



**Department of Health and Human Services (HHS)
Administration for Community Living (ACL)
State Health Insurance Assistance Program (SHIP)**

November 26th, 2019

**SHIP Tracking and Reporting System (STARS) Final
Form Fields**

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Team Member Form

Object Name	Required	Object Type	Input Options/Functions
First Name	R	Text Field	N/A
Middle Initial	N	Text Field	N/A
Last Name	R	Text Field	N/A
Nickname	N	Text Field	N/A
Primary Phone Number	R	Numbers Field	N/A
Primary Phone Number Ext.	N	Numbers Field	N/A
Secondary Phone Number	N	Numbers Field	N/A
Secondary Phone Number Ext.	N	Numbers Field	N/A
Email Address	N	Text Field	N/A
Address	N	Text Field	N/A
City	N	Text Field	N/A
Zip Code	R	Numbers Field	N/A
State/ Territory	R	Drop Down	Options: • 54 States and Territories
County	R	Drop Down	Auto-populated based on "Zip Code"
Start Date	R	Date Picker	N/A
End Date	N	Date Picker	N/A
Status	R	Drop Down	Options: • Active • Inactive • Retired
Partner Organization Affiliation	R	Drop Down	Options: • Organizations
Paid Status	R	Drop Down	Options: • In-Kind-Paid • SHIP-Paid • Volunteer
Race	R	Multi-select Field	Options: • American Indian or Alaskan Native • Asian • Black or African American • Hispanic or Latino

			<ul style="list-style-type: none"> • Native Hawaiian or Other Pacific Islander • White • Not collected
Date of Birth	R	Date Picker	N/A
Gender	R	Drop Down	Options: <ul style="list-style-type: none"> • Male • Female • Other • Not Collected
Primary Language	R	Drop Down	Options: <ul style="list-style-type: none"> • English • Chinese • Korean • Russian • Spanish • Vietnamese • Other
Secondary Language	N	Drop Down	Options: <ul style="list-style-type: none"> • English • Chinese • Korean • Russian • Spanish • Vietnamese • Other
Role	R	Drop Down	Options: <ul style="list-style-type: none"> • SHIP Director • SHIP Assistant Director • SHIP State Staff • SHIP Sub-State Manager • SHIP Sub-State Staff • SHIP Site Manager • SHIP Site Staff • SHIP Team Member • STARS Submitter • SHIP T/A Center
SHIP eFile ID	R	Read Only	Populated after saving
Send Login Credentials	N	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No

Revoke Login	N	Radio Button	Options: • Yes • No
Send SHIP eFile ID	N	Radio Button	Options: • Yes • No
Revoke SHIP eFile ID	N	Radio Button	Options: • Yes • No
Program	R	Multi-select Field	Options: • SMP • SHIP • MIPPA Auto-populate with SHIP
SIRS eFile ID	N	Numbers Field	N/A
Create 1-800-Medicare Unique ID number	R	Radio Button	Options: • Yes • No
Send 1-800-Medicare ID	N	Radio Button	Options: • Yes • No
Status of 1-800-Medicare Unique ID Number	R	Drop Down	Options: • Active • Inactive
Number of 1-800-Medicare Unique ID	N	Read Only	Populated after saving
Notes	N	Text Box	N/A
Attach File	N	Button	5 attachment fields
User ID	N	Read Only	Populated after saving

Team Member Activity Form

Object Name	Required	Object Type	Input Options/Functions
Month	R	Drop Down	Options: • January • February • March • April • May • June

			<ul style="list-style-type: none"> • July • August • September • October • November • December
Year	R	Drop Down	Options: <ul style="list-style-type: none"> • 2017 • 2018 • 2019 • 2020
Administrative Support (minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
SHIP Program Management/ Team Member Management (minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Other SHIP Activities (minutes)	N	Numbers Field	Field will utilize the minutes/hours calculator
Total (minutes)	N	Read Only	Calculator for Minutes Fields
Notes	N	Text Box	N/A
Activity Reference Number	R	Read only	Populated after saving

Beneficiary Contact Form

Object Name	Required	Object Type	Input Options /Functions
MIPPA	R	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No
Send to SMP	N	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No (Read Only field after submission)
SIRS eFile ID	N	Numbers Field	Auto-populated based on the Team Member logged in Read Only field after submission
SIRS Reference Number	N	Read Only	Populated after saving
SHIP Reference Number	R	Read only	Populated after saving

