

State Health Insurance Assistance Program (SHIP)

Report to Congress
Grant Year 2016

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Executive Summary

The mission of the State Health Insurance Assistance Program (SHIP) is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits. SHIPs provide unique, personal, free, and in-depth assistance that is not replicated under any other federal program.

The SHIP program was created in 1990 under Section 4360 of the Omnibus Reconciliation Act (OBRA) (Pub. L. 101-508) and is administered by the Administration for Community Living (ACL). In FY 2016, ACL received a discretionary appropriation in the amount of \$52.1 million. ACL invested these dollars in 54 grants to states to provide local service to Medicare beneficiaries, staff to support and monitor grantees, and administrative support contracts and grants to provide technical assistance, support, and continuous improvement for the program.

During 2016:

- SHIPs provided **1.6 million hours** of one-to-one assistance to more than **3.2 million Medicare beneficiaries, their families, and caregivers**.
- The average one-to-one assistance session length was **30 minutes**.
- SHIPs hosted **57,000 outreach events** including interactive presentations, participation in community and health fairs, and nearly **13,500 enrollment events**.
- During the enrollment events, SHIPs assisted more than **187,000 Medicare beneficiaries, their families, and caregivers** with plan comparisons. Approximately **65 percent of attendees** at these events chose to enroll in a Medicare health or drug plan with the assistance of a SHIP counselor.

This report details SHIP program activities during the 2016 grant year (April 1, 2016 to March 31, 2017) including a brief history of SHIP, highlights from the 54 SHIP state grantees, challenges people with Medicare report to SHIP, and program innovations. Also included is a brief description of current and future administrative initiatives such as the implementation of revised performance measures designed to better illustrate SHIP effectiveness, as well as, the development of a new SHIP data system with the goal of further improving grantee's performance measurement abilities.

Introduction

The State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed health benefits decisions. The Administration for Community Living (ACL) provides federal grants to states to fund local SHIPs and establish community-based networks of counselors who provide assistance in-person and by phone, make group presentations, and use a variety of media sources to educate people with Medicare. SHIPs provide unique, personal, free, and in-depth assistance that is not replicated under any other federal program.

There are 54 SHIP grantees – one in each state, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. Two-thirds of grant recipients are State Units on Aging and the other one-third are State

Departments of Insurance. Nationally, SHIP has a network of more than 3,300 local programs and nearly 15,000 highly trained counselors, 57 percent of whom are volunteers. During the 2016 grant year, SHIP counselors provided over 7 million hours of counseling, outreach, and service to help people with Medicare, their families, and caregivers.

In the federal fiscal year 2016, the SHIP discretionary appropriation was \$52.1 million. Of that total, ACL granted \$48 million to states through a defined funding formula, which is based on the number of Medicare beneficiaries in each state or territory. The remaining \$4.1 million supported administration of the SHIP program, which includes federal staff to provide oversight, training, and technical assistance; support contracts; and a grant to establish a national technical assistance center for the program.

History

The SHIP program was created under Section 4360 of the Omnibus Reconciliation Act (OBRA) of 1990 (Pub. L. 101-508), which authorized the Secretary of Health and Human Services (HHS) to make grants to States to establish and maintain health insurance advisory service programs for Medicare beneficiaries. The grants fund SHIPs to provide direct, local assistance with Medicare (including the Original Medicare (Parts A and B) program, Medicare Advantage (Part C), and the Medicare Prescription Drug (Part D) program), Medicaid, and other health insurance options, including Medicare supplement insurance (also called Medigap), long-term care insurance, and managed care options.

Over the last 9 years, the Medicare beneficiary population grew 26 percent from 45.4 million (2008) to 57.1 million (2016). Meanwhile, federal funding for the SHIP program grew 22 percent from \$42.6 million (2008) to \$52.1 million (2016). The table below depicts annual federal funding levels, which have been the same since 2014, and steady growth in the Medicare population, which is expected to continue to grow at an increased rate as the Baby Boomer Generation ages into Medicare.

Chart 1. Medicare Population and SHIP Discretionary Appropriation Comparison, 2014-2016			
	2014	2015	2016
Total Federal Funding (millions)	\$52.1*	\$52.1*	\$52.1*
Funding to State Grantees (millions)	\$48	\$48	\$48
Funding Annual Growth Rate		0%	0%
Medicare Population (millions)	54.1	55.6	57.1
Medicare Population Annual Growth Rate		3%	3%

*Excludes Medicare Patients and Providers Act (MIPPA) funding designated for the SHIPs as that work is outside the scope of this report.

