



AMENDMENT NUMBER 3 TO AGREEMENT NUMBER 4400007944

APPENDIX A

Statement of Understanding (SOU) for PACE APPRISE Client Contact Reporting Project

Privacy Rules

The Health Insurance Portability and Accountability Act of 1996 (HIPAA – Public Law 104-191) and the HIPAA Privacy Final Rule¹ and the American Recovery and Reinvestment Act (ARRA) of 2009 provides protection for personal health information. Magellan Medicaid Administration developed and maintains HIPAA Privacy Policies and Procedures to ensure operations are in compliance with the legislative mandates.

Protected health information (PHI) includes any health information and confidential information, whether verbal, written, or electronic, created, received, or maintained by Magellan Medicaid Administration. It is health care data plus identifying information that would allow the data to tie the medical information to a particular person. PHI relates to the past, present, and future physical or mental health of any individual or recipient; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Claims data, prior authorization information, and attachments such as medical records and consent forms are all PHI.

¹ 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information; Final Rule

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1.0 Overview

The Pennsylvania Department of Aging's PACE APPRISE/State Health Insurance Program (SHIP) receives funding from the Centers for Medicare and Medicaid Services (CMS.) Funding decisions are based in part on measurements taken of services provided by the SHIP, including client contacts. Although Pennsylvania is one of the largest states with an older population and has a large number of volunteers to assist in this activity, the APPRISE Program's ratings are rather low in comparison to other states, including those with smaller populations. In evaluating the reason for the perceived shortfall in qualifying contacts with individuals needing help with their health insurance coverage issues, it was determined that contacts being made by the APPRISE staff are being captured and reported, but not contacts made by the PACE Cardholder Services staff.

The Department of Aging prepared a proposal for CMS to include these calls; this proposal was accepted by CMS and is included as Exhibit 1 to this SOU.

In order to more accurately reflect the level of help being provided in Pennsylvania, information on contacts made via the Cardholder Services call center will be captured and reported. Changes to the existing Cardholder system will be made to capture data which are not currently captured by the Cardholder system and to report contact information in a form acceptable to CMS.

2.0 Requirements

The PACE APPRISE Client Contact Reporting Project will include the following tasks:

- I. Create CICS Transaction to Track Calls
- II. Build Batch Process to Create Call Management System File
- III. Create CICS Transaction to Add New CSRs
- IV. Create a monthly extract to report Client Contacts. Include monthly activity reporting.

3.0 Assumptions

Workload and pricing estimates are based on the following assumptions:

1. Reporting will be performed for all outgoing and incoming calls for PACE/PACENET cardholders.
2. Follow-up calls made within one business day of a previous contact recorded for reporting will not be included in the reporting. If contact is made more than 24 hours later for a new issue, it can be counted as a client contact.
3. An outgoing letter cannot be counted as a client contact, but a phone call in response to that letter can be counted.
4. Client contact can be counted in situations where the caller is not a cardholder, but is calling for information.
5. The forms and formats presented in the exhibits to this Statement of Understanding will be followed.
6. Reporting will be no more frequent than monthly, although subsequent reports may be necessary to correct errors that prevent the submission from being accepted.
7. All reporting will use electronic file transfer; no media will be required.
8. No new fields or other new data collection will be needed to satisfy the reporting requirements.

4.0 Constraints

Workload and pricing estimates are based on the following constraints:

- Work to develop and test these changes can begin no later than the date that this Statement of Understanding is executed.
- The first day of activity to be reported will be June 3, 2013.
- The first month of activity to be reported will be June, 2013, which will be reported in July, 2013.

5.0 Issues and Concerns

There are no issues or concerns for the PACE APPRISE Client Contact Reporting Project.

6.0 Scope of Work

The Scope of Work for the PACE APPRISE Client Contact Reporting Project is as described in Section 2.0, Requirements. This project will result in the Department of Aging having the capability to report contacts with cardholders during the previous month to CMS.

This project will require changes to the Cardholder Services system to allow for the capture of contact information needed to satisfy the requirements for client contact reporting. Captured information will be used, in conjunction with the information on the Cardholder file, to create a contact record for each client contact. These records will be sent monthly to CMS or its designee for processing.

