State Health Insurance Assistance Program (SHIP)

Report to Congress **GY 2019**

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Community Living
Office of Healthcare Information and Counseling

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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) 2019, ACL received a discretionary appropriation for \$49.1 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 2019:

- SHIPs had nearly **2.4 million contacts with Medicare beneficiaries, their families, and caregivers,** accounting for **1.4 million hours of one-to-one assistance**.
- On average one-on-one counseling sessions covered two complex Medicare topics and took 37 minutes.
- SHIPs hosted **61,000 outreach events** including interactive presentations, participation in community and health fairs, and over **13,000 enrollment events**.
- During the enrollment events, SHIPs assisted roughly **220,000 Medicare beneficiaries, their families, and caregivers** with plan comparisons.

This report details SHIP program activities and their impact on beneficiaries during the 2019 grant year (April 1, 2019 to March 31, 2020) 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 2019 fiscal year (October 1, 2018 to September 30, 2019) is included.

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. ACL provides federal grants to states to fund local SHIPs and establish community-based networks of counselors who assist 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 2019 fiscal year (FY) actual appropriation was \$49.1 million, with \$45.5 million 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.

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.

The recommendations provided in this report are from the SHIPS and do not necessarily reflect the official position of the U.S. Department of Health and Human Services.

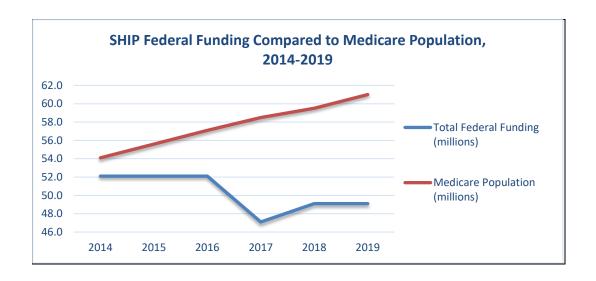
Growing Population and Increasing Service Needs

Over the last decade, the Medicare beneficiary population *increased 13%* from 54.1 million (2014) to 61 million (2019). Meanwhile, federal funding for the SHIP program *decreased 6%* from \$52.1 million (2014) to \$49.1 million (2019). The table below depicts annual federal funding levels since 2014, and steady growth in the Medicare population (which is expected to continue to grow).

Medicare Population and SHIP Discretionary Appropriation Comparison, 2014-2019

	2014	2015	2016	2017	2018	2019
Total Federal Funding (millions)*	\$52.1	\$52.1	\$52.1	\$47.1	\$49.1	\$49.1
Funding to State Grantees (millions)	\$48	\$48	\$48	\$43.5	\$44.9	\$45.5
Funding Growth Since 2014		0%	0%	-10%	-6%	-6%
Medicare Population (millions)	54.1	55.6	57.1	58.5	59.5	61.0
Medicare Population Annual Growth		3%	3%	2%	1.7%	2.5%

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



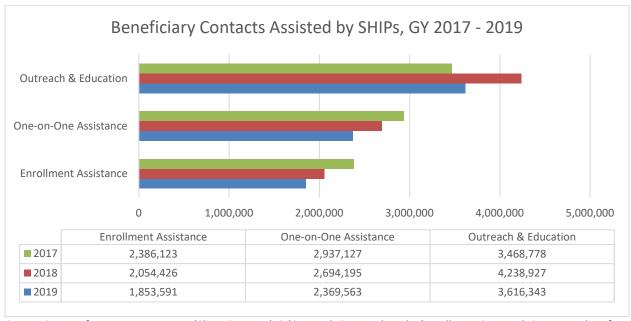
A full list of SHIP grantees and the 2019 Grant Year funding amounts can be found in Appendix A.