Congress transferred the SHIP program from the Centers for Medicare & Medicaid Services (CMS) to the Administration for Community Living (ACL) through Public Law 113-76, the Consolidated Appropriations Act of 2014. This transfer reflects the synergies between SHIP and other networks that ACL funds and supports, such as the State Units on Aging and Area Agencies on Aging (AAA). At the community level, many SHIPs rely on local partnerships with AAAs for support and management of counselors and to conduct outreach activities. In addition, over 50 percent of the SHIPs are co-located with the Senior Medicare Patrol (SMP) program, which is a related volunteer-based program funded by ACL that

provides outreach and education to Medicare beneficiaries to prevent, detect, and report Medicare fraud, errors, and abuse.

A full list of SHIP grantees and the 2016 grant year funding amounts can be found in Appendix A.

2016 Program Overview

Activities and Outcomes

SHIPs serve as key sources for Medicare information and assistance in the community. They do so by 1) providing individualized personal assistance to people with Medicare, their families, and caregivers; and 2) conducting outreach activities to inform the general public about Medicare and other related health coverage options.

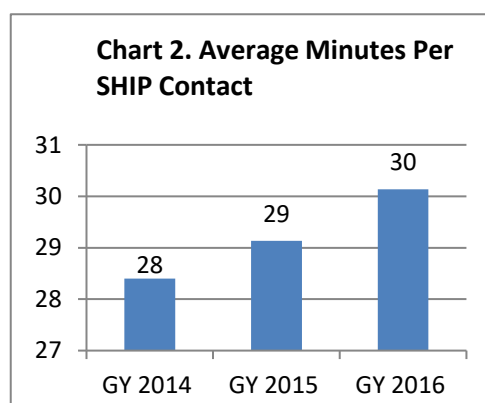
Individual Contacts

In 2016, SHIPs provided one-to-one assistance to more than 3.2 million Medicare beneficiaries, their families, and caregivers, providing in-depth information about Medicare benefits and other related healthcare questions or issues. This included helping people with Medicare understand their health insurance options, providing enrollment assistance, and navigating complicated billing or benefit coordination issues.

Beneficiaries contact SHIP with unique needs including but not limited to the following:

- Managing benefits when working beyond the age of Medicare eligibility;
- Coordinating Medicare benefits with employer, workers compensation, military, or retiree coverage;
- Completing applications for Medicare coverage or programs to help pay for Medicare costs;
- Assisting with claims denials and appeals; and
- Shopping for long-term care insurance.

These contacts often involve multiple subjects and require extensive counseling time and assessment to properly address questions and issues. Chart 2 details the average time spent on individual SHIP interactions. There has been a slight increase in each of the last three years, reflecting the continuous need for and complexities of SHIP counseling. The average time spent on individual SHIP interactions was 28 minutes in 2014, 29 minutes in 2015, and 30 minutes in 2016.



Outreach Activities

SHIPs conduct outreach activities throughout their local communities to educate the public about Medicare and to help people make informed healthcare decisions. In the 2016 grant year, SHIPs educated almost 4 million people at more than 71,000 events including in-person presentations and health or senior fairs. In addition, SHIPs hosted nearly 13,500 enrollment events to provide in-person, one-on-one assistance to help people compare Medicare plans and complete enrollment applications.

Presentations

SHIPs tailor their presentations to the audience and highlight important dates and timely details about Medicare. Throughout the year, SHIPs target those who will soon reach Medicare eligibility in events known as “Medicare Boot Camp,” “Medicare 101,” or “New to Medicare.” These events focus on the basics of Medicare enrollment and coordination of benefits as well as coverage options and details. SHIPs seek free and low cost venues for these events, which are often held in libraries, community rooms, senior centers, or church event spaces. In the 2016 grant year, SHIPs conducted approximately 42,400 interactive presentations that reached over 1.28 million people.

Health and Senior Fairs

SHIPs raise awareness of their services by participating in community health fairs, business expos, and conferences to offer assistance to people with Medicare, their families, and caregivers. SHIPs participated in over 15,300 fairs in the 2016 grant year. In addition to reaching people with Medicare, SHIPs often use these opportunities to meet new local partner organizations that can help expand the reach of the SHIP services.