The workplan for the APPRISE Client Contact Reporting Project is summarized below:

APPRISE CLIENT CONTACT REPORTING PROJECT PLAN

Task_Name	Duration	Planned Start_Date	Planned Finish_Date
Apprise Project	66 days	3/4/2013	6/3/2013
Obtain Micro Focus Licenses	6 days	3/15/2013	3/22/2013
CICS Transaction to Track Calls - PF10 Hot Key from PRSI	56 days	3/18/2013	6/3/2013
Coding	10 days	3/18/2013	3/29/2013
System Testing	5 days	4/1/2013	4/5/2013
QA Testing	10 days	4/8/2013	4/19/2013
User Testing	5 days	4/22/2013	4/26/2013
Implement	1 day	6/3/2013	6/3/2013
Build Batch process to create File for CMS	51 days	3/4/2013	6/3/2013
Coding - for incoming calls and documents	15 days	3/25/2013	4/12/2013
Receive BDT File	1 day	3/25/2013	3/25/2013
System Testing	5 days	4/15/2013	4/19/2013
QA Testing	10 days	4/22/2013	5/3/2013
Test with CMS	20 days	5/6/2013	5/31/2013
Implement	1 day	6/3/2013	6/3/2013
CICS Transaction to add new CSRs	66 days	3/11/2013	6/3/2013
Coding	10 days	4/15/2013	4/26/2013
Systems Testing	5 days	4/29/2013	5/3/2013
QA Testing	10 days	5/6/2013	5/17/2013
Obtain ID's for CSR's from CMS	20 days	5/1/2013	5/28/2013
Implement	1 day	6/3/2013	6/3/2013

**APPRISE CLIENT CONTACT REPORTING PROJECT PLAN
(CONTINUED)**

Walkthrough with PDA	1 day	5/29/2013 8:00	5/29/2013
Develop Cardholder Documentation (DLT's)	15 days	5/6/2013 8:00	5/24/2013
User Training	1 day	5/30/2013 8:00	5/30/2013

7.0 Test Plan

Quality assurance testing will be performed by the QA department for this project prior to implementation and also for the work products of the reporting activity. User acceptance testing will be performed by the Associate Data Analyst and the application processing staff of the Cardholder Services department.

8.0 Operational Impact

The PACE APPRISE Client Contact Reporting Project will add data capture, formatting and reporting capabilities to the Cardholder system. A correction process will be in place to make changes to error records causing the submission to not be accepted. The existing data capture and reporting capabilities of that system will not be affected.

Once operational, the required data elements for APPRISE client contact reporting will be captured and stored. After the close of each month, new client contact records will be extracted and reported to CMS via electronic file transfer. An activity report will be produced each month summarizing the information reported for the month.

9.0 Estimates and Costing

Pricing for the PACE APPRISE Client Contact Reporting Project appear on the page following.

**PACE APPRISE CLIENT CONTACT REPORTING PROJECT
PRICING SUMMARY BY CONTRACT YEAR**

	Y	E	A	R	E	N	D	I	N	G
	June 30, 2014			June 30, 2015	June 30, 2016			June 30, 2017		
Licenses			\$1,270.00							
Materials										
Mailing Services										
Postage										
IT Charges										
Labor			\$156,000.00							
Programming										
Total Direct Expense			\$157,270.00							
Overhead @ 11.87%			\$18,668.00							
Profit @ 12.27%			\$21,588.00							
Total Price			\$197,526.00							

Notes:
 Licenses expense includes two licenses for MicroFocus Studio Enterprise Edition
 Labor expense includes development costs of \$150.00 per hour for Programmers for 1,040 hours

Any changes to the Requirements, Assumptions, Constraints, and Issues/Concerns/Questions may require modification to this Statement of Understanding and the cost estimates.

THE PRICES CONTAINED IN THIS COST PROPOSAL SHALL REMAIN VALID FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF THIS PROPOSAL. AFTER THE EXPIRATION OF THE ABOVE PERIOD, THESE PRICES MAY ONLY BE ACCEPTED OR THE TIME PERIOD EXTENDED WITH THE WRITTEN CONSENT OF MAGELLAN MEDICAID ADMINISTRATION.

EXHIBIT 1

**Improving Client Contact Counting
in the
Pennsylvania State Health Insurance Program**

The Pennsylvania State Health Insurance Program, also known as APPRISE, offers free counseling services to residents who are disabled or Medicare eligible. Despite our best efforts to cultivate partnerships and increase outreach efforts, our Overall Performance Score for FY ending June 30, 2012, was 12%.

It was during this Performance Evaluation, however, that we learned that additional client contacts and enrollments can be reported by two of our registered counseling partners. The Pennsylvania Department of Aging's PACE Program (SPAP) has long-standing contractual relationships with Benefits Data Trust (BDT) and Magellan Health Services (MHS). Since 2002, BDT has had an integral role with PACE in providing outreach and enrollment services for public benefits, such as PACE and Medicare Part D's Extra Help/Low Income Subsidy (LIS). Magellan Health Services has served as the PACE Program's sole Pharmacy Benefit Administrator since the inception of the program, in 1984, counseling eligible Pennsylvanians on SPAP, Part D and LIS benefits and adjudicating all PACE applications.

