

Medicare Improvements for Patients and Providers Act (MIPPA) Grant Activity Reporting Instructions

Agencies that receive funding from the Wisconsin Department of Health Services (DHS) under the 2017 Medicare Improvements for Patients and Providers Act (MIPPA) grant must report grant-related activities monthly in the federal State Health Insurance Assistance Program National Performance Report (SHIP-NPR) system.

The SHIP-NPR system is designed to capture information about Medicare-related outreach and assistance conducted by the State Health Insurance Assistance Program (SHIP). A limited subset of activities is tracked for the purposes of the MIPPA grant.

These reporting instructions are based on guidance from the U.S. Administration for Community Living, and may be adjusted over the course of the grant period.

SHIP-NPR Registration and Training

All agency staff members who conduct MIPPA grant-related activities must be registered in the SHIP-NPR system. Staff can obtain system access, training and support by contacting DHS Project Lead Phoebe Hefko at phoebe.hefko@wi.gov or 608-267-3201.

Elder benefit specialist activities, with the exception of those conducted by SeniorLAW, must be entered in the Social Administration Management System for Elder Benefit Specialists (SAMS-EBS). DHS will extract the data from SAMS-EBS and export it to SHIP-NPR.

SeniorLAW will enter grant-related activities into the case management system that is used by Legal Action of Wisconsin. LAW will extract the data from their system and export it to SHIP-NPR.

Grant-related activities conducted by other agency staff must be entered directly in the SHIP-NPR system. This system is located at <https://shipnpr.acl.gov>.

Reporting Client Contacts

The Client Contact (CC) form is used to track interactions with individuals, including general information and assistance, counseling and advocacy services. A copy of the federal CC form is included on pages 3-4. Required fields on the form are marked with a red asterisk. MIPPA grant-related fields are highlighted in gold.

Three topics in the CC form are considered to be MIPPA grant-related:

- *Medicare Part D Low Income Subsidy (LIS) or Extra Help Application Assistance*
- *Medicare Savings Programs (MSP) Application Assistance*
- *Medicaid Application Assistance*

Application assistance may range from verbal instruction to hands-on assistance, and may include:

- Help to complete and/or submit an initial application for LIS, MSPs, or Medicaid.
- Help to complete and/or submit paperwork related to redeeming, redetermination or recertification for LIS, MSPs or Medicaid.
- Help to increase a person's benefit level.
- Help to complete and submit an MSP application based on LIS lead data.

Reporting Public and Media (PAM) Activities

The Public and Media (PAM) form is used to track information about public and media outreach activities. A copy of the federal PAM form is included on pages 5-6. Required fields on the form are marked with a red asterisk. MIPPA grant-related fields are highlighted in gold.

PAM activities in categories 1 through 3 (interactive presentations, booths or exhibits, and enrollment events) will be tracked as MIPPA grant-related activities if they include any of the following topics:

- *Medicare Prescription Drug Coverage – PDP/MA-PD*, when used in conjunction with the topic *Low-Income Assistance* or the target audience category *Low Income*.
- *QMB-SLMB-QI* (referred to elsewhere as MSPs)
- *Medicare Preventive Services*

Special Use Fields: MIPPA Client/Event 1 2 3

Whenever you record a CC or PAM activity that meets the criteria outlined above, you must fill in the *MIPPA Client* or *MIPPA Event* field in the *Nationwide and CMS Special Use Fields* section at the bottom of the form. If you leave this special use field blank, the activity will not count toward Wisconsin's MIPPA grant.

ACL has given states the option to use the numbers 1, 2, and 3 in the MIPPA special use fields in order to track subcategories of MIPPA grant activities. In order to keep reporting as simple as possible for our grantees, Wisconsin has opted not to make any distinction between these three subcategories. Regardless of whether you enter 1, 2 or 3 into the *MIPPA Client* or *MIPPA Event* fields, your activities will be counted the same way. The simplest solution is to always enter the number 1 in these fields.

