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PENNSYLVANIA DEPARTMENT OF AGING



AGING.PA.GOV

## **MIPPA and STARS Training**

# Today's Topics

1. Low Income Subsidy (LIS)/Extra Help
2. Medicare Savings Programs (MSP)
3. Team Member Forms
4. Beneficiary Contact Forms (BCF)
5. Media Outreach and Education (MOE) Forms
6. Group Outreach and Education (GOE) Forms
7. Searching for BCFs and MOE

# STARS

- STARS – SHIP Tracking and Reporting System
- SHIP – State Health Insurance Program
- PA SHIP = Pennsylvania Medicare Education and Decision Insight, PA MEDI



# Team Member Form

**TEAM MEMBER FORM**

*\* Items marked with asterisk (\*) indicate required fields*

**Team Member Name**  
First Name \*: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \*: \_\_\_\_\_  
Nickname: \_\_\_\_\_

**Team Member Contact Information**  
Primary Phone Number \*: \_\_\_\_\_ Address \*: \_\_\_\_\_  
Primary Phone Number Extension: \_\_\_\_\_ City \*: \_\_\_\_\_  
Secondary Phone Number: \_\_\_\_\_ Zip Code \*: \_\_\_\_\_  
Secondary Phone Number Extension: \_\_\_\_\_ State/Territory \*: \_\_\_\_\_  
Email Address \*: \_\_\_\_\_ County \*: \_\_\_\_\_

**Team Member Details**  
Start Date \*: \_\_\_\_\_  
End Date (if applicable): \_\_\_\_\_  
Partner Organization Affiliation \*  
(Indicate primary org. that team member is affiliated with):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Status \* (Select only one):  
 Active  Inactive  Retired  
Paid Status \* (Select only one):  
 In-Kind-Paid  SHIP-Paid  Volunteer

**Team Member Demographic Information**  
Race \* (Multiple selections allowed):  
 American Indian or Alaskan Native  
 Asian  
 Black or African American  
 Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  
 White  
 Other  
 Not Collected

Date of Birth \*: \_\_\_\_\_

### TEAM MEMBER FORM

\* Items marked with asterisk (\*) indicate required fields

#### Team Member Name

First Name \*: Mickey Middle Initial: \_\_\_\_\_ Last Name \*: Mouse  
 Nickname: \_\_\_\_\_

#### Team Member Contact Information

Primary Phone Number *: <u>717-123-4567</u>	Address*: <u>987 Disney Lane</u>
Primary Phone Number Extension: _____	City*: <u>Fantasyland</u>
Secondary Phone Number : _____	Zip Code *: <u>56789</u>
Secondary Phone Number Extension: _____	State/Territory *: <u>FL</u>
Email Address*: <u>mmouse@gmail.com</u>	County *: <u>Pluto</u>

#### Team Member Details

Start Date *: <u>7/13/2001</u>	Partner Organization Affiliation * (Indicate primary org. that team member is affiliated with): <u>PAC HC</u>
End Date (if applicable): _____	_____

Status * (Select only one): <input checked="" type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Retired	Paid Status * (Select only one): <input type="checkbox"/> In-Kind-Paid <input type="checkbox"/> SHIP-Paid <input type="checkbox"/> Volunteer <u>PAC staff</u>
--	---

#### Team Member Demographic Information

Race \* (Multiple selections allowed):

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Collected

Date of Birth \*: 2/21/1920

Gender \* (Select only one):     Female       Male       Other       Not Collected

Team Member Demographic Information (continued)	
Primary Language * (Select only one): <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other	Secondary Language: (Select only one): <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
<b>Team Member STARS Details</b> <i>PDA will input the remaining information</i>	
Role * (Select only one): <input type="checkbox"/> SHIP Assistant Director <input type="checkbox"/> Site Manager <input type="checkbox"/> Team Member <input type="checkbox"/> State Staff <input type="checkbox"/> Sub-State Staff <input type="checkbox"/> STARS Submitter <input type="checkbox"/> Sub-State Manager <input type="checkbox"/> Site Staff	
Send Login Credentials:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Revoke Login:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program * (Multiple selections allowed):	<input type="checkbox"/> SHIP <input type="checkbox"/> SMP (Enter SIRS eFile ID, if applicable): <input type="checkbox"/> MIPPA      _____
Team Member Unique ID Details	
Create 1-800 Medicare Unique ID Number *:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Send 1-800 Medicare Unique ID Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Status of 1-800-Medicare Unique ID Number * :	<input type="checkbox"/> Active <input type="checkbox"/> Inactive
Notes	



# Username and Password

***[DoNotReplyACLSystems@micropact.com](mailto:DoNotReplyACLSystems@micropact.com)***

## Username email

Usernames consist of your first name and last name, as entered by the person who created your team member form. In some instances, usernames may also contain a number.

Here is what you should be looking for in your email inbox.

