PM)

MIPPA performance measures, tracked through the STARS system, assess the effectiveness of outreach and education efforts targeting Medicare beneficiaries, particularly those with limited income and resources, to help them understand and access programs that can save money on their Medicare costs.

MIPPA performance measures are primarily derived from data entered into the STARS system (stars.acl.gov) through Beneficiary Contact Forms (BCF) and Beneficiary Additional Sessions (BAS) forms, as well as Group Outreach and Education (GOE) forms.

PM1: Overall MIPPA Contacts	Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% FPL in the State
PM2: Overall Persons Reached through Outreach	Total number of people reached as reported on group outreach and education forms
PM3: MIPPA Target Populations	Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language)
PM4: Contacts with Applications Submitted	Percentage of forms with applications submitted compared to overall MIPPA contacts reported in PM1

BENEFICIARY CONTACT FORM				
* Items marked with asterisk (*) indicate required fields				
MIPPA Contact *:	❑ Yes	❑ No		
Send to SMP:	❑ Yes	❑ No	**SIRS eFile ID:** (*required if sending record to SMP)	

MIPPA Contact refers to any qualifying topics discussed during a counseling session.

- MIPPA is very important source of funding for the SHIBA program.

- Check the entire BCF for any of these topics that may have been discussed. If they were discussed, make sure MIPPA is checked "Yes."

MIPPA qualifying discussion topics

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

MSP participation rate by the county (Part 1[3])

County Name	Zip Code	Total County Population	MSP Participation Rate based on total MSP-eligible population (%)
Adams County	53001	19736	68.1
Asotin County	53003	22616	68.1
Benton County	53005	201286	68.1
Chelan County	53007	76752	68.1
Clallam County	53009	76551	43.9
Clark County	53011	481427	92
Columbia County	53013	4039	68.1
Cowlitz County	53015	108752	68.1
Douglas County	53017	42749	68.1
Ferry County	53019	7638	66.7
Franklin County	53021	94003	68.1
Garfield County	53023	2240	68.1
Grant County	53025	96672	68.1
Grays Harbor County	53027	73801	68.1
Island County	53029	84227	38.7
Jefferson County	53031	31746	43.9
King County	53033	2228364	72.9
Kitsap County	53035	269276	50.9
Kittitas County	53037	47358	68.1
Washington state overall		7523869	67.1

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[3] https://www.ncoa.org/benefits-participation-map?ids=53000&program=msp

MSP participation rate by the county (Part 2)[4]

County Name	Zip Code	Total County Population	MSP Participation Rate based on total MSP-eligible population (%)
Klickitat County	53039	22136	69
Lewis County	53041	79569	69
Lincoln County	53043	10726	68.1
Mason County	53045	65380	68.1
Okanogan County	53047	42117	66.7
Pacific County	53049	22074	68.1
Pend Oreille County	53051	13586	66.7
Pierce County	53053	893756	72.1
San Juan County	53055	17124	38.7
Skagit County	53057	127835	38.7
Skamania County	53059	11919	69
Snohomish County	53061	813059	63.2
Spokane County	53063	513603	69.7
Stevens County	53065	45224	66.7
Thurston County	53067	286056	54.3
Wahkiakum County	53069	4415	68.1
Walla Walla County	53071	60615	68.1
Whatcom County	53073	225197	68.1
Whitman County	53075	49683	68.1
Yakima County	53077	250562	69.1
Washington state overall		7523869	67.1

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[4] https://www.ncoa.org/benefits-participation-map?ids=53000&program=msp

Beneficiary Contact

Beneficiary contact includes all contacts for the purpose of relaying Medicare and State Health Insurance Benefits Advisors (SHIBA) related information between a **properly trained and state certified SHIBA team member** and a **Medicare beneficiary or a representative** working on their behalf.

Types of contact

Beneficiary contacts may be conducted over the telephone, in person (on site), in person (at home), via postal mail, e-mail, fax, or web-based one-on-one sessions (where technology permits).

