CHAPTER 2

CLIENT CONTACT FORM

Contents

Client Contact Form Overview **2–1**
What is a client contact? 2–1
When should I fill out a Client Contact form? 2–1
When shouldn't I fill out a Client Contact form? 2–1
Open a Client Contact Form **2–2**
A. Enter a Client Contact Form for a New Client 2–3
B. Enter a Client Contact Form for a Returning Client 2–3
C. Look up a Previously Entered Client Contact Form 2–4
D. Edit a Previously Entered Client Contact Form 2–4
E. View/Print a Previously Entered Client Contact Form 2–4
F. Add, Edit, or Delete a Special Use Field 2–5
Fill Out a Client Contact Form **2–6**
Client Identifier 2–7
Client Name and Contact Information 2–8
Client First and Last Name 2–8
Client Phone Number 2–8
Representative First and Last Name 2–8
ZIP Code of Client Residence 2–8
County of Client Residence 2–8
Counselor 2–9
Agency 2–11
County of Counselor Location 2–11
ZIP Code of Counselor Location 2–11
Date of Contact 2–12
First vs. Continuing Contact 2–13
How Did Client Learn About SHIP? 2–14
Method of Contact 2–14
Client Age Group 2–15
Client Gender 2–15

Client Race-Ethnicity 2–15
Client Primary Language Other Than English..... 2–15
Client Monthly Income 2–15
Client Assets 2–16
Receiving or Applying for Social Security Disability or Medicare Disability 2–16
Dual Eligible with Mental Illness / Mental Disability (DMD) 2–17
Topics Discussed 2–17
Prescription Drug Assistance 2–18
Total Time Spent on This Contact Date 2–24
Status 2–25
Comments 2–26
CMS Special Use Fields 2–26
State and Local Special Use Fields 2–26
Submit the Client Contact Form 2–27

Client Contact Form Overview

What is a client contact?

A client contact includes all contacts between a counselor or staff and a client, which may include Medicare or Medicaid beneficiaries, seniors, and their family members or others working on behalf of a client. Client contacts may be conducted over the telephone, in person (on site), in person (at home), or via postal mail, e-mail, or fax.

When should I fill out a Client Contact form?

A Client Contact or CC form must be completed or updated for each contact between a counselor/staff and a beneficiary or his/her representative. The Client Contact form is used by registered State Health Insurance Assistance Program (SHIP) counselors only. These individuals must have received counselor training and signed a Counselor Agreement or Memorandum of Understanding (MOU) with their local SHIP agency. SHIP counselors may include volunteers, agency staff, toll-free Help Desk counselors, and local coordinators/sponsors.

Client Contact forms are considered confidential and must be treated by counselors as confidential information. The counselor must assure the client that all personal information collected is confidential.

When shouldn't I fill out a Client Contact form?

Do not fill out Client Contact forms for:

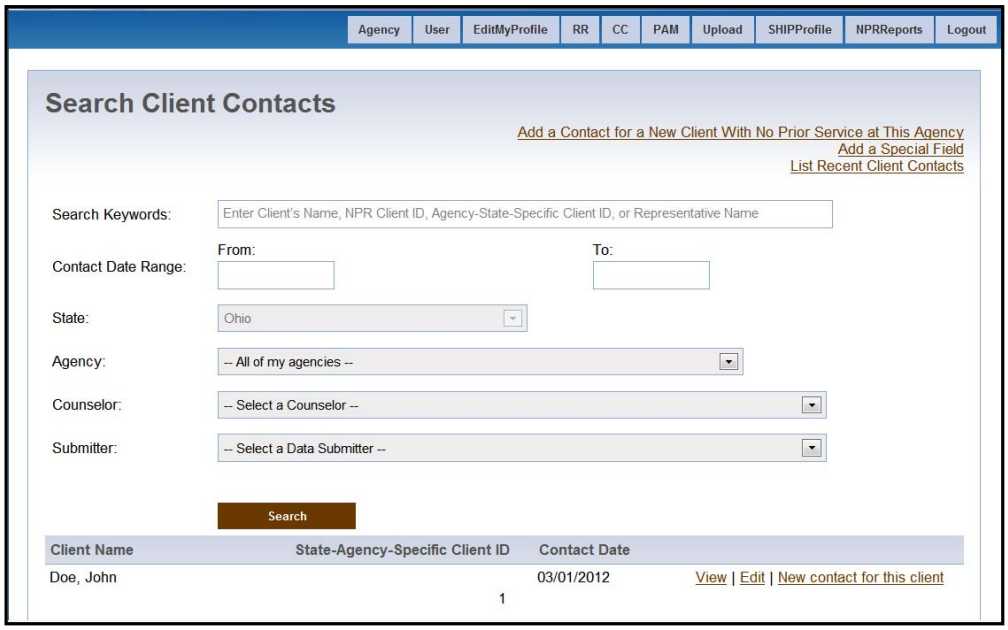
- unsuccessful attempts to reach a client (e.g., leaving messages on an answering machine).
- individuals reached at public events such as presentations or health fairs, or for questions asked during or after a presentation. (If this is the case, a PAM form should be completed.)
- calls when the only purpose is to schedule an appointment with a SHIP counselor.

These are not considered individual contacts unless one-on-one counseling occurs.

Open a Client Contact Form

You must be logged in to the SHIPtalk NPR website (https://shipnpr.acl.gov) to enter a Client Contact form. The website is commonly referred to as the SHIP NPR website and will be referred to as such in this user guide.

Once you log in to the SHIP NPR website, click on the light blue "CC" button at the top of the screen. This directs you to the "Search Client Contacts" screen (see below[AC1]).



This screen allows you to complete the following tasks:

A. Enter a Client Contact Form for a New Client
B. Enter a Client Contact Form for a Returning Client
C. Look up a Previously Entered Client Contact Form
D. Edit a Previously Entered Client Contact Form
E. View/Print a Previously Entered Client Contact form
F. Add, Edit, or Delete a Special Use Field
G. Download Client Contact Records to Excel

A. Enter a Client Contact Form for a New Client

Once you log in to the SHIP NPR website, click on the light blue “CC” button at the top of the screen. This directs you to the “Search Client Contacts” screen.

To enter a Client Contact form for a client who is new to your agency and has not previously received counseling services, click on the link titled “Add a Contact for a New Client With No Prior Service at This Agency.” This link is located on the upper right hand side of the webpage. You can also find this link on your homepage when you first log-in to the SHIP NPR website, beneath the welcome message.

Clicking on the link will direct you to a new Client Contact form if you are registered at only one agency. If you are registered at more than one agency, you will see a dropdown list containing the agencies and should select the name of the agency at which the client contact occurred. You will then be directed to a new Client Contact form.

