

State Health Insurance Assistance Program (SHIP)

Report to Congress
GY 2017

Prepared by
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Executive Summary

The State Health Insurance Assistance Program (SHIP) provides Medicare beneficiaries with information, counseling, and enrollment assistance. Its mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers to make informed health insurance decisions that optimize access to care. 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 Grant Year (GY) 2017, ACL received a discretionary appropriation for \$47.1 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 2017:

- SHIPs had over **2.9 million contacts with Medicare beneficiaries, their families, and caregivers**, accounting for **1.62 million hours of one-to-one assistance**.
- The average one-to-one assistance session length was **31 minutes**.
- SHIPs hosted **68,600 outreach events** including interactive presentations, participation in community and health fairs, and over **14,000 enrollment events**.
- During the enrollment events, SHIPs assisted roughly **199,000 Medicare beneficiaries, their families, and caregivers** with plan comparisons. Approximately **63 percent of attendees** at these events chose to enroll in a Medicare health or drug plan with the assistance of a SHIP counselor while at the event.

Each SHIP counseling session considers the specific needs of the beneficiary and is unique to the client.

The following example from Michigan highlights the type of service offered by SHIP counselors:

The beneficiary has multiple health conditions, including diabetes. Her current plan will no longer cover the brand of insulin prescribed by her doctor, which is problematic because the beneficiary and her doctor worked for many months to get the right combination of medications to maintain consistent glucose readings. The SHIP counselor helped the beneficiary compare plans and identified several other plans that would cover all of her medications. Based on the information provided, she was able to make an informed decision about her prescription drug coverage. She decided to switch to a plan that covers her current medications resulting in a total annual savings of \$15,231.

This report details SHIP program activities and their impact on beneficiaries during the 2017 grant year (April 1, 2017 to March 31, 2018) including a brief history of SHIP, highlights from the 54 SHIP state grantees, challenges people with Medicare report to SHIP, and program innovations. Additionally, a brief description of administrative initiatives for the 2017 fiscal year (October 1, 2017 to September 30, 2018) is included, detailing the implementation of revised performance measures designed to better illustrate SHIP effectiveness and the development of a new SHIP data system with the goal of further improving performance measurement.

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 U.S. 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.

The SHIP grant year (GY) actual appropriation was \$47.1 million, with \$43.5 provided to states and territories for the SHIP State Base Grants. 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. During the 2017 grant year, SHIP counselors provided over 4.9 million hours of service to help people with Medicare, their families, and caregivers.

History

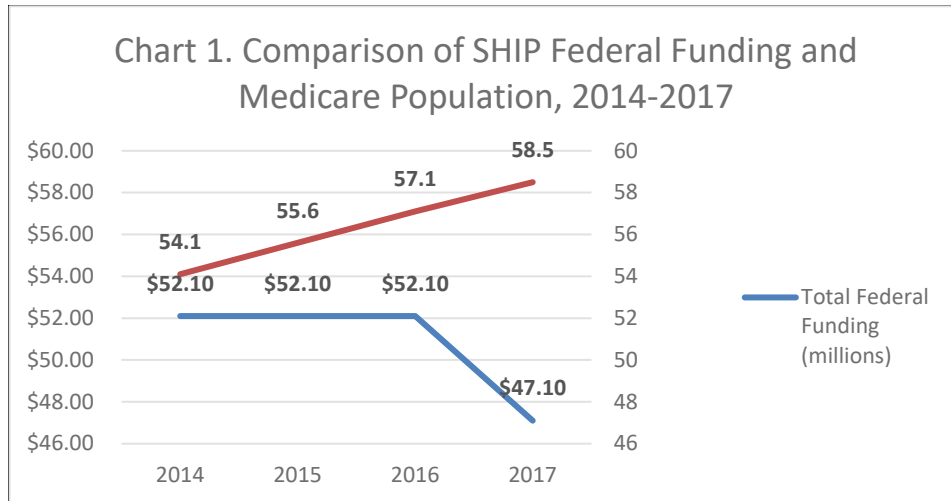
The SHIP program was created under Section 4360 of the Omnibus Reconciliation Act (OBRA) of 1990 (Pub. L. 101-508), which authorized the Secretary of the U.S. Department of Health and Human Services (HHS) to make grants to States to establish and maintain health insurance advisory service programs for 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. The complexity of service and amount of funding has varied over the years.