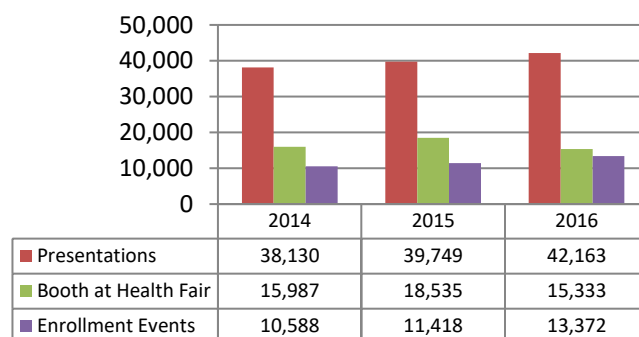
Enrollment Events

From September through mid-December, SHIPs are busy preparing for and holding enrollment events to help beneficiaries compare their Medicare plan options. Many SHIPs mail postcards and letters to previous clients to remind them to make an appointment with a SHIP counselor or attend a scheduled enrollment event. During a plan comparison appointment, or at an enrollment event, a SHIP counselor meets one-on-

one with a beneficiary to enter their prescription drugs into the Medicare Plan Finder, compare the available plan choices, and discuss the financial implications and coverage options. If a beneficiary would like to change plans, the SHIP counselor can complete an application on their behalf through the Medicare Plan Finder. However, if the beneficiary wants more time to consider the decision, the SHIP counselor can print materials for their later review. The beneficiary can contact the SHIP counselor for enrollment assistance at a later date or contact the insurance plan directly to enroll.

During the 2016 grant year, SHIPs hosted nearly 13,500 enrollment events, reaching over 187,000 people with Medicare, their families, or caregivers. Approximately 65 percent of attendees at these events chose to enroll in a Medicare health or drug plan with the assistance of a SHIP counselor.

Chart 3. Number of Outreach Activities



Frequently Reported Challenges with Medicare

SHIPs often counsel Medicare beneficiaries who report challenges with Medicare-related processes and policies. This section describes some of these challenges, including enrollment issues, coverage transitions, the annual Medicare plan review, provider and network adequacy, and Medicaid improper billing. In addition, the SHIPs have provided ACL with their recommendations for addressing some of the challenges identified. Each of these issues and the associated recommendations, where applicable, are detailed briefly below.

Enrollment Issues

SHIPs report a variety of concerns beneficiaries encounter with enrollment, including issues related to notices, late enrollment penalties, and Internal Revenue Service (IRS) penalties.

Notices

SHIPs often hear from Medicare beneficiaries that missed their Initial Enrollment Period (IEP) to enroll in Medicare. Currently, the Social Security Administration (SSA) only sends IEP notices to those who are both drawing a Social Security benefit and nearing Medicare eligibility. As such, SHIPs often hear from people that did not receive notification of their IEP because they were not yet drawing Social Security benefits when they became eligible for Medicare. As a result of this lack of notification, many beneficiaries miss their initial opportunity to enroll in Medicare and need help to find coverage options to fill the gap before the next enrollment period.

Late Enrollment Penalties

Often as a result of the lack of notification explained above, SHIPs are asked to explain late enrollment penalties, which differ for each part of Medicare. When Medicare beneficiaries miss an enrollment period they face coverage gaps and increased costs. Beneficiaries regularly ask for help navigating the difficult situations created by the late enrollment penalties. SHIPs assist by counseling beneficiaries about their options for securing Medicare coverage while minimizing coverage gaps and late enrollment penalties.

IRS Penalties

SHIPs receive questions about challenges beneficiaries face when IRS penalties are assessed due to unexpected, retroactive enrollment in Medicare Part A. This can happen when someone waits to enroll in Medicare until after age 65 and contributes to a Health Savings Account (HSA) during the six-months prior to enrolling in Medicare. In this situation, the SSA processes the Part A enrollment with an effective date retroactive for up to six-months. Because the IRS does not allow contributions to an HSA while enrolled in Medicare, the individual owes a penalty for contributions made to the HSA during the six-month period for which they were retroactively enrolled in Medicare Part A.

SHIPs have identified and shared with ACL the following recommendations to address enrollment challenges.

1. Notices: Enable the Social Security Administration to send enrollment notices to all those nearing Medicare eligibility regardless of Social Security benefit status.
2. Late enrollment penalties: Limit assessment period look back and length of years the penalty applies.
3. IRS penalties: Allow beneficiaries to opt-out of the 6-month Medicare Part A automatic, retroactive enrollment.