2019 Program Performance

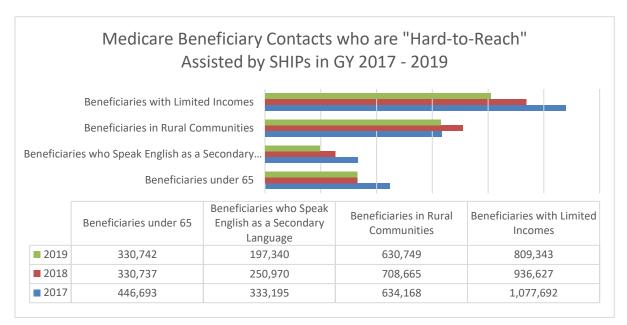
SHIPs provide Medicare beneficiaries unbiased information to empower them to make the best health care choices for themselves. This section highlights SHIP grantee performance from the 2019 grant year.

SHIP Performance Data

SHIPs serve as the main source for Medicare information and assistance in the community. They do so in two ways: 1) conducting outreach activities to inform the public about Medicare and other related health coverage options; and 2) providing individualized personal assistance to people with Medicare, their families, and caregivers (including enrollment assistance). The data that follows is from the SHIP Tracking and Reporting System (STARS) for GY2019 (April 1, 2019 – March 31, 2020).



Source: SHIP Performance Measures 1 (Client Contacts), 2 (Outreach Contacts), and 5 (Enrollment Contacts). See Appendix B for background on the SHIP Performance Measures.



Source: SHIP Performance Measures 3 (Under 65 Contacts) and 4 ("Hard-to-Reach" Contacts as compared to Summary Data in STARS). See Appendix B for background on the SHIP Performance Measures.

SHIPs provide education and counseling to all Medicare beneficiaries, with a special focus on beneficiary groups considered "hard-to-reach." These groups include beneficiaries who are low income, who reside in rural communities, and/or are non-native English speakers. Additionally, SHIPs target outreach and assistance to beneficiaries under age 65.

In GY2019, 13,562 SHIP team members (nearly half of whom were volunteers) spent more than 3.5 million hours helping Medicare beneficiaries understand and make educated choices about their healthcare coverage. Every SHIP is required to thoroughly screen, train, and certify each team member, including volunteers. Screening, training, and certification must happen before a SHIP counselor can work with any Medicare beneficiary. SHIPs are required to use ACL's Volunteer Risk & Program Management Policies¹ to support their program management. Each SHIP determines how they will create training to meet these standards. The SHIP Technical Assistance Center has an Online Counselor Certification Tool which many of the states use for their training and certification.

Outreach & Education Activities

SHIPs conduct outreach activities throughout their local communities to educate the public about Medicare and help people make informed healthcare decisions. In the 2019 grant year, SHIPs educated almost 3.7 million people at more than 61,000 events including in-person presentations, health or senior fairs, and enrollment events. Over 12,900 of these events were Enrollment Events which focused on providing in-person, one-on-one assistance to help people compare Medicare plans and complete enrollment applications.

¹ ACL's Volunteer Risk & Program Management Policies can be found at https://acl.gov/programs/senior-medicare-patrol/volunteer-risk-and-program-management-vrpm-policies)

Presentations

SHIPs conducted approximately 32,500 interactive presentations that reached nearly 1 million people. These presentations are tailored to the audience and highlight important dates and timely details about Medicare, including the basics of Medicare enrollment, 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.

Health and Senior Fairs

SHIPs participated in over 15,800 fairs to raise awareness of their services for people with Medicare, their families, and caregivers. 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

SHIPs hosted nearly 13,000 enrollment events, reaching over 220,000 people with Medicare, their families, or caregivers. At an enrollment event, a SHIP counselor meets one-on-one with a beneficiary to enter their prescription drugs into the Centers for Medicare & Medicaid Services (CMS) 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 the beneficiary's behalf through the Medicare Plan Finder. However, if the beneficiary wants more time to consider the decision, then they can contact the SHIP counselor for enrollment assistance later or contact the insurance plan directly to enroll.

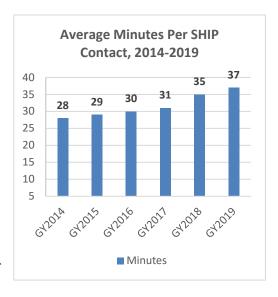
One-on-One Beneficiary Assistance

In 2019, SHIPs had nearly 2.4 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. These contacts often involve multiple subjects and require extensive counseling and assessment to properly address questions and issues.

