STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION

SERVICE SPECIFICATIONS
MEDICARE ASSISTANCE PROGRAM

Any exception to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.

PURPOSE:
To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each subrecipient must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

SERVICE DEFINITION:
The Medicare Assistance Program provides statewide access of State Health Insurance Assistance Program (SHIP), Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) services to Medicare eligible individuals, pre-enrollees, their family members, and caregivers through in-person, telephonic and/or electronic correspondence. Service delivery includes outreach, education, and counseling in order to assist and empower Medicare beneficiaries to make informed decisions that meet their healthcare needs, optimize their access to care and affordable services, and increase their awareness to prevent, detect, and report healthcare fraud, errors, and abuse. The Medicare Assistance Program provides focused efforts to reach targeted populations and promote wellness and disease prevention throughout all communities.

SERVICE CATEGORIES AND UNIT MEASURES:
Medicare Assistance Program subrecipients must document the following services using the ADSD-designated system and the Medicare Assistance Program's national reporting systems which include SHIP Tracking and Reporting System (STARS) and SMP Information and Reporting System (SIRS). See Specification #5 below for additional and specific documentation requirements. Reporting systems, documentation requirements, service delivery, and performance measurements are based upon federal standards and are subject to future modification. ADSD staff will notify all subrecipients of modifications and required programmatic changes and will assist as necessary.

Medicare Assistance Program Service Delivery

Provides Medicare beneficiaries and pre-enrollees (seniors and persons with disabilities), their family members, and caregivers with access to the following service deliveries:

- **Outreach & Education**- includes providing education and information to Medicare beneficiaries and pre-enrollees, family members, and caregivers about Medicare Assistance Program Services through intensive group outreach that includes public presentations, booths and exhibits at health/senior fairs or special events, enrollment events, community and educational activities, media campaigns, social media connections, etc.

Documentation Requirement: **One unit of service equals one outreach event of two or more persons. *Targeted efforts to engage hard-to-reach populations required (described in general requirements section below).**

- **Interaction & Referrals**- includes individual interaction, information gathering, and referrals related to Medicare beneficiaries' eligibility status, Medicare coverage and benefits, Medicare fraud and billing issues, referrals to public assistance programs, access to Long-Term Services and Supports (LTSS), disease prevention and promotion of wellness.

Documentation Requirement: **One unit of service equals one beneficiary assistance contact, or contact on behalf of a Medicare beneficiary, by telephone, in person or electronically. Each assistance or counseling session may involve several contacts with, or for, the beneficiary. *Targeted efforts to engage hard-to-reach populations required (described in general requirements section below).**

- **Counseling & Enrollment**- includes unbiased guidance and assistance to Medicare beneficiaries and pre-enrollees to help them understand, coordinate and select Medicare health plans and benefit information, pre-determining possible eligibility for public assistance programs, application assistance, detailed information gathering, enrollment into appropriate Medicare plan(s), complex issues, Medicare appeals assistance, and Medicare billing issues.

Documentation Requirement: **One unit of service equals one beneficiary assistance contact, or contact on behalf of a Medicare beneficiary, by telephone, in person or electronically. Each assistance or counseling session may involve several contacts with, or for, the beneficiary.**

GENERAL REQUIREMENTS:

Required resources to be referenced by all subrecipients for Medicare Assistance Program service delivery and for subrecipient program development, operations and

procedures include: the State Health Insurance Assistance Program Technical Assistance (TA) Center, Senior Medicare Patrol Resource Center, ADSD Volunteer Risk and Program Management (VRPM) policies and procedures, and other ADSD resources and guides.

Subrecipients will develop a volunteer network as well as formal and informal partnerships to expand their workforce, outreach, and service delivery, and continuously improve coordination of services within the communities.

