

Attachment A
Changes to SHIP National Performance Reporting (NPR) System Forms

Client Contact Form (CMS-10028A)

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
TOP OF FORM		
Counselor Name:	Dropped	Improved data quality if capture Counselor ID instead and link to counselor name via internal table
	Counselor User ID	Alternative to counselor name
	Agency Code	For administrative and jurisdictional accountability, since agency authority is not always bound to discrete county and zips
Counseling Location Zip Code:	ZIP Code of Counselor Location	Renamed for clarity
	County Code of Counselor Location	Has always been required, just left off the previous form, requiring staff to hand enter
	Client Identifier Used by Your Agency or State	Added so as to be able to assess the total unique clients receiving services, the total number of contacts per client, and the total time spent per client across contacts – using any agency-or-state-specific client identifier preferred by the particular state or agency
	Client Identifier Auto-Assigned by NPR - Optional	Added so as to be able to assess the total unique clients receiving services, the total number of contacts per client, and the total time spent per client across contacts – auto-generated by the NPR database, but also knowable by the end user in the event that the particular agency or state prefers to use this client ID
Type of Client/Assistance Requested by: (check all that apply) <input type="checkbox"/> Beneficiary (self) <input type="checkbox"/> Couple	Dropped	Insufficient value Almost all records coded as beneficiary (self) Reduce user burden

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
<input type="checkbox"/> Caregiver (family member, conservator) <input type="checkbox"/> Agency		
How Did Client Learn About the SHIP: (check one) <input type="checkbox"/> CMS (1-800-Medicare, www.Medicare.gov , Medicare & You, CMS mailing) <input type="checkbox"/> Presentations/Fairs <input type="checkbox"/> State-specific mailings/brochures/posters <input type="checkbox"/> Agency (senior org, disability org, Social Security) <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Media (PSA, ad, newspaper, radio, etc.) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Collected	How Did Client Learn About SHIP Previous Contact CMS / Medicare Presentations Mailings Another Agency Friend or Relative Media State Website Other Not Collected	Added response options per requests from state SHIPs State Website Previous Contact Renamed Agency option Simplified and generalized other responses
Date of Initial Contact: ___ / ___ / ____ month / day / year	Date of Contact ___ / ___ / ____ month / day / year	Each contact is its own record. Removed the two contact restriction so as to allow as many contacts as needed to be recorded for a given client
Type of Contact: <input type="checkbox"/> Quick call (<10 min) <input type="checkbox"/> Telephone <input type="checkbox"/> In- Person (site) <input type="checkbox"/> In- Person (home visit) <input type="checkbox"/> E- mail/fax/postal mail	Method of Contact Phone Call Face to Face at Counseling Location or Event Site Face to Face at Client's Home or Facility E-Mail Postal Mail or Fax	Drop quick call since length and nature of call can be deduced form Time Spent and other items. Spilt out email per SHIP requests Other items re-worded for clarity
Time Spent: _____ hours _____ minutes	Total Time Spent on This Contact Date Hours Minutes	Reworded for clarity and precision
Date if Multiple Contact: ___ / ___ / ____ month / day / year	Dropped	Each contact is its own record.
Type of Contact: [Multiple]	Dropped	Each contact is its own record.

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<input type="checkbox"/> Quick call (<10 min) <input type="checkbox"/> Telephone <input type="checkbox"/> In- Person (site) <input type="checkbox"/> In- Person (home visit) <input type="checkbox"/> E- mail/fax/postal mail		
Time Spent: hours minutes	Dropped	Each contact is its own record.
SECTION 1 – BENEFICIARY INFORMATION	Client Name and Contact Information - Optional	Client used instead of beneficiary since some clients are pre-beneficiaries etc.
Beneficiary Name: _____ First Last	Client First Name Client Last Name	Optional for state use. Reworded for clarity.
Beneficiary Telephone #: (_____) _____ - _____	Client Phone Number	Optional for state use. Reworded for clarity.
Beneficiary Zip Code:	ZIP Code of Client Residence	Reworded for clarity.
	County Code of Client Residence - Optional	Optional. Useful for county-based analyses since ZIP codes can cross county lines, also useful for referral of client to appropriate county-based services as needed.
Representative Name (if applicable): _____ First Last	Representative First Name Representative Last Name	Reworded
SECTION 2 – BENEFICIARY DEMOGRAPHICS		
Is this his/her first contact with a SHIP since April 1? (If Yes, Complete this section. If No, Skip to Section 3)	First Service vs Continuing Service First Contact for Issue Continuing Contacts for Issue	First service vs continuing service replaces the first contact since April 01 item. More precise. Allows grouping of all of a client's contacts into episodes of service to sum total time spent, history of topics, outcomes
Age: Date of Birth: ____ / ____ / _____ OR month / day / year <input type="checkbox"/> Under 65 years <input type="checkbox"/> 75 – 84 <input type="checkbox"/> Not Collected <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 85 or older	Client Age Group 64 or Younger 65-74 75-84 85 or Older Not Collected	Reworded. Dropped DOB option