STARS tracking inbox for data entry

In your menu bar, you should see "Tracking Inbox" – you will be working under the "Beneficiary Contact" dropdown menu. The Beneficiary Contact Form and Beneficiary Additional Session Form are located here.
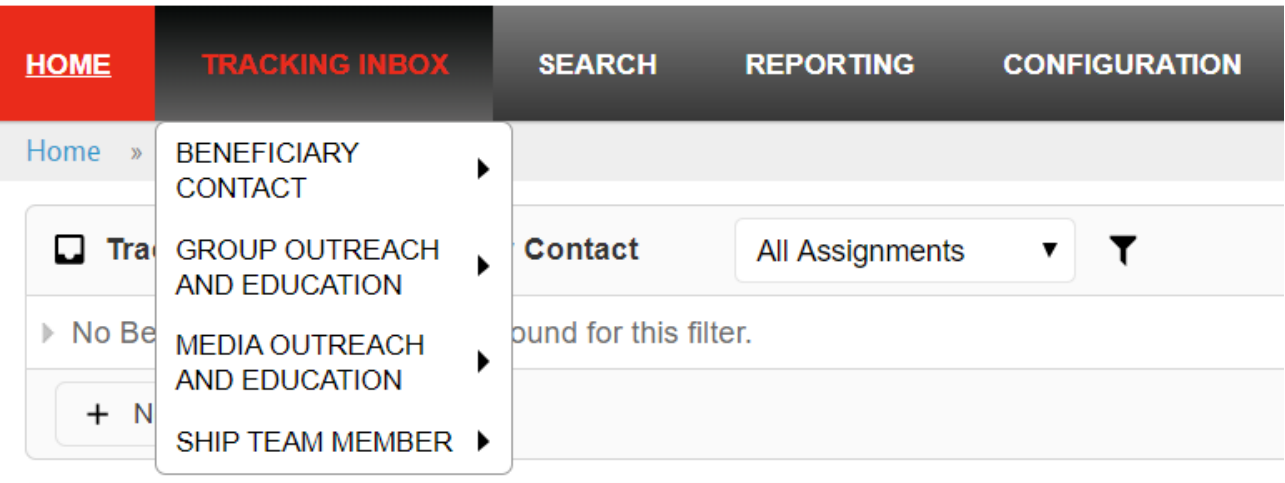
Beneficiary Contact form (BCF) vs Beneficiary Additional Sessions (BAS)

There are two forms that beneficiary contacts can be entered into - The first place is within the Beneficiary Contact Form (BCF) and the second is the Beneficiary Additional Session Form (BAS).

"Parent" and "child" objects are technical terms that the SHIP TA Center uses to explain this relationship. Understanding these terms will help you understand the STARS forms functionality, which impacts data entry, data visibility, searches, and reports.

- Parent object refers to Beneficiary Contact Form

- Child object refers to Beneficiary Additional Sessions
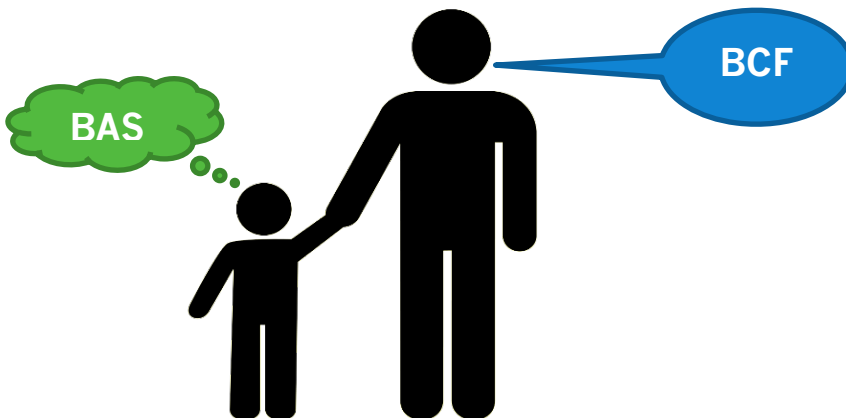
The Beneficiary Contact Form may be entered to document *additional* sessions you've had with the same beneficiary about the *same* topic. The first session would be entered into a BCF, and the subsequent sessions would be entered into BAS forms.

BAS forms are counted in reports just like BCFs. The main difference is that BAS forms do not repeat the demographic information you entered in the first BCF form. The purpose is to save you time.

Use Beneficiary Contact Form (BCF)

Multiple contacts on the same day regarding the same issue

- If **multiple sessions** occur with the **same team member** and the same beneficiary on **the same day**, they are considered as the same contact. Only **one BCF** should be entered to capture the nature of the contact with the beneficiary for that day with that team member.

  - You must edit the original BCF to add **time spent** and **topics discussed** to reflect additional sessions.

Example: Liz, a SHIBA volunteer counselor, has a morning phone session with Mr. Lee to discuss Part D plan options. They review the plans, and she provides initial guidance. After the call, Liz completes a BCF to document the session.

That afternoon, Mr. Lee calls Liz again with additional questions about plan networks. They have a brief follow-up conversation to clarify his concerns. Since it is the same day, the same team member, and the same issue, Maria does not create a new BCF. Instead, she updates the original BCF to reflect the additional time spent and the new topics discussed.

- When one team member counsels **multiple beneficiaries in a single counseling session**, such as the members of a couple (Jack & Jill) who are both Medicare-eligible, a BCF should be completed for <u>each person</u>.

  - The total time of the counseling session should be <u>divided</u> between Jack & Jill (the two BCFs) based upon the approximate time spent on each person.

    - For example, if the session lasts an hour, 30 minutes might be entered on one BCF and 30 minutes on the other.

Multiple contacts on the same day with different team members regarding different issues

- If two or more **separate team members** have contact with the same beneficiary on **the same day**, then **each team member** should complete **a separate BCF** to report their contact.