The average time spent on one-on-one counseling continues to increase annually, reflecting the continuous need for and complexities of SHIP counseling. It was 28 minutes in 2014 and 37 minutes in 2019.

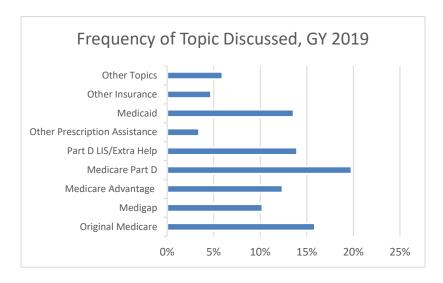
Beneficiaries contact SHIP with unique needs including but not limited to the following:

- 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.

On average one-on-one counseling sessions covered approximately two complex Medicare topics. The chart below shows the frequency of topics discussed.

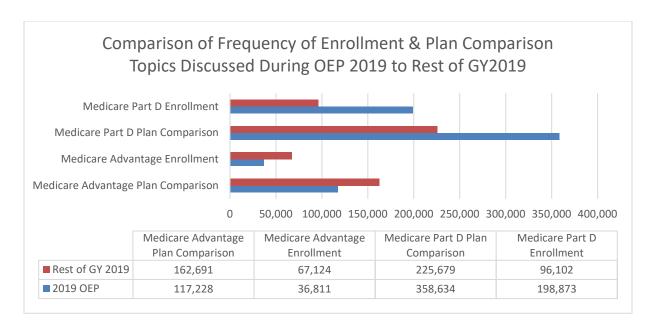


2019 Medicare Open Enrollment

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.

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. 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. Often beneficiaries express relief at finding their local SHIP for the clarity the volunteers and staff provide to the process.

On average, time spent with beneficiaries during the 2019 Open Enrollment Period was seven minutes higher than during other times of the year. Additionally, the six weeks of Open Enrollment account for approximately 30% of the one-on-one counseling sessions for the year. During this time the SHIP network focuses primarily on plan comparisons and enrollments.



The New Medicare Plan Finder Tool

CMS launched a redesigned Medicare Plan Finder tool in October 2019. The tool was modernized and optimized for smart phones and tablets. Additionally, the new website allows for a more personalized experience by integrating with beneficiary's Medicare accounts. This allows users to pull their drug lists from their claims data and customized based on their current medications.

SHIP counselors created Medicare accounts for beneficiaries who needed assistance doing so in order to allow them to utilize the personalized system. ACL provided guidance to the SHIPs on safeguarding usernames and passwords to support the network. SHIP counselors created nearly 67,000 Medicare accounts during the 2019 Open Enrollment Period which added additional time to their counseling sessions.

As with any new web tool, there were some complications to the roll out which happened to coincide with the 2019 Medicare Open Enrollment Period. . CMS implemented multiple enhancements shortly after the site was launched in response to feedback received, including from the SHIP network. This included an option to sort drug plans based on annual out of pocket costs, updating the Low Income Subsidy data, and showing preferred mail order pharmacies. Beneficiaries shared that the tool was easy to engage with and understand. SHIPs appreciated that CMS was responsive and implemented enhancements when necessary.

SHIPs recommend CMS make significant enhancements to Medicare Plan Finder well in advance of Open Enrollment so that the counselors can be prepared and that there may be fewer technical issues during the short six-week period. These recommendations have been communicated with CMS.

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 in this GY2019. In addition, per the

authorizing statute, the SHIPs provided ACL with their recommendations for the challenges identified. Each of these issues and the associated recommendations are detailed briefly in the section below.

Aging into Medicare

Turning 65 is the most common way that people become eligible for Medicare. According to the U.S. Census², approximately 10,000 people turn 65 every day. Depending on each person's circumstances, they may not be alerted to their initial enrollment period. The SHIPs highlighted two examples of this that they have seen frequently.

