

State Health Insurance Assistance Program (SHIP)

Report to Congress
GY 2020

Prepared by
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) 2020, ACL received a discretionary appropriation for \$52.1 million. ACL invested these dollars in 54 grants to states to provide local service to Medicare beneficiaries, staff to support and monitor grantees, and administrative support contracts and grants to provide technical assistance, support, and continuous improvement for the program.

The novel coronavirus (COVID-19) public health emergency was declared January 31, 2020, and much of the country began to shut down starting March 15, 2020. The public health emergency dramatically impacted the SHIPs ability to provide services. Despite having to quickly change how they conducted business; the SHIP network was able to accomplish the following during 2020:

- SHIPs had nearly **1.8 million contacts with Medicare beneficiaries, their families, and caregivers**, accounting for over **1 million hours of one-to-one assistance**.
- On average one-on-one counseling sessions covered **three** complex Medicare topics and took **33 minutes**.
- SHIPs hosted **18,800 outreach events** including interactive presentations, participation in community and health fairs, and over **4,000 enrollment events**. Due to local closures, most of these events were conducted virtually or outside at a safe distance.
- During the enrollment events, SHIPs assisted roughly **170,000 Medicare beneficiaries, their families, and caregivers** with plan comparisons.

This report details SHIP program activities and their impact on beneficiaries during the 2020 grant year (April 1, 2020 to March 31, 2021) 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 2020 fiscal year (October 1, 2019 to September 30, 2020) 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. 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 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 2020 fiscal year (FY) actual appropriation was \$52.1 million, with \$48.4 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.

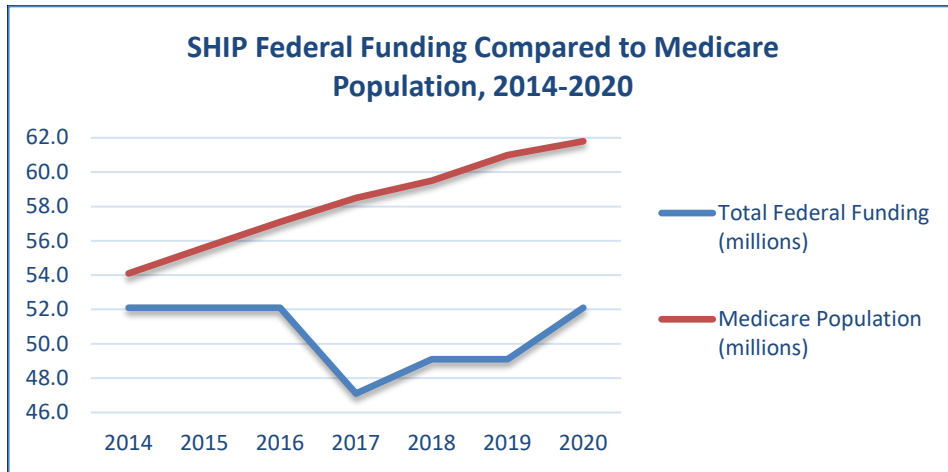
Growing Population and Increasing Service Needs

Over the last six years, the Medicare beneficiary population **increased 14%** from 54.1 million (2014) to 61.8 million (2020). Meanwhile, federal funding for the SHIP program remained relatively constant from 2014 to 2020. 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, 2014-2020

| | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|-------------|-------------|-------------|---------------|---------------|---------------|---------------|
| Total Federal Funding (millions)* | \$52.1 | \$52.1 | \$52.1 | \$47.1 | \$49.1 | \$49.1 | \$52.1 |
| <i>Funding to State Grantees (millions)</i> | <i>\$48</i> | <i>\$48</i> | <i>\$48</i> | <i>\$43.5</i> | <i>\$44.9</i> | <i>\$45.5</i> | <i>\$48.4</i> |
| Funding Growth Since 2014 | | 0% | 0% | -10% | -6% | -6% | 0% |
| Medicare Population (millions) | 54.1 | 55.6 | 57.1 | 58.5 | 59.5 | 61.0 | 61.8 |
| Medicare Population Annual Growth | | 3% | 3% | 2% | 2% | 3% | 1% |

*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 2020 Grant Year funding amounts can be found in Appendix A.

2020 Program Performance (April 1, 2020 through March 31, 2021)

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 2020 grant year, and the impact the COVID-19 public health emergency had on services.

COVID-19 Public Health Emergency

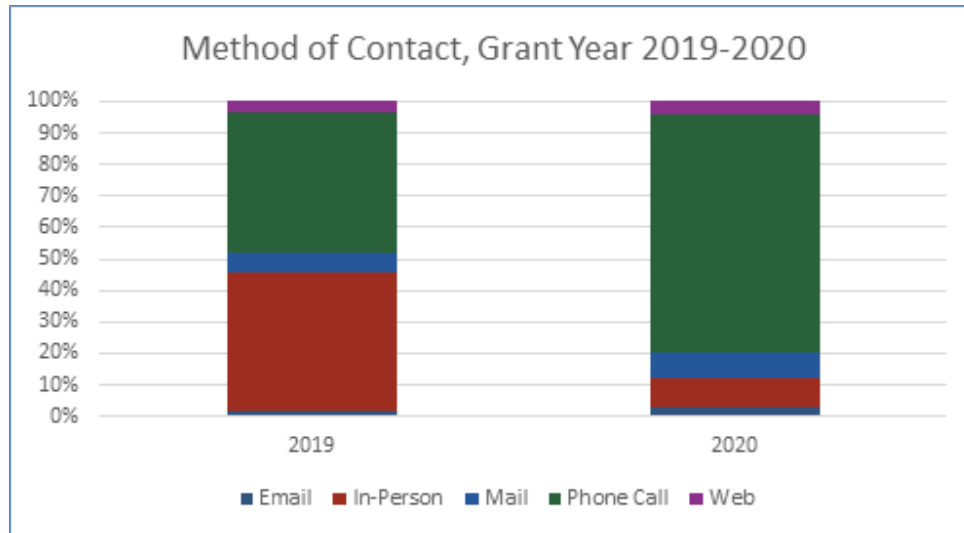
The novel coronavirus (COVID-19) public health emergency was declared January 31, 2020, and much of the country began shutting down on March 15, 2020. The public health emergency impacted the SHIPs' ability to provide services dramatically. Most counseling and education is typically done face-to-face, which meant the entire network needed to reimagine how to provide services. As it became increasingly clear that the pandemic would likely impact the Medicare Open Enrollment period in Fall 2020, ACL convened a group of grantees to determine how to best support the network during this time of transition. The group developed the Preparing for a Remote Medicare Open Enrollment: Managing Through COVID-19 Toolkit¹.

The goal of the toolkit was to enhance existing solutions for safely serving the public during the public health emergency, particularly during the busy Medicare Open Enrollment Period (October 15 - December 7). It contained successful practices, templates, and checklists created by ACL grantees. The components of this toolkit were interconnected, and individual items were not meant to be looked at in isolation. The toolkit included sample guidelines for using technology to reach beneficiaries, delivering sensitive information safely, managing volunteers or staff working remotely, and more.

The SHIP network worked diligently throughout the summer to prepare their team members for their first remote Open Enrollment Period. Trainings that were typically hosted in person became webinars. Team Members who had limited experience using web conferencing needed equipment and training. And beneficiaries who were used to in person service had to adjust to getting education and counseling by phone or online. As shown in the graph on the next page, the preferred methods of contact in Grant

¹ <https://www.shiphelp.org/ship-resources/covid-19/toolkit>

Year 2019 were in person (45% of contacts) or by phone (44% of contacts). In Grant Year 2020, 76% of the beneficiary contacts were conducted by phone and only 10% in person.