CLIENT CONTACT - DRAFT

*** Items marked indicate required fields ***

Client Identifier *

Client Identifier Used By Your Agency or State: _____

OR Client Identifier Auto-Assigned by NPR: _____

Client Name and Contact Information

Client First Name: _____ Representative First Name: _____

Client Last Name: _____ Representative Last Name: _____

Client Phone Number: (_____) - _____ - _____

Client Zip Code and County *

Zip Code of Client Residence * : _____ County of Client Residence: _____

Counselor and Agency *

Counselor * : _____ County of Counselor Location * : _____

Agency * : _____ ZIP Code of Counselor Location * : _____

Date of Contact * (MM/DD/YYYY) : _____ / _____ / _____

First vs Continuing Contact * First Contact for Issue Continuing Contact for Issue

How Did Client Learn About SHIP *

Previous Contact Presentations Another Agency Media Other
 CMS / Medicare Mailings Friend or Relative State Website Not Collected

Method of Contact *

Phone Call Face to Face at Client's Home EMail Postal Mail or Fax
 Face to Face at Counseling Location or Event Site or Facility

Client Age Group *

64 or Younger 75 – 84 85 or Older
 65 – 74 Not Collected

Client Gender *

Female
 Male
 Not Collected

Client Race – Ethnicity *

Hispanic, Latino, or Spanish Origin
 White, Non-Hispanic
 Black, African American
 American Indian or Alaska Native
 Asian
 Chinese
 Filipino
 Japanese
 Korean
 Vietnamese
 Native Hawaiian or Other Pacific Islander
 Guamanian or Chamorro
 Samoan
 Other Asian
 Other Pacific Islander
 Some Other Race – Ethnicity
 Not Collected

Client Primary Language *

Primary Language Other Than English English is Client's Primary Language Not Collected

Client Monthly Income *

Below 150% FPL At or Above 150% FPL Not Collected

Client Assets *

Below LIS Asset Limits Above LIS Asset Limits Not Collected

Receiving or Applying for Social Security Disability or Medicare Disability *

Yes No Not Collected

Prescription Drug Assistance * (Select All that Apply)

Medicare Prescription Drug Coverage (Part D)

- 1 – Eligibility / Screening
- 2 – Benefit Explanation
- 3 – Plans Comparison
- 4 – Plan Enrollment / Disenrollment
- 5 – Claims / Billing
- 6 – Appeals / Grievances
- 7 – Fraud and Abuse
- 8 – Marketing / Sales Complaints or Issues
- 9 – Quality of Care
- 10 – Plan Non-Renewal

Medicare Advantage (HMO, POS, PPO, PFFS, SNP, MSA, Cost)

- 27 – Eligibility / Screening
- 28 – Benefit Explanation
- 29 – Plans Comparison
- 30 – Plan Enrollment / Disenrollment
- 31 – Claims / Billing
- 32 – Appeals / Grievances
- 33 – Fraud and Abuse
- 34 – Marketing / Sales Complaints or Issues
- 35 – Quality of Care
- 36 – Plan Non-Renewal

Prescription Drug Assistance Continued
 * (Select All that Apply)

Part D Low Income Subsidy (LIS / Extra Help)

- 11 – Eligibility / Screening
- 12 – Benefit Explanation
- 13 – Application Assistance
- 14 – Claims / Billing
- 15 – Appeals / Grievances

Other Prescription Assistance

- 16 – Union / Employer Plan
- 17 – Military Drug Benefits
- 18 – Manufacture Programs
- 19 – State Pharmaceutical Assistance Programs
- 20 – Other : Specify Other

Medicare (Parts A and B)

- 21 – Eligibility
- 22 – Benefit Explanation
- 23 – Claims / Billing
- 24 – Appeals / Grievances
- 25 – Fraud and Abuse
- 26 – Quality of Care