Coverage Transitions

SHIPs commonly counsel people with Medicare about the rules that define which coverage pays first (or second), as well as the consequences for not acting within certain timeframes during transitions in coverage. These rules differ slightly for each type of coverage, the size of the employer group, and the age of the beneficiary. Beneficiaries frequently contact SHIPs for assistance with challenging coverage transitions, including those involving employer, Marketplace, and Medicaid-expansion coverage.

Employer Transitions

SHIPs are often asked to help people transition from employer coverage into Medicare. These situations are complicated by the type of coverage involved, the beneficiary's employment status, and the size of the employer. Employer human resource departments often are unable to assist their beneficiaries with this transition; therefore SHIPs proactively target employer groups with messaging about Medicare eligibility and how Medicare coordinates with employer and retiree coverage. SHIPs work with human resources staff, offering one-on-one assistance to address specific questions and concerns to help people navigate this transition and avoid the enrollment challenges described above.

Marketplace Transitions

SHIPs report that Marketplace enrollees face two common challenges: (1) failing to disenroll from the Marketplace plan after becoming eligible for Medicare, and (2) tax penalties related to advance payment of premium tax credits. For example, a new Medicare beneficiary may like his or her Marketplace plan and want to keep it after enrolling in Medicare. However, once eligible for Medicare, the beneficiary is no longer able to receive advanced premium tax credits to help pay for the plan, but may not realize it until tax time. Beneficiaries in this situation may have to repay some or all of their advanced premium tax credit and may also face Medicare late enrollment penalties and/or delayed enrollment in Medicare.

Medicaid-Expansion Transitions

When Medicare beneficiaries transition from Medicaid-expansion coverage into Medicare, they often experience challenges related to reduced Medicaid coverage because individuals who are eligible for Medicare are not eligible for Medicaid coverage under the adult group (expansion population). An increasing number of Medicaid beneficiaries in the adult group are being affected by this limitation. While Medicare eligibility disqualifies individuals from being eligible under the Medicaid expansion group, many will be able to retain eligibility for Medicaid under another eligibility group and/or be eligible for the Medicare Savings Programs (MSPs), which provide assistance with at least Medicare premiums, and in many cases, Medicare Part A and Part B cost-sharing.

Medicare eligibility disqualifies individuals from Medicaid adult group coverage because of differing income and asset eligibility requirements, which often results in higher premiums and increased cost-sharing. Medicaid Expansion considers Modified Adjusted Gross Income with no asset limit, and Medicaid for Medicare beneficiaries considers gross income and imposes asset limits.

SHIPs have identified and shared with ACL the following recommendations to address coverage transition challenges.

1. Marketplace transitions: Require Marketplace plan to send a notice to the insured, and continue to support Centers for Medicare & Medicaid Services (CMS) penalty forgiveness and letters to Medicare beneficiaries also enrolled in Marketplace plans. The CMS letters advise Medicare beneficiaries of their options, offer a time-limited opportunity for penalty forgiveness for Medicare late enrollment, and include SHIPs as a contact resource for help with questions or concerns.
2. Medicaid expansion transitions: Treat income among Medicare Savings Programs the same as Medicaid Expansion and consider only Modified Adjusted Gross Income. Additionally, remove

asset limit for Medicare Savings Program to match Medicaid Expansion. Examples include the following:

- a. Multiple states have used authority under section 1902(r)(2) of the SSA to apply less restrictive income and asset methodologies than those used in determining eligibility for Medicare Savings Program or other eligibility groups. By exercising this authority, states can facilitate alignment of the eligibility rules between Medicare Savings Program and Medicaid expansion group (adult group), which can ease the transition of beneficiaries from the expansion group to Medicare Savings Program when they become Medicare-eligible.
- b. A number of states also have used section 1902(r)(2) to provide Medicare Savings Program to a greater portion of Medicare-eligible individuals losing coverage under the Medicaid expansion group by disregarding certain amounts or types of income and assets of a beneficiary, his or her spouse or other family members in determining eligibility for coverage under Medicare Savings Programs or other non-MAGI eligibility groups.

Annual Medicare Plan Review

Since Medicare health and drug plan options change every year, it's important for Medicare beneficiaries to reevaluate their Medicare coverage and plan choices annually during the Medicare Open Enrollment Period (October 15 – December 7). Beneficiaries often report challenges with the plan review process – related to both understanding changes to their current plan and comparing the other options available in their areas. Each year, Medicare plans optimize their offerings and may change their coverage, provider or pharmacy networks, drug formulary, and cost-sharing. Plans are required to mail their members a packet annually that details all the changes, as well as a document outlining their policy. These legal documents are hundreds of pages long and it can be difficult for even the most dedicated Medicare beneficiary to explore or understand them in their entirety.