Over the last 9 years, the Medicare beneficiary population grew nearly 29% from 45.4 million (2008) to 58.5 million (2017). Meanwhile, federal funding for the SHIP program grew roughly 11% from \$42.6 million (2008) to \$47.1 million (2017). The table below depicts annual federal funding levels 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.

Table 1. Medicare Population and SHIP Discretionary Appropriation Comparison, 2014-2017

	2014	2015	2016	2017
Total Federal Funding (millions)	\$52.1*	\$52.1*	\$52.1*	\$47.1*
<i>Funding to State Grantees (millions)</i>	<i>\$48</i>	<i>\$48</i>	<i>\$48</i>	<i>\$43.5</i>
Funding Annual Growth Rate		0%	0%	-10%
Medicare Population (millions)	54.1	55.6	57.1	58.5
Medicare Population Annual Growth Rate		3%	3%	2%

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



A full list of SHIP grantees and the 2017 grant year funding amounts can be found in Appendix A.

2017 Program Overview

SHIP services provide Medicare beneficiaries unbiased information to empower each to make the best health care choices for themselves. This section highlights activities and outcomes from this grant year.

Activities and Outcomes

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

Individual Contacts

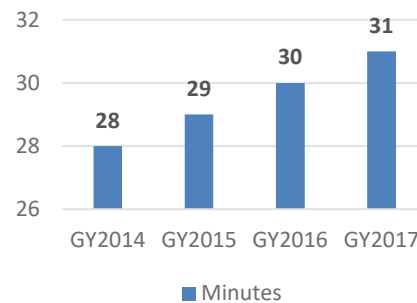
In 2017, SHIPs had over 2.9 million one-on-one contacts with Medicare beneficiaries, their families, and caregivers, providing in-depth information about Medicare benefits and other related healthcare questions or issues. This included helping people with Medicare understand their health insurance options, 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 SHIP counseling due to the complexities of Medicare. The average time spent on individual SHIP interactions was 28 minutes in 2014, 29 minutes in 2015, 30 minutes in 2016, and 31 minutes in 2017.

Chart 2. Average Minutes Per SHIP Contact, 2014-2017



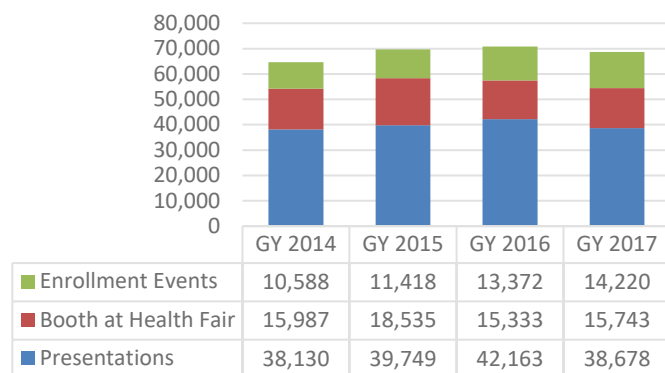
Outreach Activities

SHIPs conduct outreach activities throughout their local communities to educate the public about Medicare and to help people make informed healthcare decisions. In the 2017 grant year, SHIPs educated almost 3.6 million people at more than 68,600 events including in-person presentations, health or senior fairs, and enrollment events. Of the 68,600 events, SHIPs hosted over 14,000 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, coordination of benefits, as well as coverage options and details.

Chart 3. Number of Outreach Activities, 2014-2017



SHIPs seek free and low-cost venues for these events, which are often held in libraries, community rooms, senior centers, or church event spaces. Additionally, the SHIPs focused on educating beneficiaries about the New Medicare Cards in preparation for the rollout in 2018. In the 2017 grant year, SHIPs conducted approximately 38,600 interactive presentations that reached over 1.27 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 15,700 fairs in the 2017 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 later or contact the insurance plan directly to enroll. During the 2017 grant year, SHIPs hosted over 14,000 enrollment events, reaching nearly 199,000 people with Medicare, their families, or caregivers. Approximately 63 percent of attendees chose to enroll in a Medicare health or drug plan with the assistance of a SHIP counselor while at the event.

SHIP Performance Measure Data

ACL implemented new SHIP Performance Measures (PMs) in GY2017. The new performance measures were introduced to the SHIP network in May 2016. The PMs were developed through the SHIP Program Evaluation that was conducted over 18 months starting in 2015, which included a great deal of feedback from SHIP Directors, staff, and volunteers.

