Today’s Topics

1. Team Member Forms
2. Beneficiary Contact Forms (BCF)
3. Media Outreach and Education (MOE) Forms
4. Searching for BCFs and MOE
5. Low Income Subsidy/Extra Help
6. Medicare Savings Programs (MSP)
Team Member Demographic Information (continued)

Primary Language:  [ ] English  [ ] Chinese  [ ] French  [ ] Spanish  [ ] Other
Secondary Language:  [ ] English  [ ] Chinese  [ ] French  [ ] Spanish  [ ] Other

Team Member STARS Details

Role:  [ ] STARS Administrator  [ ] STARS Staff  [ ] STARS Sub-Manager
STARS Sub-Manager:  [ ] Yes  [ ] No
Send Login Credentials:  [ ] Yes  [ ] No
Receive Login:  [ ] Yes  [ ] No

Program:  (Multiple selections allowed)  [ ] HIP  [ ] MIPA (please enter ID if applicable)

Team Member Unique ID Details

Create 1-800 Medicare Unique ID Number:  [ ] Yes  [ ] No
Send 1-800 Medicare Unique ID Number:  [ ] Yes  [ ] No

Username: [ ] Active  [ ] Inactive

Please Login

Username: 
Password: [ ]

Remember Password
Login  Cancel
Username email

Usernames consist of your first name and last name, as entered by the person who created your team member form. In some instances, usernames may also contain a number.

Here is what you should be looking for in your email inbox.

a. **Sending address:** DoNotReplyACLSystems@micropact.com.

b. **Subject line:** STARS Credentials: Username

c. **Email body text:**

"Welcome to STARS!
You've been registered as a user of the SHIP Tracking and Reporting System (STARS). Included below is your username to log into STARS allowing you to add new interactions and update interactions you have already submitted.

The password to accompany this username will be sent in a follow-up email. If you do not receive an email containing your temporary STARS password, please contact your administrator or the Booz Allen STARS Help Desk.

**Username** (case sensitive): (Firstname.Lastname)

If you have any questions, please contact your administrator or the Booz Allen STARS Help Desk.

Have a great day!

---

Password email

a. **Sending address:** DoNotReplyACLSystems@micropact.com.

b. **Subject line:** STARS Credentials Follow-up

c. **Email body text:**

"Welcome to STARS!
Below is your password to access the SHIP Tracking and Reporting System (STARS). You should have received your username in a separate email.

Please use the provided link to log into STARS with the password provided below, then create your own password: [Link will appear here]

**Password** (case sensitive): [8 characters]

If you have any questions, please contact your administrator or the Booz Allen STARS Help Desk.

Have a great day!
Logging Into STARS

SHIP Tracking and Reporting System (STARS)

Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!

Log into STARS

Need Help with STARS?
- STARS manual, job aids, and support resources: SHIP TA Center
- STARS technical issues or questions: Contact the SHIP STARS Help Desk

https://smpship.acl.gov
Security Policy

This is a Government computer system and is intended for official and other authorized use only. Unauthorized access or use of the system may subject violators to administrative action, civil, and/or criminal prosecution under the Criminal Code (Title 18 USC 1030).

All info on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed by and to authorized personnel for official purposes, including criminal prosecution. You have no expectations of privacy regarding monitoring of this system.

Any authorized or unauthorized use of this computer system signifies consent to and compliance with agency policies and their terms.

PLEASE CLICK HERE IF YOU'VE FORGOTTEN YOUR USERNAME OR PASSWORD

BoozAllenSTARSHelpDesk@bah.com

STARS Home Page/Dashboard
Entering Beneficiary Contact Forms
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session Conducted By</td>
<td>Roslyn Rogers</td>
</tr>
<tr>
<td>Partner Organization Affiliation</td>
<td></td>
</tr>
<tr>
<td>Zip Code of Session Location</td>
<td></td>
</tr>
<tr>
<td>State of Session Location</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>County of Session Location</td>
<td></td>
</tr>
<tr>
<td>Beneficiary First Name</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Last Name</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Phone Number</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Email</td>
<td></td>
</tr>
</tbody>
</table>
State of Beneficiary Residence: Pennsylvania
Zip Code of Beneficiary Residence: 
County of Beneficiary Residence: 
Date of Contact: 12/31/2019
How Did Beneficiary Learn About SHP: 
Method of Contact: 
Beneficiary Age Group: 
Beneficiary Gender: 
Beneficiary Race: American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White, Not Collected
English as a Primary Language: Yes
Beneficiary Monthly Income: 
Beneficiary Assets: 
Receiving or Applying for Social Security Disability or Medicare Disability: Yes

Topics Discussed:
At least one Topic Discussed selection is required. Please choose a Topic before continuing.