If you cannot open a Client Contact form, your SHIP NPR account was not given the necessary level of permissions. To enter in a Client Contact form for counseling services you provided, your SHIP NPR account must be assigned “Counselor” permissions. To enter in Client Contact forms for other counselors at your agency, your account must be assigned “Data Submitter” permissions. Contact your agency director or administrator to request the necessary level of permissions.

B. Enter a Client Contact Form for a Returning Client

Once you log in to the SHIP NPR website, click on the light blue “CC” button at the top of the screen. This directs you to the “Search Client Contacts” screen.

If you previously submitted a Client Contact form for a client, that client was entered into the system and assigned a Client Identifier number. Each time you have additional contacts with this client, you will first locate the client’s name in the system and then fill out a new form for that client. There are two ways to locate a client within the system.

- **Recently entered forms:** If you recently entered in a form for the client, it will display at the bottom of the screen. You can also click on the “List Recent Client Contacts” link on the upper right hand side of the webpage. In the previous screenshot, John Doe is a recently entered record. Once you locate the name of the client, click on “New contact for this client” next to the record. This directs you to a new Client Contact form that already contains the demographic information for that client (e.g., name, age, race, income, ZIP, etc.). You will be able to add the details of the most recent contact and submit the form.
- **Client contact search:** If the client does not display in the list of your recently entered records, you can also search for your previously entered contacts using the search fields on this page. You **must** specify a date range when conducting a search. You can either enter in a range of dates (e.g. 09/01/2011 to 09/15/2011) or a specific date (e.g., 09/01/2011 to 09/01/2011). However, you **do not** need to use all other the search fields to look for a previously entered record. It is often easiest to search using the beneficiary’s last name if it was entered into the original record. Once you locate the name of the client

from the list, click on “New contact for this client” next to the record to fill out Client Contact form for that contact.

C. Look up a Previously Entered Client Contact Form

Once you log in to the SHIP NPR website, click on the light blue “CC” button at the top of the screen. This directs you to the “Search Client Contacts” screen.

There are two ways to locate a previously entered Client Contact form.

- **Recently entered forms:** If you recently entered in a form for the client, it will display at the bottom of the screen. You can also click on the “List Recent Client Contacts” link on the upper right hand side of the webpage. In the previous screenshot, John Doe is a recently entered record.
- **Client contact search:** If the client does not display in the list of your recently entered records, you can also search for your previously entered contacts using the search fields on this page. You **must** specify a date range when conducting a search. You can either enter in a range of dates (e.g. 09/01/2011 to 09/15/2011) or a specific date (09/01/2011 to 09/01/2011). However, you **do not** need to use all other the search fields to look for a previously entered record. It is often easiest to use the beneficiary’s last name if it was entered into the original record.

D. Edit a Previously Entered Client Contact Form

Occasionally, a counselor may need to edit a previously submitted Client Contact form. For example, if you have more than one session with a client within a particular date, you will need to add the information for the additional sessions to the initial form. You may also need to modify a record if you discover that something was incorrectly entered.

To edit a previously submitted Client Contact form, you will first have to locate the form using the instructions in *Look up a Previously Entered Client Contact Form*. Once you locate the record, click “Edit” next to the record to be directed to the previously entered form. Once you make changes to this Client Contact form, scroll to the bottom of the page to click “Submit.” A message will appear at the top of the page that says “Success! This Client Contact has successfully been edited.”

E. View/Print a Previously Entered Client Contact Form

To view or print a previously submitted Client Contact form, you will first have to locate the form using the instructions in *Look up a Previously Entered Client Contact Form*. Once you locate the record, click “View” next to the record to be directed to a printer-friendly version of the previously entered form.

F. Add, Edit, or Delete a Special Use Field

Only SHIP Directors and other state administrators can add a Special Use Field (SUF) to the Client Contact form.

Instructions for Administrators: Add a Special Use Field

1. Once you log in to the SHIP NPR website, click on the light blue "CC" button at the top of the page. This directs you to the "Search Client Contacts" screen.
2. Click on the link to "Add a Special Field," located on the upper right hand side of the screen.
3. Before adding a SUF, use the search filter to check what SUFs were already defined for your state on the Client Contact form. Use the calendar option to enter a wide date range (e.g., multiple years) to be sure that you see all existing SUFs. You can also manually enter the dates using the MM/DD/YYYY format. Click "Search". The results will display below. If there are no existing SUFs for the date range, a message will appear at the top of the screen that says, "No special fields could be found".
4. Click "Add" to add a SUF to the Client Contact form.

   Name. In the name field, enter text that describes the field and its coding. For example, a field titled "Homebound Y N" would use a "Yes" or "No" response to indicate whether a client is homebound. The name you select for the field will display on the online Client Contact form, so be sure to use a name that counselors will understand and remember.

   Start and end dates. Use the calendar options to select start and end dates for the field. The start date is the first calendar date when the SUF will be displayed on your state's Client Contact form (for proprietary data states, the start date is the first calendar date that batch upload records will accept values into this SUF). The end date is when you expect the SUF to retire. Enter a date that is sufficiently far along in the future. You can modify the end date at any time if necessary.

   Description. This field explains the documentation used in the SUF. For example, for fields that use a "Yes" or "No" response, the description can say "Y=Yes N=No".

   Validation type. There are three options for this field. Select "AlphaNumeric" if users are expected to enter text (e.g., Y or N) or some combination of text and numbers. Select "Numeric" if users are expected to enter number codes (e.g., 1, 2, 3, or $200). Select "None" if there are no restrictions to what users can enter in this field.

   Is required. Indicate whether this is a required field for your state.

   Field type. This field is pre-populated to display "State" since this the SUF applies to the entire state.

   Form type. This field is pre-populated to display "Client Contact" since the SUF is for the Client Contact form.
5. Click "Save" to save the SUF.

6. A message will appear that says “The special field was created and assigned available ordinal value [a number between 11 and 20]”. The number assigned to the SUF will depend on the number of existing state SUFs. Values 1 through 10 are reserved for National SUFs.
7. You can view the SUF by opening a new Client Contact form using the instructions in *Enter a Client Contact Form for a New Client*. Scroll to the bottom of the blank form. The SUF should display at the bottom of the form.

Instructions for Administrators: Edit or Delete a Special Use Field

1. Once you log in to the SHIP NPR website, click on the light blue “CC” button at the top of the page. This directs you to the “Search Client Contacts” screen.
2. Click on the link to “Add a Special Field,” located on the upper right hand side of the screen.
3. Use the search option to locate the SUF. Select a wide date range (e.g., multiple years) to be sure that you see all existing SUFs. You can also manually enter the dates using the MM/DD/YYYY format. Click “Search”. The results will display below.
4. Locate the SUF you wish to modify and click on either the “Edit” or “Delete” link next to it, depending on your intended action. If making edits to the SUF, click “Save” once your edits are complete.