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
Monthly Income: <input type="checkbox"/> Below 150% of FPL <input type="checkbox"/> At or greater than 150% of FPL <input type="checkbox"/> Not Collected \$ _____	Client Monthly Income Below 150% FPL At or Above 150% FPL Not Collected	Reworded title Dropped \$ dollar amount
	Client Assets Below LIS Asset Limits Above LIS Asset Limits Not Collected	Added asset item per SHIP request so as to more precisely identify true potential LIS clients
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White, Not of Hispanic origin <input type="checkbox"/> Other <input type="checkbox"/> Not Collected	Client Race-Ethnicity - Check all that Apply Hispanic, Latino, or Spanish Origin White, Non-Hispanic Black, African American American Indian or Alaska Native Asian Indian Chinese Filipino Japanese Korean Vietnamese Native Hawaiian Guamanian or Chamorro Samoan Other Asian Other Pacific Islander Some Other Race-Ethnicity Not Collected	Expand race-ethnicity categories to approximately match 2010 Census. Changed to All the Apply
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Client Gender Female	Reworded title Added Transgender per requests from SHIPs

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
<input type="checkbox"/> Not Collected	Male Transgender -Not Collected	Removed Transgender per OMB comment received
	Primary Language Other Than English Primary Language Other Than English English is Client's Primary Language Not Collected	Added per SHIP request and to document diversity and complexity of cases
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Collected	Receiving or Applying for Social Security Disability or Medicare Disability Yes No Not Collected	Reworded title for clarity.
	Dual Eligible with Mental Illness Mental Disability Yes No Not Collected	Added a formal item to replace the current ad-hoc method of data collection on this data element (currently "DMD" is entered as a special Other topic via other topic text box).
SECTION 3 – TOPICS DISCUSSED (check all that apply)		
Prescription Assistance: Medicare Prescription Drug Coverage (PDP/MA-PD):	Medicare Prescription Drug Coverage (Part D)	Reworded
<input type="checkbox"/> Plan eligibility, benefit comparisons	Eligibility/Screening	Additional detail and differentiation requested by state SHIPs
	Benefit Explanation	Additional detail and differentiation requested by state SHIPs
	Plans Comparison	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Enrollment / application assistance	Plan Enrollment/Disenrollment	Additional detail and differentiation requested by state SHIPs

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
	Plan Non-Renewal	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Claims / billing	Claims/Billing	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Appeals/quality of care/complaints	Appeals/Grievance	Additional detail and differentiation requested by state SHIPs
	Fraud and Abuse	Additional detail and differentiation requested by state SHIPs
	Marketing/Sales Complaints or Issues	Additional detail and differentiation requested by state SHIPs
	Quality of Care	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Low-income assistance - eligibility, benefit comparisons	Part D Low Income Subsidy (LIS/Extra Help) Eligibility/Screening	Additional detail and differentiation requested by state SHIPs
	Part D Low Income Subsidy (LIS/Extra Help) Benefit Explanation	Additional detail and differentiation requested by state SHIPs
	Part D Low Income Subsidy (LIS/Extra Help) Application Assistance	Additional detail and differentiation requested by state SHIPs
	Part D Low Income Subsidy (LIS/Extra Help) Claims/Billing	Additional detail and differentiation requested by state SHIPs
	Part D Low Income Subsidy (LIS/Extra Help) Appeals/Grievances	Additional detail and differentiation requested by state SHIPs
Prescription Assistance: Other Sources of Prescription Drug Coverage/Assistance:	Other Prescription Assistance	
<input type="checkbox"/> Medicare-Approved Drug Discount Card	Dropped	Program no longer exists
<input type="checkbox"/> State Pharmacy Assistance Program	State Pharmaceutical Assistance Programs	Slight re-wording
<input type="checkbox"/> Union/Employer plan	Union/Employer Plan	Same

