CMS/AOA DATA REPORTING GUIDANCE:

JOINT SHIP/SMP PROGRAMS

August 2008

II. Respective Program Objectives

- SHIP Program Objectives: SHIPs will provide personalized counseling to an increasing number and diversity of individual beneficiaries unable to access other channels of information or needing and preferring locally-based individual counseling services.

- SHIPs will conduct targeted community outreach to beneficiaries in public forums either under their sponsorship or with community-based partners or coalitions to increase understanding of Medicare program benefits and raise awareness of the opportunities for assistance with benefit and plan selection.

- SHIPs will increase and enhance beneficiary access to a counselor work force that is trained and fully equipped and proficient in providing the full range of services including enrollment assistance in appropriate benefit plans, and continued enrollment assistance in prescription drug coverage.

- SHIPs will participate in CMS education and communication activities, thus enhancing communication between CMS and SHIPs to assure that SHIP counselors are equipped to respond to both Medicare program updates and a rapidly changing counseling environment and to provide CMS with information about the support and resources that SHIPs need to provide accurate and reliable counseling services.

SMP Program Objectives:

- Foster national and statewide program coverage

- Improve beneficiary education and inquiry resolution for other areas of health care fraud

- Foster national program visibility and consistency

- Improve the efficiency of the SMP Program while increasing results for both operational and quality measures

- Target training and education to isolated and hard-to-reach populations

III. Co-location of and Contractual Relationships Between SIDP and SMP Programs

Because of the similarities in program activities, program objectives, and overlapping targeted populations served (individuals who are aged or disabled and their families), SHIP and SMP grants are often awarded to the same state agency or organization. Both programs are designed to provide objective, useful, and accurate information to Medicare and Medicaid beneficiaries: SHIPs achieve this primarily through counseling about health care plans, whereas SMJ>s achieve this primarily through informing beneficiaries about fraud, errors and abuse in Medicare and Medicaid.

In June, 2007, The National Consumer Protection Technical Resource Center (The Center is funded by AoA to assist SMPs) conducted a confidential, electronic survey of the 57 SMPs to explore the structure of relationships between SMPs and SHIPs. Results showed that 48% (27) of the SMP grants are managed by the same organization that receives the SHIP grant (i.e. joint SHIP/SMP program). An additional 40% (23) of all SMP programs, though not co-located, have-a formal relationship with their local or state..SHIP program. Ofthis group, the majority of the relationships are unpaid, with only 3 providing funding to their

SHIP through a contract. Of the 23 SMPs that are not co-located but have relationships with their SHIPs, 14-share and jointlx train volunteers. Those shared volunteers then provide both SHIP and SMP services to the public. Looking at both co-located projects and projects with formal relationships, 70% (35) share a director and almost 65% (32) also share some staff. More shared personnel could indicate a greater likelihood for issues with data reporting distinctions due to the overlap. All factors taken into consideration, 88% (50) of all SMPs are directly impacte11 by both CMS and AoA reporting requirements.

Benefits:

Responses to the June 2007 survey indicated that SMP program directors of co-located and contractually-related SHIP/SMP programs were overall enthusiastic about the benefits. These benefits include:

- The opportunity for shared resources-technology, more staff, and greater expertise of staff and volunteers, and joint training opportunities for volunteers;
- Additional capacity to reach out to greater numbers of beneficiaries to provide basic Medicare education as well as specific information about fraud, errors and abuse;
- Co-location allows for one point of access for beneficiaries and caregivers;
- SHIP personal counselors work with beneficiaries' MSNs and bills and may identify potential fraud or abuse which can be easily transferred to the SMP for further investigation or referral; and
- Since both SHIPs and SMPs partner with other local and state organizations to achieve program objectives, co-located programs can enjoy greater efficiency in this area (one contact made with partners, not two).

Challenges:

Program directors also raised key challenges for co-located and contractually-related SHIP and SMP programs:

- Use of different data collection instruments;
- Differing data elements collected; and
- Data categorized differently by each program.

IV. Data Collection Instruments

CMS' data collection instrument

CMS requires each SHIP program to report data into the National Performance Reporting System (NPR), including encounter-level data on the clients served, outreach and media activity data, and data on personnel providing services at the state and local levels. The NPR system is a web-based tool for SHIP reporting. The reporting requirement is stated in the terms and conditions of the CMS grants. Performance measurement data is reported to the HHS Office of Inspector General (OIG) as requested. CMS uses the performance measures as a way to assess ongoing programmatic support for performance improvement.

AoA's data collection instrument

AoA requires SMP programs to input activity data into the SMARTFACTS software program, a web-based system introduced in January, 2007. SMART FACTS is a multi-purpose software, operating as a case management tool for complex issues related to potential Medicare fraud, a repo11ing tool to provide aggregate SMP performance measurement data semi-annually to the HHS Office of the Inspector General (OIG) and to AoA, and a program management tool to help SMPs more efficiently conduct daily operations (such as aggregate statistical reports of clients served, forms, letters, mailing labels, etc.).

V. Impact of Two Data Collection Instruments

Completion of each of these respective data collection requirements increases the workload for the joint programs and raises questions regarding duplication of effort and reporting of program activities. It should be pointed out, however, that the NPR and SMART FACTS do not serve identical purposes. Both provide a system to collect required reporting data and monitor achievement of performance measures. However, each provides *additional* features unique to the programs for which they were designed. For this reason, merging the NPR and SMART FACTS is not being considered by CMS and AoA at this time. It should also be noted that issues unique to those states using proprietary software for integrated program tracking and reporting is outside of the scope of this document. Instead, this document will conclude with practical guidelines for determining data elements that do and do not overlap between the two programs.