Example: Mia, a SHIBA volunteer counselor, receives a call from Mr. Nelson in the morning. He has questions about comparing Medicare Advantage plans. Mia provides initial guidance, reviews plan options using the Medicare Plan Finder, and suggests Mr. Nelson follow up with any additional questions.

She completes a Beneficiary Contact Form (BCF) to document the interaction.

Later that afternoon, Mr. Nelson calls again, this time with questions about drug coverage and whether he qualifies for Extra Help. He speaks with Dave, another SHIBA counselor. Dave explains the eligibility criteria, helps Mr. Nelson understand his options, and provides him with application resources.

Dave also completes a separate BCF to document the new contact.

Data entry:
Since Mia and Dae each provided distinct assistance on the same day, it is appropriate for both counselors to submit individual BCFs. This ensures accurate recordkeeping and allows for a complete view of the beneficiary's interactions with the SHIBA program.

Multiple contacts on different days

If there are multiple contacts on different days, how it should be handled depends on whether it was the same or a different team member who worked with them. It also depends on if it was about the same topic.

- Same team member, different issue, different day --> Create a new BCF

- Different team member, same issue, different day:

    o If you have access to the Original BCF --> Use BAS to add information

    o If you don't have access to the Original BCF --> Create a new BCF

Referring the existing case to SMP

- When referring the existing case to SMP, use the BCF.

Beneficiary information changes

- For any **changes** to the original session, use the **original BCF**.

- o For example, for any changes to beneficiary's contact information or marital status, you must open and change the original BCF.

Use Beneficiary Additional Sessions (BAS)

The Beneficiary Contact Form may be entered to document **additional sessions** you've had with the same beneficiary about **the *same* topic**. The first session would be entered into a BCF, and the subsequent sessions would be entered into BAS forms.

If you're conducting a follow-up or additional session with a beneficiary who was previously assisted by another counselor on the same issue, and you have access to the original BCF, add a BAS to document your session. Otherwise, use BCF.

BAS forms are counted in reports just like BCFs. The main difference is that BAS forms do not repeat the demographic information you entered in the first BCF form. The purpose is to save you time.

Example:

Mr. Garcia contacts Linda, a SHIBA counselor, for assistance with understanding his Medicare Advantage plan's coverage. During their initial call, Linda reviews the plan's network providers and prescription drug coverage. She documents this conversation using a Beneficiary Contact Form (BCF).

A few days later, Mr. Garcia calls Linda again with additional questions about his plan's out-of-pocket costs and how his coverage works when traveling out of state. Since this is a follow-up conversation on the same issue with the same

counselor, Linda completes a Beneficiary Additional Session (BAS) form, referencing the original BCF.

Later that week, Mr. Garcia contacts Linda once more to ask about adding dental and vision benefits. Linda explains the supplemental options available through his Medicare Advantage plan and provides resources. She records this conversation using another BAS form, ensuring a comprehensive record of the ongoing assistance provided.

BCF vs BAS summary table

Situation	BCF	BAS
Multiple contacts on the same day regarding the same issue	One BCF should be entered, capturing the nature of the contact with the beneficiary. Edit the original BCF to add time spent and topics discussed.	Not applicable.
Counseling multiple beneficiaries in a single session	A separate BCF should be completed for each beneficiary. Time should be divided based on the approximate time spent on each person.	Not applicable.
Multiple contacts on the same day with different team members regarding different issues	Each team member should complete a separate BCF to report their contact.	Not applicable.
Same team member, different issue, different day	Create a new BCF.	Not applicable.

Situation	BCF	BAS
Different team member, same issue, different day	If no access to the original BCF, create a new BCF. If you have access, use BAS to add information to the original BCF.	Use BAS to add information if the original BCF is accessible.
Referring an existing case to SMP	Use the BCF to refer the case to SMP.	Not applicable.
Beneficiary information changes	Open and update the original BCF to reflect changes such as contact information or marital status.	Not applicable.
Same team member, same issue, different day	Not applicable.	Use a BAS form for follow-ups.
BAS limitations - "Send to SMP" option	Create a new BCF if using the "Send to SMP" function, even if a session has already occurred.	BAS does not send information to SIRS, so a BCF is required.
Contact information changes	Open and update the original BCF for any contact information changes.	Not applicable.