Session Conducted by	R	Drop Down	Auto-populated based on the Team Member logged in
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member logged in
Zip Code of Session Location	R	Numbers Field	N/A
State of Session Location	R	Drop Down	Auto-populated based on "Zip Code of Session Location" List of States and Territories
County of Session Location	R	Drop Down	Auto-populated based on "Zip Code of Session Location"
Beneficiary First Name	N	Text Field	N/A
Beneficiary Last Name	N	Text Field	N/A
Beneficiary Phone Number	N	Number Field	N/A
Beneficiary Email	N	Text Field	N/A
Representative First Name	N	Text Field	N/A
Representative Last Name	N	Text Field	N/A
Representative Phone Number	N	Numbers Field	N/A
Representative Email	N	Text Field	N/A
State of Beneficiary Residence	R	Drop Down	Auto-populated based on the Team Member logged in Options: • 54 States and Territories
Zip Code of Beneficiary Residence	R	Numbers Field	N/A
County of Beneficiary Residence	R	Drop Down	Auto-populated based on "Zip Code of Beneficiary Residence"
Date of Contact	R	Date Picker	• Default to today's date
How Did Beneficiary Learn About SHIP	R	Drop Down	Options: • CMS Outreach • Congressional Office • Friend or Relative • Health/Drug Plan • Partner Agency • Previous Contact • SHIP Mailings • SHIP Media • SHIP Presentation • SHIP TA Center • SSA • State Medicaid Agency • State SHIP Website

			<ul style="list-style-type: none"> • 1-800 Medicare • Other • Not Collected
Method of Contact	R	Drop Down	<p>Options:</p> <ul style="list-style-type: none"> • Email • Face to Face at Beneficiary Home or Facility • Face to Face at Counseling Location or Event Site • Phone Call • Post Mail/Fax • Web Based
Beneficiary Age Group	R	Drop Down	<p>Options:</p> <ul style="list-style-type: none"> • 64 or Younger • 65-74 • 75-84 • 85 or Older • Not Collected
Beneficiary Gender	R	Drop Down	<p>Options:</p> <ul style="list-style-type: none"> • Male • Female • Other • Not Collected
Beneficiary Race	R	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • American Indian or Alaskan Native • Asian • Black or African American • Hispanic or Latino • Native Hawaiian or Pacific Islander • White • Not Collected
English as a Primary Language?	R	Radio Button	<p>Options:</p> <ul style="list-style-type: none"> • Yes • No
Beneficiary Monthly Income	R	Drop Down	<p>Options:</p> <ul style="list-style-type: none"> • At or Above 150% FPL • Below 150% FPL • Not Collected

			Informational Message: (The 150% FPL monthly income limit for 2019 is \$1,561.25 for an individual, and \$2,113.75 for a couple.)
Beneficiary Assets	R	Drop Down	Options: <ul style="list-style-type: none"> • Above LIS Asset Limits • Below LIS Asset Limits • Not Collected Informational Message: (The 2019 LIS asset limit is \$14,390 for an individual, and \$28,720 for a couple.)
Receiving or Applying for Social Security Disability or Medicare Disability	R	Drop Down	Options: <ul style="list-style-type: none"> • Yes • No To select Yes, 64 or younger must be selected in the beneficiary age group field
Original Medicare (Parts A & B)	N	Multi-select Field	Options: <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Coordination of Benefits • Eligibility • Enrollment/Disenrollment • Fraud and Abuse • QIO/Quality of Care
Medigap and Medicare Select	N	Multi-select Field	Options: <ul style="list-style-type: none"> • Benefit Explanation • Claims/Billing • Eligibility/Screening • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison
Medicare Advantage (MA and MA-PD)	N	Multi-select Field	Options: <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Disenrollment

			<ul style="list-style-type: none"> • Eligibility/Screening • Enrollment • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison • QIO/Quality of Care
Medicare Part D	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Disenrollment • Eligibility/Screening • Enrollment • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison
Part D Low Income Subsidy (LIS/Extra Help)	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Appeals/Grievances • Application Assistance • Application Submission • Benefit Explanation • Claims/Billing • Eligibility/Screening • LI NET/BAE
Other Prescription Assistance	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Manufacturer Programs • Military Drug Benefits • State Pharmaceutical Assistance Programs • Union/Employer Plan • Other
Medicaid	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Application Submission • Benefit Explanation • Claims/Billing • Eligibility/Screening • Fraud and Abuse