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
<input type="checkbox"/> Manufacturer's Assistance Program	Manufacturer Programs	Reworded
<input type="checkbox"/> Discount plans	Dropped	Per State SHIP request
	Military Drug Benefits	Added per State SHIP request
<input type="checkbox"/> Other: _____	Other _____	Same
Medicare (Parts A and B)	MEDICARE (Parts A & B)	Reworded
<input type="checkbox"/> Enrollment, eligibility, benefits	Eligibility	Additional detail and differentiation requested by state SHIPs
	Benefit Explanation	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Claims/billing	Claims/Billing	Same
<input type="checkbox"/> Appeals/quality of care/complaints	Appeals/Grievances	Additional detail and differentiation requested by state SHIPs
	Fraud and Abuse	Additional detail and differentiation requested by state SHIPs
	Quality of Care	Additional detail and differentiation requested by state SHIPs
Medicare Health Plans (HMOs, PPOs, PFFS, Special Needs Plans):	MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)	Reworded
<input type="checkbox"/> Enrollment, disenrollment, eligibility, comparisons	Eligibility/Screening	Additional detail and differentiation requested by state SHIPs
	Benefit Explanation	Additional detail and differentiation requested by state SHIPs
	Plans Comparison	Additional detail and differentiation requested by state SHIPs
	Plan Enrollment/Disenrollment	Additional detail and differentiation requested by state SHIPs
		Additional detail and differentiation requested by state SHIPs

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<input type="checkbox"/> Plan or benefit changes/non-renewals	Plan Non-Renewal	Additional detail and differentiation requested by state SHIPs, rewording
<input type="checkbox"/> Claims/billing	Claims/Billing	Same
<input type="checkbox"/> Appeals/quality of care/complaints	Appeals/Grievances	Additional detail and differentiation requested by state SHIPs
	Fraud and Abuse	Additional detail and differentiation requested by state SHIPs
	Marketing/Sales Complaints or Issues	Additional detail and differentiation requested by state SHIPs
	Quality of Care	Additional detail and differentiation requested by state SHIPs
Medigap/Supplement/SELECT:	MEDICARE SUPPLEMENT/SELECT	Re-worded
<input type="checkbox"/> Enrollment, eligibility, comparisons	Eligibility/Screening	Additional detail and differentiation requested by state SHIPs
	Benefit Explanation	Additional detail and differentiation requested by state SHIPs
	Plans Comparison	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Change coverage	Plan Non-Renewal	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Claims/appeals	Claims/Billing	Additional detail and differentiation requested by state SHIPs
	Appeals/Grievances	Additional detail and differentiation requested by state SHIPs
	Fraud and Abuse	Additional detail and differentiation requested by state SHIPs
	Marketing/Sales Complaints or Issues	Additional detail and differentiation requested by state SHIPs
	Quality of Care	Additional detail and differentiation requested by state SHIPs

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
		SHIPs
Medicaid (enrollment, eligibility, benefits):	MEDICAID	Reworded
<input type="checkbox"/> QMB/SLMB/QI	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)	Additional detail and differentiation requested by state SHIPs
	MSP Application Assistance	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Other Medicaid	Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening	Additional detail and differentiation requested by state SHIPs
	Medicaid Application Assistance	Additional detail and differentiation requested by state SHIPs
	Medicaid/QMB Claims	Additional detail and differentiation requested by state SHIPs
	Fraud and Abuse	Additional detail and differentiation requested by state SHIPs
Other:	OTHER	
<input type="checkbox"/> Long-Term Care	Long Term Care (LTC) Insurance	Additional detail and differentiation requested by state SHIPs
	LTC Partnership	Additional detail and differentiation requested by state SHIPs
	LTC Other	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Military Health Benefits	Military Health Benefits	Same
<input type="checkbox"/> Employer Health Plan or Federal Employee Health Benefits Program	Employer/Federal Employee Health Benefits (FEHB)	Reworded
	COBRA	Additional detail and differentiation requested by state SHIPs
	Other Health Insurance	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Customer Service issues/complaints	Dropped	Sufficiently covered among other topics

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
<input type="checkbox"/> Fraud and Abuse	Dropped	Sufficiently covered among other topics
<input type="checkbox"/> Other: _____	Other _____	Same
	Status General Information and Referral Detailed Assistance - In Progress Detailed Assistance - Fully Completed Problem Solving / Problem Resolution - In Progress Problem Solving / Problem Resolution - Fully Completed	Qualitative description of contact (for descriptive categorization, intensity of service analysis, and for stratification of outcome expectations) and documentation of proximal outcomes of services.
	Nationwide and CMS Special Use Fields	10 future use fields for temporary coding of unanticipated mandates (such as DMD) or programs (such as MIPPA). To be defined as needed by CMS.
	State and Local Special Use Fields	10 fields to be used as the discretion of states and local agencies for documentation of state-required or state-desired data elements.