Medicare Plan Finder

Due to the challenges many beneficiaries experience with the annual plan review process, SHIPs spend the majority of the Medicare Open Enrollment Period helping people compare Medicare health and drug plans. SHIPs help beneficiaries make these comparisons by using the Medicare Plan Finder tool on Medicare's website. Many SHIPs also teach classes to train people with Medicare to use the Medicare Plan Finder to compare plans themselves. However, comparing plans and using the Medicare Plan Finder can be a confusing and overwhelming process, particularly for those with low health insurance literacy, limited technology skills, limited English proficiency, or who reside in rural areas with poor internet access. Compounding the challenge, the Plan Finder uses terminology that requires a high level of insurance health literacy to navigate coverage pages, locate provider networks, and review drug coverage and restrictions that can impact access to necessary medication.

The SHIP network has shared the following recommendations with ACL and CMS to address the challenges with the Annual Enrollment Period and the Medicare Plan Finder:

1. Conduct focus testing with beneficiaries who have low health insurance literacy and/or limited technology skills to help identify possible enhancements to the plan finder to make it easier for beneficiaries to navigate on their own.

2. Consider reorganizing the information on the plan finder to make it quicker and easier for beneficiaries to identify the most important pieces of information to help them compare plans and make informed choices.

Provider and Network Adequacy

Beneficiaries often report challenges finding providers who are accepting new Medicare patients. This is most frequently reported by beneficiaries in rural areas who are seeking new primary care physicians. As such, SHIPs often help Medicare beneficiaries find providers accepting new Medicare patients, particularly when they're initially joining Medicare, moving to another area, or trying to find a new primary care doctor. This is a more prevalent complaint among beneficiaries who get their Medicare Part A and B benefits through Original Medicare (also referred to as Traditional Medicare).

In contrast, beneficiaries who get their Medicare health benefits through private insurance plans (called Medicare Advantage) are more likely to face challenges with proximity, rather than availability (particularly outside urban centers with large medical systems). Even though CMS requires Medicare Advantage plans to meet network adequacy requirements, beneficiaries may be required to travel many miles to see a general practitioner or a specialist.

SHIPs shared the following recommendations with ACL to address the challenges with provider and network access:

1. More regularly update the Physician Compare Tool on Medicare.gov to give beneficiaries access to the most up-to-date information available to assist with physician selection.
2. Consider adjusting the proximity standards and/or requirements of the Medicare Advantage plans to include providers within closer proximity to beneficiaries. This would provide beneficiaries with greater choice and easier access to providers.

SHIP Innovations

SHIPs consistently seek efficiencies and reported the following examples of innovative partnership and technology usage.

- **Tennessee SHIP Partners with Pharmacy Schools for Part D**
SHIP partners with the two university pharmacy schools located in Nashville at Belmont and East Tennessee State, and Lipscomb University pharmacy school in Johnson City. The pharmacy students offer unique skills to identify potential drug interaction problems while reviewing beneficiaries' medication lists before entering them in the Medicare Plan Finder. In 2016, TN SHIP trained 102 students to host outreach and enrollment events, assist with Medicare drug plan comparisons, and to complete Extra Help applications. The pharmacy students donated 304 hours of service during three outreach events. Additionally, the pharmacy students provided nearly 150 hours of direct services through 393 one-to-one counseling sessions with Medicare beneficiaries.
- **Georgia SHIP (GeorgiaCares) and Fort Valley State University Go Mobile**
GeorgiaCares partners with Fort Valley State University to use its mobile technology unit (MTU). The MTU is a truck that houses 20 computer stations and presentation equipment. Fort Valley allows each GeorgiaCares local office to use the truck for a dedicated enrollment event, and parks the MTU in an accessible area, such as a pharmacy parking lot. At the enrollment event,

GeorgiaCares staff gives a brief presentation, helps beneficiaries compare plans online, and assists with enrollments (if requested). In 2016, through these partnerships an additional 221 beneficiaries received SHIP counseling during 12 outreach and education events. The events were held in both rural and urban counties as follows;