			<ul style="list-style-type: none"> • Medicaid Application Assistance • Medicare Buy-in Coordination • Medicaid Managed Care • MSP Application Assistance • Recertification • Other
Other Insurance	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Active Employer Health Benefits • COBRA • Indian Health Services • Long Term Care (LTC) Insurance • LTC Partnership • Other Health Insurance • Retiree Employer Health Benefits • Tricare For Life Health Benefits • Tricare Health Benefits • VA/Veterans Health Benefits • Other
Additional Topic Details	N	Multi-select Field	<ul style="list-style-type: none"> • Ambulance • Dental/Vision/Hearing • DMEPOS • Duals Demonstration • Home Health Care • Hospice • Hospital • New Medicare Card • New to Medicare • Preventive Benefits • Skilled Nursing Facility
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Status	R	Drop Down	Options:

			<ul style="list-style-type: none"> • In Progress • Completed
Special Use Fields	N	Text Field	5 free text special use fields
Notes	N	Text Field	N/A
Attach File	N	Button	5 attachment fields

Beneficiary Contact: Additional Beneficiary Session Form

Object Name	Required	Object Type	Input Options /Functions
MIPPA	R	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No
Session Conducted by	R	Drop Down	Auto-populated based on the Team Member logged in
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member logged in
Zip Code of Session Location	R	Numbers Field	N/A
State of Session Location	R	Drop Down	Auto-populated based on “Zip Code of Session Location” List of States and Territories
County of Session Location	R	Drop Down	Auto-populated based on “Zip Code of Session Location”
Date of Contact	R	Date Picker	<ul style="list-style-type: none"> • Default to today’s date
Method of Contact	R	Drop Down	Options: <ul style="list-style-type: none"> • Email • Face to Face at Beneficiary Home or Facility • Face to Face at Counseling Location or Event Site • Phone Call • Post Mail/Fax • Web Based
Original Medicare (Parts A & B)	N	Multi-select Field	Options: <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Coordination of Benefits • Eligibility • Enrollment/Disenrollment • Fraud and Abuse

			<ul style="list-style-type: none"> • QIO/Quality of Care
Medigap and Medicare Select	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Benefit Explanation • Claims/Billing • Eligibility/Screening • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison
Medicare Advantage (MA and MA-PD)	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Disenrollment • Eligibility/Screening • Enrollment • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison • QIO/Quality of Care
Medicare Part D	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Appeals/Grievances • Benefit Explanation • Claims/Billing • Disenrollment • Eligibility/Screening • Enrollment • Fraud and Abuse • Marketing/Sales Complaints and Issues • Plan Non-Renewal • Plans Comparison
Part D Low Income Subsidy (LIS/Extra Help)	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Appeals/Grievances • Application Assistance • Application Submission • Benefit Explanation • Claims/Billing

			<ul style="list-style-type: none"> • Eligibility/Screening • LI NET/BAE
Other Prescription Assistance	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Manufacturer Programs • Military Drug Benefits • State Pharmaceutical Assistance Programs • Union/Employer Plan • Other
Medicaid	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Application Submission • Benefit Explanation • Claims/Billing • Eligibility/Screening • Fraud and Abuse • Medicaid Application Assistance • Medicare Buy-in Coordination • Medicaid Managed Care • MSP Application Assistance • Recertification • Other
Other Insurance	N	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • Active Employer Health Benefits • COBRA • Indian Health Services • Long Term Care (LTC) Insurance • LTC Partnership • Other Health Insurance • Retiree Employer Health Benefits • Tricare For Life Health Benefits • Tricare Health Benefits • VA/Veterans Health Benefits • Other
Additional Topic Details	N	Multi-select Field	<ul style="list-style-type: none"> • Ambulance • Dental/Vision/Hearing • DMEPOS

			<ul style="list-style-type: none"> • Duals Demonstration • Home Health Care • Hospice • Hospital • New Medicare Card • New to Medicare • Preventive Benefits • Skilled Nursing Facility
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Special Use Fields	N	Text Field	5 free text special use fields
Notes	N	Text Field	N/A
Attach File	N	Button	5 attachment fields
Additional Session Reference Number	R	Read only	Populated after saving