As a result of this transition, SHIPs reported fewer beneficiaries served than in prior years. However, as their team members adjusted, they saw the value in providing remote services moving forward and anticipate their reach to grow in the coming years. The following is a sampling of success stories the SHIPs had as they tested new concepts for reaching Medicare beneficiaries:

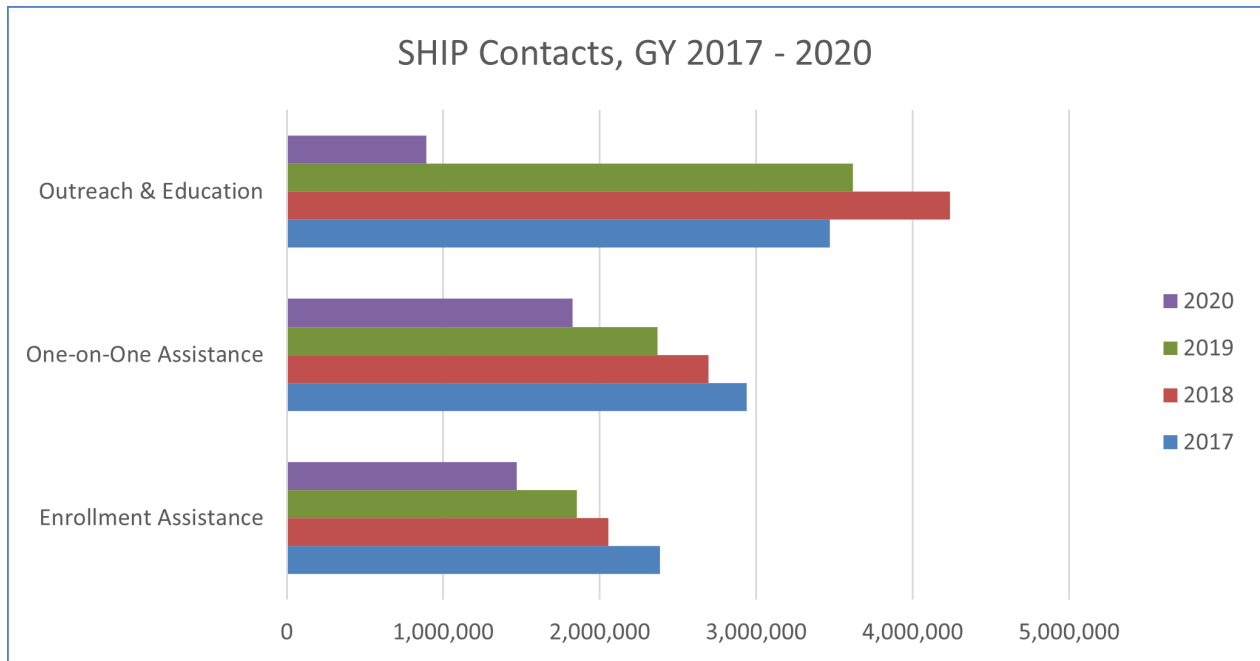
- Ohio SHIP virtual counseling success story:* I met with a gentleman and his daughter twice now virtually about his Medicare enrollment. Why is this special? The man lives in Tiffin and his daughter lives in Dayton, and because we did it virtually via Teams all of us could be on the call together! Something we couldn't have done in person. Of course, we could have done a conference call but doing it virtually allowed me to share my screen, plus it allowed the daughter and dad to see each other.
- Utah SHIP drive-through outreach event:* Utah SHIP hosted a "Drive Through Flu Shot, Meal Pick-up & Medicare Counseling" session. This event was held in Blanding, UT, which is known for its "canyons without crowds." Forty-eight people drove through to receive services at the event located in this remote area.

While the SHIPs adapted quickly and modified their services in response to the pandemic, they still struggled to reach all that could benefit from their services. ACL implemented a public awareness campaign about SHIP services to help beneficiaries better understand their Medicare options and where they can seek assistance.

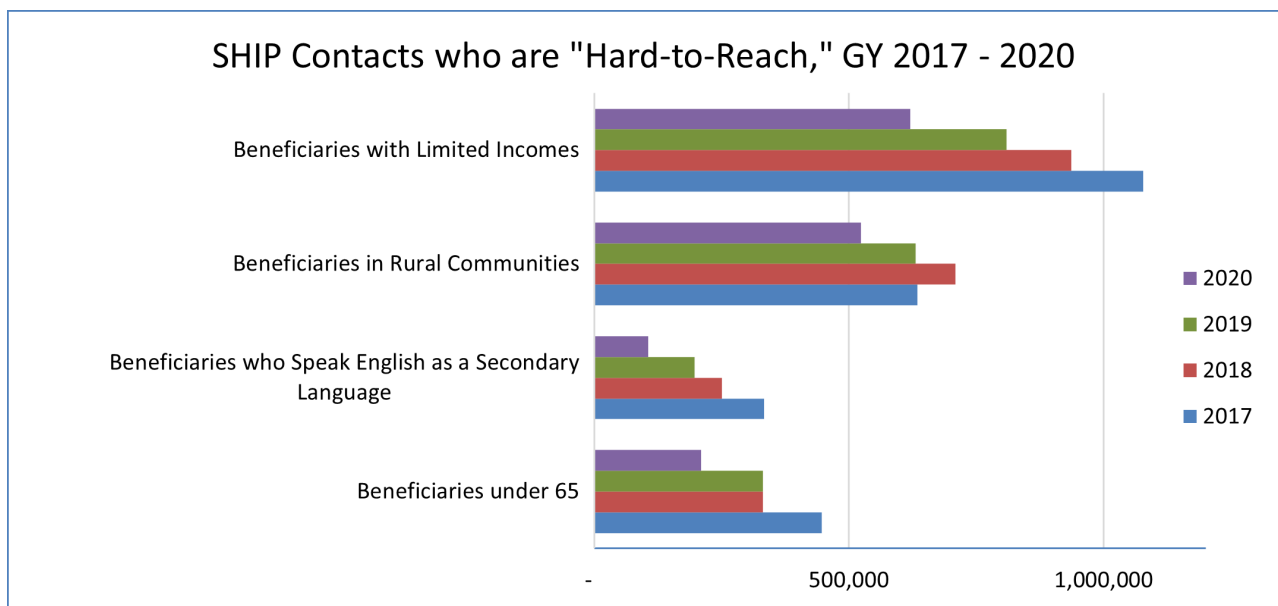
SHIP Performance Data

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) data system for Grant Year 2020 (April 1, 2020 – March 31, 2021).