In 2009, APPRISE registered BDT as a counseling partner to serve as a centralized screening, application submission, and tracking center for clients eligible for the PACE Program and LIS. Since 2009, BDT received 7,170 client contacts resulting in 5,045 LIS applications and 525 PACE enrollments. Through their on-going efforts, we anticipate that BDT will be in direct contact with approximately 80,000 Medicare clients, and complete approximately 20,000 PACE and 15,000 LIS applications, between July 1, 2012 and June 30, 2013.

In addition, APPRISE also partners with MHS through their work on assisting clients during the Medicare Part D Annual Enrollment Period. In the past year, more than 2,100 client contact forms were completed and counted toward the Performance Measure as a result of this partnership. During the current Part D Annual Enrollment Period, we anticipate that more than 2,500 client contact forms will be completed. Aside from their current efforts, we have determined that additional client contacts and enrollment applications processed through MHS have not been properly counted toward the APPRISE Performance Measure. These services and applications also focus on the state's PACE Program and LIS. We estimate that approximately 96,000 client contacts will be received each year, and 45,000 PACE applications will be submitted and processed through MHS.

The recent Performance Measure documented that the Pennsylvania SHIP provided approximately 91,000 contacts in the last FY ending June 30, 2012. It was suggested in the Performance Measure Summary that, in order to get every county in Pennsylvania above the projected Minimum Attainment Threshold, we would need to maintain 116,000 contacts statewide. Because these two registered counseling partners, BDT and MHS, provide high volumes of contacts and services to our Medicare population, that heretofore have not been counted, Pennsylvania will significantly exceed expectations during the current and subsequent reporting period. We are seeking to ensure your understanding of our additional client contact counting.

November 1, 2012

EXHIBIT 2

CLIENT CONTACT

OMB No. 0938-0850

Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together

Client Identifier Used by Your Agency or State

Client Identifier Auto-Assigned by NPR - Optional

Client Name and Contact Information - Optional

Client First Name _____
 Client Last Name _____
 Client Phone Number (____) - ____ - ____
 Representative First Name _____
 Representative Last Name _____

How Did Client Learn About SHIP

- 1 Previous Contact
- 2 CMS / Medicare
- 3 Presentations
- 4 Mailings
- 5 Another Agency
- 6 Friend or Relative
- 7 Media
- 8 State Website
- 9 Other
- 99 Not Collected

Client ZIP Code and County Code

ZIP Code of Client Residence

County Code of Client Residence - Optional

Counselor and Agency

Counselor User ID

Agency Code

County Code of Counselor Location

ZIP Code of Counselor Location

Date of Contact

Method of Contact

- 1 Phone Call
- 2 Face to Face at Counseling Location or Event Site
- 3 Face to Face at Client's Home or Facility
- 4 E-Mail
- 5 Postal Mail or Fax

First vs. Continuing Contact

- 1 First Contact for Issue
- 2 Continuing Contacts for Issue

Client Age Group

- 1 64 or Younger
- 2 65-74
- 3 75-84
- 4 85 or Older
- 9 Not Collected

Client Gender

- 1 Female
- 2 Male
- 9 Not Collected

Client Race-Ethnicity - Check all that Apply

- 1 Hispanic, Latino, or Spanish Origin
- 2 White, Non-Hispanic
- 3 Black, African American
- 4 American Indian or Alaska Native
- 5 Asian Indian
- 6 Chinese
- 7 Filipino
- 8 Japanese
- 9 Korean
- 10 Vietnamese
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Asian
- 15 Other Pacific Islander
- 16 Some Other Race-Ethnicity
- 99 Not Collected

Client Primary Language Other Than English

- 1 Primary Language Other Than English
- 2 English is Client's Primary Language
- 9 Not Collected