The new Performance Measures are:

- **PM1: Client Contacts - *Percentage of total one-on-one client contacts (in-person, by phone, by e-mail, postal mail, or fax) per Medicare beneficiaries in the State.***
This performance measure covers every one-on-one interaction SHIPs have with beneficiaries or on behalf of a beneficiary. It includes in-person counseling sessions (in the office or at the beneficiary's home); telephone conversations of all durations (including on-line call formats such as Skype); and email, postal mail and fax correspondence. It does not count unsuccessful attempts to reach beneficiaries (such as leaving messages); individuals reached through public events (unless the presenter has substantial individual interaction with a beneficiary after the event); contacts when the only purpose is to schedule a meeting; or mass emails.
- **PM2: Outreach Contacts - *Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.***
This performance measure is the number of people reached through presentations (including webinars and tele-conferences), booths/exhibits at Health/Senior Fairs or Special Events, and Enrollment Events. The event must include the provision of Medicare or SHIP information to the public. In order to count outreach contacts SHIPs must have the ability to monitor attendance and provide an opportunity for participants to ask questions and provide clarification at the time of the presentation.

- **PM3: Contacts with Medicare Beneficiaries under 65 - *Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.***
This performance measure includes the number of one-on-one contacts with Medicare beneficiaries who are under the age of 65. The beneficiary must be receiving or applying for Medicare and Social Security benefits due to a disability, or receiving Medicare because of the diagnosis of End-Stage Renal Disease. This does not include soon-to-be new to Medicare beneficiaries (i.e., those entering Medicare at age 65).
- **PM4: Hard-to-Reach Contacts - *Percentage of low-income, rural, and non-native English contacts per total "hard-to-reach" Medicare beneficiaries in the State.***
This performance measure is based on the number of contacts made with any of the designated hard-to-reach populations divided by the total number of beneficiaries in that population. The designated hard-to-reach populations include:
 - Low-income beneficiaries - all contacts with beneficiaries whose income is below 150% Federal Poverty Level;
 - Rural beneficiaries - all contacts with beneficiaries that live in areas with a population fewer than 50,000 as designated by the Office of Management and Budget (OMB); and
 - Non-native English-speaking beneficiaries - all contacts with beneficiaries where English is not the beneficiaries first language.
- **PM5: Enrollment Contacts - *Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per total Medicare beneficiaries in the State***
This performance measure is the total unduplicated enrollment contacts as reported on the SHIP client contact form. It includes eighteen possible enrollment topics, such as assistance with enrollment in Medicare Part D plans, Medicare Advantage, the Low-Income Subsidy and Medicare Savings Programs.

Below are the national performance measure results from April 1, 2017 – March 31, 2018:

PM 1: Client Contacts - 2,937,127 Beneficiary Contacts (5.17% of eligible population)

PM2: Public Media Outreach Contacts – 3,468,778 Beneficiary Contacts (6.11% of eligible population)

PM 3: Medicare Beneficiaries Under 65 Contacts - 446,693 Beneficiary Contacts (5.05% of eligible population)

PM 4: Hard-to-Reach Contacts - 2,045,055 Beneficiary Contacts (5.42% of eligible population)

PM 5: Enrollment Contacts – 2,386,123 Beneficiary Contacts (4.20% of eligible population)

Additionally, ACL instituted a new Likert Rating for the grantees to provide them with an understanding of how they compare with their peers. Each grantee receives a Likert rating for each PM based on last grant year's performance and a target Likert rating for each PM to work towards in this year's grant year. These ratings are shared with the SHIP network, which allows them to identify which states they can approach when they are looking for ideas for improvement.

The scale for each PM breaks down as follows:

Excellent: Top 10% (5 States)

Good: Next 20% (11 States)

Average: Middle 40% (22 States)

Fair: Next 20% (11 States)

Low: Bottom 10% (5 States)

The ratings for this grant year can be found in Appendix B.

Challenges Frequently Reported by People with Medicare

SHIPs often counsel Medicare beneficiaries who report challenges with Medicare-related processes and policies. This section describes some of the challenges reported for GY 2017. In addition, pursuant to the authorizing statute, the SHIPs have provided ACL with their recommendations for the challenges identified. Each of these issues and the associated recommendations are detailed briefly in the section below.