Subrecipients must develop and implement ways to reach, engage, and assist, hard-to-reach populations of Medicare beneficiaries and pre-enrollees. Efforts to contact hard-to-reach populations through group outreach and individual interaction must be continuous, must increase over time, and must be documented. Populations regarded as “hard-to-reach” due to race, cultural background, ethnicity; limited English proficiency; disability status; and income limitations include:

- Low-income beneficiaries - beneficiaries whose income is below 150% Federal Poverty Level (FPL);
- Rural and frontier beneficiaries - beneficiaries that live in areas with a population fewer than 50,000;
- Beneficiaries with Limited English Proficiency- beneficiaries where English is not the beneficiaries’ first language;
- Beneficiaries under 65 - beneficiaries under the age of 65 who are eligible for Medicare.

SPECIFICATIONS:

1. Eligibility:

Medicare beneficiaries, pre-enrollees, their family members or caregivers who are seeking assistance with Medicare related matters are eligible to receive this service.

2. Required Services:

The mandatory responsibilities listed below ensure beneficiaries receive access to Medicare health benefits counseling and assistance, obtain needed services and financial assistance for those services, understand their options and eligibility for other resources, and prevent or detect fraudulent activity against their Medicare account. Subrecipients will operate based on principles established by the Medicare Assistance Program’s federal and state requirements. Subrecipients must be willing to work collaboratively with ADSD staff and accept guidance in the implementation of services to ensure effective and efficient operations and quality service delivery.

2.1. Counsel individuals on Medicare health benefits, Medicare fraud prevention, and related topics through 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. Certification is required for this service delivery.
2.2. Organize and facilitate outreach events and group presentations to provide education and information.
2.3. Target the Medicare population and underserved populations in designated areas of Nevada, i.e., Native American, low-income, homebound, rural and frontier residents and non or limited English speaking.
2.4. Educate and assist with Medicare-related applications necessary to obtain health benefits.
2.5. Educate and assist beneficiaries or their designees with complaints of suspected Medicare/Medicaid fraud or abuse. Certification is required for this service delivery.
2.6. Make referrals to other community resources as needed.

3. Training:

3.1. All staff, volunteers, and partners must complete a minimum of 10 hours training and successfully pass assessments in Medicare Assistance Program basics.
3.2. For certification, an additional 30-60 hours of training is required as well as successfully passing relevant assessments.
3.3. Medicare complex issues and appeals will require additional training.
3.4. Staff, volunteers, and partners must receive at least 10-15 additional hours of program-related training each grant year thereafter.
3.5. HIPAA and Confidentiality & Privacy Training will be incorporated into initial training and must be completed annually thereafter.
3.6. Certifications must be completed annually.
3.7. Training may include a combination of in-person, web-based (including online and webinars), telephonic/conference calls and/or other electronic means.
3.8. ADSD will provide training resources and guidance. There will also be training material and assessments available online through the SHIP TA Center and SMP Resource Center.

4. **Operating Procedures:**

4.1. The subrecipient Program Manager and/or designee must participate in monthly meetings led by ADSD. Meetings may be in-person, web-based (including online and webinars), telephonic/conference call and/or other electronic means.
4.2. Subrecipients will be responsible for developing an Operations Manual which will be used to guide operations at each site. Resources from the SHIP TA Center,

SMP Resource Center, ADSD VRPM, and ADSD guides and other references must be used to develop content for the Operations Manual. Subrecipients must align internal policies, processes and procedures with Medicare Assistance Program goals and requirements. Subrecipient Operations Manuals must be made available to ADSD staff.

4.3. The subrecipient will have persons designated for the roles of program oversight, volunteer coordination, outreach, training, and certified counseling.
4.4. The subrecipient will implement strategies to increase capacity which includes a volunteer program and partnerships.
4.5. The subrecipient Program Manager and/or designee must participate in update and annual trainings as set by ADSD and is responsible for disseminating current and relevant program information to their staff, volunteers and partners.
4.6. If subrecipient has existing programs or services that may overlap or connect with the Medicare Assistance Program services, they must establish procedures for delineating between Medicare Assistance Program services and existing service delivery in close coordination with the Medicare Assistance Program Subject Matter Experts (SME) and ADSD.
4.7. Background checks are required for all persons providing direct services to beneficiaries under the Medicare Assistance Program.
4.8. Subrecipients will pursue and document formal partnerships with community stakeholders, social service agencies, and other entities to strengthen services in their service region.
4.9. Subrecipients will be able to adapt their service delivery to accommodate persons with disabilities and/or for non-English speaking populations including the deaf, hard of hearing, blind, etc.