- Rural: Gordon County Division of Family and Children Services (Gordon County), Belk's Department Store (Stephens County), LaGrange Senior Center (Troup County), Williams Road Church of Christ (Sumter County), Candler County Senior Center (Candler), The Plaza (Thomas County), and
 - Urban: Mt. Vernon Baptist Church (Fulton County), Second Baptist Church (Houston County), Peabody Apartments (Richmond), St. Marks Tower (Glynn County), and Madison County Recreation Department (Madison County).
- **New Mexico SHIP offers Webchat**
The New Mexico SHIP launched a webchat option for beneficiaries through the program's website. Beneficiaries can chat directly with a SHIP Counselor for Medicare information. In addition to giving beneficiaries real-time access to SHIP counselors, it is a great option for caregivers or children who live out of the state to contact SHIP with Medicare questions for their loved ones. The New Mexico SHIP completed 1,575 chats in 2016.
 - **Nebraska SHIP partners with Extension Service**
The University of Nebraska-Lincoln (UNL) Extension Service is well-known, trusted source based on its history providing agricultural and family development programs in rural communities. SHIP partnership with UNL Extension extends SHIP outreach to audiences the program might not otherwise reach in rural areas. In 2016, eight (8) Extension educators were certified SHIP counselors. They provided 851 one-to-one counseling sessions and hosted 58 outreach and enrollment events.

Administration Overview

2016 Program Initiatives

Shortly after SHIP moved from CMS to ACL, ACL embarked on a full program evaluation, including an assessment of the state of the program, its strengths, and recommendations to better deliver on the program mission and goals in the future. ACL evaluated the results and focused on the following items in 2016:

Strategy Development

The SHIP evaluation revealed that while the SHIP network had a dedicated and mission-driven workforce, the long-term strategy for the program was unclear. In the absence of a formal strategy, grantees made strategic decisions based on the information available, which led to a variance in priorities across the SHIP network. To address these variances and to bring the SHIP network together, ACL developed (with help from SHIPs and other stakeholders) a new mission and four strategic themes highlighting focus areas and goals for the program that were communicated to the network via the 2017 SHIP Funding Announcement. Future grants will be monitored and evaluated using these new strategic themes and goals.

Mission To empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits

Strategic Themes	Goals
Service Excellence	<ul style="list-style-type: none">Consistently and confidentially provide accurate, objective, and comprehensive information and assistance.Promote awareness, knowledge, and visibility of the program.
Capacity Building	<ul style="list-style-type: none">Recruit, train, and retain a diverse, sufficient, and effective workforce at all levels.
Operational Excellence	<ul style="list-style-type: none">Develop and strengthen the program structure and organization, including policies, processes, and procedure, to enable effective and efficient operations.
Innovation	<ul style="list-style-type: none">Promote adaptable and sustainable processes and activities to position the SHIP for changes in the programmatic landscape.

Communications and Stakeholder Engagement

The SHIPs provide detailed and in-depth one-on-one assistance to Medicare beneficiaries in local communities across the country. The successful continuation of these activities requires a strong partnership with CMS to provide technical assistance, support, and communication to the SHIPs on Medicare, Medicare changes, and beneficiary issues and questions. Since the transfer of the SHIP from CMS in 2014, ACL has worked closely with CMS to continue and strengthen this partnership. One example of these partnership activities includes collaboration with CMS Regional SHIP Liaisons. These liaisons assist SHIPs with complex Medicare beneficiary cases, provide training and Medicare technical expertise for SHIPs, and support local SHIP community outreach and education opportunities.

ACL participates in a number of CMS and other Federal partner workgroups to ensure SHIPs receive timely Medicare and other relevant healthcare related updates. These workgroups also provide an opportunity for ACL to share SHIP and Medicare beneficiary experiences and successes, as well as challenges that are brought to the SHIPs which may help inform federal partner decisions.

Technical Assistance to SHIP Grantees

ACL provides technical assistance to SHIP grantees through direct support from ACL staff and the award of grants and contracts that provide additional resources for grantees.

Support from ACL Staff

SHIP programmatic dollars fund ACL Project Officers to work closely with SHIP grantees to help them understand ACL's policies and priorities, as well as how to properly oversee and manage their federal grants. Project Officers communicate with SHIP grantees regularly via email, webinars, and monthly conference calls to discuss SHIP questions and concerns, talk through any challenges, and identify promising practices that could be shared with the broader SHIP grantee network. ACL staff consult with SHIPs to develop solutions to emerging issues, as well as review and provide feedback on programmatic progress reports.