Medicare Part B Enrollment and Deferment

Beneficiaries are typically enrolled in Part B when they sign up to receive retirement benefits from the Social Security Administration or the Railroad Retirement Board. Beneficiaries may delay enrollment in Part B because they are receiving coverage through an employer plan. Beneficiaries may enroll in Part B during their Initial Enrollment Period (when they are first eligible for Medicare), the General Enrollment Period (January 1st to March 31st annually), or under Special Enrollment Periods.

The New Jersey SHIP shared they frequently see beneficiaries who decline Part B coverage because they believe they have adequate coverage through their retiree plan only to discover after their initial Part B enrollment period closes that their retiree plan requires them to have Part B coverage. As a result, they are unable to enroll until the General Enrollment Period in January of the following year and, therefore, will have no medical coverage until July when their Part B plan would take effect and may face a late enrollment penalty.

The Pennsylvania SHIP noted that many beneficiaries, especially those on a fixed income, are trying to keep their healthcare costs low and may defer coverage to avoid the Part B premiums. When they receive their Medicare card in the mail, they have the option of signing the card and sending it back to defer their Part B coverage even though they are likely not eligible for deferment. As a result, they lose their Part B coverage because they did not understand and will have to wait for the General Enrollment Period to sign up for Part B and face a penalty. The following is an example of how this choice impacts a beneficiary:

An 82-year-old woman's husband passed away and she lost her retiree coverage. When they initially received their retiree benefits, they were told that they did not need to sign up for Medicare Part B. Seventeen years later, she is without health insurance and only has Medicare Part A. She must wait for the General Enrollment Period to enroll in Part B. She has an income of \$1,400 and does not qualify for a Medicare Savings Program. With her mortgage (\$900) and her Part B payment with penalty (\$400). In her case, Part B is unaffordable, and she will have to go without that coverage.

SHIPs recommend the following to improve the Part B enrollment process:

1. Send detailed information to beneficiaries with their Medicare card about how and when they can defer Part B coverage and include the SHIP number on the packet for more information.
2. Eliminate the Part B General Enrollment Period and allow enrollment at any time.

Appeals Process

The Appeals Process is difficult for beneficiaries to navigate and lacks transparency. Beneficiaries report the appeals process taking months with little guidance on their claims throughout the process. The following example from Arizona highlights how complicated and time consuming the appeals process can be for a beneficiary:

In this case, the doctor ordered a colorectal cancer screening procedure called CT Colonography (CTC) test because the beneficiary has a condition called "tortuous colon," which makes a colonoscopy uncomfortable and risky. Medicare denied payment for the CTC on grounds that it is not covered; however, no explanation for the denial was provided. The beneficiary appealed the denial, with help from the Maricopa County SHIP, all the way to an Administrative Law Judge (ALJ) hearing where she learned that the ALJ did not have authority to overturn the denial because a CTC is "statutorily excluded." In addition, the ALJ's decision did not provide the statute or regulations that exclude coverage for the procedure, which made it difficult for the beneficiary and the SHIP to determine the reason for denial or next steps.

Ultimately, the SHIP was able to determine that the denial in this case was based on a National Coverage Determination (NCD). If the denial had been based on a Local Coverage Determination, the Medicare Summary Notice would have identified it by name and number as the basis for the coverage denial. However, since there is no parallel rule that requires CMS and its Medicare Administrative Contractors (MACs) to identify a National Coverage Determination (NCD) when it is behind a denial no such indication was found on the MSN in this case. The inclusion of this information on the MSN at the time of the initial denial would have allowed the beneficiary in this case to take a different approach to the appeal which could have saved a great deal of time and effort for all involved and possibly lead to a different coverage determination.

SHIPs recommend the following to help improve the appeals process:

1. Update the appeals procedures to include client notification on updates and actions taken through the appeals process. This includes adding the requirement for the MAC to include National Coverage Determination information when appropriate on the MSN when claims are denied.
2. Establish clearer timelines for resolving cases to help ensure beneficiaries understand their rights and responsibilities related to the timing of appeals.

Medicaid to Medicare Transitions

The Affordable Care Act gave states the opportunity to expand Medicaid and a majority has done so. Expanded Medicaid eligibility guidelines do not align with the guidelines for traditional Medicaid or the Medicare Savings Programs. As a result, SHIPs report the need for additional information to support beneficiaries who are transitioning from Medicaid to Medicare who may be faced with higher health care costs than they had in the past. Each state varies in how they process beneficiaries who are transitioning between these programs.