Beneficiaries not yet Receiving Social Security Benefits

Beneficiaries who are already receiving their Social Security benefits will be automatically enrolled in Medicare Parts A and B starting the first day of the month they turn 65. However, other people turning 65 must contact the Social Security Administration (SSA) three months in advance of their birthday to sign up for Medicare. The Nevada SHIP notes that beneficiaries are unclear what steps they need to take if any.

SHIPs recommend that all people turning 65 be mailed information regarding when and how to sign up for Medicare, whether they are collecting Social Security benefits or not.

Transitioning from Medicaid to Medicare due to Age

The Affordable Care Act gave states the opportunity to expand Medicaid to adults with incomes up to 133% of the federal poverty level and a majority have done so. Income eligibility levels for this expanded Medicaid adult eligibility group guidelines are often more generous than the income guidelines for traditional Medicaid or the Medicare Savings Programs groups. As a result, beneficiaries who were enrolled in the expanded Medicaid adult eligibility group may not be eligible for additional assistance when they enroll in Medicare and leave the Medicaid adult group. SHIPs report the need for additional information to support beneficiaries who are turning 65 and, therefore, transitioning from the expanded Medicaid adult eligibility group to Medicare and 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.

Partnering with the Social Security Administration

The Social Security Administration (SSA) plays an important role by enrolling beneficiaries in Original Medicare (Parts A & B) and administering the Low-Income Subsidy/Extra Help for Medicare Part D. A stronger local partnership between the SHIPs and SSA offices would allow them to better serve beneficiaries who are looking for Medicare information from SSA. Due to resource concerns, often SHIP team members are unable to reach SSA to troubleshoot beneficiary concerns. Additionally, SSA representatives are not appropriately trained on all aspects of Medicare or the SHIP program as a resource.

SHIPs recommend national efforts to develop and maintain local relationships with SSA offices. This could include:

² https://www.census.gov/library/stories/2019/12/by-2030-all-baby-boomers-will-be-age-65-or-older.html

- 1. Educating SSA team members about SHIP as a resource and partner to troubleshoot beneficiary questions and issues to more fully support beneficiaries.
- 2. Referrals for people new to Medicare to SHIPs for education on the program and their options.
- 3. A dedicated line for the SHIPs to use to connect with SSA to assist with individual beneficiary questions and issues.
- 4. Coordinating with local SSA field offices to provide space for SHIP team members to serve Medicare beneficiaries on-site.

Medicare Plans Marketing Confusion

SHIPs report that beneficiaries often contact them asking questions about commercials for Medicare insurance products. Often, beneficiaries are confused by what is being offered in the commercials or direct mail, and curious what similar benefits their insurance may cover. The Nevada SHIP notes that this happens frequently during Medicare Open Enrollment. As a result, SHIP counselors spend a significant amount of time answering questions about plans that were advertised but not available to them and educating the beneficiaries about what plans are available for them using the Medicare Plan Finder. Additionally, the Oklahoma SHIP notes that many insurance companies and agents use the Medicare logo which makes it difficult for beneficiaries to differentiate between Medicare and private companies.

SHIPs recommend better regulation of the commercials and providing clearer guidance on what language may be used. This could include:

- 1. Educating agents and companies on the current marketing guidelines.
- 2. Requiring agents and companies to clearly state their services and the relationship with Medicare.

Medigap Education for Beneficiaries under 65

SHIPs have seen an increase in clients under 65 who are eligible for Medicare due to a disability or End Stage Renal Disease (ESRD). Federal law does not require insurance companies to sell Medigap policies to people under the age of 65; however, roughly 30 states require that insurance companies offer at least one kind of Medigap policy to beneficiaries under 65. Of these states, some require this for all beneficiaries under 65, some for only those eligible due to disability, and others for only those eligible due to ESRD. This makes it difficult for beneficiaries to easily compare their coverage options.

SHIPs recommend coverage options, including Medigap, for beneficiaries under 65 be outlined at the federal level to ensure beneficiaries are enrolling in plans that are appropriate for their needs.