Client Monthly Income

- 1 Below 150% FPL
- 2 At or Above 150% FPL
- 9 Not Collected

Client Assets

- 1 Below LIS Asset Limits
- 2 Above LIS Asset Limits
- 9 Not Collected

Receiving or Applying for Social Security Disability or Medicare Disability

- 1 Yes
- 2 No
- 9 Not Collected

Dual Eligible with Mental Illness / Mental Disability

- 1 Yes
- 2 No
- 9 Not Collected

EXHIBIT 2

PREScription DRUG ASSISTANCE		MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)	
<i>Medicare Prescription Drug Coverage (Part D)</i>		27	Eligibility/Screening
1	Eligibility/Screening	28	Benefit Explanation
2	Benefit Explanation	29	Plans Comparison
3	Plans Comparison	30	Plan Enrollment/Disenrollment
4	Plan Enrollment/Disenrollment	31	Claims/Billing
5	Claims/Billing	32	Appeals/Grievances
6	Appeals/Grievances	33	Fraud and Abuse
7	Fraud and Abuse	34	Marketing/Sales Complaints or Issues
8	Marketing/Sales Complaints or Issues	35	Quality of Care
9	Quality of Care	36	Plan Non-Renewal
10	Plan Non-Renewal		
<i>Part D Low Income Subsidy (LIS/Extra Help)</i>		MEDICARE SUPPLEMENT/SELECT	
11	Eligibility/Screening	37	Eligibility/Screening
12	Benefit Explanation	38	Benefit Explanation
13	Application Assistance	39	Plans Comparison
14	Claims/Billing	40	Claims/Billing
15	Appeals/Grievances	41	Appeals/Grievances
		42	Fraud and Abuse
		43	Marketing/Sales Complaints or Issues
		44	Quality of Care
		45	Plan Non-Renewal
<i>Other Prescription Assistance</i>			
16	Union/Employer Plan		
17	Military Drug Benefits		
18	Manufacturer Programs		
19	State Pharmaceutical Assistance Programs		
20	Other _____		
MEDICARE (Parts A & B)		MEDICAID	
21	Eligibility	46	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
22	Benefit Explanation	47	MSP Application Assistance
23	Claims/Billing	48	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
24	Appeals/Grievances	49	Medicaid Application Assistance
25	Fraud and Abuse	50	Medicaid/QMB Claims
26	Quality of Care	51	Fraud and Abuse
		OTHER	
		52	Long Term Care (LTC) Insurance
		53	LTC Partnership
		54	LTC Other
		55	Military Health Benefits
		56	Employer/Federal Employee Health Benefits (FEHB)
		57	COBRA
		58	Other Health Insurance
		59	Other

Total Time Spent on This Contact Date

HH	Hours	MM	Minutes
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Status:

1	General Information and Referral
2	Detailed Assistance - In Progress
3	Detailed Assistance - Fully Completed
4	Problem Solving / Problem Resolution - In Progress
5	Problem Solving / Problem Resolution - Fully Completed

Nationwide and CMS Special Use Fields										State and Local Special Use Fields									
01	02	03	04	05	06	07	08	09	10	01	02	03	04	05	06	07	08	09	10

EXHIBIT 3

Client Contact Batch Upload File Specifications

Field Position	Field name	Is Required (cannot be BLANK)	Data Type	Maximum Length	Comments
1	Action	Yes	Text	1	Refer to field explanation
2	State FIPS Code	Yes	Text	2	Refer to field explanation
3	Unique Record ID	Yes	Text	40	Refer to field explanation
4	Unique Client ID used by your Agency or State	Yes	Text	40	Refer to field explanation
5	Client First Name	No	Text	50	Optional field
6	Client Last Name	No	Text	50	Optional field
7	Client Phone Number	No	Text	20	May include phone extensions
8	Representative First Name	No	Text	50	Representative of Client
9	Representative Last Name	No	Text	50	Representative of Client
10	How Did Client Learn About the SHIP	Yes	Numeric	2	Refer to Value Table A
11	ZIP Code of Client Residence	Yes	Text	5	Refer to Zip Code Rule
12	FIPS County Code of Client Residence	No	Text	5	Client's State County code (Optional)
13	Counselor User ID	Yes	Numeric	6	NPR User ID of Counselor
14	Agency Code	Yes	Text	6	Refer to field explanation
15	FIPS County Code of Counselor Location	Yes	Text	5	Your County Code
16	ZIP Code of Counselor Location	Yes	Text	5	Refer to Zip Code Rule
17	Method of Contact	Yes	Numeric	1	Refer to Value Table F
18	Date of Contact	Yes	Date	10	e.g., 2/12/2010 e.g., 02/12/2010
19	First Vs Continuing Contact	Yes	Numeric	1	Refer to Value Table G
20	Client Age Group	Yes	Numeric	1	Refer to Value Table B