- a. Sending address: DoNotReplyACLSystems@micropact.com.
- b. Subject line: STARS Credentials: Username
- c. Email body text:

“Welcome to STARS!

You've been registered as a user of the SHIP Tracking and Reporting System (STARS). Included below is your username to log into STARS allowing you to add new interactions and update interactions you have already submitted.

The password to accompany this username will be sent in a follow-up email. If you do not receive an email containing your temporary STARS password, please contact your administrator or the Booz Allen STARS Help Desk.

**Username** (case sensitive): *{Firstname.Lastname}*

If you have any questions, please contact your administrator or the Booz Allen STARS Help Desk.

Have a great day!

## Password email

- a. Sending address: DoNotReplyACLSystems@micropact.com.
- b. Subject line: STARS Credentials Follow-up
- c. Email body text:

“Welcome to STARS!

Below is your password to access the SHIP Tracking and Reporting System (STARS). You should have received your username in a separate email.

Please use the provided link to log into STARS with the password provided below, then create your own password: *{Link will appear here}*

**Password** (case sensitive): *{8 characters}*

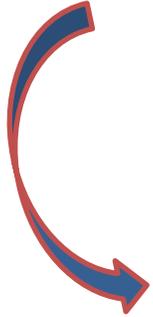
If you have any questions, please contact your administrator or the Booz Allen STARS Help Desk.

Have a great day!

# Logging Into STARS



# STARS Landing Page

A screenshot of the SHIP Tracking and Reporting System (STARS) landing page. The page has a white background with a thin red border. At the top left, it says "SHIP Tracking and Reporting System (STARS)". At the top right is the SHIP logo, which includes the text "ship", "state health insurance", "assistance programs", and "NATIONAL NETWORK". Below the title, it says "Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!". There is a teal button that says "Log into STARS". Below that, it says "Need Help with STARS?" followed by two bullet points: "- STARS manual, job aids, and support resources: SHIP TA Center" and "- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk". A blue curved arrow points from the bottom right of the screenshot towards the help text.

SHIP Tracking and Reporting System (STARS)

Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!

[Log into STARS](#)

Need Help with STARS?

- STARS manual, job aids, and support resources: SHIP TA Center
- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk

<https://smpship.acl.gov>



BY SIGNING ON TO THIS SYSTEM YOU ARE AGREEING TO FOLLOW THE STATED SECURITY POLICY.

**Username**

**Password**

Sign On

### Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

[PLEASE CLICK HERE IF YOU'VE FORGOTTEN YOUR USERNAME OR PASSWORD](#)

[BoozAllenSTARSHelpDesk@bah.com](mailto:BoozAllenSTARSHelpDesk@bah.com)

# STARS Home Page/Dashboard

 My Account	 Sign Out	 Help
<b>HOME</b>	<b>TRACKING INBOX</b>	<b>SEARCH</b>

**BENEFICIARY CONTACT FORM**

\* Items marked with asterisk (\*) indicate required fields

MIPPA Contact \*:  Yes  No      SIRS eFile ID: (\*required if sending record to SMP)

Send to SMP:  Yes  No

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. \*: \_\_\_\_\_

Date of Contact \*:

**How Did Beneficiary Learn About SHIP \* (select only one):**

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

# Entering Beneficiary Contact Forms

 Tracking Inbox : Beneficiary Contact

All Assignments ▼



▶ No Beneficiary Contact objects found for this filter.

[+ New Beneficiary Contact](#)

 Tracking Inbox : Group Outreach and Education

All Assignments ▼



▶ No Group Outreach and Education objects found for this filter.

[+ New Group Outreach and Education](#)

 Tracking Inbox : Media Outreach and Education

All Assignments ▼



▶ No Media Outreach and Education objects found for this filter.

[+ New Media Outreach and Education](#)



## TRACKING INBOX

BENEFICIARY  
CONTACT ▶

GROUP OUTREACH  
AND EDUCATION ▶

MEDIA OUTREACH  
AND EDUCATION ▶

SHIP TEAM MEMBER ▶

BENEFICIARY  
CONTACT ▶

NEW BENEFICIARY  
CONTACT

MIPPA



Yes  No \*

Send to SMP

Yes  No

SIRS eFile ID

SIRS Reference Number

SHIP Reference Number

Session Conducted By

Veronica Kell  \*

Partner Organization Affiliation

Zip Code of Session Location

 \*

State of Session Location

Pennsylvania  \*

County of Session Location

 \*

Beneficiary First Name

Beneficiary Last Name

Beneficiary Phone Number

Beneficiary Email

Representative First Name

Representative Last Name

Representative Phone Number

Representative Email

State of Beneficiary Residence  \*

Zip Code of Beneficiary Residence  \*

County of Beneficiary Residence  \*

Date of Contact  (mm/dd/yyyy) \*

How Did Beneficiary Learn About SHIP  \*

Method of Contact  \*

Beneficiary Age Group  \*

Beneficiary Gender  \*

Beneficiary Race \*

- American Indian or Alaskan Native \*
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Not Collected