SHIPs recommend ongoing education for consumers and health insurance counselors to help beneficiaries understand the impact of this transition and what actions they need to take.

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

Understanding Coverage

Many beneficiaries find that Medicare is complex, which makes it difficult for them to make the best choice for their specific health care needs. SHIP counselors report that beneficiaries are often surprised that Medicare does not pay for every expense. They report challenges when choosing a prescription drug plan based on their needs, affording prescription medications, understanding skilled nursing facility benefits, and purchasing durable medical equipment. Often the beneficiaries express relief at finding their local SHIP for the clarity the volunteers and staff provide to the process.

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 health insurance literacy to navigate coverage pages, locate provider networks, and review drug coverage and restrictions that can impact access to necessary medication.

The SHIP network recommends helping beneficiaries better understand their options by:

1. Promoting SHIP services nationally, allowing beneficiaries to have unbiased assistance comparing options.
2. Enhancing and updating Medicare Plan Finder so that beneficiaries are more easily able to compare plans online on their own.
3. Simplifying Annual Notices of Change, which list the changes in plan coverage, service area and costs that will go in to effect the following plan year.

SHIP Innovations

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

Establishing Creative Partnerships

SHIPs partner with community-based organizations, health care entities, governmental agencies, and human services providers in order to reach Medicare beneficiaries who may need counseling. Two creative partnerships are highlighted below:

Reaching Beneficiaries with HIV in Iowa

Iowa SHIP works with the Ryan White HIV/AIDS Programs (a federal program that provides HIV-related health services) to help their patients determine the best Part D coverage for their needs. Staff at five locations have been trained as SHIP counselors and can help their patients with Part D and any other Medicare and health insurance issues.

Reaching Native Elders in Washington

Washington State SHIP worked in partnership with tribes to better understand the interests of tribal elders. They partner with the American Indian Health Commission to develop custom outreach materials to educate elders on Medicare and related programs. Additionally, they have trained 150 tribal assisters across the state to reach tribal elders in the 29 federally recognized tribes. Together they conducted 61 outreach events targeting American Indians and Alaska Natives. This partnership helped increase the enrollment of tribal elders in Medicare subsidy programs to reduce their out of pocket costs.

Counseling Teams

The California SHIP instituted co-counseling to better serve beneficiaries. Volunteers partner with paid staff to co-facilitate counseling sessions. One person does the counseling, which frees the second person up to enter data into the case management system and gather materials to give to the client. This partnership allows the counselor to focus on the beneficiary and the secondary counselor can take notes and provide feedback to ensure all appropriate topics were covered. For example, if the session included the completion of an application for the Low-Income Subsidy, the primary counselor can work with the beneficiary and the secondary counselor will ensure that the beneficiary has all the materials and information they need to file the application.

Transitioning from Retiree Health Benefits to Medicare

The Illinois and Iowa SHIPs worked with the union representing retirees of Case New Holland (CNH) when they received notice that they were losing their current retiree health benefits. Most retirees lived in eastern Iowa and western Illinois along the Mississippi River. All retirees lost their creditable drug coverage and needed to enroll in a Part D drug plan. The new health plan also had higher cost sharing for medical expenses. Working with the union, the Iowa and Illinois SHIPs held three educational events attended by 1,850 retirees, spouses and representatives. SHIPs presented Medicare supplement and Part D information and volunteer counselors were available to answer individual questions. SHIP counselors set up individual counseling appointments for the retirees to compare and enroll in Part D plans and review their Medicare supplement options compared to the new CNH retiree health plan.

Outreach to Low-Income Beneficiaries

The Texas SHIP hosts Power in Community (PIC) events, which are aimed to educate and empower the community to become better-informed Medicare consumers. Each year, they hold a minimum of three events in different regions of Texas concentrating on harder to reach populations. PIC events focused on LIS, Medicare Savings Programs (MSPs), Medicare basics, Medicare rights, and preventive services. They use local celebrities as often as possible to solicit interest in the events and cater each event to meet the needs of that community.