5. Documentation Requirements for Medicare Assistance Program:

5.1. Subrecipients will maintain documentation as required by ADSD.
5.2. Documentation of all contacts and activities will be submitted in writing, through electronic means and/or in required databases for ADSD and the Medicare Assistance Program. Database entries must be completed monthly by the 10th of the following month.
5.3. Subrecipients will utilize tools provided by ADSD which may include web-based tools, hard copy forms, and other such materials as made available.
5.4. Subrecipients will submit monthly reports to ADSD by the 10th of the following month.
5.5. Documentation of all training must include training date; type of training; name, title and agency of presenter; name of staff or volunteer receiving training; and, when applicable, a copy of the agenda and certificate of completion.

5.6. Subrecipients will use templates and translated documents provided by ADSD when necessary and/or required. ADSD will disseminate these documents and notify subrecipients when and if revisions can be made to documents.

6. Quality Assurance

6.1. Subrecipients will participate in quality assurance activities. This includes regular assessment of the program's ongoing progress towards stated goals and objectives.

6.2. Subrecipients will create strategies to address and improve performance measures for the Medicare Assistance Program (see Appendix C for Performance Measures).

6.3. Subrecipients will use the beneficiary survey provided by ADSD following client interactions. Surveys will be conducted randomly in-person and/or by phone.

6.4. Subrecipients will conduct customer satisfaction surveys which require periodically administering pre- and post- surveys at group education events.

6.5. Subrecipients must also participate in surveys as required by Administration for Community Living (ACL), the federal entity which funds SHIP, SMP, and MIPPA.

6.6. Various tools, as well as the subrecipient's program manual, will be used by ADSD to assess quality assurance and provide feedback to designated staff of subrecipients.

7. Service Prohibitions:

7.1. Any person providing services on behalf of the Medicare Assistance Program shall not operate as the client's legal guardian or executor.

7.2. Any person providing services on behalf of the Medicare Assistance Program shall not become involved in the client's personal financial affairs or estate.

7.3. Any person providing services on behalf of the Medicare Assistance Program shall not become involved in issues related to a criminal matter.

7.4. Any person providing services on behalf of the Medicare Assistance Program shall remain unbiased and will not influence consumer choice.

APPENDIX A: PROGRAM DESCRIPTIONS

The Medicare Assistance Program is a collaboration of three federal initiatives. Each initiative informs these service specifications and the outcomes for the MAP service and helps Nevada to leverage these resources to maximize services across the state. This appendix provides an overview of each federal initiative.

SHIP- State Health Insurance Assistance Program

The SHIP mission is to empower, educate, and assist Medicare eligible individuals and pre-enrollees, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits. The purpose of federal funding to SHIP programs is to strengthen the capability of states and territories to support a community-based, local network of SHIP offices that provide personalized counseling, education, and outreach to help achieve the program mission.

The SHIP vision is to be the known and trusted community resource for Medicare information. Four strategic themes provide support for that vision. They are:

1. Service Excellence
2. Capacity Building
3. Operational Excellence
4. Innovation

SMP – Senior Medicare Patrol

The mission of the Senior Medicare Patrol (SMP) program is to empower and assist Medicare beneficiaries and pre-enrollees, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. Through outreach, counseling, and education, the SMP program increases awareness and understanding of health care to protect Medicare beneficiaries from the economic and health-related consequences associated with Medicare/Medicaid fraud, errors, and abuse.

SMPs teach Medicare beneficiaries to protect their Medicare numbers, to detect billing discrepancies on their Medicare Summary Notice statements, and to report suspicious activity for further investigation. In addition, SMPs actively disseminate fraud prevention and identification information through the media, outreach campaigns, and community events. As a result of these efforts, beneficiaries contact SMP with inquiries and complaints regarding potential Medicare/Medicaid fraud, errors, and abuse. SMPs provide in-depth counseling and assistance to help beneficiaries who present with complex questions and issues.