Group Outreach & Education Form

Object Name	Required	Object Type	Input Options/Functions
MIPPA	R	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No
Send to SMP	N	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No (Read Only field after submission)
SIRS eFile ID	N	Numbers Field	Auto-populated based on the Team Member logged in Read Only field after submission
SIRS Reference Number	N	Read Only	Populated after saving
SHIP Reference Number	R	Read Only	Populated after saving
Session Conducted By	R	Drop Down	Auto-populated based on the Team Member logged in

			Users will have the ability to track additional Time Spent for Other contributors on an additional tab
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member logged in
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Title of Interaction	R	Text Field	N/A
Type of Event	R	Drop Down	Options: <ul style="list-style-type: none"> • 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)
Number of Attendees	R	Numbers Field	N/A
Start Date of Activity	R	Date Picker	Default to today's date
End Date of Activity	N	Date Picker	Allows future dates
State of Event	R	Drop Down	Auto population based on the Team Member profile
Zip Code of Event	R	Numbers Field	N/A
County of Event	R	Drop Down	Auto population based on "Zip Code of Event"
Event Contact First Name	N	Text Field	N/A
Event Contact Last Name	N	Text Field	N/A
Event Contact Phone Number	N	Numbers Field	N/A
Event Contact Email	N	Text Field	N/A
Intended Audience	R	Multi-select Field	Options <ul style="list-style-type: none"> • Beneficiaries • Employer-Related Groups • Family Members/Caregivers • Limited-English Proficiency • Medicare Pre-Enrollees • Partner Organizations

			<ul style="list-style-type: none"> • People with Disabilities • Rural Beneficiaries • Other
Target Beneficiary Group	R	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • 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	R	Multi-select Field	<p>Options:</p> <ul style="list-style-type: none"> • 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 • Preventive Services • Volunteer Recruitment • Other
Special Use Fields	N	Text Field	5 free text special use fields
Notes	N	Text Field	N/A
Attach File	N	Button	5 Attach File fields

Group Outreach & Education: Additional Team Members Form

Object Name	Required	Object Type	Input Options /Functions
Session Conducted By	R	Drop Down	Team Members in the system
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member selected in Session Conducted by
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Additional Team Member Reference Number	R	Read Only	Populated after saving

Media Outreach & Education Form

Object Name	Required	Object Type	Input Options/Functions
MIPPA	R	Radio Button	Options: • Yes • No
Send to SMP	N	Radio Button	Options: • Yes • No (Read Only field after submission)
SIRS eFile ID	N	Numbers Field	Auto-populated based on the Team Member logged in Read Only field after submission
SIRS Reference Number	N	Read Only	Populated after saving
SHIP Reference Number	R	Read Only	Populated after saving
Session Conducted By	R	Drop Down	Auto-populated based on the Team Member logged in

			Users will have the ability to track additional Time Spent for Other contributors on an additional tab
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member logged in
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Title of Interaction	R	Text Field	N/A
Type of Media	R	Drop Down	Options: <ul style="list-style-type: none"> • Billboard • Email • Magazine • Newsletter • Newspaper • Radio • Social Media • Television • Website • Other
Estimated Number of People Reached	N	Numbers Field	N/A
Geographic Coverage	N	Drop Down	Options: <ul style="list-style-type: none"> • County or Counties • Multi-State • National • Regional • Statewide • Zip Code
Start Date of Activity	R	Date Picker	Default to today's date
End Date of Activity	N	Date Picker	Allows future dates
State of Event	R	Drop Down	Auto population based on the Team Member profile
Zip Code of Event	R	Numbers Field	N/A
County of Event	R	Drop Down	Auto population based on "Zip Code of Event"
Media Contact First Name	N	Text Field	N/A

Media Contact Last Name	N	Text Field	N/A
Media Contact Phone Number	N	Numbers Field	N/A
Media Contact Email	N	Text Field	N/A
Intended Audience	R	Multi-select Field	Options <ul style="list-style-type: none"> • Beneficiaries • Employer-Related Groups • Family Members/Caregivers • Limited-English Proficiency • Medicare Pre-Enrollees • Partner Organizations • People with Disabilities • Rural Beneficiaries • Other
Target Beneficiary Group	R	Multi-select Field	Options: <ul style="list-style-type: none"> • 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	R	Multi-select Field	Options: <ul style="list-style-type: none"> • 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

			<ul style="list-style-type: none"> • Original Medicare (Parts A and B) • Other Prescription Drug Coverage • Partnership Recruitment • Preventive Services • Volunteer Recruitment • Other
Special Use Fields	N	Text Field	5 free text special use fields
Notes	N	Text Field	N/A
Attach File	N	Button	5 Attach File fields