Assistance During Disasters and Public Health Emergencies

From hurricanes and earthquakes to wildfires and floods, natural disasters continue to tremendously impact the SHIP network and the beneficiaries they serve. The Puerto Rico SHIP shared how they are still struggling to recover from the devastating hurricanes in 2017 and the earthquake that shutdown the power system for the whole island in January 2020. As a result, many SHIP educational services for beneficiaries had to be canceled. As grant year 2019 came to a close, the COVID-19 Public Health Emergency was declared January 31, 2020 and by mid-March much of the country was shut down.

SHIPs recommend that clear guidance be provided to beneficiaries impacted by disasters quickly. This includes information on possible healthcare coverage and special enrollment periods.

SHIP Innovations

SHIPs consistently seek efficiencies and reported these examples of innovative outreach strategies and team member training.

Education and Outreach

SHIPs continue to look for new ways to find, educate, and enroll beneficiaries. The following are a few innovative examples from the network this year.

Sharing data with state agencies

Washington SHIP has a data sharing agreement with their state Department of Licensing (DOL). The DOL gives the SHIP a list of residents turning 65 by zip code. They use the list to send targeted outreach materials for those turning sixty-five and invite them to attend local educational events.

Partnering with media outlets for public education

Hawaii and North Carolina SHIPs shared innovative partnerships developed with media outlets to provide public education.

- Reaching beneficiaries through cable A division of Charter Communications, SPECTRUM is the largest service provider of cable and internet in Hawaii, reaching 86% of households. SPECTRUM was hired by Hawaii SHIP to create public service announcements (PSAs) on the Medicare open enrollment period, volunteer recruitment, and branding awareness of Hawaii SHIP's services. The PSAs feature three prominent Hawaii citizens, whose contributions to local sports and the University of Hawaii (UH) were celebrated: retired women's basketball coach Vince Goo, retired sportscaster Jim Leahy, and retired women's volleyball coach Dave Shoji. Overall statewide recognition of Hawaii SHIP and volunteer recruitment has increased with the launch of these PSAs.
- Reaching beneficiaries while they wait North Carolina SHIP contracted with the Motor Vehicle Network (MVN) to reach a highly focused audience of Medicare beneficiaries, their families, and caregivers in the 111 local offices across the state. The MVN broadcasts news, information, and entertainment via satellite onto large format, high definition flat screen televisions that are strategically placed inside Department of Motor Vehicles (DMV) offices which informs thousands of local residents who are waiting to complete transactions inside the DMV. Nearly 4 million people visit a DMV office in NC each year, and visitors typically have to wait for an hour or longer with each visit. Three 30-second digital advertisements were produced using NC SHIP's logo and messaging to highlight Extra Help, Medicare Questions for those 65+ and under 65 due to disability, and the Opioid crisis with Operation Medicine Drop. The ads repeated every 15 minutes on each screen in the DMV offices during visitor hours providing a total exposure of 32 times per day.

Partnering with religious communities

Mississippi SHIP's "I Care So I Share" initiated a plan to engage faith-based communities to share Medicare informational resources. SHIP state leaders reached out to the heads of religious conventions asking them to share Medicare information among their congregations. They established a relationship with the General Missionary Baptist State Convention of Mississippi,

Inc. The SHIP presented the idea of establishing SHIP volunteers at each church to 130 pastors at their winter meeting.

Educating public health and social work students

Hawaii SHIP created an "Intro to Medicare" course in partnership with University of Hawaii at Manoa's Schools of Public Health and Social Work (PH/SW). The goals for the course are to 1) expand student's awareness of Hawaii SHIP, 2) encourage students toward careers in gerontology, 3) increase volunteers by onboarding and certifying students, 4) impart the value of volunteering, and 5) utilize student's reflections, products, papers, and presentation to inform future program planning strategies. The curriculum stems from the trainings used in Hawaii SHIP's Medicare 101, 201, and 301 courses for volunteers, utilizing the curriculum from the SHIP TA Center. PH/SW's curriculum boards approved the curriculum in Spring 2019. The graduate course launched in the Spring 2020 semester with the first class starting on January 17th.

Staff Training and Resources

SHIPs spend hours developing and training team members on the complexity of Medicare. Highlighted below are a few examples of innovations on this topic from Grant Year 2019.