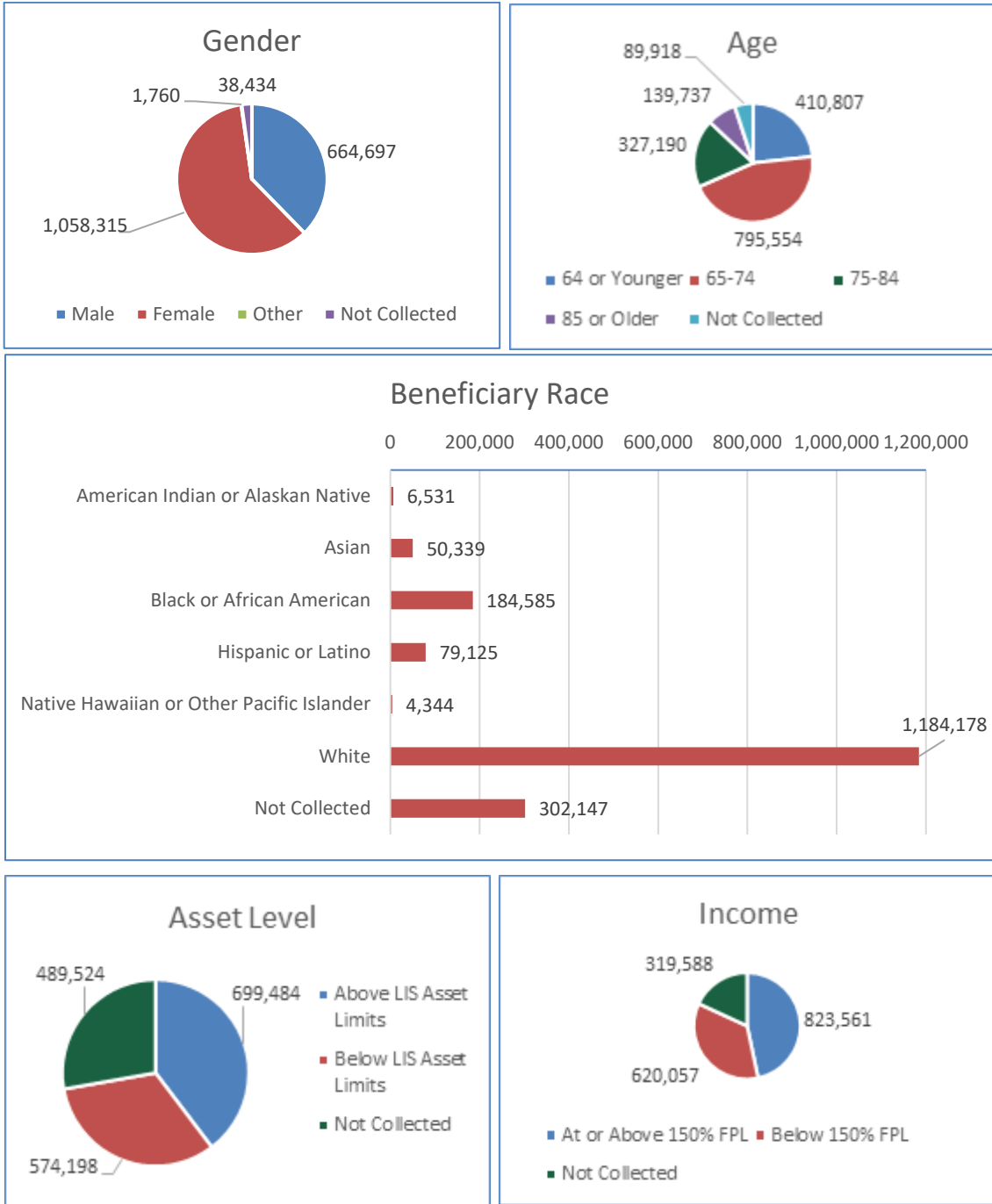


SHIPs provide education and counseling to all Medicare beneficiaries, with a special focus on beneficiary groups considered “hard-to-reach.” These groups include beneficiaries who are low income, who reside in rural communities, and/or are non-native English speakers. Additionally, SHIPs target outreach and assistance to beneficiaries under age 65. Full demographic data for clients served in Grant Year 2020 can be seen on the following page.



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

SHIP Demographic Snapshot, Grant Year 2020



Note: The 150% Federal Poverty Level monthly income limit for 2020 is \$1,595 for an individual, and \$2,155 for a couple. The 2020 Low Income Subsidy asset limit is \$14,610 for an individual, and \$29,160 for a couple.

In Grant Year 2020, 11,559 SHIP team members (nearly half of whom were volunteers) spent nearly 2.2 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 Policies² 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. The COVID-19 public health emergency had a significant impact on group outreach and education, which had been almost exclusively in person. SHIPs tried a variety of different ways to conduct education safely, including drive-through and drive-in events, live events on social media sites, and webinars. However, SHIPs still saw a 75% decline in the number of people reached through group outreach and education from the year prior.

In the 2020 grant year, SHIPs educated over 900,000 people at over 18,800 events including presentations, health or senior fairs, and enrollment events. Over 4,000 of these events were Enrollment Events that focused on providing one-on-one assistance to help people compare Medicare plans and complete enrollment applications. ACL modified the STARS data system to better track virtual events in the future.

Presentations

SHIPs conducted approximately 11,900 interactive presentations that reached over 425,000. 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 typically seek free and low-cost venues for these events, which are often held in libraries, community rooms, senior centers, or church event spaces; however, this year they held virtual sessions in most states.

Health and Senior Fairs

SHIPs participated in over 2,600 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. Several SHIPs participated in drive-through fairs, which were an opportunity for beneficiaries to gather materials from the safety of their car.

Enrollment Events

SHIPs hosted over 4,000 enrollment events, reaching over 170,000 people with Medicare, their families, or caregivers. At an enrollment event, a SHIP counselor meets one-on-one with a

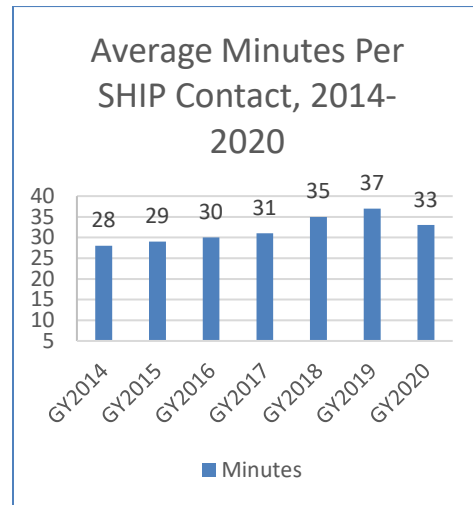
² ACL's Volunteer Risk & Program Management Policies can be found at <https://acl.gov/programs/senior-medicare-patrol/volunteer-risk-and-program-management-vrpm-policies>

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 2020, SHIPs had over 1.8 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.