English as a Primary Language  Yes  No \*

Beneficiary Monthly Income  \*

Beneficiary Assets  \*

Receiving or Applying for Social Security Disability or Medicare Disability  Yes  No \*

?	September, 2021							x
<<	<	Today					>	>>
wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat	
34				1	2	3	4	
35	5	6	7	8	9	10	11	
36	12	13	14	15	16	17	18	
37	19	20	21	22	23	24	25	
38	26	27	28	29	30			
Select date								

(The 150% FPL monthly income limit for 2021 is \$1,610 for an individual, and \$2,177 for a couple.)

(The 2021 LIS asset limit is \$14,790 for an individual, and \$29,520 for a couple.)

## Topics Discussed



At least one Topic Discussed selection is required. Please choose a Topic before continuing.



Part D Low Income Subsidy (LIS/Extra Help)

- Fraud and Abuse
- Marketing/Sales Complaints & Issues

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening

Other Prescription Assistance

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



Medicaid

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Managed Care

Time Spent in Hours

Time Spent in Minutes

Total Time Spent (minutes)

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time : would be entered as either 1 Hour and 30 Minutes OR 0 Hour and Minutes.

Status

R

R

Special Use Fields

Original PDP/MA-PD Cost

New PDP/MA-PD Cost

Field 3

Field 4

Field 5

Notes

Notes

Attach File

Browse

Save

Spell Check

### **Validation errors**

- Zip Code of Session Location is required.
- County of Session Location is required.
- Zip Code of Beneficiary Residence is required.
- County of Beneficiary Residence is required.
- How Did Beneficiary Learn About SHIP is required.
- Method of Contact is required.
- Beneficiary Age Group is required.
- Beneficiary Gender is required.
- Beneficiary Race is required.
- English as a Primary Language is required.
- Beneficiary Monthly Income is required.
- Beneficiary Assets is required.
- Receiving or Applying for Social Security Disability or Medicare Disability is required.
- Total Time Spent (minutes) is required.
- Status is required.

# Entering Media Outreach and Education Form

MEDIA OUTREACH & EDUCATION FORM			
<b>* Items marked with asterisk (*) indicate required fields</b>			
MIPPA Event *:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Send to SMP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)
<b>Event Details *</b>			
Session Conducted By *:		Partner Organization Affiliation* :	
Total Time Spent on Event *:		Title of Interaction *:	
_____ Hours _____ Minutes		_____	
Type of Media * (select only one):		Estimated Number of People Reached: _____	
<input type="checkbox"/> Billboard <input type="checkbox"/> Radio <input type="checkbox"/> Email <input type="checkbox"/> Social Media <input type="checkbox"/> Magazine <input type="checkbox"/> Television <input type="checkbox"/> Newsletter <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other		Geographic Coverage (select only one):	
		<input type="checkbox"/> County or Counties <input type="checkbox"/> Regional <input type="checkbox"/> Multi-State <input type="checkbox"/> Statewide <input type="checkbox"/> National <input type="checkbox"/> Zip Code	
Start Date of Activity *:		End Date of Activity: _____	
_____		_____	
<b>Event Location *</b>			
State of Event * :		Zip Code of Event * :	
_____		_____	
County of Event * : _____			
<b>Media Contact Information</b>			
Media Contact First Name:		Media Contact Phone:	
_____		_____	
Media Contact Last Name:		Media Contact Email:	
_____		_____	

## SHIP Tracking and Reporting System (STARS)



Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!

[Log into STARS](#)

### Need Help with STARS?

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- STARS technical issues or questions: Contact the Booz Allen STARS Help Desk

<https://smpship.acl.gov>



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Username

Password

[Sign On](#)

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All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

[PLEASE CLICK HERE IF YOU'VE FORGOTTEN YOUR USERNAME OR PASSWORD](#)

Home >

Tracking Inbox : Beneficiary Contact All Assignments

Beneficiary First Name	Beneficiary Last Name	Date of Contact	SHIP Case Number	County of Session Location	Zip Code of Session Location	State of Session Location	Total Time Spent	SIRS Reference Number
[Redacted]	[Redacted]	11/12/2019	PA-19-26446251	Westmoreland - PA	15697	Pennsylvania	10	

+ New Beneficiary Contact

Tracking Inbox : Group Outreach and Education All Assignments

Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent	SIRS Reference Number
[Redacted]	Pennsylvania SHIP	PA-19-60343	03/20/2019	Huntingdon - PA	16654	Pennsylvania	Medicare Presentation	540	

+ New Group Outreach and Education

Tracking Inbox : Media Outreach and Education All Assignments

No Media Outreach and Education objects found for this filter.