G. Download Client Contact to Excel[AC2]

Only SHIP directors and selected administrators can view downloaded Client Contacts records for a one month period. Administrators can choose the agency, counselor and/or submitter. Depending on the data needed, administrators have the option of clicking on “Demographics”, Topics Discussed”, and/or CMS Special Use Fields”.

1. Once you log in to the SHIP NPR website, click on the light blue “CC” button at the top of the page. This directs you to the “Search Client Contacts” screen.
2. Click on the link to “Download Client Contacts to Excel,” located on the upper right hand side of the screen.
3. Select a one month date range, and/or agency, counselor and submitter
4. Select boxes for demographics, topics discussed and/or CMS Special Fields
5. Click download to Excel and save download as an Excel File not as a web file.

Fill Out a Client Contact Form

An item marked with an * indicates a required field.

Client Identifier (REQUIRED)

The Client Identifier is a unique number that is assigned to each client at an agency. It will serve to link together all forms for a single client so a counselor can reference them in the future if necessary. The client identifier field also allows for a better count of the number of individuals served at the agency level. Using a client identifier makes it possible to correctly link all contacts a single client has with a particular agency. It also allows for an accurate count of the total number of contacts per unique client and the total amount of time spent per unique client.

- ***Client Identifier Used by Your Agency or State:*** **Read the following instructions before selecting this option.** Some states and agencies use a unique client numbering system in a separate case management database or spreadsheet that contains client names, addresses, phone numbers, date of birth, and other personally identifiable information (PII). If your agency uses its own unique client numbering system, click the button next to this option and enter the client identifier into the box. If you select this option, the auto-assigned client identifier will still display beneath the client identifier you enter into the box.

- **Do not** enter anything into this field if your agency does not use its own client numbering system. Refer to the following page for additional instructions. Ask your agency coordinator or supervisor if you do not know if your agency has its own client numbering system.
- **Do not** enter your Unique ID or Agency name into this field.

The client identifier is a unique number so each identifier can only be used with one client. Do not try to assign the same client identifier to multiple clients. If you still have questions about this field, please contact your agency administrator or the SHIP NPR Help Desk at SHIPNPRHelp@TechnicalFrontiers.com or (800) 253-7154 ext. 1.

- ***Client identifier auto-assigned by NPR:*** If your state or agency does not use their own client identifiers, select this option. This is the default option and most states and agencies will use this option.

Client Name and Contact Information

All the fields in this section are optional and are **not** used by Centers for Medicare & Medicaid Services (CMS) or American Institutes for Research (AIR), the SHIP NPR contractor in analysis or reporting. These fields are included since some states and agencies use NPR as a case management tool and record beneficiary names and contact information to make it easier to retrieve an existing client record. For example, a counselor may need to look up a previously entered Client Contact form to update it or add a new record for an existing client.

Client First and Last Name

If your agency *does* collect beneficiary names, enter the first and last name into the corresponding boxes. If your agency *does not* collect beneficiary names, leave the boxes blank.

If you are counseling a couple who needs assistance with the same issue(s) or with separate issues, a separate form must be completed for each individual.

Client Phone Number

Enter the beneficiary's phone number and area code by typing in only the numbers. The phone number will automatically format itself. If you do not collect a complete telephone number, you may enter the area code only. You can also leave this field blank, if desired.

Representative First and Last Name

If appropriate, enter the name of the individual (e.g., spouse, relative, friend, agency staff) who is helping or representing the beneficiary.

ZIP Code of Client Residence (REQUIRED)

Enter the five-number ZIP code of the beneficiary's residence in the box provided. This field is separate from the ZIP code of the counseling location and does not have to be the same as the ZIP code recorded for the counseling location. Make sure to enter a valid five-number ZIP code and do not use placeholders such as 12345, since this is a valid ZIP code.

The ZIP Code of Client Residence is needed for SHIPs to document services provided to low-income individuals in the Low-Income Subsidy (LIS) targeted beneficiary ZIP codes. ZIP Code of Client Residence is also useful for analyzing service penetration, assessing service coverage, and calculating distances between service agencies and beneficiary residences.

County of Client Residence

The Client County of Residence is an optional data element. It is ***highly recommended*** that you collect and record it. If you enter a valid client ZIP code of client residence, the dropdown list will automatically generate county suggestion(s). Select the correct county from the dropdown list.

Counselor (REQUIRED)

Use the dropdown list to select the name of the counselor who conducted the client contact. Select your name if you are entering in a contact that you completed. If you are entering in a contact completed by another counselor in your agency, select the name of that counselor.

What if your name is not in the counselor dropdown list?

If your name is not in the counselor dropdown list, you were not designated as a "Counselor" when your account was created. Notify your agency administrator or a regional or state administrator (e.g. your state SHIP Director or their staff), who should be able to edit your account to designate you as a counselor. Once the "Counselor" designation is added to your account, your name should be in the dropdown list when you open a new Client Contact form.

What if you need to enter in forms for other counselors but cannot see their names in the dropdown?

If you can only see your name in the counselor dropdown list and cannot see the names of other counselors at your agency, you do not have the level of permissions necessary to enter data for other counselors at your agency. It means that when your account was created, you were designated as a "Counselor" (this allows you to enter in your own forms) but were not designated as a "Data Submitter" (this would allow you to enter in forms for other counselors at your agency). Notify your agency administrator or a regional or state administrator (e.g. your state SHIP Director or their staff), who should be able to edit your account to designate you as a data submitter. Once the "Data Submitter" designation is added to your account, you will see the names of other counselors in your agency in the counselor dropdown list when you open a new Client Contact form.

What if you are an administrator and need to change a user's level of permissions?

Instructions for Administrators: Change a User's Level of Permissions

1. Log in to your SHIP NPR account at https://shipnpr.acl.gov
2. Click on the "User" tab.
3. In the search box, enter the name of the user whose account you wish to modify, and click "Search." The search result should display below.
4. Click "Select" to view the user's profile information. Scroll all the way down the screen to see the name of the agency at which the user is registered.
5. Click the "Edit" link at the lower right, near the agency information, to edit the user's agency profile. Do not click the "Edit" *button* located below the county of counseling location. If a user is registered at multiple agencies, make sure to click the "Edit" link that corresponds to the agency at which the user's permissions must be changed. If the user is registered at multiple agencies and the user's permissions must be changed for some or all of the agencies, you will have to repeat steps 5-7 for each of the agencies on this page.