Media Outreach & Education: Additional Team Members Form

Object Name	Required	Object Type	Input Options /Functions
Session Conducted By	R	Drop Down	Team Members in the system
Partner Organization Affiliation	R	Read Only	Auto-populated based on the Team Member selected in Session Conducted by
Time Spent in Hours	N	Numbers Field	Utilizes the Total Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Total Time Spent calculator
Total Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Additional Team Member Reference Number	R	Read Only	Populated after saving

Training Form

Object Name	Required	Object Type	Input Options/Functions
Title of Training	R	Text Field	N/A
Training Month	R	Drop Down	Options <ul style="list-style-type: none"> • January to December
Training Day	NR	Drop Down	Options <ul style="list-style-type: none"> • 1st to the 31st The drop down will filter options based on the month

			selected. Validation will prevent invalid dates from being selected during leap years
Training Year	R	Numbers Field	Options: <ul style="list-style-type: none"> • 2017 • 2018 • 2019 • 2020 Validation will prevent years outside of those identified above from being entered
Part of a Multi-Day Series	R	Radio Button	Options: <ul style="list-style-type: none"> • Yes • No
Delivery Method	R	Multi-Select	Options: <ul style="list-style-type: none"> • In person • Online – Self Paced • Webinar • Other
Type of Training	R	Dropdown	Options: <ul style="list-style-type: none"> • Orientation • Initial • Update
Submitted by	R	Drop Down	Auto-populated based on the Team Member logged in
Partner Organization Affiliation	R	Read Only	Auto-populated after saving.
Trainer 1 First Name and Last Name	NR	Text Field	The field will be used to capture the trainer’s first and last name
Trainer 1 Additional Information	NR	Text Field	Blank text field used to collect the following information: <ul style="list-style-type: none"> • Contact Info (email & phone) • Organization

Trainer 2 First Name and Last Name	NR	Text Field	The field will be used to capture the trainer’s first and last name
Trainer 2 Additional Information	NR	Text Field	<ul style="list-style-type: none"> • Contact Info (email & phone) • Organization
Number of Attendees	R	Numbers Field	N/A
Attach Attendee List	NR	Button	<ul style="list-style-type: none"> • 1 attachment field
Length of Training (hours)	NR	Numbers Field	N/A
Length of Training (minutes)	NR	Numbers Field	N/A
Total Length of Training (minutes)	R	Read Only	N/A
Training Location	NR	Heading	N/A
Location Zip Code	NR	Numbers Field	N/A
State/ Territory	R	Drop Down	Options: <ul style="list-style-type: none"> • 54 States and Territories
County of Training Location	NR	Drop Down	Auto-populated based on “Location Zip Code”
Address	NR	Text Field	N/A
Location Contact First Name	NR	Text Field	N/A
Location Contact Last Name	NR	Text Field	N/A
Location Contact Email	NR	Text Field	N/A
Location Contact Phone	NR	Text Field	N/A
Geographic Coverage	NR	Dropdown	Options <ul style="list-style-type: none"> • Municipality • County • Regional • Statewide
Training Topics	R	Heading	Additional Guidance Message: “At least one Training Topic selection is required. Multiple selections allowed)
Benefits Topics	NR	Multi-Select	<ul style="list-style-type: none"> • Original Medicare (Parts A & B) • Medicare Advantage (MA and MA-PD) • Medicare Part D

			<ul style="list-style-type: none"> • Part D Low Income Subsidy (LIS/Extra Help) • Other Prescription Assistance • Other Health Insurance • Duals Demonstration • Preventive Services • Medigap or Medicare Select • Long-term Care Insurance • Medicaid • Medicare Savings Programs • Medicare Plan Finder • Coordination of Benefits • Marketing Regulations • Veterans Health Benefits • Employer Health Benefits
Administrative Topics	NR	Multi-Select	<p>Options:</p> <ul style="list-style-type: none"> • CMS Unique ID • Customer Service/Counseling Skills • Performance Measures • Forms & Reporting • Program Information • Outreach • Confidentiality • Presentation Skills • Program Management
Notes	NR	Long Text Box	N/A
Attach File	NR	Button	5 attachment fields
Training Reference Number	NR	Text Field	Auto-Populated after saving. State abbreviation will be based on the State/Territory selected.