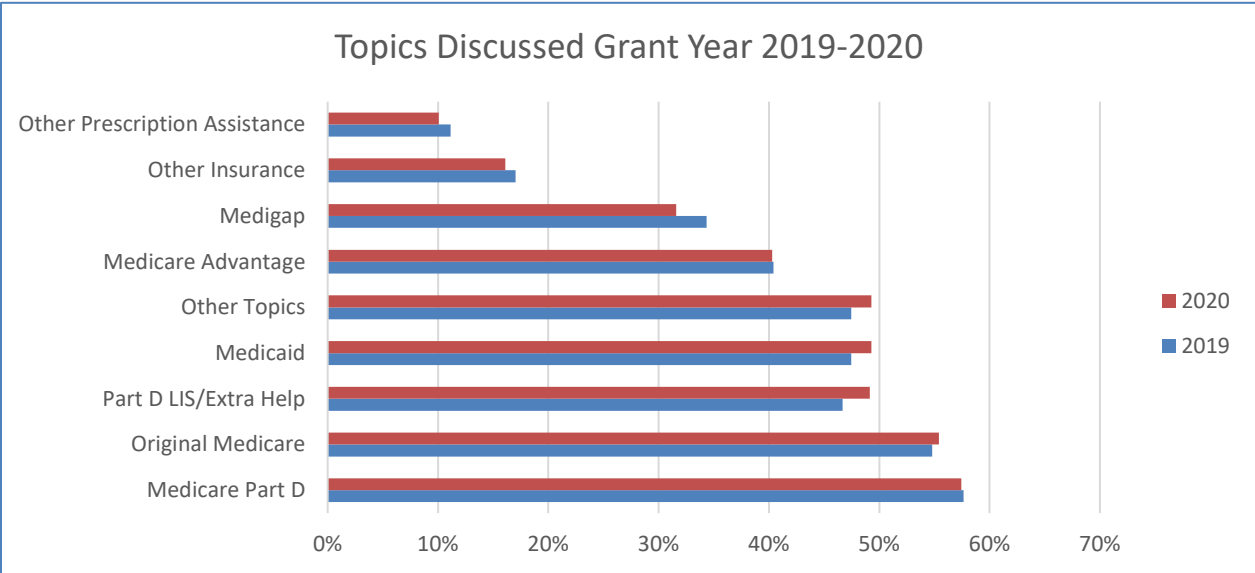
The average time spent on one-on-one counseling remained over 30 minutes per contact, reflecting the continuous need for and complexities of SHIP counseling. It was 28 minutes in 2014 and 33 minutes in 2020.



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 three complex Medicare topics. The following chart shows the frequency of topics discussed.

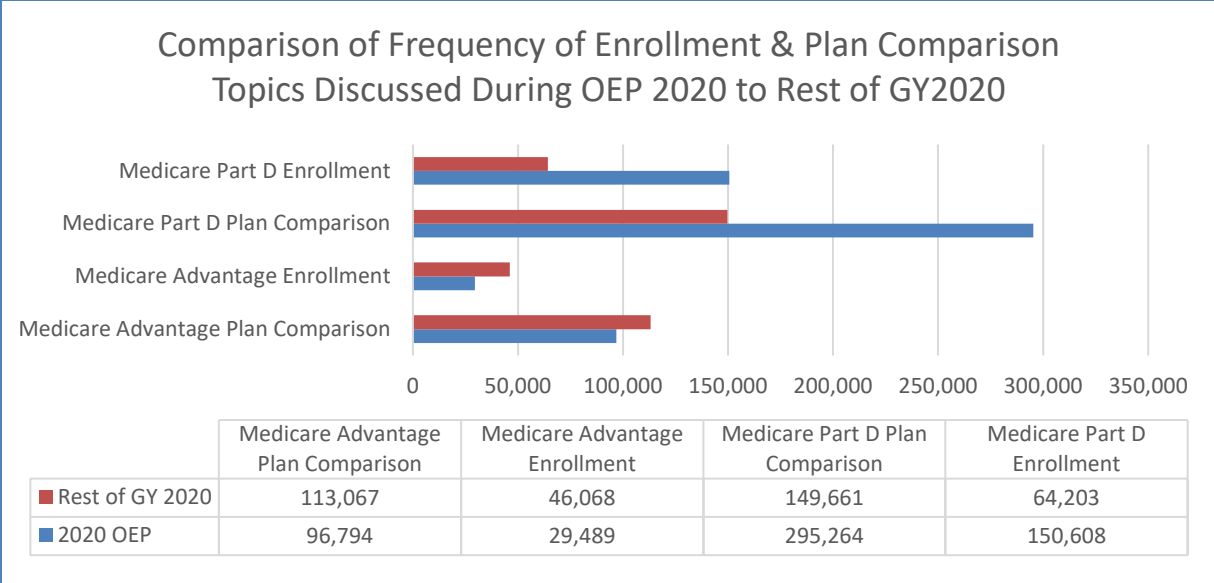


2020 Medicare Open Enrollment

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 2020 Open Enrollment Period was 2 minutes higher than during other times of the year. Additionally, the six weeks of Open Enrollment account for approximately 33% of the one-on-one counseling sessions for the year. During this time the SHIP network focused primarily on plan comparisons and enrollments.



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 this Grant Year. 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.

Delayed Transition from Medicaid to Medicare during Public Health Emergency

Passed in March 2020 and amended by the Consolidated Appropriations Act, 2023, the Families First Coronavirus Response Act provided states with enhanced Medicaid funding if they met certain conditions, including maintaining individuals' Medicaid enrollment during the public health emergency. This included people who become eligible for Medicare in the same time frame. Beneficiaries may have missed deadlines related to Medicare enrollment resulting in possible coverage gaps and increased costs.

Beneficiaries who fail to enroll in Medicare during their initial enrollment period typically must wait until the next Medicare General Enrollment Period (January 1 – March 31 annually) to enroll potentially leaving them uninsured until the following year when their coverage would take effect. ACL brought this issue to CMS in light of the feedback we received from the SHIPs concerned about how Medicare beneficiaries would be impacted once the Public Health Emergency ended. Under the authority of the Consolidated Appropriations Act, 2021, CMS instituted special enrollment periods (SEPs) that provide individuals who meet certain exceptional conditions and who missed a Medicare enrollment period, an opportunity to enroll without having to wait for the General Enrollment Period and without being subject to a late enrollment penalty (LEP). Among the SEPs instituted are an SEP to Coordinate with Termination of Medicaid Coverage after January 1, 2023 that allows individuals who have missed a Medicare enrollment period to enroll in Medicare after termination of Medicaid eligibility, and an SEP for Other Exceptional Conditions that, on a case-by-case basis, grants an enrollment period to an individual when circumstances beyond the individual's control prevented them from enrolling during the Initial Enrollment Period, General Enrollment Period, or other SEPs.

Additionally, beneficiaries have a six-month window to enroll in a Medigap plan with guaranteed issue rights when they are at least 65 years of age and first enroll in Medicare Part B. Individuals who enroll in Medicare Part B at age 65 but failed to enroll in a Medigap plan during that six-month guaranteed issue period due to ongoing Medicaid coverage will not be able to enroll in a Medigap plan without underwriting later. This could have a significant impact on the beneficiary's choices for Medigap coverage and could have life-long impacts on the monthly premiums. Some states have taken action to address this issue, but not all have done so. This remains an issue for impacted beneficiaries.

Part D Senior Savings Model

CMS began testing the Part D Senior Savings Model on January 1, 2021, which concluded on December 31, 2023. This Model “was designed to provide Medicare beneficiaries with new choices of Part D plans that offer insulin at an affordable and predictable cost where a one-month supply of a broad set of plan-formulary insulins costs no more than \$35 each.”³

CMS educated the SHIPs on the new Model in advance of the Medicare Open Enrollment Period so that they would be able to counsel beneficiaries on the option. Through their counseling sessions, SHIPs discovered that the time period was not a calendar month, but 30 days. This meant the beneficiary would be charged a full second month for the medication, even though they may only need enough medication for an additional day or two.

SHIPs recommended modifying the Model to allow for variation in the days of a month so that monthly insulin costs will be predictable for the beneficiary. Outreach and education efforts were updated given this recommendation to ensure beneficiaries impacted fully understood how this benefit would work.