Going paperless and increasing efficiency

The Florida SHIP created a comprehensive online training program which has increased volunteer efficiency and decreased program costs by making the program essentially paperless. This online training program has an external public facing side and an internal secured volunteer side. On this website you can fill out the online volunteer application, watch the online Orientation Training module, find counseling sites, upcoming events, and Program fact sheets.

Training partner agencies to support beneficiaries

Texas SHIP provides an annual state-wide benefits counselor training and conference with themes, such as "Let's All Get in SHIP Shape" and "Navigating for Smooth Sailing." The conference presents the attendees with continued educational training on new and existing information regarding Medicare and Medicaid-related services and supports, state and community partnerships, volunteerism, programmatic procedures, and opportunities to strengthen and develop partnerships with their peers. The annual training includes representatives from various state agencies and community organizations providing education on SHIP-related topics.

Administration Overview

The SHIP discretionary appropriation was \$49.1 million in 2019, with \$45.5 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 on the pages following):

 SHIP Technical Assistance Center: A single cooperative agreement awarded to the North East lowa Area Agency on Aging to provide technical assistance, training, and resources to the SHIP grantees to support the national network. This grant is in Budget Year 3 of 3.

- 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 third year was awarded in FY 2019.
- SHIP/SMP Beneficiary Survey: The vendor, CG Strategies, 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. In FY2019, ACL entered the 4th
 year of this contract.
- SHIP Tracking and Reporting System (STARS): Booz Allen Hamilton was contracted in FY 2016
 to develop the new data system, then provide operational support and maintenance to
 support the SHIP and Medicare Improvement for Patients and Providers Act (MIPPA)
 programs. In FY 2019 this contract was extended in order to synchronize activities and
 provide continued data analysis to the SHIP network.
- SHIP National Performance Reporting (NPR) System: Technical Frontiers, Inc. provides the
 data system support and oversite for the old SHIP reporting system. In FY2019, ACL extended
 the contract by three months to complete the close out of the contract and transition the
 state grantees from this system into the new STARS system.
- Administrative and Program Support Costs: salaries and benefits; overhead/rent; travel, training, and conferences; grant systems; and IT hosting.

2019 Program Initiatives

The SHIP Program is administered by ACL's Office of Healthcare Information and Counseling (OHIC), 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.

This grant year, 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 the Centers for Medicare & Medicaid Services (CMS) to provide technical assistance, support, and communication to the SHIPs on Medicare, Medicare changes, and beneficiary issues and questions. ACL participates with CMS and other Federal partners in a number of 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

The SHIP Tracking and Reporting System (STARS) is the reporting and data analysis tool the SHIPs use for their program management. The system allows ACL and the grantees to determine whether SHIPs are meeting the goals set forth by the agency and in the authorizing legislation. STARS also provides 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.

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 August 2017 and will conclude August 2020. 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.

While the study is still under way, the years 1 and 2 preliminary results showed that 87% of respondents were satisfied with the counseling services they received. 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.	4.27	89%
Q6	The information provided to me was accurate.	4.27	87%
Q7	SHIP provided me with useful information.	4.30	88%
Q9	Overall, I was satisfied with my interaction with SHIP.	4.32	87%
Q10	I would contact SHIP again for assistance.	4.38	90%
Q11	I would recommend SHIP's service to others.	4.38	89%

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, yet 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.

During this reporting period the conference was held in San Diego July 22 - 25, 2019. Over 300 people attended this conference. Presenters included staff from ACL, CMS, HHS-OIG, other national partners, and SHIP and SMP staff. Major topics included grants management, outreach, volunteer training, data reporting, reaching specific populations, and Volunteer Risk and Program Management policies.