Videophone Counseling

The Nebraska SHIP has been using WebEx as a counseling option to reach beneficiaries. In testing this option with beneficiaries, they learned that some rural areas lack dependable internet service, specifically in Western Nebraska. Beneficiaries have shared that they like the option but simply do not have access to internet that would support this type of process. However, they have had success reaching new to Medicare beneficiaries in more densely populated areas and have found that many people used this technology while working. They believe that these individuals are more likely to choose this counseling option because they feel comfortable using the tool.

Administration Overview

The SHIP discretionary appropriation of \$52.1 million in 2016 was reduced to \$47.1 million in 2017 (based on the SHIP FY actual appropriation). Of this, \$43.5 million was provided to 54 states and territories for the SHIP State Base Grants. The remainder was used to fund the following existing commitments, administrative costs, and the SHIP Technical Assistance Center used to support the SHIP network (more details on each is provided below):

- SHIP National Performance Reporting (NPR) System: Technical Frontiers, Inc. provides the oversight and analysis of the SHIP data system, which expires November 2018.
- SHIP/Senior Medicare Patrol (SMP) Joint Conference Logistics: Synergy Enterprises Inc. was contracted in FY 2016 to provide SMP/SHIP grantee training conference logistics for four years. The first option year was awarded in FY 2017.
- SHIP/SMP Beneficiary Survey: The vendor, Coray Gurnitz Consulting, provides oversight and management of a national survey used with Medicare beneficiaries served by SHIP and SMP programs to determine satisfaction and accuracy of the services provided.
- New SHIP Data System: Booz Allen Hamilton was contracted in FY 2016 to develop the new data system to support the SHIP and Medicare Improvement for Patients and Providers Act (MIPPA) programs. The first option year was awarded in FY 2017.
- Administrative Costs: salaries and benefits; overhead/rent; travel, training, and conferences; IT support; grant review; grant systems costs; and IT system/hosting charges
- SHIP Technical Assistance Center: A single cooperative agreement to provide technical assistance, training, and resources to the SHIP grantees to support the national network. This grant will has a three-year project period with three annual budget periods.

2017 Program Initiatives

The SHIP Program is administered by ACL's Office of Healthcare Information and Counseling, which also oversees the Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) programs. The SMP program provides outreach and education to Medicare beneficiaries to prevent, detect, and report Medicare fraud, errors, and abuse. The MIPPA program provides grants to

states and tribes to help older adults, individuals with disabilities, and their caregivers apply for special assistance through Medicare. Since many of the SHIP programs are co-located with SMP and MIPPA, often ACL Program Initiatives span all three programs.

In FY 2017, ACL continued with initiatives to support the work grantees are doing. This includes communications and stakeholder engagement; technical assistance to grantees; and program evaluation.

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 to 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 several 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.

During Fiscal Year 2017, ACL contracted with Booz Allen Hamilton to develop a new data system - the SHIP Tracking and Reporting System (STARS). STARS will provide more flexibility in reporting and data analysis, allowing ACL and the grantees to determine whether SHIPs are meeting the goals set forth by the agency and the authorizing legislation. STARS will also provide a connection with the Senior Medicare Patrol's (SMP) data system, so the systems can share data. This increases efficiencies at the local level, since the same grantees and counselors complete much of the work. The rollout of STARS began in Spring 2018 and will conclude in November 2018 when all 54 SHIPs are using STARS, and all data is migrated from the legacy data system.

SHIP National Training Meeting

ACL hosts a national training for SHIPs and SMPs annually. The purpose of the conference is 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, but also hone new skills to strengthen the programs' outreach efforts and the involvement of volunteers. This meeting also allows states to network and share information related to best practices with SHIP and SMP grantees in other states. In addition to grantees from other states, attendees are provided an opportunity to meet ACL staff, national partners like CMS and the National Council on Aging, and the SHIP TA Center staff.

The conference was held in Austin, TX from July 10-13, 2017. Over 300 people attended this conference. The overall score of the evaluations rated the conference as very helpful and informative (overall rating of 3.6 out of 4). Presenters include staff from ACL, CMS, HHS-OIG, other 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.

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 began Fiscal Year 2017 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 by the end of the 3-year cycle. The final report will provide an overview of the national results with state specific findings.

While the study is still under way, the year 1 preliminary results showed that 76% of respondents took or plan to take action as a result of the information they received from counseling. The chart below displays additional preliminary findings about customer satisfaction with SHIP counseling.