Practice exercise 1: BCF & BAS

Scenario	BCF	BAS
A counselor meets with a beneficiary for the first time to discuss Medicare Advantage options.	☐	☐
A second counselor follows up with the same beneficiary on a different day regarding the same issue.	☐	☐
A counselor updates the beneficiary's contact information after the initial session.	☐	☐
Two team members assist the same beneficiary on the same day with different issues.	☐	☐
A counselor helps a couple in a joint session and discusses Medicare eligibility for both.	☐	☐
The same counselor follows up on a different day with the beneficiary about a new Medicare-related concern.	☐	☐
The counselor refers the case to SMP using the "Send to SMP" function.	☐	☐
A counselor meets with a beneficiary for the second time on the same day to provide additional details on the same issue.	☐	☐

Practice exercise 2: BCF & BAS

Scenario	BCF	BAS
Maria, a SHIBA volunteer counselor, meets with Mr. Johnson for the first time to discuss Medicare Advantage options. She reviews plan options using the Medicare Plan Finder.	☐	☐
Later that day, David answers his questions about drug coverage and Extra Help.	☐	☐
Rosa, another counselor, follows up with Mr. Johnson the next day regarding the same Medicare Advantage concerns.	☐	☐
Lynda updates Mr. Johnson's contact information after he moves to a new address.	☐	☐
John and Mary, a Medicare-eligible couple, attend a joint session with Susan, a SHIBA counselor. Susan spends time discussing both of their Medicare options.	☐	☐
Lisa follows up with Mr. Green a week later to assist him with a new concern about his Part D prescription drug coverage.	☐	☐
Maria refers Mrs. Lewis's case to SMP using the "Send to SMP" function after identifying possible fraud.	☐	☐
David meets with Mrs. Wright in the morning about her Medigap plan. Later the same day, she calls back with follow-up questions. David answers them in a brief session.	☐	☐

Not a Beneficiary Contact

- 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 SHIBA contacts

Beneficiary Contact Form (BCF)

<table>
<tr><td colspan="4">BENEFICIARY CONTACT FORM</td></tr>
<tr><td colspan="4">* Items marked with asterisk (*) indicate required fields</td></tr>
<tr><td colspan="4">Date of Contact *:</td></tr>
<tr><td>MIPPA *:</td><td colspan="3">❑ Yes   ❑ No</td></tr>
<tr><td>Send to SMP:</td><td>❑ Yes   ❑ No</td><td>SIRS eFile ID: (*required if sending record to SMP)</td><td>This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form</td></tr>
</table>

Counselor Information *

Session Conducted By* : _____ Partner Organization Affiliation* : _____	ZIP Code of Session Location *: _____ County of Session Location *: _____	State 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 ONE]:

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

Method of Contact * [Select ONE]:			Beneficiary Age Group * [Select ONE]:	
❑ Phone Call	❑ Face to Face at	❑ Face to Face at	❑ 64 or	❑ 85 or Older
❑ Email	Counseling	Bene Home/	Younger	❑ Not Collected
❑ Web based	Location/ Event	Facility	❑ 65 – 74	
❑ Postal Mail or	Site		❑ 75 – 84	
Fax				

Beneficiary Race * (multiple selections allowed):		Beneficiary Language *:		
❑ American Indian or Alaska Native	❑ Native Hawaiian or Other Pacific Islander	English is Beneficiary's Primary Language	❑ Yes	❑ No
❑ Asian		**Receiving or Applying for Social Security Disability or Medicare Disability * [Select ONE]:**		
❑ Black or African American	❑ White			
❑ Hispanic or Latino	❑ Not Collected	❑ Yes	❑ No	

Have you or a family member ever served in the military? [Select ONE]:		
❑ Yes	❑ No	❑ Unsure

Beneficiary Monthly Income * [Select ONE]:		Beneficiary Assets * [Select ONE]:	
❑ At or Above 150% FPL	❑ Not Collected	❑ Above LIS Asset Limits	❑ Not Collected
❑ Below 150% FPL		❑ Below LIS Asset Limits	

What is your sex? [Select ONE]:
❑ Female
❑ Male
❑ Not Collected

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	**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
Medigap and Medicare Select	❑ Application Assistance ❑ Benefit Explanation ❑ Claims/Billing ❑ Complaints ❑ Eligibility/Screening ❑ Fraud and Abuse ❑ Guaranteed Issue Rights ❑ Plan Non-Renewal ❑ Plans Comparison	**Part D Low Income Subsidy (LIS/Extra Help)**	❑ Appeals/Grievances ❑ Application Assistance ❑ Application Submission ❑ Benefit Explanation ❑ Claims/Billing ❑ Eligibility/Screening ❑ LI NET/BAE

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:
	  _____
	  _
		Other Prescription Assistance
		
		Other Insurance
			❑ Manufacturer Programs
			❑ Military Drug Benefits
			❑ Prescription Discount Cards
			❑ State Pharmaceutical Assistance Programs
			❑ Union/Employer Plan
			
			❑ 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 (cont'd) * (At least one Topic Discussed selection is required. Multiple selections allowed)	

Medicaid	❑ Appeals/Grievances ❑ Benefit Explanation ❑ Claims/Billing ❑ ~~Duals Demonstration~~ ❑ Eligibility/Screening ❑ Fraud and Abuse ❑ Medicaid Application Assistance ❑ Medicaid Application Submission	**Additional Topic Details**	❑ Ambulance ❑ COVID-19 ❑ Dental/Vision/Hearing ❑ DMEPOS ❑ ESRD ❑ Health Savings Account(s) ❑ Home Health Care ❑ Hospice ❑ Hospital