6. On the user's agency profile screen, look at the "Task Functions and Access Authorizations" and make sure the appropriate boxes are selected (i.e., the box next to the selection is checked).

   a. ***Counselor*** permission authorizes users to enter Client Contact forms for themselves. However, counselors cannot enter forms for other counselors at their agency unless they also are designated as "Data Submitters" (see below). Select this option if you plan to submit your own Client Contact forms.

   b. ***Data Submitter*** permission authorizes users to enter forms for other counselors at their agency. Select this option if you will submit Client Contact forms for other counselors at your agency. Remember to also select the "Counselor" permission if you will submit your own Client Contact forms as well.

   c. ***Public and Media Staff*** permission authorizes users to submit PAM forms for either themselves or other users at their agency. This box must be selected if an individual will attend PAM events. Select this option if you will submit PAM forms or attend PAM events.

   d. ***Data Editor/Reviewer*** permission authorizes individuals to view and edit NPR forms submitted by counselors or submitters whom they supervise, but does not allow them to submit NPR forms themselves. Data editors/reviewers can only view and edit the forms of counselors or data submitters for whom they were designated as a supervisor when those counselors' or data submitters' accounts were created. An administrator can assign users to supervisors. Select this option if you will review NPR data submitted by users that you supervise.

   e. ***Other Staff (NPR Read Only)*** permission authorizes users to view NPR data, but does not allow them to submit or edit NPR forms. An agency user or administrator with this authorization can view NPR data for their agency only, but cannot submit or edit NPR forms for the agency. A state user or administrator with this level of permissions can view NPR data for agencies within their state and run NPR reports, but cannot submit or edit NPR forms for agencies within their state. Select this option if you will review NPR data submitted by users at your level (e.g., agency, state) but will not submit NPR data yourself.

   f. ***Other Staff (SHIP Read Only)*** permission prevents users from viewing NPR data, but allows them to see other SHIP-related information on the website. Since the present SHIP NPR website (https://shipnpr.acl.gov) does not contain information materials from the old SHIPtalk website (e.g., information library, SHIP navigator), you do not need to use this authorization at the current time.

7. Once you have made the necessary edits to the user's agency profile, click "Submit" to save your changes. You will see a "Success" message at the top of the page notifying you that the submitted information was saved successfully.

Agency

This field will be pre-populated based on the agency at which you are registered. If you are registered at multiple agencies, you will be asked to select an agency when you open the new Client Contact form. Make sure to select the agency at which the client contact was completed.

If the agency on the form is incorrect or if you belong to multiple agencies but do not have the option of selecting the correct agency, notify your agency administrator or a regional or state administrator (e.g. your state SHIP Director or their staff), who should be able to edit your account to grant you access to the correct agency or agencies using the instructions below.

Instructions for Administrators: Change a User's Agency

1. Log in to https://shipnpr.acl.gov. Click on the "User" button and use the "Search Users" box to look up the user. Click "Select" to view the main user information screen.
2. Scroll to the bottom of the page to see the agencies where the user is registered.
3. If the user is registered at the wrong agency, select "Edit" next to the incorrect agency's name to edit the user's agency profile for that agency.
4. Uncheck the box next to "Grant Access to This Agency".
5. Uncheck any items selected under "Task Functions and Access Authorizations".
6. Click "Submit" to save your changes. There will now be a red box titled "Inactive" next to the agency's name on the main user information page.
7. To add the user to another agency, go to the main user information screen and click the "Edit" button (underneath "County of Counseling Location"). This directs you to the "Edit User Information" screen.
8. Scroll down the page and click the link to "Add User to Another Agency". Select the appropriate user rights and functions and click "Submit" to save your changes. The new agency should now display as active at the bottom of the main user information page.

County of Counselor Location (REQUIRED)

This field will pre-populate based on the name of the counselor for whom you are completing the form. However, you can use the dropdown to change the county if the pre-populated selection is incorrect or the counselor's location has changed.

The county of counselor location is usually the county of the SHIP office or call center but also could be the county of an off-site assistance event at another location (e.g., a mall, another agency). If you are providing services in a beneficiary's home or nursing home, use the county name of that location as the county of the counselor location. In short, the counselor county is where the counselor was at the time the counseling occurred.

ZIP Code of Counselor Location (REQUIRED)

This field will pre-populate based on the county of counselor location. However, you can use the dropdown to change the ZIP code if the pre-populated selection is incorrect.

The counseling ZIP is usually the ZIP code of the SHIP office or call center, but could also be the ZIP code of a special off-site assistance event at another location (e.g., a mall, another agency). If you are providing services in a beneficiary's home or nursing home, use the ZIP code of that location as the ZIP of the counselor location. In short, the counselor ZIP code is where the counselor was at the time the counseling occurred.

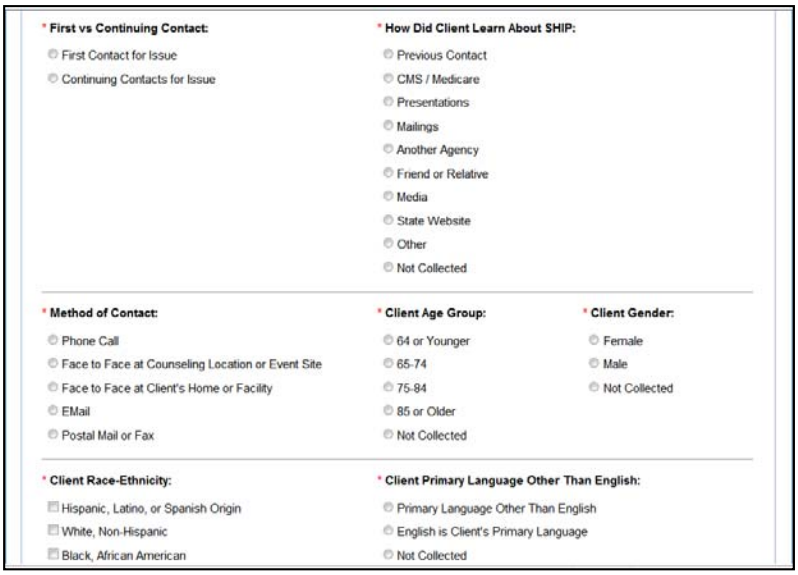
If you are the counselor and notice that your county is incorrect, it could be because your profile contains the incorrect default ZIP code. You can change your default ZIP code by clicking on "Edit My Profile" and selecting the desired ZIP in the "ZIP Code of Counseling Location" dropdown box. Click "Submit" to save your change.

Date of Contact (REQUIRED)

Enter the date on which the counseling assistance session occurred. You may enter the date using the MM/DD/YYYY format or click on the calendar icon next to the box to select the date.

- Do not count contact with a client to merely set up an appointment for a later date.
- Leading zeros are required when entering the date (e.g. enter January 1, 2011 as 01/01/2011).