Original Medicare (Parts A & B)
- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Coordination of Benefits
- Eligibility
- Enrollment/Disenrollment
- Fraud and Abuse
- OIG/Office of Civil Rights

Medigap and Medicare Select
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Name/Contact

Medicare Advantage (MA and MA-PD)
- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Name/Contact

Medicare Part D
- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Name/Contact

Part D Low Income Subsidy (LIS/Extra Help)
- Appeals/Grievances
- Application Assistance
- Application Submission

(The 150% FPL monthly income limit for 2019 is $1,551.25 for an individual, and $2,137.75 for a couple.)
(The 2019 LIS asset limit is $14,350 for an individual, and $28,720 for a couple.)
Validation errors
- Zip Code of Session Location is required.
- County of Session Location is required.
- Zip Code of Beneficiary Residence is required.
- County of Beneficiary Residence is required.
- How Did Beneficiary Learn About SHIP is required.
- Method of Contact is required.
- Beneficiary Age Group is required.
- Beneficiary Gender is required.
- Beneficiary Race is required.
- English as a Primary Language is required.
- Beneficiary Monthly Income is required.
- Beneficiary Assets is required.
- Receiving or Applying for Social Security Disability or Medicare Disability is required.
- Total Time Spent (minutes) is required.
- Status is required.
**Entering Media Outreach and Education Form**

<table>
<thead>
<tr>
<th>MEDIA OUTREACH &amp; EDUCATION FORM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ship tracking and reporting system (STARS)</td>
</tr>
<tr>
<td><strong>Welcome to the STARS (SHIP Tracking and Reporting System) Landing Page!</strong></td>
</tr>
<tr>
<td>Need Help with STARS?</td>
</tr>
<tr>
<td>- STARS manual, job aids, and support resources: SHIP TA Center</td>
</tr>
<tr>
<td>- STARS technical issues or questions: Contact the Box A05 STARS Help Desk</td>
</tr>
</tbody>
</table>

1/3/2020
APPRISE, Pennsylvania Department of Aging
Map of Canada and surrounding countries with various regions highlighted.
### Intended Audience
- Beneficiaries
- Employer-Related Groups
- Family Members/Caregivers
- Limited-English Proficiency
- Medicare Pre-Enrollees
- Partner Organizations
- People with Disabilities
- Rural Beneficiaries
- Other

### Target Beneficiary Group
- American Indian or Alaskan Native
- Asian
- Black or African American
- Disabled
- Hispanic/Latino
- Languages Other Than English
- Low Income
- Native Hawaiian or other Pacific Islander
- Rural
- N/A
- Not Collected

### Topics Discussed
- Duals Demonstration
- Extra Help/LIB
- General SHIP Program Information
- Long-Term Care Insurance
- Medicaid
- Medicare Advantage
- Medicare Fraud and Abuse
- Medicare Part D
- Medicare Savings Program
- Medigap or Supplemental Insurance
- Original Medicare (Parts A and B)
- Other Prescription Drug Coverage
- Partnership Recruitment

### Special Use Fields
- Field 1
- Field 2
- Field 3
- Field 4
- Field 5

### Notes

#### Attach File
- Browse
- Browse
- Browse
- Browse
- Browse

**Save**
Validation errors
- Total Time Spent (minutes) is required.
- Title of Interaction is required.
- Type of Media is required.
- Zip Code of Event is required.
- County of Event is required.
- Intended Audience is required.
- Target Beneficiary Group is required.
- Topics Discussed is required.

MOE- Additional Team Members
Using the Additional Team Members Tab

1. Hover the mouse over the tab
2. Click "New" option

Searching for Entered BCFs and MOEs
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beneficiary First Name</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Last Name</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Phone Number</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Email</td>
<td></td>
</tr>
<tr>
<td>State of Beneficiary Residence</td>
<td></td>
</tr>
<tr>
<td>County of Beneficiary Residence</td>
<td></td>
</tr>
<tr>
<td>Date of Contact</td>
<td></td>
</tr>
<tr>
<td>How Did You Learn About SHIP</td>
<td></td>
</tr>
<tr>
<td>Method of Contact</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Age Group</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Gender</td>
<td></td>
</tr>
<tr>
<td>English as a Primary Language</td>
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</tr>
<tr>
<td>Beneficiary Identifying Issues</td>
<td></td>
</tr>
<tr>
<td>Beneficiary Asset</td>
<td></td>
</tr>
<tr>
<td>Receiving or Applying for Social Security Disability</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Total Time Spent Provided</td>
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</tr>
<tr>
<td>Status</td>
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</tr>
<tr>
<td>Original HIPAA-PO Cost</td>
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</tr>
<tr>
<td>New HIPAA-PO Cost</td>
<td></td>
</tr>
<tr>
<td>Part 3</td>
<td></td>
</tr>
<tr>
<td>Part 4</td>
<td></td>
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<tr>
<td>Notes</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>SHIP Beneficiary Additional Sessions</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**Search Options**
- State/Zip Code Query
- SHIP Beneficiary Additional Sessions
Tracking Inbox - MOE

- Tracking Inbox: Media Outreach and Education
  - All Assignments
  - No Media Outreach and Education objects found for this filter.
  - New Media Outreach and Education

- Tracking Inbox: Group Outreach and Education
  - All Assignments
  - Reslyn Rogers, Pennsylvania SHP
    - PA-19-03043
    - 03/21/2019
    - Huntington - PA
    - 16654
    - Pennsylvania
    - Medicare Presentation
    - 540
  - New Group Outreach and Education

Standard Search - MOE

- A
  - My Saved Searches
  - Shared Searches
  - Dashboard Options
  - Beneficiary Contact

- B
  - My Saved Searches
  - Shared Searches
  - Dashboard Options
  - Beneficiary Contact
  - Group Outreach and Education
  - Media Outreach and Education
  - SHIP Team Member
  - Standard Search
  - Advanced Search

- C
  - Search
  - Reset
  - Remember Criteria
  - Media Outreach and Education
  - Additional Team Members
  - Search Options
  - Show English Query
  - Search
  - Reset