SHIPs and SMPs are required to report performance data electronically: for SHIPs, to the national CMS office (through the NPR system) and for SMPs. to AoA and the HHS OIG (through SMARTFACTS). Although these reporting systems are electronic, local level data for both programs is often still collected manually, on paper forms and submitted to central SHIP and/or SMP offices for batch data entry into the electronic systems. Providing volunteers and staff who are meeting clients in their homes or remote offices with the technology to conduct intakes and document efforts electronically rather than on paper is still not viable nationwide. Ideally, for reporting purposes, it would be easier to have the initial data collected electronically. In the meantime, batch data entry based on paper documentation is still very much a reality. This creates the need for good communication and good data collection forms so that the required data for SHIP reporting and SMP reporting is accurately produced. Some SMPs who must report to both systems have addressed the need for data collection efficiency by creatingjQint SHIP/SMP forms. Examples are available from the National Consumer Protection Technical Resource Center.

VI. Frequently Asked Questions (FAQs) Regarding Joint Reporting

Following is a list of frequently asked questions regarding joint reporting that this document will address:

- For ·quick calls" ("simple inquiries"), may the call/inquiry be reported in both SHIP and SMP systems if it included discussion of both fraud/abuse and non-fraud Medicare topics?

  In the case of SHIP client work, how should it be decided if a SMP one-on-one counseling session should also be reported?

- Similarly, ifajoint program trains staff or volunteers, does the training count both as a SHIP or SMP training activity? If so, should all or part of the training hours be counted by each program as training provided for each trainee?

If a joint or co-located program does community outreach (health fairs, conferences, booths, etc?) to provide Medicare information, is this outreach activity counted as a SHIP outreach activity, SMP outreach activity. or both?

- Likewise. should group educational sessions (presentations to groups). be counted as a SHIP or SMP activity, or both? If health care fraud, errors or abuse or other related issues such as scam. elder protection issues, etc. were discussed, what part of the session should be reported as SMP activity?
- How does reporting of these activities impact the overall counting of volunteer hours in the SHIP and SMP performance reporting systems?

VII. CMS and AoA Guidance for Joint SHIP/SMP Reportin2

To move toward resolution of some of the reporting questions outlined above, CMS and AoA staff, along with the National Consumer Protection Technical Resource Center (SMP Resource Center) staff, met in November, 2007 and again in February, 2008 to discuss and develop protocols. At the meetings, CMS and AoA also discussed requests from SHIPs and SMPs for an interface between the SHIP and SMP reporting tools. This will be considered when the NPR and SMART FACTS systems are updated in the future and will be dependent upon funding and the feasibility of the undertaking. In the meantime, the following chart represents proposed distinctions between activities to be reported by joint SHIP/SMP programs under the SHIP NPR and the SMP SMART FACTS systems:

Selected Reporting Protocols for the SHIP NPR System and the SMP SMARTFACTS System

ACTJVlTY	SHIP NPR REPORTING	SMP SMARTFACTS REPORTING
I. Client "Quick calls" or ·'Simple Inquiries" which involves discussion fraud and abuse	Count as Client Contact and complete Client Contact Form. Check appropriate box in Section 3 (Other: Fraud and Abuse).	Count as Simple Inquiry **if** the call/inquiry involved discussion related to: • Potential fraud, error or abuse • Inappropriate marketing • Scams, identify theft or other consumer protection issues
2. One-on-one counseling with beneficiary	Complete Client Contact Form.	Count as one-one-counseling if the counseling discussion related to: • Potential fraud, error or abuse • Inappropriate marketing • Scams, identify theft or other consumer protection issues

ACTIVITY	SHIP NPR REPORTING	SMP SMARTFACTS REPORTING
Complex Issues (in-depth client assistance/caseworkl Referrals	Complete Client Contact Form and complete all topics discussed.	All complex issues should be recorded in SMART FACTS (i.e., complaints, referrals and in-depth work on behalf of beneficiary regarding potential fraud. waste. and/or abuse. Does not have to be confirmed fraud. waste, and/or abuse.)
Community Outreach Events; Media Activity	Record on SHIP Public and Media Activity Form. Include number of people reached and/or enrolled.	lfSMP program information or fraud/abuse information was disseminated, record community outreach or media activity in SMARTFACTS
Group Educational Session. Group Presentations	Record on SHIP Public and Media Activity Form. Include number of people reached and/or enrolled.	Record in SMART FACTS to reflect that **part** of time (in minutes) spent discussing fraud, errors and abuse. Count total number of attendees in the group education session.
Volunteer Training Activity	Record full time spent on volunteer training on NPR Resource Report Form. Include numbers and hours of counselors in initial training, update training, and partner training.	Record in SMART FACTS to reflect **full** amount of time (in hours) spent on volunteer training.
Volunteer Time	Report counselor hours on Resource Report Form proportional to actual time spent on SHIP workFor example, if a volunteer spends 45 minutes with a beneficiary, 30 of which are spent counseling about plans and 15 of which are spent educating about fraud, waste, and abuse, report .5 hours on the Resource Report From. Note: include hours spent on counseling vs. other volunteer activities.	Report volunteer time proportional to actual time spent on SMP work. For example. if a volunteer spends 45 minutes with a beneficiary, 30 of which are spent counseling about plans and 15 of which are spent educating about fraud. waste, and abuse. record .25 hours in SMART FACTS.