Medicare Supplement / Select

- 37 – Eligibility / Screening
- 38 – Benefit Explanation
- 39 – Plans Comparison
- 40 – Claims / Billing
- 41 – Appeals / Grievances
- 42 – Fraud and Abuse
- 43 – Marketing / Sales Complaints or Issues
- 44 – Quality of Care
- 45 – Plan Non-Renewal

Medicaid

- 46 – Medicare Savings Program (MSP) Screening (QMB, SLMB, QI)
- 47 – MSP Application Assistance
- 48 – Medicaid (SSI, Nursing Home, MEPD, Elderly Wavier) Screening
- 49 – Medicaid Application Assistance
- 50 – Medicaid / QMB Claims
- 51 – Fraud and Abuse

Others

- 52 – Long Term Care (LTC) Insurance
- 53 – LTC Partnership
- 54 – LTC Other
- 55 – Military Health Benefits
- 56 – Employer / Federal Employee Health Benefits (FEHB)
- 57 – COBRA
- 58 – Other Health Insurance
- 59 – Other : Specify Other

Total Time Spent on This Contact *

____ Hours _____ Minutes

Status *

- | | | |
|------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> General Information and Referrals | <input type="checkbox"/> Detailed Assistance – In Progress | <input type="checkbox"/> Problem Solving / Problem Resolution – In Progress |
| | <input type="checkbox"/> Detailed Assistance – Fully Completed | <input type="checkbox"/> Problem Solving / Problem Resolution – Fully Completed |

Nationwide Special Use Fields – If applicable

- | | |
|------------------------------------------------------|----------------------------------------------------|
| 1.MIPPA Client (Select 1 2 or 3) : _____ | 6.Enrollment Assist (Select Yes or No) : _____ |
| 2.Dual Ref in Srce (Select 1 2 3 4 5 6 or 7) : _____ | 7.Other Mcare Issue (Select Yes or No) : _____ |
| 3.Enrol Broker Asst (Select Yes or No) : _____ | 8.Pubs Other Mater (Select Yes or No) : _____ |
| 4.Letter Stat Mcaid (Select Yes or No) : _____ | 9.Dual Ref Out (Select 1 2 3 4 5 6 7 or 8) : _____ |
| 5.Managed Care Optn (Select Yes or No) : _____ | 10.Bene Disposition (Select 1 2 3 4 or 5) : _____ |

Comments

Public And Media Events - DRAFT

*** Items marked indicate required fields ***

Agency Name * : _____

Please Add at Least One Presenter or Contributor Name and Corresponding Total Hours Spent *

Presenter or Contributor (First, Last) Name *	Affiliation	Total Hours Spent on Activity Per Presenter – Contributor *

- Can Enter up to 25 Presenters/Staff Contributors Per Event – Record Any Additional Presenters on Back of Form

Activity or Event * (***At Least One Activity or Event is required**)

1. Interactive Presentation to Public, Face to Face In Person

Estimated Number of Attendees: _____

Estimated Persons Provided Enrollment Assistance: _____

2. Booth or Exhibit, At Health Fair, Senior Fair, or Special Event

Estimate Number of Direct Interactions with Attendees: _____

Estimate Persons Provided Enrollment Assistance: _____

3. Dedicated Enrollment Event Sponsored by SHIP or in Partnership

Estimate Number of Persons Reached at Event Regardless of Enroll Assistancess: _____

Estimate Number Persons Provided Any Enrollment Assistance: _____

Estimate Number Provided Enrollment Assistance with Part D: _____

Estimate Number Provided Enrollment Assistance with LIS: _____

Estimate Number Provided Enrollment Assistance with MSP: _____

Estimate Number Provided Enrollment Assistance Other Medicare Program: _____

4. Radio Show, Live or Taped, Not a Public Service Announce or Ad

Estimate Number of Listeners Reached: _____

5. TV or Cable Show, Live or Taped, Not a Public Service Announce or Ad

Estimate Number of Viewers: _____

6. Electronic Other Activity, PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat

Estimate Persons Viewing or Listening to PSA, Electronic Ad, Crawl Across Entire Campaign, Video Conf, Web Conf, Web Chat: _____