❑ Medicaid Expansion (ACA) Transition to Medicare	❑ Income Related Monthly Adjustment Amount
❑ Medicaid Managed Care	❑ Mail Order Prescription
❑ Medicaid Recertification	❑ Medicare Card
❑ Medicaid Spend Down	❑ Medicare.gov Account
❑ Medicare Buy-In Coordination	❑ Mental Health
❑ MSP Application Assistance	❑ New to Medicare
❑ MSP Application Submission	❑ Opioids
❑ MSP Recertification	❑ Physical Therapy
❑ Program of All-Inclusive Care for the Elderly (PACE)	❑ Preventive Benefits
	❑ Skilled Nursing Facility
❑ Provider Participation	❑ Substance Misuse/Fraud
❑ QMB Improper Billing	❑ 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: _____
Field 6: _____
Field 7: _____
Field 8: _____

Notes

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information is estimated to average 0.0833 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority

Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA). This data collection gathers performance data from grantees, grantee team members and partners. The Administration for Community Living uses the information reported in an annual report to Congress on program activities and performance. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality.

Activity: STARS data entry

During busy season what are some tips and tricks you use to stay current on STARs?

How do you prioritize data entry when you have back-to-back appointments?

Beneficiary Contact Form (BCF) notes

We urge you to appreciate the importance of detailed comments in your BCFs. Thorough documentation is key to maintaining the quality and continuity of the service we provide to our beneficiaries in counseling sessions.

Additionally, these comments serve as a tool for reflection, allowing us to revisit and assess the effectiveness of each session. This introspection is vital for our continuous improvement and for ensuring that we meet the evolving needs of those we serve.

Note tips:

- Keep the notes factual and objective (avoid personal opinions).
- Ensure accuracy and completeness while maintaining conciseness.

What do you usually include in your BCF notes?

Data Collection

Beneficiary & Representative Name and Contact Information

If possible, please collect both the Beneficiary's information and/or a Representative's information. While none of these fields are required, ACL needs the name and phone number to conduct beneficiary satisfaction surveys. So, please enter the name and phone number as often as possible.

Sensitive data: Personally Identifiable Information (PII) & Protected Health Information (PHI)[5]

Personally Identifiable Information (PII)	Protected Health Information (PHI)
Information which can be used to **distinguish or trace an individual's identity**, such as their name, social security number, biometric records, etc. alone or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as a data and place of birth, mother's maiden name, etc."[1]	Individually **identifiable health information** that is explicitly linked to a particular individual, and health information which can allow individual identification.[2] PHI includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above.

The biggest differences between the two items are:

---

[5] [OMB M-07-16 Memo](Safeguarding Against and Responding to the Breach of Personally Identifiable Information Health Insurance Portability and Accountability Act of 1996 [website]

1. PII is ANY potentially identifying either on its own or when combined with other information = most of information in STARS.

    - STARS is built to house this information securely

2. PHI is HEALTH information and specifically identifies a person. This sometimes entered in notes/comment field.

    - STARS is built to house this information securely, **exercise caution and only enter when necessary or requested.**

Counselor corner: Tips for handling sensitive data

- Use private spaces to ensure sensitive data is safeguarded

- Store all hard copies securely in locked filing cabinets or offices with a maintained filing system

- Use strong passwords to protect electronic formatted documents and equipment (phones, computers, USB drives)

- Do not leave files of documents with Personally Identifiable Information (PII) on desks, printers, personal computers, phones or other devices

- Send and forward only encrypted emails with PII

- Clear web browser history

- Disable autofill on web browser

Data Accuracy

Check for duplicate records

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

- If there are no duplicate records found, the red text will display:
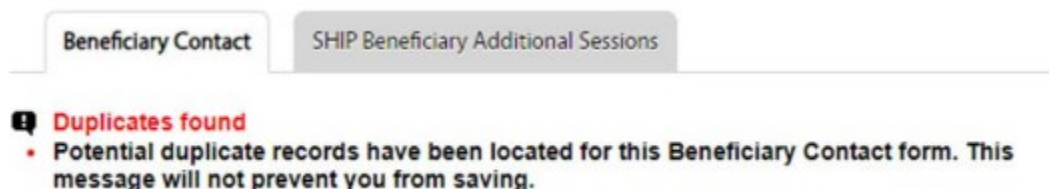
- If duplicate records exist, the red text will display the following message and give the matching potential duplicate record reference numbers:

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

Important Note:

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

Criteria used for duplicate records in STARS:

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

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

Date of contact

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

Use the single pointed arrow to go backward one month at a time. If you choose this data entry method, avoid accidentally selecting the double pointed arrow, which takes you backward one year at a time.

Session conducted by

This section of the form collects information on the person that counseled or worked with the beneficiary

Use the drop-down bars to select the correct options

- Partner Organization will auto-populate

- County will also auto-populate after you enter the Zip Code

- Remember: Session location is where <u>you</u> are when counseling

Time Spent & Status fields

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			

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

- Researching.