+ New Media Outreach and Education



## TRACKING INBOX

BENEFICIARY CONTACT ▶

GROUP OUTREACH AND EDUCATION ▶

MEDIA OUTREACH AND EDUCATION ▶

SHIP TEAM MEMBER ▶

MEDIA OUTREACH AND EDUCATION ▶

NEW MEDIA OUTREACH AND EDUCATION

MIPPA   Yes  No \*

Send to SMP  Yes  No

SIRS eFile ID

SIRS Reference Number

SHIP Reference Number

Session Conducted By  \*

Partner Organization Affiliation

Time Spent in Hours

Time Spent in Minutes

Total Time Spent (minutes)  \*

Title of Interaction  \*

Type of Media  \*

Estimated Number of People Reached

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.



- Billboard
- Email
- Magazine
- Newsletter
- Newspaper
- Radio
- Social Media
- Television
- Website
- Other

Geographic Coverage



- County or Counties
- Multi-State
- National
- Regional
- Statewide
- Zip Code

Start Date of Activity

(mm/dd/yyyy) \*

End Date of Activity

(mm/dd/yyyy)



State of Event

\*

Zip Code of Event

\*

County of Event

\*

Media Contact First Name

Media Contact Last Name

Media Contact Phone Number

Media Contact Email

?	August, 2021						x
<<	<	Today				>	>>
wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	5	6	7
31	8	9	10	11	12	13	14
32	15	16	17	18	19	20	21
33	22	23	24	25	26	27	28
34	29	30	31				
Select date							

Intended Audience

- Beneficiaries
- Employer-Related Groups
- Family Members/Caregivers
- Limited-English Proficiency
- Medicare Pre-Enrollees
- Partner Organizations
- People with Disabilities
- Rural Beneficiaries
- Other



Target Beneficiary Group

- American Indian or Alaskan Native
- Asian
- Black or African American
- Disabled
- Hispanic/Latino
- Languages Other Than English
- Low Income
- Native Hawaiian or other Pacific Islander
- Rural
- N/A
- Not Collected



Topics Discussed

- Duals Demonstration
- Extra Help/LIS
- General SHIP Program Information
- Long-Term Care Insurance
- Medicaid
- Medicare Advantage
- Medicare Fraud and Abuse
- Medicare Part D
- Medicare Savings Program
- Medigap or Supplemental Insurance
- Original Medicare (Parts A and B)
- Other Prescription Drug Coverage
- Partnership Recruitment



Special Use Fields

Field 1

Field 2

Field 3

Field 4

Field 5

---

Notes

Attach File

Browse

Save

### **Validation errors**

- Total Time Spent (minutes) is required.
- Title of Interaction is required.
- Type of Media is required.
- Zip Code of Event is required.
- County of Event is required.
- Intended Audience is required.
- Target Beneficiary Group is required.
- Topics Discussed is required.

# Entering Group Outreach and Education Form

GROUP OUTREACH & EDUCATION FORM			
<b>* Items marked with asterisk (*) indicate required fields</b>			
MIPPA Event *:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Send to SMP:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)
<b>Event Details *</b>			
Session Conducted By *:		Partner Organization Affiliation* :	
_____		_____	
Total Time Spent on Event *:		Title of Interaction *:	
_____ Hours _____ Minutes		_____	
Number of Attendees *:		Type of Event * (select only one):	
_____		<input type="checkbox"/> Booth/Exhibit (Health Fair, Senior Fair or Community Event) <input type="checkbox"/> Enrollment Event <input type="checkbox"/> Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)	
Start Date of Activity *:			
_____			
End Date of Activity:			
_____			
<b>Event Location *</b>			
State of Event * :		Zip Code of Event * :	
_____		_____	
County of Event * : _____			
<b>Event Contact Information</b>			
Event Contact First Name:		Event Contact Phone:	
_____		_____	
Event Contact Last Name:		Event Contact Email:	
_____		_____	

Home

Tracking Inbox : Beneficiary Contact All Assignments [Filter Icon] [Close]

▶ No Beneficiary Contact objects found for this filter.

+ New Beneficiary Contact



Tracking Inbox : Group Outreach and Education All Assignments [Filter Icon] [Close]

▶ No Group Outreach and Education objects found for this filter.

+ New Group Outreach and Education

Tracking Inbox : Media Outreach and Education All Assignments [Filter Icon] [Close]

Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent	SIRS Reference Number
▶ [Redacted]	Pennsylvania SHIP	PA-19-10680	01/30/2019	Somerset - PA	15924	Pennsylvania	Tele-Town Hall Call	60	

## TRACKING INBOX

BENEFICIARY  
CONTACT ▶

GROUP OUTREACH  
AND EDUCATION ▶

MEDIA OUTREACH  
AND EDUCATION ▶

SHIP TEAM MEMBER ▶

New Group  
Outreach and  
Education

MIPPA  Yes  No \*

Send to SMP  Yes  No

SIRS eFile ID

SIRS Reference Number

SHIP Reference Number  Booth or Exhibit (Health Fair, Senior Fair, or Community Event)

Session Conducted By  Enrollment Event  
Interactive Presentation to Public (In-Person, Video Conference, Web based Event, Tele Conference)

Partner Organization Affiliation

Time Spent in Hours

Time Spent in Minutes

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.