A single counselor cannot submit multiple forms for the same client for the same date of contact. If more than one session with the client occurs at your agency on the same day, they are considered as the same contact, and should not be counted as a multiple contact. If you have a second session with a client on the same date and have already entered in a form for the client (after the first session), you will need to look up the previously entered form and edit it to add the additional time spent and topics discussed in the second session. To do this, follow the instructions in *Look up a Previously Entered Client Contact Form*.
If two or more separate counselors see the same client on the same day, each counselor should complete a separate form for the contact.



First vs. Continuing Contact (REQUIRED. Select one option[AC3].)

- ***First contact for issue:*** Select this option if this is the client's first contact to discuss a particular issue or if this is the client's first ever contact at your agency. If the client has previously contacted your agency for assistance with separate issues, you can still select this option because it is the first time you are providing assistance to the client for this particular topic.
- ***Continuing contacts for issue:*** Select this option if this is not the client's first contact with your agency to discuss a particular issue. For example, the contact may be to follow up on a previously discussed issue.

For a series of contacts (over days or weeks) that are conceptually related, consider the first contact as the "initial contact" and all the remaining contacts about the issue as "continuing contacts". The intent of this field is to be able to document that it took a particular number of contacts with this client to resolve their issue(s). If this client calls back months later, consider that to be a new episode of service, and start the first contact in this new episode as the "initial

contact", and all subsequent contacts as "continuing contacts". Ideally, the final contact in an episode should be the contact that documents that the issue was resolved.

How Did Client Learn About SHIP? (REQUIRED, Select one option.)

Use the following descriptions to select one option that best describes how the client learned about the SHIP.

- ***Previous contact:*** Select this option if this is not the client's first contact with the agency for services.
- ***CMS/Medicare:*** (1-800-Medicare, www.medicare.gov, Medicare & You, CMS Mailing). Select this option if the client learned about SHIP from a Medicare hotline counselor, a CMS Web site, a CMS publication, a CMS regional office, or other CMS-sponsored source.
- ***Presentations:*** Select this option if the client learned about SHIP at a presentation or health fair sponsored by SHIP or other organization.
- ***Mailings:*** Select this option if the client learned about SHIP from publicity that SHIP distributed by mail, SHIP brochures left in community locations, or another agency (e.g., a SHIP brochure enclosed with a mailing from the Alzheimer's Association).
- ***Another agency:*** Select this option if the client was referred by another agency such as a disability organization, a senior organization, or an advocacy organization.
- ***Friend or relative:*** Select this option if a friend or relative referred the client to SHIP.
- ***Media:*** Select this option if the client learned about SHIP from a public service announcement (PSA), radio, newspaper, or other media advertisement.
- ***State website:*** Select this option if the client learned about SHIP from the website of the state SHIP or another state agency.
- ***Other:*** Select this option *only* if the response cannot fit into one of the previous categories.
- ***Not collected:*** Select this option if the client is unsure, does not know, or if this question was not asked.

Method of Contact (REQUIRED. Select one option.)

Select one method of contact per client contact to describe how the counselor provided services for this episode of service. The options for type of contact are:

- Phone call
- Face-to-face at counseling location or event site
- Face-to-face at client's home or facility
- Email
- Postal mail or fax

Client Age Group (REQUIRED, Select one option.)

Select an age range for the beneficiary. It is used to document service provision to all age groups of Medicare beneficiaries and to identify when services need to be adjusted to better meet the needs of specific age groups. If you do not collect information on age during your contact with the client, you may select the “Not Collected” option. However, because information on age is used in analyzing service provision, minimizing use of the “Not Collected” option is important.

Client Gender (REQUIRED)

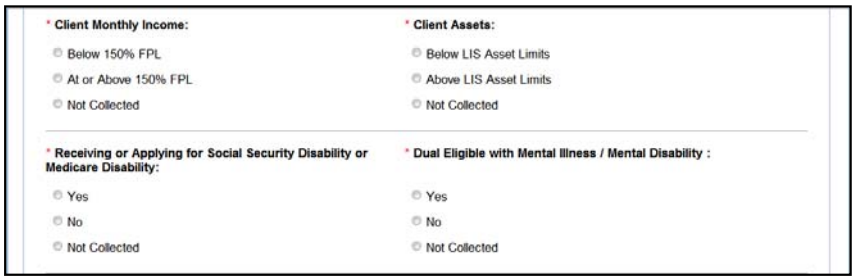
This field allows SHIPs to make sure that their services are accessible to all members of the Medicare community, so that no group is underserved. Counselors should attempt to record gender, even on quick calls, and should minimize use of the “Not Collected” option. In most instances, counselors can reliably guess a client’s gender visually or by voice.

Client Race-Ethnicity (REQUIRED)

This field allows SHIPs to ensure that their services are accessible to all members of the Medicare community, so that no group is overlooked. Counselors should attempt to record race/ethnicity and should minimize use of the “Not Collected” option. You may select more than one option to describe the client’s race/ethnicity.

Client Primary Language Other Than English (REQUIRED)

Indicate whether the client’s primary language is English or a language other than English. Select “Not Collected” if the client was not asked or did not provide this information.



Client Monthly Income (REQUIRED)

This field allows SHIPs to document service provision to low-income beneficiaries. 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.

For this field, you will note whether the beneficiary’s income is below the Federal Poverty Level (FPL) or equal to/above 150% of the FPL. The FPL varies from state to state and is adjusted annually. Your SHIP Director will provide you with the FPL income figure for your state to use as reference. Select the appropriate option to indicate whether the beneficiary’s income is below or equal to/above 150% of the current FPL. Select “Not Collected” if the client refuses to reveal his/her income or if this question was not asked.

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.

Note: LIS is not available to people in the U.S. territories.

Client Assets (REQUIRED)

In addition to client monthly income of 150% below the Federal poverty level, resources are used to determine eligibility for the Low-income Subsidy (LIS). The asset item more precisely identifies true potential LIS individuals. Only two types of assets are considered:

- Liquid resources (i.e., savings accounts, stocks, bonds, and other assets that could be cashed in within 20 days; and,
- Real estate, not including your home or the land on which your home is located.

Note: For the purpose of calculating performance scores, client assets will not be considered.

Receiving or Applying for Social Security Disability or Medicare Disability (REQUIRED)

This field allows SHIPs to document service provision to beneficiaries who are disabled. Select "Yes" if the client is currently enrolled in Medicare as a result of a diagnosis of End Stage Renal Disease (ESRD) or through a SSA determination that the individual has been diagnosed with a disability. Your response to this field will be cross-checked with the client's age range.

Clients who are 65 or over will automatically have "No" selected on their form because according to the CMS programmatic definition, only beneficiaries 64 and under are eligible for a "Yes" response. At 65 years, beneficiaries are considered to have moved from the disabled program to the over-65 (aged) program.