- Referring.

- Advocating (calling agencies on the beneficiary's behalf).

- Trying to reach the beneficiary/representative.

- Waiting to meet with the beneficiary/representative.

- Preparing materials to send to the beneficiary/representative.

- Completing paperwork/forms to report the contact.

- Travel time to beneficiary/representative.

Status refers to your casework with the beneficiary and whether it is completed.

120 Day Inactivity Rules[6]

STARS has 120-day inactivity rules that can lock your account, preventing you from being able to log in.

Preventing and Addressing Locked Accounts

If you do not log in for 120 days or more and you do not perform any program work for that same 120-day period, your account will be automatically locked. This is a common occurrence for seasonal volunteers, for example, or for people who take a leave of absence.

You can prevent becoming locked out by:

- Regularly logging into STARS to enter your efforts, avoiding a 120-day gap.

- Having someone else regularly enter data about your efforts will also prevent you from becoming locked out.

If your account is locked because of 120 days of complete inactivity, SHIBA staff must unlock your STARS account.

Tip: The day your account is unlocked, log into STARS. Otherwise, your account is likely to be automatically locked overnight.

The 120-day inactivity rules are applied nightly. Unless you log in that day -- or unless someone else enters data about your work for you -- STARS will regard you as inactive and your account will be locked again.

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[6] Also see Appendix A

Final reflections

Learning outcomes

After this training, how has your understanding of the importance of accurate and thorough client documentation changed?

What specific aspects of your STARS data entry or reporting process do you now feel more confident about, and what are one or two specific things you'd like to improve going forward?

How can SHIBA staff help?

Contact your RTC:

- Brisson, Noreen (OIC) Noreen.Brisson@oic.wa.gov

    o Office 509-818-1017

    o Cell 360-349-2850

- Dieckman, Lynda (OIC) Lynda.Dieckman@oic.wa.gov

    o Office 360-725-7257

    o Cell 360-742-4949

- Lee, Rosie (OIC) Rosie.Lee@oic.wa.gov

    o Office 360-725-7253

- Skye-Dugovich, Shannon (OIC) Shannon.Skye-Dugovich@oic.wa.gov

    o Office 360-725-7108

    o Cell 360-250-4900

    o Cell 360-701-0933

Report scams and fraud

- https://www.insurance.wa.gov/report-medicare-fraud-shiba

Learn more about SMP

- https://smpresource.org/
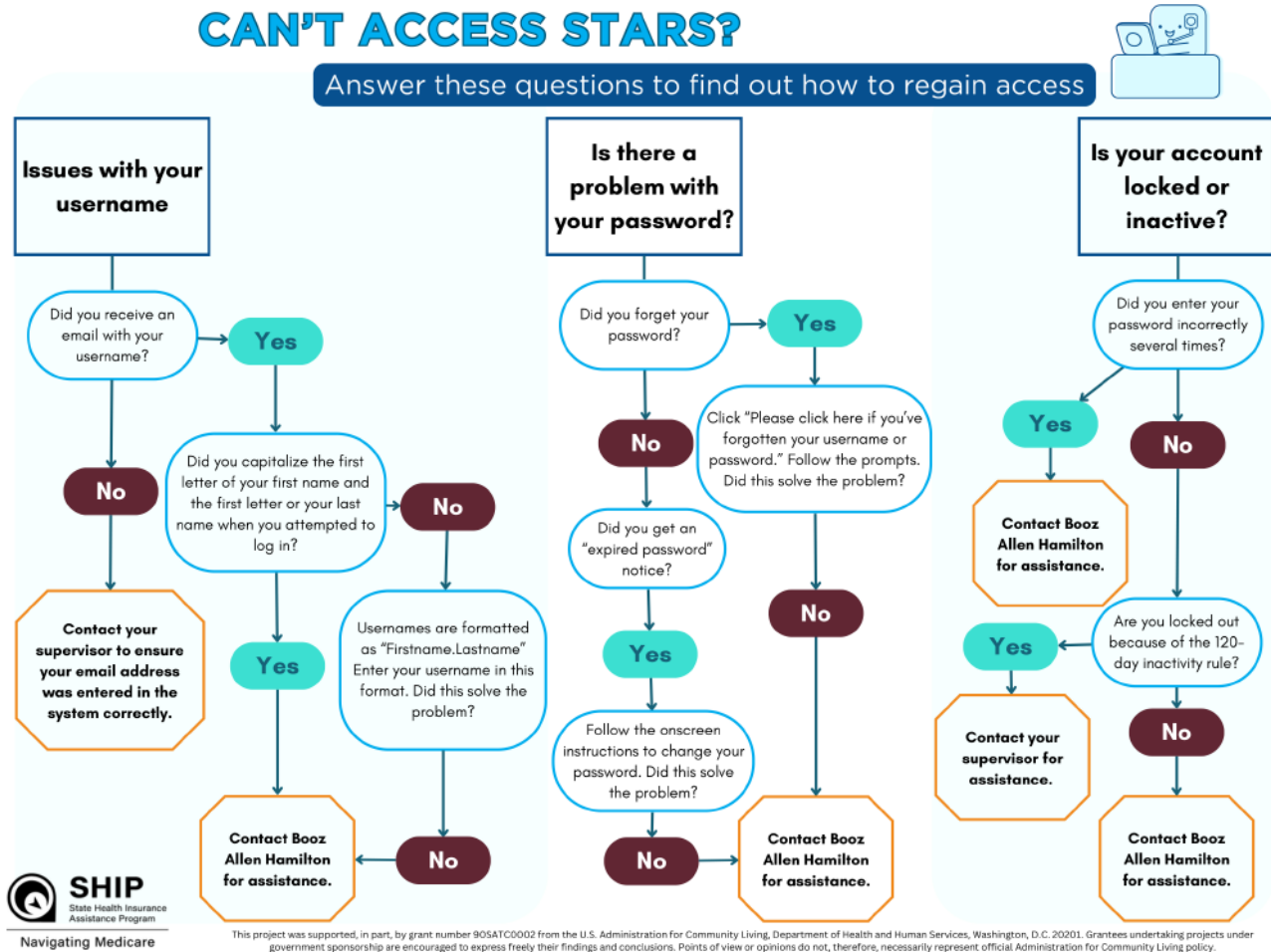
- Kim Mckenna kim.mckenna@oic.wa.gov