EXHIBIT 3

21	Client Gender	Yes	Numeric	1	Refer to Value Table C
	Client Race/Ethnicity	(Refer to Race-Ethnicity section Validation rule)			
22	Hispanic, Latino or Spanish Origin	No	Boolean	5	Refer to Boolean Type
23	White, Non-Hispanic	No	Boolean	5	Refer to Boolean Type
24	Black, African American	No	Boolean	5	Refer to Boolean Type
25	American Indian or Alaska Native	No	Boolean	5	Refer to Boolean Type
26	Asian Indian	No	Boolean	5	Refer to Boolean Type
27	Chinese	No	Boolean	5	Refer to Boolean Type
28	Filipino	No	Boolean	5	Refer to Boolean Type
29	Japanese	No	Boolean	5	Refer to Boolean Type
30	Korean	No	Boolean	5	Refer to Boolean Type
31	Vietnamese	No	Boolean	5	Refer to Boolean Type
32	Native Hawaiian	No	Boolean	5	Refer to Boolean Type
33	Guamanian or Chamorro	No	Boolean	5	Refer to Boolean Type
34	Samoan	No	Boolean	5	Refer to Boolean Type
35	Other Asian	No	Boolean	5	Refer to Boolean Type
36	Other Pacific Islander	No	Boolean	5	Refer to Boolean Type
37	Some Other Race / Ethnicity	No	Boolean	5	Refer to Boolean Type
38	Not Collected	No	Boolean	5	Refer to Race-Ethnicity section Validation Rule
39	Client Primary Language Other Than English	Yes	Numeric	1	Refer to Value Table H
40	Client Monthly Income	Yes	Numeric	1	Refer to Value Table D
41	Client Assets	Yes	Numeric	1	Refer to Value Table E
42	Receiving or Applying for Social Security Disability or Medicare Disability	Yes	Numeric	1	Refer to Value Table I
43	Dual Eligible with Mental Illness Mental Disability	Yes	Numeric	1	Refer to Value Table K

EXHIBIT 3

		Topic: PRESCRIPTION DRUG ASSISTANCE		(Refer to At least One topic selection Rule)				
44	Eligibility/Screening	No	Boolean	5	Boolean	5	Refer to Boolean Type	
45	Benefit Explanation	No	Boolean	5	Boolean	5	Refer to Boolean Type	
46	Plans Comparison	No	Boolean	5	Boolean	5	Refer to Boolean Type	
47	Plans Enrollment/Disenrollment	No	Boolean	5	Boolean	5	Refer to Boolean Type	
48	Claims/Billing	No	Boolean	5	Boolean	5	Refer to Boolean Type	
49	Appeals/Grievances	No	Boolean	5	Boolean	5	Refer to Boolean Type	
50	Fraud and Abuse	No	Boolean	5	Boolean	5	Refer to Boolean Type	
51	Marketing/Sales Complaints or Issues	No	Boolean	5	Boolean	5	Refer to Boolean Type	
52	Quality of Care	No	Boolean	5	Boolean	5	Refer to Boolean Type	
53	Plan Non-Renewal	No	Boolean	5	Boolean	5	Refer to Boolean Type	
		Topic: Part D Low Income Subsidy		(Refer to At least One topic selection Rule)				
54	Eligibility/Screening	No	Boolean	5	Boolean	5	Refer to Boolean Type	
55	Benefit Explanation	No	Boolean	5	Boolean	5	Refer to Boolean Type	
56	Application Assistance	No	Boolean	5	Boolean	5	Refer to Boolean Type	
57	Claims/Billing	No	Boolean	5	Boolean	5	Refer to Boolean Type	
58	Appeals/Grievances	No	Boolean	5	Boolean	5	Refer to Boolean Type	
		Topic: Other Prescription Assistance		(Refer to At least One topic selection Rule)				
59	Union/Employer Plan	No	Boolean	5	Boolean	5	Refer to Boolean Type	
60	Military Drug Benefits	No	Boolean	5	Boolean	5	Refer to Boolean Type	
61	Manufacturer Programs	No	Boolean	5	Boolean	5	Refer to Boolean Type	
62	State Pharmaceutical Assistance Programs	No	Boolean	5	Boolean	5	Refer to Boolean Type	
63	Other	No	Text	255	Text	255	If size of text is greater than 255, only the first 255 will be used.	
		Topic: Medicare (Parts A & B)		(Refer to At least One topic selection Rule)				
64	Eligibility	No	Boolean	5	Boolean	5	Refer to Boolean Type	