7. Print Other Activity, Newspaper, Newsletter, Pamphlets, Fliers, Posters, Target Mailings

Estimate Persons Reading Article, Newsletter, Ad or Piece of Targeted Mail or Other Print Across Entire Campaign: _____

Activity Date * (MM/DD/YYYY)

State Date of Activity: * (___ / ___ / _____) End Date of Activity * (___ / ___ / _____)

Event Details *	
Event or Group Name *: _____	Contact First Name: _____ Contact Last Name: _____ Contact Phone Number: (_____) - _____ - _____
State of Event *: _____	City of Event * : _____
County of Event *: _____	Street Address of Event* : _____
Zip Code of Event *: _____	

Topic Focus – Select All That Apply *	Target Audience – Select All That Apply *
<input type="checkbox"/> 1 – Medicare Parts A and B <input type="checkbox"/> 2 – Plan Issues – Non Renewal, Termination, Employer-COBRA <input type="checkbox"/> 3 – Long-Term Care <input type="checkbox"/> 4 – Medigap – Medicare Supplements <input type="checkbox"/> 5 – Medicare Fraud and Abuse <input checked="" type="checkbox"/> 6 – Medicare Prescription Drug Coverage – Assistance – PDP / MA-PD <input type="checkbox"/> 7 – Other Prescription Drug Coverage – Assistance <input type="checkbox"/> 8 – Medicare Advantage <input checked="" type="checkbox"/> 9 – QMB – SLMB – QI <input type="checkbox"/> 10 – Other Medicaid <input type="checkbox"/> 11 – General SHIP Program Information <input checked="" type="checkbox"/> 12 – Medicare Preventive Services <input checked="" type="checkbox"/> 13 – Low Income Assistance <input type="checkbox"/> 15 – Volunteer Recruitment <input type="checkbox"/> 16 – Partnership Recruitments <input type="checkbox"/> 17 – Other Topics – Specify Others: _____	<input type="checkbox"/> 1 – Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> 2 – Medicare Beneficiaries <input type="checkbox"/> 3 – Family Members – Caregivers of Medicare Beneficiaries <input checked="" type="checkbox"/> 4 – Low-Income <input type="checkbox"/> 5 – Hispanic, Latino or Spanish Origin <input type="checkbox"/> 6 – White, Non – Hispanic <input type="checkbox"/> 7 – Black, African American <input type="checkbox"/> 8 – American Indian or Alaska Native <input type="checkbox"/> 9 – Asian Indian <input type="checkbox"/> 10 – Chinese <input type="checkbox"/> 11 – Filipino <input type="checkbox"/> 12 – Japanese <input type="checkbox"/> 13 – Korean <input type="checkbox"/> 14 – Vietnamese <input type="checkbox"/> 15 – Native Hawaiian <input type="checkbox"/> 16 – Guamanian or Chamorro <input type="checkbox"/> 17 – Samoan <input type="checkbox"/> 18 – Other Asian <input type="checkbox"/> 19 – Other Pacific Islander <input type="checkbox"/> 20 – Some Other Race-Ethnicity <input type="checkbox"/> 21 – Disabled <input type="checkbox"/> 22 – Rural <input type="checkbox"/> 23 – Employer- Related Group <input type="checkbox"/> 24 – Mental Health Professionals <input type="checkbox"/> 25 – Social Work Professionals <input type="checkbox"/> 26 – Dual Eligible Groups <input type="checkbox"/> 27 – Partnership Outreach <input type="checkbox"/> 28 – Presentations to Groups in Languages Other Than English <input type="checkbox"/> 29 – Other Audiences – Specify Others: _____

Nationwide and Special Use Fields – If applicable	
1.MIPPA Event (Select 1 2 or 3) : _____	
2.Dis Duals MM FAM (Select Yes or No) : _____	
3.Broker Asst MM FAM (Select Yes or No) : _____	

Comments	
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