Although it may be a difficult topic to discuss, counselors should attempt to record disability status, even on quick calls, and should minimize use of the "Not Collected" option. To avoid client discomfort, counselors may be able to assess a client's disability status by asking:

"Are you receiving or applying for (or interested in applying for) Medicare or Social Security benefits due to disability or end stage renal disease?"

Dual Eligible with Mental Illness / Mental Disability (DMD) (REQUIRED)

Indicate whether the client is Dual Eligible and has a Mental Disability (DMD). Select "Not Collected" if this question was not asked.

DMD refers to an individual who is enrolled both in Medicare and some form of Medicaid benefit and may exhibit behaviors including, but not limited to schizophrenia, depression, Alzheimer's disease, anxiety disorders, post-traumatic stress disorders, psychotic disorders, and addiction disorders. It also includes individuals who are mentally challenged or intellectually disabled. Clients may self-disclose their mental illness or mental disability status. In addition, the client's representative or the client's referral source might identify such clients. States are not encouraged to identify such clients using psychiatric drug lists since some such drugs can be used for non-psychiatric purposes.

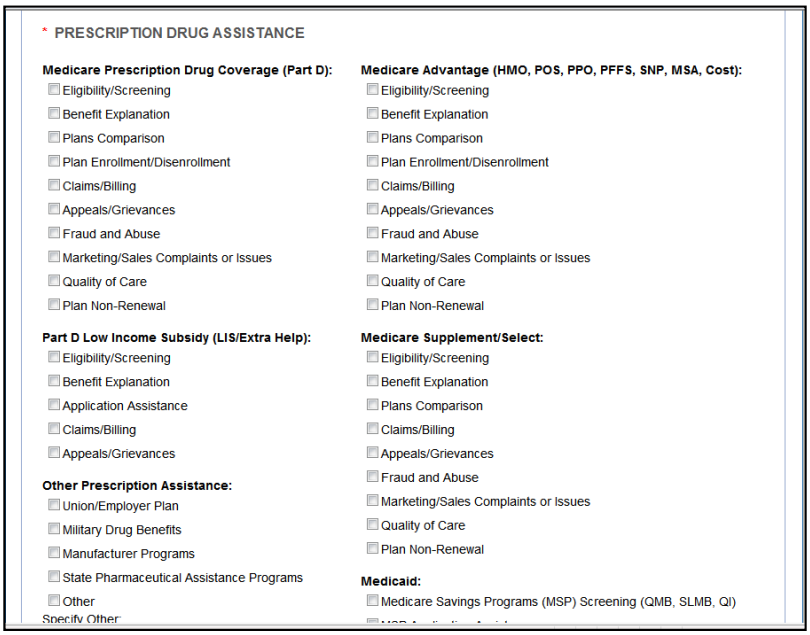
Topics Discussed

Many clients need assistance with multiple issues during a client contact session. The Client Contact form is designed to reflect all major topics discussed during the course of the client contact session. Listed below are descriptions of each of the topics that may be discussed between a client and counselor. Counselors must select the boxes for all topics that they discuss with the client, and can select all boxes that apply. If, for example, a counselor discusses eligibility for Medicare Advantage and provides an explanation of benefits, both boxes should be selected.

The topics are divided into the following main categories:

- Prescription Drug Assistance
  - Medicare Prescription Drug Coverage (Part D)
  - Part D Low Subsidy (LIS/Extra Help)
  - Other Prescription Assistance
- Medicare (Parts A & B)
- Medicare Advantage (HMO,POS,PPO,PFFS,SNP,MSA, Cost)
- Medicare Supplement/Select
- Medicaid
- Other

Prescription Drug Assistance (REQUIRED)



* PRESCRIPTION DRUG ASSISTANCE

Medicare Prescription Drug Coverage (Part D):
- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Part D Low Income Subsidy (LIS/Extra Help):
- Eligibility/Screening
- Benefit Explanation
- Application Assistance
- Claims/Billing
- Appeals/Grievances

Other Prescription Assistance:
- Union/Employer Plan
- Military Drug Benefits
- Manufacturer Programs
- State Pharmaceutical Assistance Programs
- Other

Specify Other:

Medicare Advantage (HMO, POS, PPO, PFFS, SNP, MSA, Cost):
- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Medicare Supplement/Select:
- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-Renewal

Medicaid:
- Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)

Medicare Prescription Drug Coverage (Part D)

Medicare prescription drug coverage is available to all people who are enrolled in Medicare and is provided through a Prescription Drug Plan (PDP) or a Medicare Health Plan with Prescription Drug Coverage (MA-PD).

1. Eligibility/Screening: Check this box if you assist with understanding Medicare Prescription Drug Plans (PDP) and/or screening of eligibility for a PDP/MA-PDP and/or answer eligibility questions.

2. Benefit Explanation: Check this box if you explain what the PDP/MA-PD plans do or do not pay for, such as coverage areas, quantity limits, and step therapy.

3. Plans Comparison: Check this box if you assist with PDP/MA-PD comparisons (e.g. Plan Finder search).

4. Plan Enrollment/Disenrollment: Check this box if you assist with enrollment or disenrollment from a PDP/MA-PD, either online or with a paper application. For disenrollment, the reasons could be related to changes in provider participation, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).

5 Claims/Billing: Check this box if you assist with PDP/MA-PD prescription drug claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork.

6 Appeals/Grievances: Check this box if you assist with PDP/MA-PD prescription drug appeals and/or grievances.

7 Fraud and Abuse: Check this box if you assist with PDP/MA-PD fraud and abuse reporting, investigating, and/or referrals to agencies (e.g. Senior Medicare Patrol (SMP), State Department/Bureau of Insurance).

8 Marketing/Sales Complaints or Issues: Check this box if you assist with PDP/MA-PD prescription drug marketing and/or sales complaints (e.g. against insurance brokers/agents).

9 Quality of Care: Check this box if you assist with PDP/MA-PD quality of care issues or concerns that are not considered appeals and/or grievances.

10 Plan Non-Renewal: Check this box if you assist with any changes in a client's coverage due to PDP/MA-PD non-renewals/terminations.

Part D Low Income Subsidy (LIS/Extra Help)

11 Eligibility/Screening: Check this box if you assist with understanding LIS and/or screening of eligibility for LIS and/or answer eligibility questions.

12 Benefit Explanation: Check this box if you explain the extra help program.

13 Application Assistance: Check this box if you assist with applying and submitting an LIS application, either paper or electronically via SSA's website.

14 Claims/Billing: Check this box if you assist with LIS claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork related to LIS.

15 Appeals/Grievances: Check this box if you assist with LIS appeals and/or grievances.

Other Prescription Assistance

16 Union/Employer Plan: Check this box if you assist with questions related to prescription drug coverage under Union/Employer plans. This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.