EXHIBIT 3

	<u>Topic: MEDICAID</u>	(Refer to 'At least One topic selection' Rule)				
89	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)	No	Boolean	5	Refer to Boolean Type	
90	MSP Application Assistance	No	Boolean	5	Refer to Boolean Type	
91	Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening	No	Boolean	5	Refer to Boolean Type	
92	Medicaid Application Assistance	No	Boolean	5	Refer to Boolean Type	
93	Medicaid/QMB Claims	No	Boolean	5	Refer to Boolean Type	
94	Fraud and Abuse	No	Boolean	5	Refer to Boolean Type	
	<u>Topic: OTHER</u>	(Refer to 'At least One topic selection' Rule)				
95	Long Term Care (LTC) Insurance	No	Boolean	5	Refer to Boolean Type	
96	LTC Partnership	No	Boolean	5	Refer to Boolean Type	
97	LTC Other	No	Boolean	5	Refer to Boolean Type	
98	Military Health Benefits	No	Boolean	5	Refer to Boolean Type	
99	Employer/Federal Employer Health Benefits (FEHB)	No	Boolean	5	Refer to Boolean Type	
100	COBRA	No	Boolean	5	Refer to Boolean Type	
101	Other Health Insurance	No	Boolean	5	Refer to Boolean Type	
102	Other	No	Text	255	If size of text is greater than 255, only the first 255 will be used.	
103	Hours Spent	Yes	Numeric	2	Less than or Equal to 23; e.g., 2	
104	Minutes Spent	Yes	Numeric	2	Less than or Equal to 59; e.g., 15	
105	Status	Yes	Numeric	1	Refer to Value Table L	
<u>Nationwide and CMS Special Use Fields</u>						
106	Field 01	No	Text	10	Max 10 characters	

EXHIBIT 3

107	Field 02	No	Text	10	Max 10 characters
108	Field 03	No	Text	10	Max 10 characters
109	Field 04	No	Text	10	Max 10 characters
110	Field 05	No	Text	10	Max 10 characters
111	Field 06	No	Text	10	Max 10 characters
112	Field 07	No	Text	10	Max 10 characters
113	Field 08	No	Text	10	Max 10 characters
114	Field 09	No	Text	10	Max 10 characters
115	Field 10	No	Text	10	Max 10 characters
<u>State and Local Special Use Fields</u>					
116	Field 01	No	Text	10	Max 10 characters
117	Field 02	No	Text	10	Max 10 characters
118	Field 03	No	Text	10	Max 10 characters
119	Field 04	No	Text	10	Max 10 characters
120	Field 05	No	Text	10	Max 10 characters
121	Field 06	No	Text	10	Max 10 characters
122	Field 07	No	Text	10	Max 10 characters
123	Field 08	No	Text	10	Max 10 characters
124	Field 09	No	Text	10	Max 10 characters
125	Field 10	No	Text	10	Max 10 characters
126	Comments	No	Text	1000	Refer to field explanation

EXHIBIT 4

A

How Did Client Learn About SHIP	
Value	Description
1	Previous Contact
2	CMS / Medicare
3	Presentations
4	Mailings
5	Another Agency
6	Friend or Relative
7	Media
8	State Website
9	Other
99	Not Collected

B

Client Age Group	
Value	Description
1	64 or Younger
2	65-74
3	75-84
4	85 or Older
9	Not Collected

C

Client Gender	
Value	Description
1	Female
2	Male
9	Not Collected

* Transgender code 3 dropped *

D

Client Monthly Income	
Value	Description

F

Method of Contact	
Value	Description
1	Phone Call
2	Face to Face at Counseling Location or Event Site
3	Face to Face at Client's Home or Facility
4	E-Mail
5	Postal Mail or Fax

G

First Vs Continuing Contact	
Value	Description
1	First Contact for Issue
2	Continuing Contacts for Issue

H

Client Primary Language Other Than English	
Value	Description
1	Primary Language Other Than English
2	English is Client's Primary Language
9	Not Collected

I

Receiving or Applying for Social Security Disability or Medicare Disability

Value	Description
1	Yes
2	No
9	Not Collected

Note: For data validation, please follow 'Validation rule: Disability' under the Field_Validation_Rules tab

J

Client Race-Ethnicity - Coded as Boolean - All that Apply

Value	Description
1	Hispanic, Latino or Spanish Origin
2	White, Non-Hispanic

EXHIBIT 4

Value	Description
1	Below 150% FPL
2	At or Above 150% FPL
9	Not Collected

E

Client Assets	
Value	Description
1	Below LIS Asset Limits
2	Above LIS Asset Limits
9	Not Collected

3	Black, African American
4	American Indian or Alaska Native
5	Asian Indian
6	Chinese
7	Filipino
8	Japanese
9	Korean
10	Vietnamese
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Asian
15	Other Pacific Islander
16	Some Other Race/Ethnicity
99	Not Collected

K

Dual Eligible with Mental Illness / Mental Disability

Value	Description
1	Yes
2	No
9	Not Collected

L

Status

Value	Description
1	General Information and Referral
2	Detailed Assistance - In Progress
3	Detailed Assistance - Fully Completed
4	Problem Solving / Problem Resolution - In Progress
5	Problem Solving / Problem Resolution - Fully Completed

EXHIBIT 5

Tab Delimited file explained

The Client Contact form MUST be a Tab-Delimited file meaning each field separated from each other by a TAB spacing.