Total Time Spent (minutes)  \*

Title of Interaction  \*

Type of Event  \*

Number of Attendees  \*

Booth or Exhibit (Health Fair, Senior Fair, or Community Event)

Enrollment Event

Interactive Presentation to Public (In-Person, Video Conference, Web based Event, Tele Conference)

Start Date of Activity

09/02/2021

 (mm/dd/yyyy) \*

End Date of Activity

 (mm/dd/yyyy)

State of Event

Pennsylvania



\*

Zip Code of Event

\*

County of Event



\*

Event Contact First Name

Event Contact Last Name

Event Contact Phone Number

Event Contact Email

September, 2021							
Today							
wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat
34				1	2	3	4
35	5	6	7	8	9	10	11
36	12	13	14	15	16	17	18
37	19	20	21	22	23	24	25
38	26	27	28	29	30		

Select date

Intended Audience

- Beneficiaries
- Employer-Related Groups
- Family Members/Caregivers
- Limited-English Proficiency
- Medicare Pre-Enrollees
- Partner Organizations
- People with Disabilities
- Rural Beneficiaries

Target Beneficiary Group

- American Indian or Alaskan Native
- Asian
- Black or African American
- Disabled
- Hispanic/Latino
- Languages Other Than English
- Low Income
- Native Hawaiian or other Pacific Islander
- Rural
- N/A
- Not Collected

Topics Discussed

- Duals Demonstration
- Extra Help/LIS
- General SHIP Program Information
- Long-Term Care Insurance
- Medicaid
- Medicare Advantage
- Medicare Fraud and Abuse
- Medicare Part D
- Medicare Savings Program
- Medigap or Supplemental Insurance
- Original Medicare (Parts A and B)
- Other Prescription Drug Coverage
- Partnership Recruitment

Special Use Fields

Field 1

Field 2

Field 3

Field 4

Field 5



MIPPA Shred Cost  
Flyer English 25/  
Spanish 10

Notes

Attach File

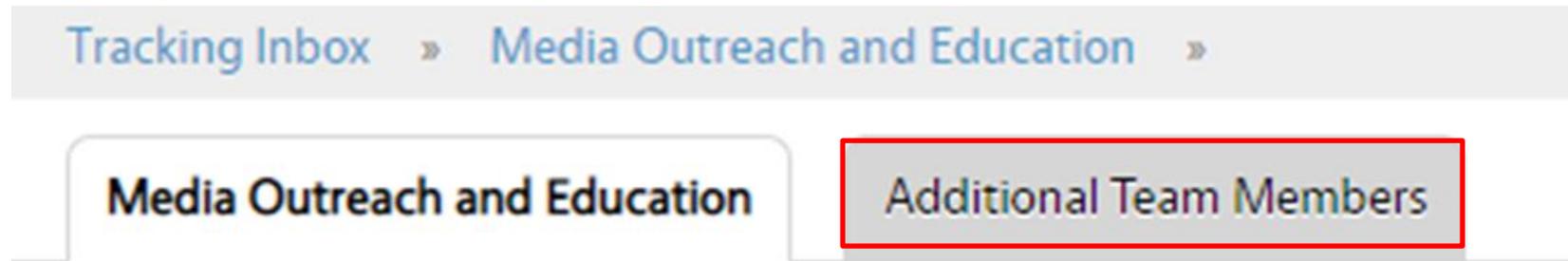
Browse

Save

## Validation errors

- MIPPA is required.
- Total Time Spent (minutes) is required.
- Title of Interaction is required.
- Type of Event is required.
- Number of Attendees is required.
- Zip Code of Event is required.
- County of Event is required.
- Intended Audience is required.
- Target Beneficiary Group is required.
- Topics Discussed is required.

# MOE and GOE - Additional Team Members



# Using the Additional Team Members Tab



Tracking Inbox > Media Outreach and Education > Additional Team Members Listing >

Media Outreach and Education Additional Team Members

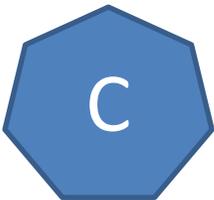
New Additional Team Members

+ New Print CSV

No records found.

2. Click "New" option.

1. Hover the mouse over the tab.



Media Outreach and Education Additional Team Members

Session Conducted By  <sup>R</sup>

Partner Organization Affiliation

Time Spent in Hours

Time Spent in Minutes

Calculated Time Spent (Minutes)  <sup>R</sup>

Additional Team Member Reference Number

Save

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.