			<p>T (Training) will be appended to differentiate the form in the Reference Number</p> <p>Example: BTO: "OR-18-41529-T-API"</p>
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Additional Training Day Form

Object Name	Required	Object Type	Input Options/Functions
Title of Training	R	Text Field	N/A
Training Month	R	Drop Down	<p>Options</p> <ul style="list-style-type: none"> January to December
Training Day	NR	Drop Down	<p>Options</p> <ul style="list-style-type: none"> 1st to the 31st <p>The drop down will filter options based on the month selected. Validation will prevent invalid dates from being selected during leap years</p>
Training Year	R	Numbers Field	<p>Options:</p> <ul style="list-style-type: none"> 2017 2018 2019 2020 <p>Validation will prevent years outside of those identified above from being entered</p>
Delivery Method	R	Multi-Select	<p>Options:</p> <ul style="list-style-type: none"> In person Online – Self Paced Webinar Other
Type of Training	R	Dropdown	<p>Options:</p> <ul style="list-style-type: none"> Orientation

			<ul style="list-style-type: none"> Initial Update
Submitted by	R	Drop Down	Auto-populated based on the Team Member logged in
Partner Organization Affiliation	R	Read Only	Auto-populated after saving. The record will be aligned to the Partner Organization Affiliation of the user selected in the Submitted by field of the CTO.
Trainer 1 First Name and Last Name	NR	Text Field	The field will be used to capture the trainer's first and last name
Trainer 1 Additional Information	NR	Text Field	Blank text field used to collect the following information: <ul style="list-style-type: none"> Contact Info (email & phone) Organization
Trainer 2 First Name and Last Name	NR	Text Field	The field will be used to capture the trainer's first and last name
Trainer 2 Additional Information	NR	Text Field	<ul style="list-style-type: none"> Contact Info (email & phone) Organization
Number of Attendees	R	Numbers Field	N/A
Attach Attendee List	NR	Button	<ul style="list-style-type: none"> 1 attachment field
Length of Training (hours)	NR	Numbers Field	N/A
Length of Training in (hours)	NR	Numbers Field	N/A
Total Length of Training (minutes)	R	Read Only	N/A
Training Location	NR	Heading	N/A
Location Zip Code	NR	Numbers Field	N/A
State/ Territory	R	Drop Down	Options: <ul style="list-style-type: none"> 54 States and Territories

County of Training Location	NR	Drop Down	Auto-populated based on "Location Zip Code"
Address	NR	Text Field	N/A
Location Contact First Name	NR	Text Field	N/A
Location Contact Last Name	NR	Text Field	N/A
Location Contact Email	NR	Text Field	N/A
Location Contact Phone	NR	Text Field	N/A
Geographic Coverage	NR	Dropdown	Options <ul style="list-style-type: none"> • Municipality • County • Regional • Statewide
Training Topics	R	Heading	Additional Guidance Message: "At least one Training Topic selection is required. Multiple selections allowed)
Benefits Topics	NR	Multi-Select	<ul style="list-style-type: none"> • Original Medicare (Parts A & B) • Medicare Advantage (MA and MA-PD) • Medicare Part D • Part D Low Income Subsidy (LIS/Extra Help) • Other Prescription Assistance • Other Health Insurance • Duals Demonstration • Preventive Services • Medigap or Medicare Select • Long-term Care Insurance • Medicaid • Medicare Savings Program • Medicare Plan Finder • Coordination of Benefits • Marketing Regulations • Veterans Health Benefits

			<ul style="list-style-type: none"> • Employer Health Benefits
Administrative Topics	NR	Multi-Select	<p>Options:</p> <ul style="list-style-type: none"> • CMS Unique ID • Customer Service/Counseling Skills • Performance Measures • Forms & Reporting • Program Information • Outreach • Confidentiality • Presentation Skills • Program Management
Notes	NR	Long Text Box	N/A
Attach File	NR	Button	5 attachment fields
Additional Training Day Reference Number	NR	Text Field	<p>Auto-Populated after saving.</p> <p>The CTO will derive the Reference Number from the BTO, regardless of the state selected on the CTO. This ensures consistency between Reference Numbers.</p> <p>ATD (Additional Training Day) will be appended to differentiate the form in the Reference Number</p> <p>Example: BTO: "OR-18-41529-T-API" CTO: "OR-18-41529-143-ATD")</p>