Naming Convention: The file name MUST start with the characters CC_ (CC followed by underscore)

The file will need to have an extension .txt. All other file extensions will be rejected.

The file can have any number of Contact records, each record in a separate line, one below the other.

Each Contact record (which is a one row) in the file will contain several fields, separated by a TAB space.

In a tab-delimited file, the number of fields in each row MUST be the same without exceptions.

File size limit: The file size cannot exceed 20 megabytes.

If a field does not have a valid value, the field MUST BE LEFT BLANK immediately followed by a TAB space.

Client Contact form export file Specification meta data

Field Position

The field position is static. The field position must be in the order, as given in this document. If the value for a field is not available, then the field position can be shifted to the next field using a tab space, in which case, the value for the field will be left blank.

Field Name

The field name refers to the CC-form field names.

Required / Non-blank

The column indicates if the value for a field can be left BLANK or not. If the column contains 'Yes', then the value for the field MUST NOT be blank. If the column contains 'No', then the field can be left blank. If a Required field is left blank, then the record in question will be rejected by the pre-processor.

Data Type

Data Type indicates the type of value that is acceptable for a given field. The data types and the descriptions are give below:

Numeric:

The value for a field of type Numeric can ONLY contain numbers. Alphabets or special symbols will NOT be accepted.

EXHIBIT 5

Text:	The value for a field of type Text can contain any character be it alphabets, numbers, special characters.
Date:	Value for a field of type "Date", MUST be of mm/dd/yyyy format. Acceptable values: 02/10/2009 2/10/2009
Boolean (True or False):	The acceptable values for a field of type 'Boolean' are 'Y', 'N', 'Yes', 'No', 'True', 'False'. The text is NOT CASE SENSITIVE. The text could be "yes", "no", "TRUE", "No", "false", "n", "Y" etc. However, the values 1, 0 will NOT BE ACCEPTED.
Maximum Length	The maximum length is the maximum number of characters allowed for the value of a field. For example, a field with a maximum length of 10 can accommodate the following values: "Home Bound", "07/01/2009" etc

Client Contact form export file Specification fields

Field	Explanation
Action	The action MUST be one of the following values: A - Stands for 'Add'. Value 'A' indicates that the record is a new record never before submitted. U - Stands for 'Update'. Value 'U' indicates that an update is being requested for a previous record that matches the Agency Code + Unique Record ID being uploaded. D - Stands for 'Delete'. Value 'D' indicates that a delete operation is being requested for a record with the Agency Code + Unique Record ID being uploaded.
State FIPS Code Unique Record ID	State FIPS Code for your State e.g., Alabama state FIPS code is 01 Each of the Client Contact records submitted via the File Upload process, MUST have a Unique Record Identifier (ID). The Unique Record ID will be helpful in identifying a record for making further changes to the record that has already been uploaded to NPR. The Unique Record ID will be generated by the agency or state that is uploading the file. Every Unique Record ID submitted via upload files MUST be unique not only for the batch being submitted, but also must be unique across the entire history of client contact records submitted by the State or Agency.

EXHIBIT 5

Unique Client ID used by your Agency or State	The Unique Client ID is a unique identifier for each Client in your agency or State. The Unique Client ID is to be used to identify clients with more than one contact and to link all such contacts together.
Agency Code	Use the Agency code that was granted to your agency by NPR. The agency code must be passed as a text with any leading zeros (0s) preserved.
Comments	Any free text comment entered by Counselor. If the field contains more than 1000 characters, the text will be trimmed to the first 1000 characters.

Validation: Date of Contact

Field names	Validation Logic
Date of Contact	One counselor at one agency can enter only one client contact for a given client within a given calendar day.

Validation: ZIP Code Rule

Field names	Validation Logic
ZIP Code of Counselor Location	The ZIP Codes MUST be 5 digits in length. The leading zeroes MUST be preserved. The ZIP Code of Counselor Location MUST be associated with an appropriate County FIPS Code value. The ZIP Code of Counselor Location CANNOT be 99999.
ZIP Code of Client Residence	The ZIP Codes MUST be 5 digits in length. The leading zeroes MUST be preserved. If Client County of Residence is specified, then the ZIP Code of Client Residence MUST be valid for the specified Client County of Residence.