In addition to collaboration and monitoring, ACL staff manage several projects aimed at enhancing availability of SHIP services, including the SHIP Technical Assistance Center, SHIP data system, SHIP customer satisfaction survey, and SHIP national training meeting (all described below).

SHIP Technical Assistance Center (SHIP TA Center)

SHIP programmatic dollars fund the SHIP TA Center which serves as a central resource for disseminating knowledge and best practices to SHIP grantees. The SHIP TA Center also provides ongoing support and information for SHIPs on issues and trends in Medicare, Medicaid, and volunteer management; develops new products and tools for the national SHIP network, including fact sheets and training manuals; and provides technical assistance to SHIP grantees through webinars, one-on-one assistance, and written instructions. The SHIP TA Center draws upon wide-ranging resources to respond to a rapidly changing programmatic environment and the issues associated with the national network that provides services and supports to older adults and people with disabilities in their homes and communities, Medicare, and the broader health insurance industry affecting Medicare beneficiaries.

SHIP Data System

SHIP programmatic dollars fund the SHIP National Performance Reporting (SHIP NPR) system, which is a web-based data system SHIPs use to report their work. This system provides real time data on the work that SHIPs are completing nationally and allows ACL to monitor activities and provide immediate technical assistance, if needed. The comprehensive, timely, and accurate data contained in SHIP NPR supports ACL's ability to assess the performance of the SHIP network and individual grantees in meeting goals of the program, as well as identify target areas for performance improvement.

SHIP Customer Satisfaction Survey

SHIP programmatic dollars fund the administration of a SHIP Customer Satisfaction Survey. The goals of the survey are to measure satisfaction with SHIP Medicare counseling services, to assess how customers value the services and information they receive, to identify opportunities for continuous improvement, and to comply with regulatory requirements regarding data collection. Implementation of the survey will begin with the 2017 SHIP grant year and will last three years. Approximately one-third of the states will be surveyed during each year of implementation with all covered by the project at the end of the 3-year cycle. The final report will provide an overview of the national results with state specific findings.

SHIP National Training Meeting

SHIP programmatic dollars fund an annual national training for SHIPs and Senior Medicare Patrol (SMP) grantees to assist, support, and inform the program directors and their support staff nationwide. The meeting offers an opportunity to review core values and practices that define the programs and hone new skills to strengthen the programs' outreach efforts and the involvement of volunteers. This meeting also allows for networking and sharing of best practices with grantees in other states and territories, ACL staff, national partners (such as CMS), and the SHIP TA Center staff.

In the 2016 grant year, more than 300 people registered for the conference. Presenters included staff from ACL, CMS, HHS Office of Inspector General (OIG), national partners, and SHIP and SMP staff. Major topics included grants management; volunteer management (recruitment, retention, and training); Medicare's Social Security Number Removal Initiative (SSNRI) regarding new Medicare cards being sent starting in 2018; and sharing of best practices on a myriad of topics related to SHIP work. The overall

score of the individual participant evaluations rated the conference as very helpful and informative (overall rating of 3.6 out of 4).

Looking Ahead

In an effort to continue quality improvement and successful programmatic management, ACL is working on a number of projects, in conjunction with SHIP stakeholders, to provide future enhancements to the program with a specific emphasis on improving program management and the ability to evaluate and measure program effectiveness. A few of these projects are highlighted below.

Performance Measure Improvement

With participation from a varied stakeholder group, ACL revised SHIP performance measures to align with the newly developed mission, vision, and strategic objectives. The new performance measures will illustrate each SHIP's reach relative to the Medicare population in their state. In addition, the new performance system uses a five-point Likert scale enabling comparison of performance relative to other SHIPs. The newly developed performance measures were implemented with the FY 2017 SHIP grant awards and will provide ACL an opportunity to evaluate the effectiveness of each program as well as the program as a whole nationally.

Development of New Data System

In September 2016, ACL awarded a contract to develop, implement, and operate a new SHIP data system with the goal of further improving grantee's performance measurement abilities. The new system will provide more flexibility in reporting and data analysis than the current SHIP data system, and is specifically designed to support the work of SHIPs in the next decade.

Additionally, the new system will connect with the Senior Medicare Patrol's (SMP) data system, allowing the two programs to share data and creating efficiencies for the grantees who manage both programs (currently 28 of the 54 grantees). ACL has continuously engaged stakeholders—including SHIP directors, ACL-funded resource centers, contractors and IT experts—throughout the creation of the system, with the goal of developing a system that is conducive to the needs of the end user, while also meeting the government's need for an effective performance management system. The system, currently known as STARS (SHIP Tracking And Reporting System), went live in May 2018.