Curriculum & training related questions & suggestions

- Contact SHIBA Curriculum & Training Coordinator, Elena Garrison OICMedicareTrainingFeedback@oic.wa.gov or call: **360-725-7107**

Thank you for your participation.

Appendix A: STARS Access Problems

CAN'T ACCESS STARS?

Answer these questions to find out how to regain access

Issues with your username

Did you receive an email with your username? → **Yes** → Did you capitalize the first letter of your first name and the first letter or your last name when you attempted to log in? → **No** → Usernames are formatted as "Firstname.Lastname" Enter your username in this format. Did this solve the problem? → **No** → Contact Booz Allen Hamilton for assistance.

No → Contact your supervisor to ensure your email address was entered in the system correctly.

Yes → Contact Booz Allen Hamilton for assistance.

Is there a problem with your password?

Did you forget your password? → **Yes** → Click "Please click here if you've forgotten your username or password." Follow the prompts. Did this solve the problem? → **No** → Contact Booz Allen Hamilton for assistance.

No → Did you get an "expired password" notice? → **Yes** → Follow the onscreen instructions to change your password. Did this solve the problem? → **No** → Contact Booz Allen Hamilton for assistance.

Is your account locked or inactive?

Did you enter your password incorrectly several times? → **Yes** → Contact Booz Allen Hamilton for assistance.

No → Are you locked out because of the 120-day inactivity rule? → **Yes** → Contact your supervisor for assistance.

No → Contact Booz Allen Hamilton for assistance.

SHIP State Health Insurance Assistance Program
Navigating Medicare

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Additionally, to enhance the security of STARS and SIRS, we'll be implementing multi-factor authentication (MFA). As a part of this update, **logging in with an email address will be required**.

 What's Changing

An email address will be required to log into STARS and SIRS accounts at https://smpship.acl.gov/. This change allows users to receive a one-time verification code to their email as part of our new authentication process. An effective date for this change will be communicated in the coming weeks.

Appendix B Exercise Answers

Practice Exercise 1: BCF & BAS[7]

Scenario	BCF	BAS
A counselor meets with a beneficiary for the first time to discuss Medicare Advantage options.	☑	☐
A second counselor follows up with the same beneficiary on a different day regarding the same issue.	☐	☑
A counselor updates the beneficiary's contact information after the initial session.	☑	☐
Two team members assist the same beneficiary on the same day with different issues.	☑	☐
A counselor helps a couple in a joint session and discusses Medicare eligibility for both.	☑	☐
The same counselor follows up on a different day with the beneficiary about a new Medicare-related concern.	☑	☐
The counselor refers the case to SMP using the "Send to SMP" function.	☑	☐
A counselor meets with a beneficiary for the second time on the same day to provide additional details on the same issue.	☐	☑

---

[7] When in doubt, create a BCF.

Appendix B Exercise Answers (cont.)