+ New	Print	CSV
Session Conducted By	Partner Organization Affiliation	Total Time Spent
▶ Ida Nygaard	<div style="background-color: black; width: 100px; height: 15px;"></div>	200



# Searching for Entered BCFs, MOEs, and GOEs

# Tracking Inbox - BCF



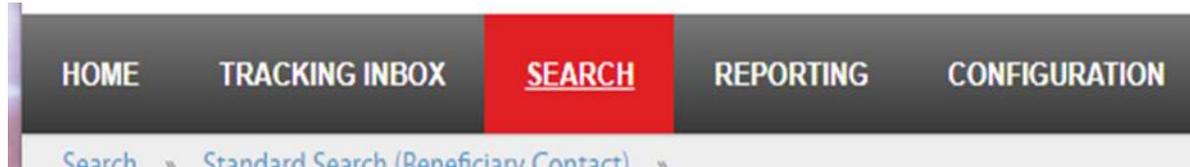
Tracking Inbox : Beneficiary Contact All Assignments

Beneficiary First Name	Beneficiary Last Name	Date of Contact	SHIP Case Number	County of Session Location	Zip Code of Session Location	State of Session Location	Total Time Spent
██████████	██████████	11/12/2019	PA-19-26446251	Westmoreland - PA	15697	Pennsylvania	10

[+ New Beneficiary Contact](#)

# Standard Search - BCF

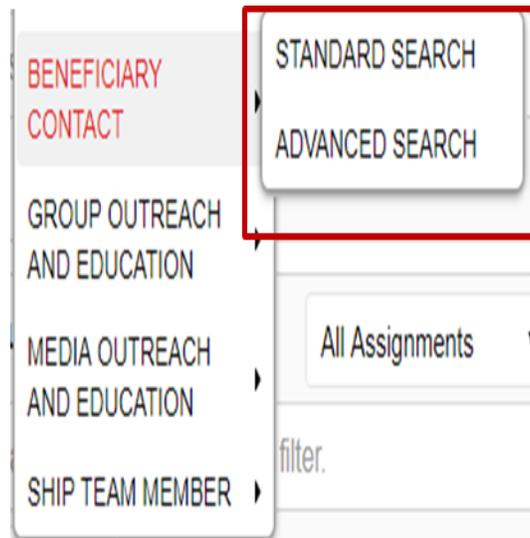
A



C



B



Remember Criteria

Beneficiary Contact

MIPPA	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
Send to SMP	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
SIRS eFile ID	EQUAL TO	<input type="text"/>
SIRS Reference Number	EQUAL TO	<input type="text"/>
SHIP Reference Number	EQUAL TO	<input type="text"/>
Session Conducted By	EQUAL TO	<input type="text"/>
Partner Organization Affiliation	EQUAL TO	<input type="text"/>
Zip Code of Session Location	EQUAL TO	<input type="text"/>
State of Session Location	EQUAL TO	<input type="text"/>
County of Session Location	EQUAL TO	<input type="text"/>
Beneficiary First Name	EQUAL TO	<input type="text"/>
Beneficiary Last Name	EQUAL TO	<input type="text"/>
Beneficiary Phone Number	EQUAL TO	<input type="text"/>
Beneficiary Email	EQUAL TO	<input type="text"/>
Representative First Name	EQUAL TO	<input type="text"/>
Representative Last Name	EQUAL TO	<input type="text"/>
Representative Phone Number	EQUAL TO	<input type="text"/>
Representative Email	EQUAL TO	<input type="text"/>
State of Beneficiary Residence	EQUAL TO	<input type="text"/>

Zip Code of Beneficiary Residence	EQUAL TO	<input type="text"/>
County of Beneficiary Residence	EQUAL TO	<input type="text"/>
Date of Contact	EQUAL TO	<input type="text"/> (mm/dd/yyyy)
How Did Beneficiary Learn About SHIP	EQUAL TO	<input type="text"/>
Method of Contact	EQUAL TO	<input type="text"/>
Beneficiary Age Group	EQUAL TO	<input type="text"/>
Beneficiary Gender	EQUAL TO	<input type="text"/>
English as a Primary Language	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
Beneficiary Monthly Income	EQUAL TO	<input type="text"/>
Beneficiary Assets	EQUAL TO	<input type="text"/>
Receiving or Applying for Social Security Disability or Medicare Disability	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
Total Time Spent (minutes)	EQUAL TO	<input type="text"/>
Status	EQUAL TO	<input type="text"/>
Original PDP/MA-PD Cost	EQUAL TO	<input type="text"/>
New PDP/MA-PD Cost	EQUAL TO	<input type="text"/>
Field 3	EQUAL TO	<input type="text"/>
Field 4	EQUAL TO	<input type="text"/>
Field 5	EQUAL TO	<input type="text"/>
Notes	LIKE	<input type="text"/>
State	EQUAL TO	<input type="text"/>