In addition, the Inflation Reduction Act capped cost-sharing for each insulin product covered under a Medicare prescription drug plan at \$35 for a month's supply beginning January 1, 2023. The Part D Senior Savings Model, which first tested a similar benefit in Model-participation plans, ended on December 31, 2023. Lessons learned through the Part D Senior Savings Model, such as the clarification on how a month's supply of insulin would be covered, were incorporated into the IRA education and outreach efforts.

Hospice Benefit Education and Improvement

Medicare's hospice benefit covers care for terminal illness and related conditions. The focus of hospice is on helping the patient live more comfortably through pain relief and symptom management, not on curing an illness. Services provided are determined by the hospice care team in a plan of care tailored to individual needs and typically include nursing and medical services, physical therapy, prescription drugs for pain and symptom management, supplies, counseling, and equipment for the terminal illness and related conditions. Hospice services are generally provided at home, but can be provided in other facilities, like a nursing home, or an inpatient hospice facility.

Improved Hospice Benefit Education

³ <https://innovation.cms.gov/innovation-models/part-d-savings-model>

While the hospice benefit does cover what a patient may need related to their terminal illness and related conditions, there are some services that are not covered. It does not cover treatment to cure the terminal illness or related conditions; prescription drugs that are not related to the terminal illness or related conditions; care that was not set up by the hospice team; care received as a hospital outpatient unless arranged by the hospice team or is unrelated to the terminal illness or related conditions; or room and board unless the hospice team determines the need for short-term inpatient services.

Room and board coverage is frequently a cause for beneficiary confusion. The current beneficiary educational materials discuss the potential for room and board charges for hospice patients in nursing facilities and assisted living facilities, but do not mention the possibility of out-of-pocket costs for extended stays in hospice inpatient facilities and/or hospice residential facilities.

SHIPs recommend better education for beneficiaries about the hospice benefit and what is covered by Medicare. This could include:

1. Updating Medicare educational information to include an explanation of Medicare's four levels of care, the key conditions of participation, the caregiver's role in care planning, possible out-of-pocket costs in hospice residential facilities, and procedures for resolving disputes about unusual or expensive services and items that the hospice decides not to cover. These recommendations have been provided directly to CMS.
2. Clarifying guidance in the Hospice Chapter of the CMS Benefit Policy manual related to what is covered by Medicare. It notes that a hospice patient would be liable for room and board for an extended respite stay but does not include information about liability for hospice inpatient stays that extend beyond the point at which a patient's pain or other severe symptoms are under control. This has implications not only for beneficiary education materials, but also for CMS' hospice election forms and notice procedures, hospices' own marketing materials and forms, and the Office of Inspector General's actionable recommendations that CMS should take to improve transparency for beneficiaries.

Modified Disenrollment Process

SHIPs and their partners at the Senior Medicare Patrol (another ACL program focused on Medicare fraud prevention, detection, and reporting) have seen an increase in possible hospice fraud in recent years. This type of fraud centers on beneficiaries being inappropriately enrolled in hospice, typically through high pressure and unsolicited marketing tactics. Impacted beneficiaries report not fully understanding the impact of the hospice enrollment; many stated that they thought they were simply signing up for additional help in the home that would be covered by Medicare. Unfortunately, once a beneficiary is enrolled in hospice, they will not be able to receive any curative care for the hospice enrolled condition. Under appropriate hospice circumstances this is not an issue given the purpose and need for hospice care. However, when the hospice enrollment is inappropriate the beneficiary may find themselves unable to access immediate and necessary care. The beneficiary can request to be disenrolled from hospice at any time, but it can only be done by the hospice provider which can take at least 45 days. The beneficiary will not be able to receive any curative treatment until they are officially disenrolled.

SHIPs recommend an administrative fix to the hospice disenrollment process to allow beneficiaries to disenroll directly and/or more quickly through CMS or the Medicare Administrative Contractors responsible for the hospice claims.

SHIP Innovations

SHIPs consistently seek efficiencies and reported these examples of innovative outreach and education strategies. Below are a few illustrative examples of innovations that occurred during the 2020 performance period.

Reaching Out at the Drive Through

As mentioned previously, SHIPs explored different ways to best assist beneficiaries during Medicare Open Enrollment while in a public health crisis that severely impacted in-person assistance. Legal Aid of the Bluegrass, a service site with the Kentucky SHIP, distributed materials at senior centers when people were picking up their meals through a “drive through” service. Additionally, they shared the materials with senior housing who distributed them to residents on behalf of the SHIP.

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COMPARISON ASSISTANCE**

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Medicare SHIP provides health and prescription drug comparison assistance **FREE** of charge. We do NOT sell or endorse insurance companies or plans.

OCTOBER 15 → DECEMBER 7

TOP FIVE reasons why you should compare your Medicare Drug or Medicare Advantage coverage with Medicare SHIP!

1. Save money by changing to a cheaper premium plan.
2. Plans change the drugs that they will pay for each year. You may need a different plan to cover your prescriptions.
3. Comparing plans is FREE. You could save hundreds of dollars by doing so.
4. Find out if you can enroll into other money savings benefit programs.
5. Learn about the coverage gap (donut hole) and what you will pay if you get there.

Securely Collected Beneficiary Information in COVID-19 Lockdown

The New Hampshire SHIP place locked drop boxes in each county to provide seamless supports to beneficiaries. Many of the SHIP sites took beneficiary information over the phone, and the beneficiary could drop supporting documentation in the drop boxes whenever it was convenient for them – even on nights and weekends. It was a positive customer service gesture, with many beneficiaries commenting on how easy and convenient is to use the drop boxes. Though the locked drop boxes idea was born in

response to the COVID lockdown, the boxes continue to provide additional flexibility for New Hampshire’s beneficiaries.







Using New Technology to Reach Beneficiaries in a Virtual Environment

Maine SHIP was able to increase their technology usage as well as implement new technology to help them reach and assist beneficiaries during the COVID-19 public health emergency. They successfully used Zoom for online counseling and education to increase their outreach capabilities to beneficiaries within their state, as well as improved their conducting of Medicare counseling by phone. Additionally, the grantee began utilizing a system known as Luxsci, which is a secured email system that enabled them to safely communicate electronically about client information with SHIP counselors.

Collaborating with Local Pharmacies for Outreach

The Washington, DC SHIP trained Howard University pharmacy students in Medicare Part D coverage and Qualified Medicare Beneficiary (QMB – one of the Medicare Savings Programs or MSPs) program. The students did outreach to pharmacies in DC and distributed kits which focused on SHIP information as well as screening tools for QMB.

The students distributed a QMB Palm Card via the pharmacies, which referred beneficiaries to the SHIP for help applying for the QMB program. During the COVID-19 Public Health Emergency, beneficiaries were given the option to complete QMB applications over the phone with a telephonic signature.

| | |
|---|---|
| <p>THE QUALIFIED MEDICARE BENEFICIARY PROGRAM</p> <p>— Helpful Facts —</p> | <p>GET HELP WITH YOUR MEDICARE COSTS</p> |
| <ul style="list-style-type: none"> ▶ There is no cost to you ▶ Any money you have in savings is not counted for this program ▶ You can keep seeing your Medicare doctors ▶ You will not have to pay monthly Medicare premiums ▶ You will automatically get help paying for your prescriptions ▶ You will have more money in your pocket for other expenses | <p>The DC Medicare Savings Program can save you over \$5,000 each year in Medicare expenses and prescription drug costs.</p> <p>You can qualify if you...</p> <ul style="list-style-type: none"> ▶ Are a DC resident ▶ Are eligible for Medicare ▶ Have monthly income* below \$3,210 (single) or \$4,330 (couple)** <p><small>* If you work, the income limit is higher. ** 2020 income limits.</small></p> <p>Call SHIP if you would like an application or have questions 202-727-8370 ship.dacl@dc.gov</p> |
| <p>State Health Insurance Assistance Program</p> <p><small>This project was supported, in part by grant number 90SAPG0019-03-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, DC 20201.</small></p> | <p>State Health Insurance Assistance Program</p> |
| <p>    </p> | <p>    </p> |

The SHIP submitted roughly 700 QMB applications during the grant year because of this partnership. While it is uncertain how many of these applications were specifically from this project, the partnership served as an opportunity to educate pharmacy students, pharmacy staff, and beneficiaries about the program.