Volunteer Risk and Program Management (VRPM)

SHIPs expend significant time and resources to professionalize and manage their counselor workforce, many of whom are volunteers. To enhance grantee efforts, ACL revised its existing Volunteer Risk and Program Management (VRPM) policies and procedures to incorporate SHIP grantees. The purpose of the VRPM policies is to enhance the quality, effectiveness, and safety of the program services through the provision of guidance and direction to program staff and volunteers. The policies are intended to support internal program management and support the mission of the program, fostering the ethical, productive, and rewarding engagement of volunteers. These policies and procedures have been successfully used by ACL's SMP grantees since 2009. In FY 2017, SHIPs must begin planning and incorporating VRPM at the local level. SHIPs will use the VRPM framework which includes policies and procedures, workplace rules, and prohibitions to bring about the best outcomes for volunteers and beneficiaries. SHIPs retain the flexibility to customize policies based on local needs.

Appendix A – FY 2016 State Grant Funding Amounts

2016 State Health Insurance Assistance Program Grant Awards Project Period April 1, 2016 – March 31, 2017

Grantee Name	State	Federal Grant Award
Alaska Department Health & Social Services	AK	\$251,057
Alabama Department of Senior Services	AL	\$881,268
Arkansas Insurance Department	AR	\$599,446
Arizona Department of Economic Security	AZ	\$840,395
State of California, Department of Aging	CA	\$4,776,715
State of Colorado - DORA	CO	\$601,830
State of Connecticut Department on Aging	CT	\$547,823
District of Columbia Office on Aging	DC	\$152,732
Delaware Department of Insurance	DE	\$200,984
Florida Department of Elder Affairs	FL	\$2,815,107
Georgia Department of Human Services	GA	\$1,145,384
Guam Department of Public Health and Social Services	GU	\$42,914
State of Hawaii Department of Health	HI	\$248,387
Iowa Insurance Division--SHIP	IA	\$756,340
Idaho Department of Insurance	ID	\$384,430
Aging, Illinois Department on	IL	\$1,515,119
Indiana Department of Insurance	IN	\$868,219
Kansas Department for Aging and Disability Services	KS	\$565,264
Kentucky Department for Aging and Independent Living	KY	\$839,652
Insurance, Department of	LA	\$659,339
Massachusetts Executive Office of Elder Affairs	MA	\$1,035,978
Maryland Department of Aging	MD	\$756,515
Maine Department of Health and Human Services	ME	\$431,762
Michigan Department of Community Health	MI	\$1,595,545
Minnesota Board on Aging	MN	\$1,021,318
State of Missouri Department of Insurance	MO	\$914,939
Mississippi Department of Human Services	MS	\$592,115
Montana Department of Public Health & Human Services	MT	\$611,568
North Carolina Department of Insurance	NC	\$1,493,209
North Dakota Insurance Department	ND	\$268,186
Nebraska Department of Insurance	NE	\$456,409

NH Department of Health and Human Services	NH	\$283,540
New Jersey Department of Human Services	NJ	\$1,039,285
New Mexico Aging & Long-Term Services Department	NM	\$433,907
Nevada Aging and Disability Services Division	NV	\$408,886
New York State Office for the Aging	NY	\$2,538,553
The Ohio Department of Insurance	OH	\$1,927,772
Oklahoma Insurance Department	OK	\$604,983
Oregon State Dept. of Consumer and Business Services	OR	\$577,601
Pa Dept. of Aging Health & Consumer Education	PA	\$2,169,481
Ombudsman Office for the Elderly Commonwealth PR	PR	\$822,324
RI Dept. of Elderly Affairs	RI	\$267,489
Lieutenant Governor's Office on Aging	SC	\$761,186
South Dakota Department of Social Services	SD	\$343,932
TN Commission on Aging and Disability	TN	\$1,069,586
Texas Department of Aging and Disabilities Services	TX	\$2,613,306
Utah Department of Human Services	UT	\$352,016
Dept. for Aging and Rehabilitative Services	VA	\$999,295
Government of the Virgin Islands	VI	\$45,887
Vermont Agency of Human Services	VT	\$239,358
Washington State Office of the Insurance Commissioner	WA	\$880,099
Wisconsin Department of Health Services	WI	\$1,000,455
West Virginia Bureau of Senior Services	WV	\$466,745
Wyoming Department of Insurance	WY	\$318,717