SHIP Beneficiary Additional Sessions

SEARCH OPTIONS

Show English Query

Remember Criteria

Beneficiary Contact

- MIPPA
- Send to SMP
- SIRS eFile ID
- SIRS Reference Number
- SHIP Reference Number
- Session Conducted By
- Partner Organization Affiliation
- Zip Code of Session Location
- State of Session Location
- County of Session Location
- Beneficiary First Name
- Beneficiary Last Name
- Beneficiary Phone Number
- Beneficiary Email
- Representative First Name
- Representative Last Name
- Representative Phone Number
- Representative Email
- State of Beneficiary Residence

EQUAL TO  Yes  No  
EQUAL TO  Yes  No

EQUAL TO

Alice Johnson  
Demo Director  
John Smith  
SHIP Friend  
STARSSubmitter MS  
STARSTeamMember MS  
Test API

Matching Results: 1

<< < Page 1 of 1 > >> Display 50 per page Refresh Displaying 1 - 1 of 1

Beneficiary First Name	Beneficiary Last Name	Date of Contact	SHIP Case Number	County of Session Location	Zip Code of Session Location	State of Session Location	Total Time Spent
[REDACTED]	[REDACTED]	11/12/2019	PA-19-26446251	Westmoreland - PA	15697	Pennsylvania	10

# Tracking Inbox - MOE

[HOME](#)

TRACKING INBOX

SEARCH

REPORTING

CONFIGURATION

Tracking Inbox : Media Outreach and Education

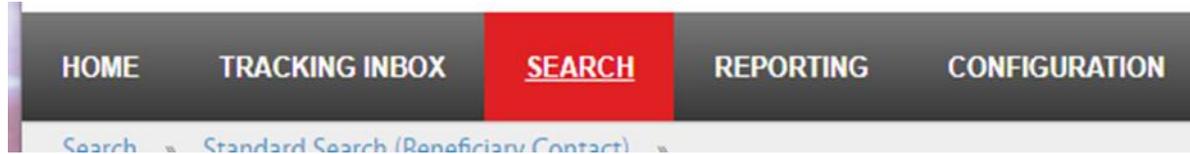
All Assignments



Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent
▶ Veronica Kell	Pennsylvania SHIP	PA-19-10680	01/30/2019	Somerset - PA	15924	Pennsylvania	Tele-Town Hall Call	60
▶ Veronica Kell	Pennsylvania SHIP	PA-19-10683	02/07/2019	Juniata - PA	17058	Pennsylvania	Tele-Town Hall Call	60
▶ Veronica Kell	Pennsylvania SHIP	PA-19-12179	02/20/2019	Columbia - PA	17814	Pennsylvania	Tele-Town Hall Call	60
▶ Veronica Kell	Pennsylvania SHIP	PA-19-12180	03/06/2019	Berks - PA	19520	Pennsylvania	Tele-Town Hall call	60
▶ Veronica Kell	Pennsylvania SHIP	PA-20-265319	02/05/2020	Greene - PA	15327	Pennsylvania	TeleTown Hall Call	60

# Standard Search - MOE

A

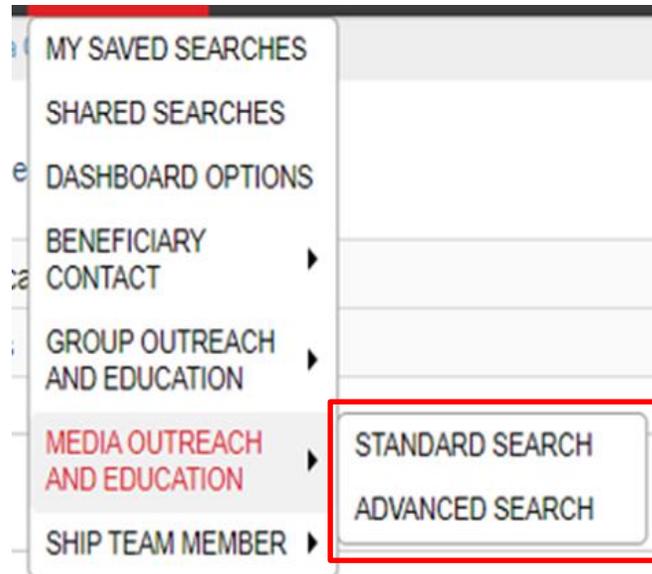


C



- MY SAVED SEARCHES
- SHARED SEARCHES
- DASHBOARD OPTIONS
- BENEFICIARY CONTACT ▶
- GROUP OUTREACH AND EDUCATION ▶
- MEDIA OUTREACH AND EDUCATION ▶
- SHIP TEAM MEMBER ▶