Conclusion

SHIPs provide unique services to Medicare beneficiaries to help them make the best choice for their health care coverage. The 54 SHIP 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: 2019 State Health Insurance Assistance Program Grant Awards

Project Period April 1, 2019 – March 31, 2020 Total Awards: \$45,536,953

State	FY 2019 Award
Alabama	\$837,434
Alaska	\$224,399
Arizona	\$830,235
Arkansas	\$592,198
California	\$4,269,535
Colorado	\$594,554
Connecticut	\$533,378
Delaware	\$198,553
District of Columbia	\$150,886
Florida	\$2,729,528
Georgia	\$1,131,535
Hawaii	\$245,383
Idaho	\$379,783
Illinois	\$1,496,800
Indiana	\$857,722
Iowa	\$676,033
Kansas	\$514,445
Kentucky	\$829,500
Louisiana	\$651,368
Maine	\$426,541
Maryland	\$726,655
Massachusetts	\$925,981
Michigan	\$1,426,134
Minnesota	\$912,876
Mississippi	\$584,956
Missouri	\$903,877
Montana	\$546,634

State	FY 2019 Award
Nebraska	\$407,949
Nevada	\$403,942
New Hampshire	\$280,112
New Jersey	\$1,026,719
New Mexico	\$423,698
New York	\$2,316,502
North Carolina	\$1,454,853
North Dakota	\$246,172
Ohio	\$1,723,085
Oklahoma	\$597,669
Oregon	\$570,617
Pennsylvania	\$1,939,131
Rhode Island	\$264,254
South Carolina	\$751,982
South Dakota	\$307,414
Tennessee	\$1,056,654
Texas	\$2,581,709
Utah	\$347,761
Vermont	\$236,464
Virginia	\$987,212
Washington	\$869,459
West Virginia	\$461,101
Wisconsin	\$894,229
Wyoming	\$284,876
Guam	\$47,043
Puerto Rico	\$812,380
Virgin Islands	\$47,043

Appendix B: SHIP Performance Measures & Likert Ratings

SHIPs are evaluated on the following Performance Measures (PM):

Performance Measure 1: Client Contacts - Percentage of total one-on-one client contacts (inperson, 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.

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.

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.

Performance Measure 3: 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).

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.

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.

Performance Measure 5: 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, 2019 – March 31, 2019:

PM 1: Client Contacts – 2,369,563 Beneficiary Contacts (3.86% of eligible population)

PM2: Public Media Outreach Contacts – 3,616,343 Beneficiary Contacts (5.88% of eligible population)

PM 3: Medicare Beneficiaries Under 65 Contacts – 278,747 Beneficiary Contacts (3.26% of eligible population)

PM 4: Hard-to-Reach Contacts – 1,637,432 Beneficiary Contacts (4.13% of eligible population)

PM 5: Enrollment Contacts – 1,853,591 Beneficiary Contacts (3.02% of eligible population)

Additionally, ACL creates a 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:

• Top 10% (5 States): Excellent

• Next 20% (11 States): Good

• Middle 40% (22 States): Average

Next 20% (11 States): Fair

• Bottom 10% (5 States): Low

The ratings for this grant year follow.

National SHIP Performance Measure 1 Ratings for April 1, 2019 – March 31, 2020 Grant Year

Excellent:
Penetration Rate of 8.65 % & Above
lowa
Louisiana
Nebraska
Ohio
Tennessee

Good:
Penetration Rate of 5.32% to 8.64%
Alabama
Alaska
Guam
Kansas
Kentucky
Massachusetts
Minnesota
Puerto Rico
Rhode Island
Wisconsin
Wyoming

Average:
Penetration Rate of 3.03% to 5.31%
Connecticut
District of Columbia
Idaho
Illinois
Indiana
Maine
Michigan
Montana
Nevada
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Oklahoma
Pennsylvania
South Dakota
Utah
Vermont
Virgin Islands
Washington
West Virginia

Fair:
Penetration Rate of 1.83% to 3.02%
Arizona
Arkansas
California
Colorado
Delaware
Maryland
Mississippi
Missouri
New Mexico
Oregon
Virginia

Low:	
Penetration Rate of 1.82% & Below	
Florida	
Georgia	
Hawaii	_
South Carolina	_
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 Ratings for April 1, 2019 – March 31, 2020 Grant Year

Excellent:
Penetration Rate of 11.62 % & Above
Indiana
North Carolina
Puerto Rico
Rhode Island
Utah