17 Military Drug Benefits: Check this box if you assist with questions related to prescription drug coverage under military benefits (e.g. Tricare). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.

18 Manufacturer Programs: Check this box if you assist with questions related to prescription drug assistance under manufacturer programs (e.g. Prescription Assistance Programs (PAPs)). This includes assistance with answering questions related to eligibility, screening and applying for benefits, claims/billing and appeals/grievances.

19 State Pharmaceutical Assistance Programs: Check this box if you assist with questions related to prescription drug coverage under State Pharmacy Assistance Programs (SPAPs). This includes assistance with understanding benefits, screening and applying for benefits, claims/billing and appeals/grievances.

20 Other: Check this box for all other prescription assistance programs/plans (e.g. local sources of assistance such as American Red Cross, Salvation Army, churches, non-profit organizations that assist clients with obtaining medications related to specific diseases, such as cancer drugs) that might be available to help beneficiaries pay for prescription drugs.

Medicare (Parts A & B)

21 Eligibility: Check this box if you assist with understanding eligibility for Medicare Parts A and/or B.

22 Benefit Explanation: Check this box if you explain what Medicare Parts A and/or B does or does not pay for.

23 Claims/Billing: Check this box if you assist with Medicare Parts A and/or B claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork.

24 Appeals/Grievances: Check this box if you assist with Medicare Parts A and/or B appeals and/or grievances.

25 Fraud and Abuse: Check this box if you assist with Medicare Parts A and/or B fraud and abuse reporting, investigating, and/or referrals to agencies (e.g. SMP).

26 Quality of Care: Check this box if you assist with Medicare Parts A and/or B quality of care issues or concerns that are not considered appeals and/or grievances, including referrals to the state Quality Improvement Organization (QIO) for hospital quality of care concerns.

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

27 Eligibility/Screening: Check this box if you assist with understanding Medicare Advantage/Medicare Health Plans (MA plans) and/or screening of eligibility for a MA plans and/or answer eligibility questions.

28 Benefit Explanation: Check this box if you explain what the MA plans do or do not pay for, such as covered services, co-pays/co-insurance, deductibles, using certain providers for services, and possible need for referrals.

29 Plans Comparison: Check this box if you assist with MA plan comparisons (e.g. using the Plan Finder tool, formally known as Medicare Options Compare tool).

30 Plan Enrollment/Disenrollment: Check this box if you assist with enrollment or disenrollment from a MA plan, either online by enrolling into a new plan or with a letter to the plan requesting disenrollment. For disenrollment, the reasons could be related to changes in provider participations, changes in premiums, changes in covered benefits, and/or eligibility for Special Enrollment Period (SEP).

31 Claims/Billing: Check this box if you assist with MA plan claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork.

32 Appeals/Grievances: Check this box if you assist with MA plan appeals and/or grievances.

33 Fraud and Abuse: Check this box if you assist with MA plan fraud and abuse reporting, investigating, and/or referrals to agencies (e.g. SMP, State Department/Bureau of Insurance).

34 Marketing/Sales Complaints or issues: Check this box if you assist with MA plan marketing and/or sales complaints (e.g. from insurance brokers/agents).

35 Quality of Care: Check this box if you assist with MA plan quality of care issues or concerns that are not considered appeals and/or grievances.

36 Plan Non-Renewal: Check this box if you assist with any changes in a client's coverage due to MA plan non-renewals/terminations.

Medicare/Supplement (Medigap)

37 Eligibility/Screening: Check this box if you assist with understanding Medigap policies and/or screening of eligibility for a policy and/or answer eligibility questions.

38 Benefit Explanation: Check this box if you explain what the Medigap policies do or do not pay for, such as covered services, co-pays/co-insurance, and deductibles.

39 Plans Comparison: Check this box if you assist with Medigap policy comparisons (e.g. compare Medigap policies on Medicare's website, obtaining policy information from your State Department/Bureau of Insurance).

40 Claims/Billing: Check this box if you assist with Medigap policy claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork.

41 Appeals/Grievances: Check this box if you assist with Medigap policy appeals and/or grievances.

42 Fraud and Abuse: Check this box if you assist with Medigap policy fraud and abuse reporting, investigating, and/or referrals to agencies (e.g. SMP, State Department/Bureau of Insurance).

43 Marketing/Sales Complaints or issues: Check this box if you assist with Medigap policy marketing and/or sales complaints (e.g. from insurance brokers/agents).

44 Quality of Care: Check this box if you assist with Medigap policy quality of care issues or concerns that are not considered appeals and/or grievances.

45 Plan Non-Renewal: Check this box if you assist with any changes in a client's coverage due to Medigap policy non-renewals/terminations.

Medicaid

46 Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI): Check this box if you assist with understanding MSP and/or screening of eligibility for MSP and/or answer eligibility questions.

47 MSP Application Assistance: Check this box if you assist with applying and submitting an MSP application.

48 Medicaid (SSE, Nursing Home, MEPD, Elderly Waiver) Screening: Check this box if you assist with understanding Medicaid (all other Medicaid programs except MSP) and/or screening of eligibility for Medicaid and/or answer eligibility questions.

49 Medicaid Application Assistance: Check this box if you assist with applying and submitting a Medicaid application (all Medicaid applications except MSP).

50 Medicaid/QMB Claims: Check this box if you assist with Medicaid policy claims and/or billing issues, help the beneficiary to understand the claims process, and/or help an individual sort bills and teach them to organize billings and claims paperwork.

51 Fraud and Abuse: Check this box if you assist with Medicaid fraud and abuse reporting, investigating, and/or referrals to agencies (e.g. SMP, State Medicaid office).

Other

52 Long Term Care (LTC) Insurance: Check this box if you assist with explaining LTC insurance, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.

53 LTC Partnership: Check this box if you assist with explaining LTC partnership policies, which may include eligibility explanation/screening, benefit explanation, plan comparison, plan enrollment/disenrollment, claims/billing, appeals/grievances, fraud and abuse, marketing/sales complaints/issues, quality of care, and plan non-renewal.

54 LTC Other: Check this box for all other LTC assistance.

55 Military Health Benefits (e.g. Tricare, VA benefits): Check this box if you assist with explaining military health benefits (not including drug benefits which are covered under other prescription assistance (number 17 on the Client Contact form)), which may include eligibility explanation/screening, benefit explanation, comparing military benefits to Medigap, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, quality of care, and referral to a Military Retiree Benefits Information Officer/program.