Conducting Educational Presentations, and Increasing Bilingual Outreach

For years Massachusetts SHIP staff attended regional quarterly training meetings for the state Medicaid office (MassHealth) throughout the state to ensure they kept up to date on public benefits and were able to promote coordination of benefits for Medicare beneficiaries. Eventually, MassHealth requested that SHIP conduct presentations. Now SHIP updates these provider staff, community health, and MassHealth workers at least twice per year – once in October about Medicare Open Enrollment and once in the spring about programs that help pay for Medicare.

In early 2021, the SHIP educated these staff on the integrated care models in the state. Integrated care provides Medicaid and Medicare options in a single delivery system to improve care coordination for beneficiaries. They are working to expand these trainings in the future to make them accessible for many more populations. The SHIP hired a Spanish-speaking community health center staff as the Bilingual Outreach Coordinator, and the coordinator's prior experience ignited more outreach to MassHealth.

Administration Overview

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.

2020 Program Initiatives

The SHIP discretionary appropriation was \$52.1 million in FY 2020, with \$48.4 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 are provided on the pages following):

- SHIP Technical Assistance Center: This single competitive cooperative agreement was newly awarded in FY 2020 to the North East Iowa Area Agency on Aging with a 5-year project period to provide technical assistance, training, and resources to the SHIP state grantees to support and promote the national network. This grant was in Budget Year 1 of 5.
- 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 five years. The fourth year was awarded in FY 2020.

- SHIP/SMP Beneficiary Survey: The vendor, CG Strategies, provides oversight and management of two national surveys used with Medicare beneficiaries served by the SHIP and SMP programs to gauge the public's satisfaction of the program and the accuracy of the services provided. One survey evaluates beneficiary satisfaction with the one-on-one assistance provided by the grantees while the second survey gauges satisfaction with the public outreach events conducted by the grantees. The first year of this five-year contract was awarded in FY 2020.
- SHIP Tracking and Reporting System (STARS) Data System: Booz Allen Hamilton was contracted in FY 2019 to provide the operations, maintenance, and enhancement of the STARS data system which is the primary data collection system for the SHIP, SMP, and Medicare Improvements for Patients and Providers Act (MIPPA) programs. The STARS data system is a bifurcated system which houses the SHIP and MIPPA system known as STARS and the SMP focused system titled SMP Information and Referral System (SIRS). In FY 2020 OHIC awarded the second year of this five-year contract.
- Administrative and Program Support Costs: salaries and benefits; overhead/rent; travel, training, and conferences; grant systems; and IT hosting.

This grant year, ACL also 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 provided 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 participated in several CMS and other Federal partner workgroups to ensure SHIPs receive timely Medicare and other relevant healthcare related updates. These workgroups also provided 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 communicated 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 consulted with SHIPs to develop solutions to emerging issues, as well as review and provide feedback on programmatic progress reports.

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

SHIP Technical Assistance Center (SHIP TA Center)

SHIP programmatic dollars funded the SHIP TA Center, which serves as a central resource for disseminating knowledge and best practices to SHIP grantees. The SHIP TA Center also provided ongoing support and information for SHIPs on issues and trends in Medicare, Medicaid, and volunteer management; developed new products and tools for the national SHIP network, including fact sheets and training manuals; and provided technical assistance to SHIP grantees through webinars, one-on-one assistance, and written instructions. The SHIP TA Center drew 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.

STARS Data System

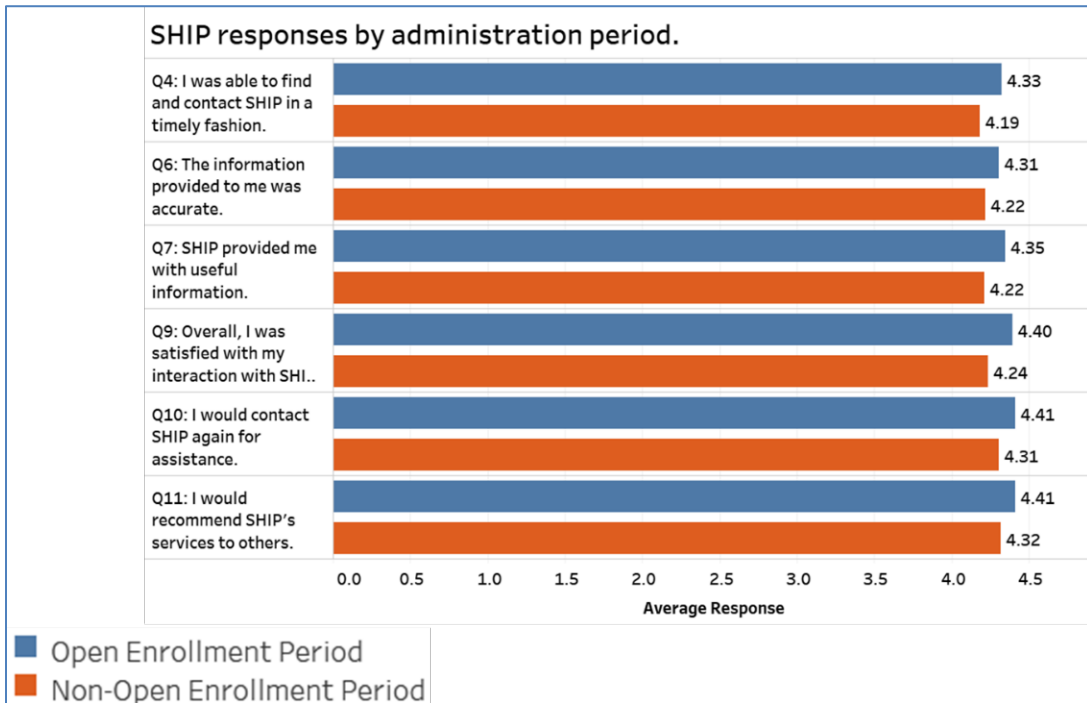
The SHIP Tracking and Reporting System (STARS) data system was the reporting and data analysis tool the SHIPs used for their program management. The system allowed ACL and the grantees to determine whether SHIPs met the goals set forth by the agency and in the authorizing legislation. The STARS data system also provided a connection with the Senior Medicare Patrol's (SMP) data system, so the systems could share data. This increased efficiencies at the local level since the same grantees and counselors complete much of the work.