Question	Text	Average Score	Percent who "Agreed" or "Strongly Agreed"
Q4	I was able to find and contact SHIP in a timely fashion.	4.41	92%
Q6	The information provided to me was accurate.	4.41	91%
Q7	SHIP provided me with useful information.	4.44	92%
Q9	Overall, I was satisfied with my interaction with SHIP.	4.48	91%
Q10	I would contact SHIP again for assistance.	4.51	92%
Q11	I would recommend SHIP's service to others.	4.52	92%

Conclusion

SHIP counseling provides a unique service to Medicare beneficiaries to help them make the best choice for their health care coverage. The 54 grantees serve as the main source for Medicare information and assistance in the community. They provide individualized personal assistance to people with Medicare, their families, and caregivers; and conduct outreach activities to inform the public about Medicare and other related health coverage options. Because of this service, beneficiaries often report relief after counseling sessions with the SHIP counselors. As the population of the United States grows older, SHIP services will continue to be a vital resource to help older Americans navigate the complexities of Medicare.

Appendix A: 2017 State Health Insurance Assistance Program Awards

Project Period April 1, 2017 – March 31, 2018

State	Award Amount	State	Award Amount
Alabama	\$799,239	Montana	\$521,702
Alaska	\$214,165	Nebraska	\$389,343
Arizona	\$792,368	Nevada	\$385,518
Arkansas	\$565,188	New Hampshire	\$267,336
California	\$4,074,803	New Jersey	\$979,891
Colorado	\$567,436	New Mexico	\$404,373
Connecticut	\$509,051	New York	\$2,210,847
Delaware	\$189,498	North Carolina	\$1,388,498
District of Columbia	\$144,004	North Dakota	\$234,944
Florida	\$2,605,036	Ohio	\$1,644,496
Georgia	\$1,079,926	Oklahoma	\$570,409
Guam	\$44,898	Oregon	\$544,592
Hawaii	\$234,192	Pennsylvania	\$1,850,688
Idaho	\$362,461	Puerto Rico	\$775,329
Illinois	\$1,428,531	Rhode Island	\$252,202
Indiana	\$818,601	South Carolina	\$717,685
Iowa	\$645,200	South Dakota	\$293,393
Kansas	\$490,981	Tennessee	\$1,008,460
Kentucky	\$791,667	Texas	\$2,463,958
Louisiana	\$621,658	Utah	\$331,899
Maine	\$407,087	Vermont	\$225,679
Maryland	\$693,513	Virgin Islands	\$44,898
Massachusetts	\$883,747	Virginia	\$942,186
Michigan	\$1,361,089	Washington	\$829,802
Minnesota	\$871,241	West Virginia	\$440,071
Mississippi	\$558,276	Wisconsin	\$853,444
Missouri	\$862,651	Wyoming	\$271,883

Total Awards: \$43,460,033

Appendix B: SHIP Performance Measures Likert Ratings

National SHIP Performance Measure 1 April 1, 2017 – March 31, 2018

Excellent: Penetration Rate of 11.13% & Above
Guam
Iowa
Minnesota
Ohio
South Dakota

Good: Penetration Rate of 7.58% to 11.12%
Alaska
Louisiana
Montana
Nebraska
New Mexico
Pennsylvania
Puerto Rico
Rhode Island
Tennessee
Washington D.C.
Wyoming

Average: Penetration Rate of 3.67% to 7.57%
Alabama
Connecticut
Idaho
Illinois
Indiana
Kansas
Maine
Massachusetts
Michigan
Mississippi
Nevada
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Utah
Vermont
Virgin Islands
Washington
West Virginia
Wisconsin

Fair: Penetration Rate of 2.81% to 3.66%
Arkansas
California
Colorado
Delaware
Kentucky
Maryland
Missouri
Oklahoma
Oregon
South Carolina
Virginia

Low: Penetration Rate of 2.80% & Below
Arizona
Florida
Georgia
Hawaii
Texas

Performance Measure 1 – Total Client Contacts:

Percentage of total client contacts (in-person office, in-person home, telephone [all durations], and contacts by e-mail, postal, or fax) per Medicare beneficiaries in the State.