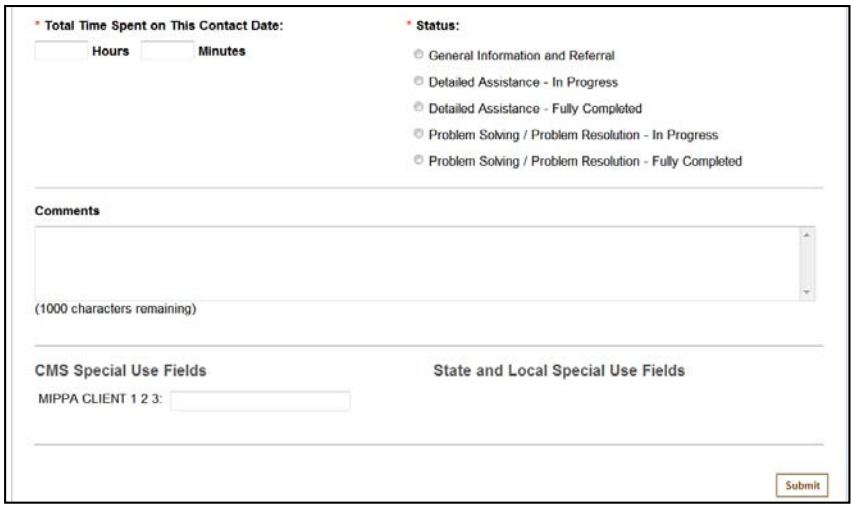
56 Employer/Federal Employee Health Benefits (FEHB): Check this box if you assist with explaining employer/FEHB (not including drug benefits which are covered under other prescription assistance (number 16 on the Client Contact form)), which may include eligibility explanation/screening, benefit explanation, comparing benefits to Medigap, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, and quality of care.

57 COBRA: Check this box if you assist with explaining COBRA, which may include eligibility explanation/screening, benefit explanation, applying for benefits, claims/billing, appeals/grievances, fraud and abuse, and quality of care.

58 Other Health Insurance: Check this box if you assist with any other health insurance questions (e.g. free clinics, ERISA).

59 Other: Check this box for all other assistance provided not covered in a topic above. Describe the type of assistance provided in the “Specify Other” box. For example, if you assisted a client with a Medicare card replacement, check the “Other” box and enter “Medicare card replacement” into the box.

Note: Before checking this category, please verify that the type of assistance provided does not fit into a pre-existing Topic Discussed category, by contacting the SHIP NPR Help Desk at SHIPNPRHelp@TechnicalFrontiers.com or (800) 253-7154 ext. 1.



Total Time Spent on This Contact Date (Required)

The Time Spent per contact represents the total hours and minutes a counselor spent counseling the client ***plus*** time spent working directly on behalf of the client for this contact. Examples of time spent working directly on behalf of the client include time spent:

- Researching
- Referring
- Advocating (calling agencies on the client's behalf)
- Trying to reach the client
- Waiting to meet with the client
- Preparing materials to send to the client
- Completing paperwork/forms to report the client contact
- Travel time to client

If multiple sessions with the same client occur on the same day, they are considered as 1 contact and you must add all of the time spent that day and enter it into time spent.

Sometimes the time spent on a particular contact may take place over multiple days. For example, you may spend 1 hour with the client on the initial contact date, 1 hour the next day researching information on behalf of the client, and another 20 minutes the following day completing paperwork on behalf of the client. In this instance, 2 hours and 20 minutes should be entered as the total time spent for the initial client contact date. You do not need to fill out a new form for each day since the work is related to the initial contact. You would only complete a new form if you had another session with the client[AC4].

- Enter only 0–59 in the “Minutes” box. For example, if you spend an hour and a half with a client, record the time as 1 hour 30 minutes, not 90 minutes.
- Be careful not to put the minutes in the “Hours” box. For example, if you spend 15 minutes with a client, enter “15” in the “Minutes” box only and leave the “Hours” box empty.
- Do not include time spent on non-SHIP activities.

If you have a second session with a client on the same date and have already entered in a form for the client (after the first session), you will need to look up the previously entered form and modify it to add the additional time spent and topics discussed in the second session. Use the instructions in *Look up a Previously Entered Client Contact Form* to do this.
If two separate counselors see the same client on the same day, each counselor should complete a separate form for the contact.

Status (REQUIRED)

This field allows the counselor to indicate the nature of the assistance they provided.

Formal definitions for these categories have not yet been developed. The following definitions are intended to give counselors some guidance as to how to interpret these options. Select the “In Progress” option if the issue was not resolved.

> ***General information and referral:*** This refers to simple referrals of a beneficiary to another program or information source, or providing “descriptive” information about SHIP services.
>
> ***Detailed assistance (In progress / Fully completed):*** This refers to what is typically considered the primary, unique counseling service that distinguishes the SHIP program—assisting beneficiaries with plan choices and coverage decisions.
>
> ***Problem solving / problem resolution (In progress / Fully completed):*** This refers to situations where the need for example, for coverage changes are imposed (i.e., not beneficiary-driven), beneficiary appeals, quality of care issues, or complaints.

The options above are not listed in order of increasing intensity; therefore “Problem Solving” is not necessarily considered to be more time intensive than “Detailed Assistance”. Counselors should pick the option that best matches the services they provide.

Comments

A counselor may use this box to write any additional notes for their benefit. The information entered into this box is for the counselor's convenience only, and will not be used in any way by CMS or Technical Frontiers.

Do not write a client's social security number in the comments box.

Comments can include information that may be 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
- The status or outcome of the contact

CMS Special Use Fields

National Special Use Fields authorized by CMS will be listed in this section. This field was previously was used for states that used the NPR system to collect MIPPA data. Although MIPPA data is no longer being collected, CMS special use fields may be used in the future to collect other types of data. [AC5]

State and Local Special Use Fields

Any field(s) authorized by your specific state will be listed here. Contact your agency director or SHIP Director if you have questions about these fields. If there are no fields listed here, your state does not use any special use fields.

Submit the Client Contact Form

Upon completing the Client Contact form, click "Submit" at the bottom of the form to save the record. A message will appear at the top of the page that says "Success! This Client Contact has successfully been saved." If this message does not display, the Client Contact form was not saved. If an error was made while completing the form, a description of the error will display at the top of the form when you click "Submit". Fix the error(s) and resubmit the form by clicking the "Submit" button at the bottom of the page.

When you successfully submit the form, the submitted form will display on the screen, along with the "Success" message. If you want to fill out a new Client Contact form, you can use one of the following links that display on this page. **Read the following choices carefully before making a selection**[AC6]**.**

Add another contact for THIS client: This link allows you to enter a new Client Contact form for the *same* client (who was on the form you just submitted). Do not click on this link to add a new Client Contact form for a *different* client.

- **Add a contact for a NEW client in the SAME agency:** This link allows you to enter a new Client Contact form for a *different* client at the *same* agency (as the client whose form you just submitted).

- **Add a contact for a NEW client in a DIFFERENT agency:** This link allows you to enter a new Client Contact form for a *different* client at a *different* agency (than the client whose form you just submitted).