SHIP Customer Satisfaction Survey

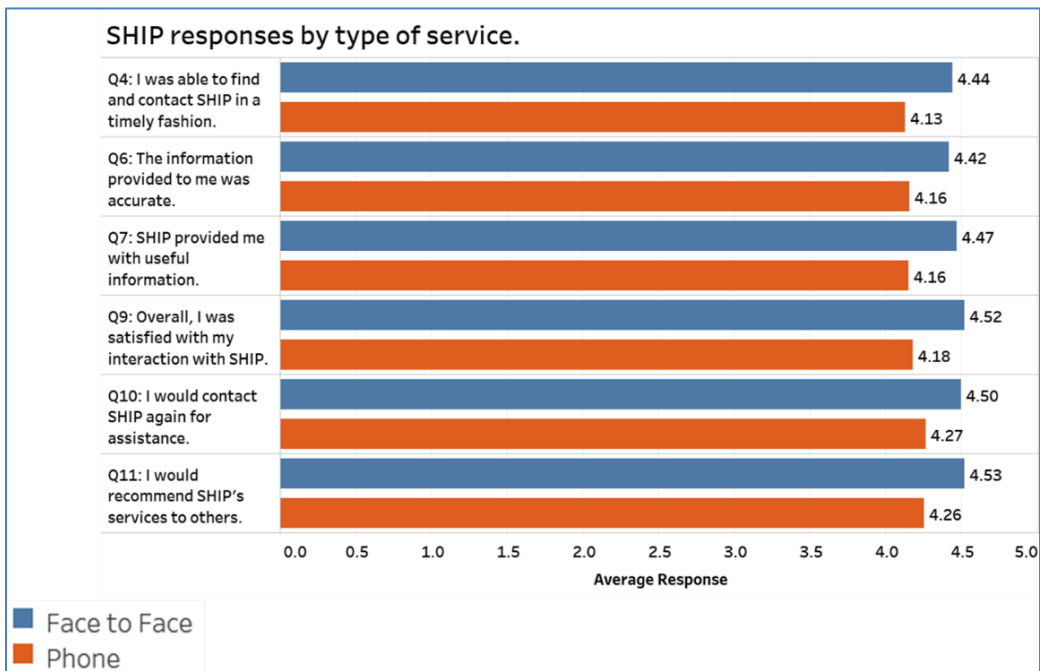
SHIP programmatic dollars funded the administration of a SHIP Customer Satisfaction Survey. The goals of the survey were to measure satisfaction with SHIP Medicare counseling services, to assess how customers value the services and information they receive, to identify opportunities for continuous improvement, and to comply with regulatory requirements regarding data collection.

Implementation of the initial survey began August 2017 and concluded August 2020. Approximately one third of the states were surveyed during each year of implementation with all covered by the project at the end of the 3-year cycle. The survey was administered in two periods per year: Open Enrollment (Nov/Dec) and Non-Open Enrollment (Mar/Apr). The results indicated high satisfaction with the services received, with the greatest predictor of overall satisfaction being the usefulness of the information received.

There were meaningful differences in SHIP results for two variables. The first is the administration period. Open Enrollment results were consistently higher than those collected outside of the Open Enrollment period.



Secondly, individuals who met with a SHIP counselor in a face-to-face setting provided higher responses than those who met with counselors over the phone.



ACL will continue to monitor progress and provide technical assistance to the SHIP network to support their work. As part of this, ACL is administering two surveys to focus on continuous improvement. In FY 2020 ACL awarded a new contract to the vendor, CG Strategies, to provide oversight and management of two national surveys used with Medicare beneficiaries served by the SHIP and SMP programs to gauge the public's satisfaction of the program and the accuracy of the services provided. One survey evaluates beneficiary satisfaction with the one-on-one assistance provided by the grantees while the second survey gauges satisfaction with the public outreach events conducted by the grantees. This new five year contract began in September 2021.

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.

The conference was held virtually July 21 – 23, 2020, due to the ongoing public health emergency. Nearly 400 people attended this virtual event. 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 quality assurance processes.

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: 2020 State Health Insurance Assistance Program Grant Awards

Project Period April 1, 2020 – March 31, 2021

Total Awards: \$48,401,074

| | |
|----|-------------|
| AK | \$237,601 |
| AL | \$886,001 |
| AR | \$698,794 |
| AZ | \$947,652 |
| CA | \$4,056,058 |
| CO | \$701,574 |
| CT | \$549,001 |
| DC | \$178,045 |
| DE | \$234,293 |
| FL | \$2,914,883 |
| GA | \$1,335,211 |
| GU | \$55,511 |
| HI | \$289,552 |
| IA | \$704,972 |
| ID | \$439,835 |
| IL | \$1,535,531 |
| IN | \$1,000,203 |
| KS | \$556,979 |
| KY | \$978,810 |
| LA | \$732,675 |
| MA | \$937,428 |
| MD | \$760,213 |
| ME | \$483,819 |
| MI | \$1,446,388 |
| MN | \$867,232 |
| MO | \$1,036,368 |
| MS | \$690,248 |

| | |
|----|-------------|
| MT | \$519,302 |
| NC | \$1,569,004 |
| ND | \$264,698 |
| NE | \$433,202 |
| NH | \$330,255 |
| NJ | \$1,101,022 |
| NM | \$458,984 |
| NV | \$469,766 |
| NY | \$2,364,417 |
| OH | \$1,636,931 |
| OK | \$705,249 |
| OR | \$673,328 |
| PA | \$1,842,174 |
| PR | \$771,761 |
| RI | \$280,308 |
| SC | \$879,581 |
| SD | \$312,625 |
| TN | \$1,141,110 |
| TX | \$2,731,313 |
| UT | \$407,733 |
| VA | \$1,152,325 |
| VI | \$55,511 |
| VT | \$279,028 |
| WA | \$985,468 |
| WI | \$966,371 |
| WV | \$544,099 |
| WY | \$270,632 |

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 (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.

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, 2020 – March 31, 2021. Each performance measure includes a penetration rate, which is the number of contacts compared to the eligible population in the state as discussed above.

PM 1: Client Contacts – 1,825,828 Beneficiary Contacts (2.95% of eligible population)

PM2: Group Outreach Contacts – 891,362 Beneficiary Contacts (1.44% of eligible population)

PM 3: Medicare Beneficiaries Under 65 Contacts – 209,859 Beneficiary Contacts (2.45% of eligible population)

PM 4: Hard-to-Reach Contacts – 1,249,513 Beneficiary Contacts (3.16% of eligible population)

PM 5: Enrollment Contacts – 1,468,617 Beneficiary Contacts (2.37% of eligible population)

Additionally, ACL creates a Likert Rating based on the penetration rates 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 April 1, 2020 – March 31, 2021 Grant Year

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.

| |
|--|
| <p>Excellent</p> <p>Penetration Rate: 6.90% & Above</p> <p>Alaska</p> <p>Guam</p> <p>Iowa</p> <p>Nebraska</p> <p>Tennessee</p> |
|--|

| |
|---|
| <p>Good</p> <p>Penetration Rate: 4.32% to 6.89%</p> <p>Alabama</p> <p>Kansas</p> <p>Kentucky</p> <p>Louisiana</p> <p>Massachusetts</p> <p>Minnesota</p> <p>Montana</p> <p>Ohio</p> <p>Vermont</p> <p>Wisconsin</p> <p>Wyoming</p> |
|---|

| |
|--|
| <p>Average</p> <p>Penetration Rate: 2.39% to 4.31%</p> <p>Arkansas</p> <p>Colorado</p> <p>Connecticut</p> <p>Delaware</p> <p>District of Columbia</p> <p>Idaho</p> <p>Illinois</p> <p>Indiana</p> <p>Maine</p> <p>Michigan</p> <p>Missouri</p> <p>New Hampshire</p> <p>New York</p> <p>North Carolina</p> <p>North Dakota</p> <p>Oklahoma</p> <p>Pennsylvania</p> <p>Rhode Island</p> <p>South Dakota</p> <p>Utah</p> <p>Washington</p> <p>West Virginia</p> |
|--|

| |
|---|
| <p>Fair</p> <p>Penetration Rate: .98% to 2.38%</p> <p>Arizona</p> <p>California</p> <p>Hawaii</p> <p>Maryland</p> <p>Mississippi</p> <p>Nevada</p> <p>New Jersey</p> <p>Oregon</p> <p>South Carolina</p> <p>Texas</p> <p>Virginia</p> |
|---|

| |
|--|
| <p>Low</p> <p>Penetration Rate: .97% & Below</p> <p>Florida</p> <p>Georgia</p> <p>New Mexico</p> <p>Puerto Rico</p> <p>U.S. Virgin Islands</p> |
|--|