Practice Exercise 2: BCF & BAS[8]

Scenario	BCF	BAS	Explanation
Maria, a SHIBA volunteer counselor, meets with Mr. Johnson for the first time to discuss Medicare Advantage options. She reviews plan options using the Medicare Plan Finder.	☑	☐	This is the first contact for this issue, so a BCF is required.
Maria assists Mr. Johnson in the morning with Medicare Advantage options. Later that day, David answers his questions about drug coverage and Extra Help.	☑	☐	Since two team members contacted the beneficiary about different issues on the same day, each should complete a separate BCF.
Rosa, another counselor, follows up with Mr. Johnson the next day regarding the same Medicare Advantage concerns.	☐	☑	Since this is a follow-up on the same issue with a different counselor on a different day, a BAS form is appropriate.
Lynda, a counselor, updates Mr. Johnson's contact information after he moves to a new address.	☑	☐	Updates to beneficiary information are made using the original BCF.
John and Mary, a Medicare-eligible couple, attend a joint session with Susan, a SHIBA counselor. Susan spends time discussing both of their Medicare options.	☑	☐	Separate BCFs should be created for each beneficiary. The session time should be divided appropriately.

[8] When in doubt, create a BCF.

Lisa follows up with Mr. Green a week later to assist him with a new concern about his Part D prescription drug coverage.	☑	☐	Since the follow-up is about a new issue, a new BCF should be created.
Maria refers Mrs. Lewis's case to SMP using the "Send to SMP" function after identifying possible fraud.	☑	☐	A new BCF must be created for the referral to SMP, as BAS forms do not support SMP referrals.
David meets with Mrs. Wright in the morning about her Medigap plan. Later the same day, she calls back with follow-up questions. David answers them in a brief session.	☐	☑	Since it is the same issue, same team member, and same day, David should update the original BCF with additional time and details.

Appendix C: Scripts

Script for Demographic Data Collection

This sample script was developed by ACL for SHIP/MIPPA/SMP counseling staff and volunteers to use in asking beneficiary

demographic questions, including race or ethnicity, gender

identity, sexual orientation, language, military status, and income/asset level broadly. The script explains to the beneficiary or caregiver the importance and purpose of collecting this information and ensuring their confidentiality.

Script

> "We want to make sure that everyone we speak to gets the best possible information and care. We're going to ask you some broad demographic questions, including race, gender, sexual orientation, military status, assets and income level, so that we can ensure that every one of every background gets the highest quality of information and services available to them. We'll keep this information confidential.
>
> We are also going to ask you about the language or languages that you speak and understand. If you prefer a language other than English, we will try to find someone to speak to you in your preferred language about your questions and concerns.
>
> Demographic information will be used by our funder, the U.S. Administration for Community Living (ACL), to understand the reach of the program and determine if there are any gaps in the services being provided. ACL is part of the U.S. Department of Health and Human Services. Your answers will remain confidential.
>
> Are you willing to answer our demographic questions?"

If they say yes to the final question, then proceed. If they say no, thank them and continue the session without collecting the demographic data.

Appendix D: SOGI Data Collection FAQs

Q: What changes were made to the SOGI questions in 2025?

A: The answer options were changed in the second SOGI question What is your current gender? Female became woman, male became man, non-binary was added, and transgender was removed. The other two SOGI questions and answers remain unchanged.

Q: Why are these questions being asked?

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

Q: Do I have to ask everyone these questions?

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

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

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

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

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

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

Q: What if I feel uncomfortable asking the questions?

A: These questions may be sensitive, and it is understandable that some people may feel discomfort asking these demographic questions. One way to normalize the questions is to explain that all consumers are asked these same questions. Although some may assume their clients will be offended by SOGI questions, research shows this is rarely the case.

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

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

Counselor corner: Consumer comfort[9]

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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[9] https://www.shiphelp.org/ship-resources/stars-enhancements

Appendix F: Military FAQs

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

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

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

Question 2: How do you define having "ever served in the military?"

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

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

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

References:

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

Appendix G: Senior Medicare Patrol SMP

Send to SMP, Senior Medicare Patrol, will be checked off by SMP Counselors.

BENEFICIARY CONTACT FORM		
* Items marked with asterisk (*) indicate required fields		
MIPPA Contact *:	☐ Yes ☐ No	
Send to SMP:	☐ Yes ☐ No	SIRS eFile ID: (*required if sending record to SMP)	

Send to SMP would be checked off if an SMP Counselor referred to any of the qualifying topics discussed during a counseling session:

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	Marketing/Sales Complaints	Claims/Billing	Claims/Billing
Enrollment/Disenrollment	Fraud and Abuse	Disenrollment	Disenrollment
Fraud and Abuse		Enrollment	Enrollment
QIO/Quality of Care		Fraud and Abuse	Fraud and Abuse
		Marketing/Sales Complaints	Marketing/Sales Complaints
		QIO/Quality of Care	

SMP Qualifying Topics Discussed (continued)			
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
		Duals Demonstration	Skilled Nursing Facility
		Home Health Care	

References

SHIP TA Center SATRS 101 course:
https://rise.articulate.com/share/X5wuCL2NhhvhyyZ2vLjm61SiFkufS1TM#/lessons/5axSlAgxYMQ9GidlLZ-GrB-XWYl_XvKA

STARS Enhancements
https://www.shiphelp.org/ship-resources/stars-enhancements