National SHIP Performance Measure 2
April 1, 2017 – March 31, 2018

Excellent: Penetration Rate of 14.23% & Above
Guam
Ohio
Pennsylvania
Rhode Island
Utah

Good: Penetration Rate of 6.81% to 14.22%
Alabama
Idaho
Minnesota
Montana
North Carolina
Oklahoma
Puerto Rico
South Dakota
Tennessee
Washington
West Virginia

Average: Penetration Rate of 3.23% to 6.80%
Alaska
Arkansas
California
Georgia
Illinois
Indiana
Iowa
Kansas
Louisiana
Maine
Michigan
Missouri
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
Oregon
Virgin Islands
Wisconsin
Wyoming

Fair: Penetration Rate of 2.13% to 3.22%
Connecticut
Delaware
Florida
Kentucky
Maryland
Massachusetts
South Carolina
Texas
Vermont
Virginia
Washington D.C.

Low: Penetration Rate of 2.12% & Below
Arizona
Colorado
Hawaii
Mississippi
North Dakota

SHIP Performance Measure 2 – Outreach Contacts:

Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

National SHIP Performance Measure 3
April 1, 2017 – March 31, 2018

Excellent: Penetration Rate of 9.64% & Above
Montana
New Mexico
Ohio
South Dakota
Washington D.C.

Good: Penetration Rate of 5.97% to 9.63%
Alabama
Alaska
Guam
Iowa
Maine
Pennsylvania
Rhode Island
Tennessee
Vermont
Wisconsin
Wyoming

Average: Penetration Rate of 3.06% to 5.96%
Colorado
Connecticut
Delaware
Idaho
Illinois
Kansas
Kentucky
Louisiana
Maryland
Michigan
Missouri
Nebraska
Nevada
New Hampshire
New Jersey
New York
North Carolina
Oregon
Utah
Virginia
Washington
West Virginia

Fair: Penetration Rate of 2.00% to 3.05%
Arizona
Arkansas
California
Florida
Massachusetts
Minnesota
Mississippi
North Dakota
Oklahoma
Puerto Rico
Virgin Islands

Low: Penetration Rate of 1.99% & Below
Georgia
Hawaii
Indiana
South Carolina
Texas

Performance Measure 3 – Medicare Beneficiaries Under 65: Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.

National SHIP Performance Measure 4
April 1, 2017 – March 31, 2018

Excellent: Penetration Rate of 13.5% & Above
Louisiana
Minnesota
Ohio
South Dakota
Washington D.C.

Good: Penetration Rate of 8.18% to 13.49%
Alabama
Guam
Illinois
Iowa
Maine
Nebraska
Pennsylvania
Rhode Island
Tennessee
Utah
Wisconsin

Average: Penetration Rate of 3.96% to 8.17%
Alaska
Colorado
Connecticut
Idaho
Kansas
Kentucky
Massachusetts
Michigan
Mississippi
Missouri
Montana
Nevada
New Hampshire
New York
North Carolina
Puerto Rico
South Carolina
Vermont
Virginia
Washington
West Virginia
Wyoming

Fair: Penetration Rate of 2.26% to 3.95%
Arkansas
California
Delaware
Indiana
Maryland
New Jersey
New Mexico
North Dakota
Oklahoma
Oregon
Virgin Islands

Low: Penetration Rate of 2.25% & Below
Arizona
Florida
Georgia
Hawaii
Texas

Performance Measure 4 – Hard-to-Reach Contacts: Percentage of low-income, rural, and non-native English contacts per total “hard-to-reach” Medicare beneficiaries in the State.

National SHIP Performance Measure 5
April 1, 2017 – March 31, 2018

Excellent: Penetration Rate of 8.20% & Above
Iowa
Nebraska
Ohio
South Dakota
Tennessee

Good: Penetration Rate of 6.25% to 8.19%
Alabama
Alaska
Guam
Kansas
Maine
Minnesota
Pennsylvania
Rhode Island
Vermont
Washington D.C.
Wyoming

Average: Penetration Rate of 2.94% to 6.24%
Connecticut
Delaware
Idaho
Illinois
Kentucky
Louisiana
Maryland
Massachusetts
Michigan
Mississippi
Montana
Nevada
New Hampshire
New Mexico
New York
North Carolina
North Dakota
Puerto Rico
Utah
Washington
West Virginia
Wisconsin

Fair: Penetration Rate of 2.34% to 2.93%
Arizona
Arkansas
California
Colorado
Indiana
Missouri
New Jersey
Oklahoma
Oregon
South Carolina
Virginia

Low: Penetration Rate of 2.33% & Below
Florida
Georgia
Hawaii
Texas
Virgin Islands

Performance Measure 5 – Enrollment Contacts: Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the State.