National SHIP Performance Measure 2 Ratings April 1, 2020 – March 31, 2021 Grant Year

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

| |
|--|
| Excellent |
| Penetration Rate: 3.38% & Above |
| Alaska |
| Montana |
| Tennessee |
| Texas |
| Utah |

| |
|---|
| Good |
| Penetration Rate: 1.94% to 3.37% |
| Alabama |
| Arkansas |
| Hawaii |
| Kentucky |
| Nebraska |
| New York |
| North Carolina |
| Puerto Rico |
| South Carolina |
| Vermont |
| Washington |

| |
|--|
| Average |
| Penetration Rate: .54% to 1.93% |
| California |
| Colorado |
| Connecticut |
| Florida |
| Illinois |
| Indiana |
| Iowa |
| Louisiana |
| Maine |
| Maryland |
| Massachusetts |
| Michigan |
| Missouri |
| Nevada |
| New Mexico |
| Ohio |
| Oklahoma |
| Oregon |
| Pennsylvania |
| Rhode Island |
| West Virginia |
| Wisconsin |

| |
|---|
| Fair |
| Penetration Rate: .18% to .53% |
| Arizona |
| Delaware |
| District of Columbia |
| Georgia |
| Idaho |
| Kansas |
| Minnesota |
| Mississippi |
| New Hampshire |
| New Jersey |
| Virginia |

| |
|---|
| Low |
| Penetration Rate: .17% & Below |
| Guam |
| North Dakota |
| South Dakota |
| U.S. Virgin Islands |
| Wyoming |

National SHIP Performance Measure 3 Ratings April 1, 2020 – March 31, 2021 Grant Year

Medicare Beneficiaries Under 65: Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the state.

| |
|--|
| <p>Excellent</p> <p>Penetration Rate: 5.39% & Above</p> <p>Alaska Iowa Ohio Pennsylvania Tennessee</p> |
|--|

| |
|--|
| <p>Good</p> <p>Penetration Rate: 2.87% to 5.38%</p> <p>Alabama Connecticut Guam Idaho Indiana Missouri Nebraska Utah Vermont West Virginia Wisconsin</p> |
|--|

| |
|--|
| <p>Average</p> <p>Penetration Rate: 1.90% to 2.86%</p> <p>Arkansas California Colorado Delaware District of Columbia Illinois Kansas Kentucky Maine Maryland Michigan Montana Nevada New Jersey New York North Dakota Oregon Rhode Island South Dakota Virginia Washington Wyoming</p> |
|--|

| |
|---|
| <p>Fair</p> <p>Penetration Rate: .78% to 1.89%</p> <p>Arizona Florida Georgia Hawaii Louisiana Massachusetts New Hampshire North Carolina Oklahoma South Carolina Texas</p> |
|---|

| |
|--|
| <p>Low</p> <p>Penetration Rate: .77% & Below</p> <p>Minnesota Mississippi New Mexico Puerto Rico U.S. Virgin Islands</p> |
|--|

National SHIP Performance Measure 4 Ratings April 1, 2020 – March 31, 2021 Grant Year

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

| |
|---|
| <p>Excellent</p> <p>Penetration Rate:</p> <p>7.20% & Above</p> <p>Iowa</p> <p>Louisiana</p> <p>Nebraska</p> <p>Ohio</p> <p>Tennessee</p> |
|---|

| |
|--|
| <p>Good</p> <p>Penetration Rate:</p> <p>4.54% to 7.19%</p> <p>Alabama</p> <p>Alaska</p> <p>District of Columbia</p> <p>Illinois</p> <p>Kansas</p> <p>Kentucky</p> <p>Minnesota</p> <p>New Hampshire</p> <p>Vermont</p> <p>Washington</p> <p>Wisconsin</p> |
|--|

| |
|--|
| <p>Average</p> <p>Penetration Rate:</p> <p>2.33% to 4.53%</p> <p>Arkansas</p> <p>Colorado</p> <p>Connecticut</p> <p>Guam</p> <p>Idaho</p> <p>Indiana</p> <p>Maine</p> <p>Massachusetts</p> <p>Michigan</p> <p>Missouri</p> <p>Montana</p> <p>New York</p> <p>North Carolina</p> <p>North Dakota</p> <p>Oregon</p> <p>Pennsylvania</p> <p>Rhode Island</p> <p>South Dakota</p> <p>Utah</p> <p>Virginia</p> <p>West Virginia</p> <p>Wyoming</p> |
|--|

| |
|--|
| <p>Fair</p> <p>Penetration Rate:</p> <p>.94% to 2.32%</p> <p>Arizona</p> <p>California</p> <p>Delaware</p> <p>Georgia</p> <p>Maryland</p> <p>Mississippi</p> <p>Nevada</p> <p>New Jersey</p> <p>Oklahoma</p> <p>South Carolina</p> <p>Texas</p> |
|--|

| |
|--|
| <p>Low:</p> <p>Penetration Rate of .93% & Below</p> <p>Florida</p> <p>Hawaii</p> <p>New Mexico</p> <p>Puerto Rico</p> <p>U.S. Virgin Islands</p> |
|--|

**National SHIP Performance Measure 5 Ratings
April 1, 2020 – March 31, 2021 Grant Year**

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

| |
|---|
| <p>Excellent</p> <p>Penetration Rate: 5.74% & Above</p> <p>Iowa Kentucky Nebraska Ohio Tennessee</p> |
|---|

| |
|---|
| <p>Average</p> <p>Penetration Rate: 1.74% to 3.15%</p> <p>Arkansas California Colorado Connecticut Delaware District of Columbia Idaho Illinois Indiana Maine Michigan Missouri New Hampshire New York North Carolina North Dakota Oklahoma Pennsylvania Rhode Island South Dakota Utah Washington</p> |
|---|

| |
|--|
| <p>Fair</p> <p>Penetration Rate: .77% to 1.73%</p> <p>Arizona Florida Louisiana Maryland Mississippi Nevada New Jersey Oregon South Carolina Texas Virginia</p> |
|--|

| |
|--|
| <p>Good</p> <p>Penetration Rate: 3.16% to 5.73%</p> <p>Alabama Alaska Guam Kansas Massachusetts Minnesota Montana Vermont West Virginia Wisconsin Wyoming</p> |
|--|

| |
|--|
| <p>Low</p> <p>Penetration Rate: .76% & Below</p> <p>Georgia Hawaii New Mexico Puerto Rico U.S. Virgin Islands</p> |
|--|