B



Search Reset  Remember Criteria

Media Outreach and Education

Additional Team Members

SEARCH OPTIONS

Show English Query

Search Reset

Search Reset  Remember Criteria

Media Outreach and Education

MIPPA	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
Send to SMP	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
SIRS eFile ID	EQUAL TO	<input type="text"/>
SIRS Reference Number	EQUAL TO	<input type="text"/>
SHIP Reference Number	EQUAL TO	<input type="text"/>
Session Conducted By	EQUAL TO	<input type="text"/>
Partner Organization Affiliation	EQUAL TO	<input type="text"/>
Total Time Spent (minutes)	EQUAL TO	<input type="text"/>
Title of Interaction	EQUAL TO	<input type="text"/>
Type of Media	EQUAL TO	<input type="text"/>
Estimated Number of People Reached	EQUAL TO	<input type="text"/>
Geographic Coverage	EQUAL TO	<input type="text"/>
Start Date of Activity	EQUAL TO	<input type="text"/> (mm/dd/yyyy)
End Date of Activity	EQUAL TO	<input type="text"/> (mm/dd/yyyy)
State of Event	EQUAL TO	<input type="text"/>
Zip Code of Event	EQUAL TO	<input type="text"/>
County of Event	EQUAL TO	<input type="text"/>
Media Contact First Name	EQUAL TO	<input type="text"/>
Media Contact Last Name	EQUAL TO	<input type="text"/>
Media Contact Phone Number	EQUAL TO	<input type="text"/>
Media Contact Email	EQUAL TO	<input type="text"/>

Intended Audience

CONTAINS ANY

Target Beneficiary Group

CONTAINS ANY

Topics Discussed

CONTAINS ANY

Field 1

EQUAL TO

Field 2

EQUAL TO

Field 3

EQUAL TO

Field 4

EQUAL TO

Field 5

EQUAL TO

Notes

LIKE

State

EQUAL TO

- Beneficiaries
- Employer-Related Groups
- Family Members/Caregivers
- Limited-English Proficiency
- Medicare Pre-Enrollees
- Partner Organizations
- People with Disabilities
- Rural Beneficiaries
- Other
- American Indian or Alaskan Native
- Asian
- Black or African American
- Disabled
- Hispanic/Latino
- Languages Other Than English
- Low Income
- Native Hawaiian or other Pacific Islander
- Rural
- N/A
- Duals Demonstration
- Extra Help/LIS
- General SHIP Program Information
- Long-Term Care Insurance
- Medicaid
- Medicare Advantage
- Medicare Fraud and Abuse
- Medicare Part D
- Medicare Savings Program
- Medigap or Supplemental Insurance
- New Medicare Cards (without SSNs)

Additional Team Members

Search Reset  Remember Criteria

Media Outreach and Education

MIPPA	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
Send to SMP	EQUAL TO	<input type="radio"/> Yes <input type="radio"/> No
SIRS eFile ID	<input type="text" value="EQUAL TO"/>	<input type="text"/>
SIRS Reference Number	<input type="text" value="EQUAL TO"/>	<input type="text"/>
SHIP Reference Number	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Session Conducted By	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Partner Organization Affiliation	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Total Time Spent (minutes)	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Title of Interaction	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Type of Media	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Estimated Number of People Reached	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Geographic Coverage	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Start Date of Activity	<input type="text" value="EQUAL TO"/>	<input type="text" value="(mm/dd/yyyy)"/> <input type="text"/>
End Date of Activity	<input type="text" value="EQUAL TO"/>	<input type="text" value="(mm/dd/yyyy)"/> <input type="text"/>
State of Event	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Zip Code of Event	<input type="text" value="EQUAL TO"/>	<input type="text"/>
County of Event	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Media Contact First Name	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Media Contact Last Name	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Media Contact Phone Number	<input type="text" value="EQUAL TO"/>	<input type="text"/>
Media Contact Email	<input type="text" value="EQUAL TO"/>	<input type="text"/>

- 
- Alice Johnson
- Demo Director
- John Smith
- SHIP Friend
- STARSSubmitter MS
- STARSTeamMember MS
- Test API

- 
- Billboard
- Email
- Magazine
- Newsletter
- Newspaper
- Radio
- Social Media
- Television
- Website
- Other

Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent
	Pennsylvania SHIP	PA-19-255261	10/01/2019	Fayette - PA	15401	Pennsylvania	PICKLE RADIO :30 for AOEP	60
	Pennsylvania SHIP	PA-19-255264	10/01/2019	Greene - PA	15370	Pennsylvania	PICKLE RADIO :30 for AOEP	60
	Pennsylvania SHIP	PA-19-255266	10/01/2019	Washington - PA	15301	Pennsylvania	PICKLE RADIO :30 for AOEP	60



THANK  
YOU