Validation Rule: Race-Ethnicity section

Field names	Validation Logic
Client Race-Ethnicity section	At least one of the fields of Race-Ethnicity Section MUST contain a Boolean True ('Y', 'yes', 'True' etc).
<u>Not_Collected</u> field	When any field other than the 'Not Collected' field contain a Boolean True, the value of 'Not Collected' will be automatically set to 'N'.

EXHIBIT 5

Validation Rule: Disability (For Value Table 1 in Value_Tables tab)

Disability MUST be Numeric Value 2 (e.g., 'No') if Client Age Group is either 2, 3 or 4. For Client Age Group values, refer to Client Age Group table in Value_Tables tab.

Nationwide and CMS Special Use Fields / State and Local Special Use Fields

The special fields provided in the 'Nationwide and CMS Special Use Fields' and 'State and Local Special Use Fields' sections can be at the maximum of 10 characters only and can include alphabets, numbers or special characters.

At least one topic selection Rule

At least one of the items from any of the Total Array of Topics MUST be selected. In other words, all topics cannot be left blank.

Additional Field Validation rules may be developed at any time. If so, an updated set of field validation rules will be provided as needed.

EXHIBIT 6

SHIP CLIENT CONTACT FORM

SHIPs may choose to use the SHIPTalk/NPR system to collect data on the individuals assisted under the purview of the MIPPA grant. If your state decides to do so, you will need to use the Client Contact Form to collect data on application assistance provided to individuals for the Medicare Part D Extra Help/Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP).

There have been some important changes to the Client Contact Form that should make it easier for you for collect data on clients whom you assist through your MIPPA grant work. There are basically 3 areas on this form that you can use to identify clients assisted under your MIPPA grant.

1) You will no longer need to write in MIPPA on your form. Rather, for reporting MIPPA-funded LIS and MSP applications, use the "Nationwide and CMS Special Use Fields" (see image below) of the Client Contact Form to identify your client as a MIPPA-related contact. Field 01 will be used for MIPPA related contacts, coded as follows:

- Enter "1" in the first Nationwide and CMS Special Use Field for clients assisted only with LIS.

1	Nationwide and CMS Special Use Fields									
	01	02	03	04	05	06	07	08	09	10

- Enter "2" in the first Nationwide and CMS Special Use Field for clients assisted only with MSP.

2	Nationwide and CMS Special Use Fields									
	01	02	03	04	05	06	07	08	09	10

- Enter "3" in the first Nationwide and CMS Special Use Field for clients that are assisted with applying for both benefits - LIS and MSP.

3	Nationwide and CMS Special Use Fields									
	01	02	03	04	05	06	07	08	09	10

EXHIBIT 6

Example- LIS application assistance:
If you assisted a client with an LIS application, you would select the following fields:

- #13 Application Assistance— under Part D Low Income Subsidy and
- Code "1" in the first Nationwide and CMS Special Use Field

Part D Low Income Subsidy (LIS/Extra Help)

11	Eligibility/Screening
12	Benefit Explanation
13	Application Assistance
14	Claims/Billing
15	Appeals/Grievances

1 Nationwide and CMS Special Use Fields

01	02	03	04	05	06	07	08	09	10
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EXHIBIT 6

NEW SHIPTalk MIPPA Out & In by DR 23 2010.pdf - Adobe Reader

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Example- MSP application assistance:
 If you assisted a client with an MSP application, you would select the following fields:

- #47 MSP Application Assistance – under MEDICAID and
- Code “2” in the first Nationwide and CMS Special Use Field

MEDICAID	
46	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
47	MSP Application Assistance
48	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
49	Medicaid Application Assistance
50	Medicaid/QMB Claims
51	Fraud and Abuse

Nationwide and CMS Special Use Fields										
2	01	02	03	04	05	06	07	08	09	10

Example- LIS and MSP application assistance:
 If you assisted a client with applications for both LIS and MSP, you would select the following fields:

- #13 Application Assistance – under Part D Low Income Subsidy and
- #47 MSP Application Assistance – under MEDICAID and
- Code “3” in the first Nationwide and CMS Special Use Field

Part D Low Income Subsidy (LIS/Extra Help)		MEDICAID	
11	Eligibility/Screening	46	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
12	Benefit Explanation	47	MSP Application Assistance
13	Application Assistance	48	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
14	Claims/Billing	49	Medicaid Application Assistance
15	Appeals/Grievances	50	Medicaid/QMB Claims
		51	Fraud and Abuse

Nationwide and CMS Special Use Fields										
3	01	02	03	04	05	06	07	08	09	10

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