Good:
Penetration Rate of 7.26% to 11.61%
Alabama
Alaska
California
Guam
Hawaii
Idaho
Nevada
Ohio
Oklahoma
Tennessee
Wisconsin

Average:
Penetration Rate of 2.63% to 7.25%
Arkansas
District of Columbia
Illinois
Iowa
Kansas
Kentucky
Louisiana
Maine
Massachusetts
Michigan
Minnesota
Missouri
Montana
Nebraska
New Mexico
New York
Oregon
Pennsylvania
South Carolina
Texas
Washington
West Virginia

Fair:
Penetration Rate of 1.66% to 2.62%
Arizona
Colorado
Connecticut
Maryland
Mississippi
New Hampshire
New Jersey
North Dakota
Vermont
Virgin Islands
Virginia

Low:
Penetration Rate of 1.65% & Below
Delaware
Florida
Georgia
South Dakota
Wyoming

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 Ratings for April 1, 2019 - March 31, 2020 Grant Year

Excellent:
Penetration Rate of 5.75% & Above
Alaska
Iowa
Ohio
Rhode Island
Tennessee

Good: Penetration Rate of 4.01% to 5.76%
Alabama
Connecticut
Delaware
Guam
Indiana
Nebraska
Pennsylvania
Utah
Vermont
Wisconsin
Wyoming

Average:
Penetration Rate of 2.40% to 4.00%
California
Idaho
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Missouri
Montana
Nevada
New Jersey
New York
North Dakota
Oregon
South Dakota
Virgin Islands
Virginia
Washington
West Virginia

Fair:
Penetration Rate of 1.22% to 2.39%
Arizona
North Carolina
Colorado
Arkansas
District of Columbia
Oklahoma
Puerto Rico
New Hampshire
Mississippi
Florida
Georgia

Low: Penetration Rate of 1.21% & Below
Hawaii
Minnesota
New Mexico
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 Ratings for April 1, 2019 - March 31, 2020 Grant Year

Excellent:
Penetration Rate of 8.75% & Above
Alabama
Iowa
Louisiana
Nebraska
Tennessee

Good:
Penetration Rate of 6.05% to 8.74%
Illinois
Kansas
Kentucky
Michigan
Minnesota
New Hampshire
Ohio
Utah
Washington
Wisconsin
Wyoming

Average:
Penetration Rate of 3.33% to 6.04%
Alaska
Colorado
Connecticut
District of Columbia
Guam
Idaho
Indiana
Maine
Mississippi
Missouri
Montana
Nevada
New York
North Carolina
North Dakota
Pennsylvania
Puerto Rico
Rhode Island
South Dakota
Vermont
Virgin Islands
West Virginia

Fair:
Penetration Rate of 1.92% to 3.32%
Arizona
Arkansas
California
Delaware
Maryland
Massachusetts
New Jersey
Oklahoma
Oregon
South Carolina
Virginia

Low:
Penetration Rate of 1.91% & Below
Florida
Georgia
Hawaii
New Mexico
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 Ratings for April 1, 2019 - March 31, 2020 Grant Year

Excellent:
Penetration Rate of 6.20% & Above
Iowa
Nebraska
Ohio
Tennessee
Wyoming

Good:
Penetration Rate of 4.02% to 6.19%
Alabama
Alaska
Kansas
Kentucky
Maine
Massachusetts
Montana
North Dakota
Rhode Island
Vermont
Wisconsin

Average:
Penetration Rate of 2.27% to 4.01% California
Connecticut
Delaware
District of Columbia
Guam
Idaho
Illinois
Indiana
Louisiana
Michigan
Minnesota
Nevada
New Hampshire
New Jersey
New York
North Carolina
Oklahoma
Pennsylvania
South Dakota
Utah
Washington
West Virginia

Fair: Penetration Rate of 1.37% to 2.26%
Arizona
Arkansas
Colorado
Maryland
Mississippi
Missouri
New Mexico
Oregon
Puerto Rico
Virgin Islands
Virginia

Low:
Penetration Rate of 1.36% & Below
Florida
Georgia
Hawaii
South Carolina
Texas

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.