MIPPA – Medicare Improvements for Patients and Providers Act

The mission of MIPPA is to provide intensified outreach to low-income Medicare beneficiaries who may be eligible for the Medicare Low Income Subsidy (LIS) or the Medicare Savings Program (MSP) and offer guidance to beneficiaries regarding their benefits. In addition, MIPPA involves enhanced outreach and application assistance to potentially eligible individuals of these programs and for the purposes of conducting outreach activities aimed at preventing disease and promoting wellness.

APPENDIX B: GOALS AND OBJECTIVES

With each federal initiative, there are specific goals and objectives the applicant will be helping to achieve.

SHIP

The overall goal is to improve the availability and quality of services to Medicare beneficiaries and pre-enrollees.

Objectives:

1. Strengthen program administration including policies, procedures, roles and responsibilities for project staff and community partners to improve efficiency;
2. Maximize outreach and expand program visibility;
3. Increase program evaluation for improved quality and consistency of services;
4. Develop and implement innovative strategies in using technology to provide beneficiary assistance and ongoing education to benefits counselors.

SMP

The overall goal is to empower and assist Medicare beneficiaries, pre-enrollees, their families and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Objectives:

1. Provide group education and one-on-one assistance to Medicare beneficiaries.
2. Recruit, train, and retain a sufficient and effective workforce ready to provide high-quality education and inquiry resolution.
3. Monitor and assess SMP results on operational and quality measures.
4. Position SMP to respond to changes in the programmatic landscape.

MIPPA

The overall goal is to leverage partnerships and maximize funds across all three priority areas that enhance Nevada's ability to increase outreach and application assistance to targeted populations statewide.

Objectives:

1. Assess Medicare beneficiaries with limited income for Low Income Subsidy (LIS) and Medicare Savings Plan (MSP) eligibility.
2. Provide one-on-one LIS/MSP application assistance to Medicare beneficiaries under 150% of the Federal Poverty Level (FPL) and submit enrollments.
3. Conduct outreach activities to increase awareness of LIS/MSP.

4. Provide education and training on preventing disease and promoting wellness to communities across Nevada.
5. Provide focused efforts to reach targeted populations for MIPPA.

Beyond these goals and objectives, each federal initiative has specific performance measures. The applicant's efforts will support these performance measures. They are included in Appendix C (starting on the next page).

APPENDIX C-1: SHIP PERFORMANCE MEASURES

Performance Measure 1:
Client Contacts - Percentage of total one-on-one client contacts (in-person office, in-person home, telephone call durations, and contacts 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 and is reported on the Beneficiary Contact Form in the STARS Data System. 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 and is reported on the Group Outreach and Education Form in the STARS Data System. In order to count outreach contacts SHIPs must have the ability to monitor attendance and must 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 are listed above (under general requirements section).

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 and will only count once per client contact.

APPENDIX C-2: SMP PERFORMANCE MEASURES

Performance Measure 1:
Active SMP Team Members - Individuals who spent any time on the SMP program, including SMP-paid team members (paid with SMP funds), in-kind paid team members (paid by another organization), and volunteer team members.

Performance Measure 2:
SMP Team Member Hours - Hours contributed by team members while performing SMP work and receiving training to perform SMP work, including time spent by SMP-paid, in-kind paid, and volunteer team members.

Performance Measure 3:
Group Outreach and Education Events - Community outreach events, education activities, and presentations to educate beneficiaries, family members, caregivers, and others about SMP services and detecting health care fraud, errors, and abuse.

Performance Measure 4:
People Reached Through Group Outreach and Education Events - Total estimated number of people reached as a result of SMP group outreach and education activities.

Performance Measure 5:
Individual Interactions - Individual interactions between SMP team members and beneficiaries, family members, caregivers, or others for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse.

Performance Measure 6:
Cost Avoidance - Health care expenditures for which the government, a beneficiary, or other entity (e.g., secondary health insurer or a pharmacy) was relieved of responsibility for payment as a result of the SMP program.

Performance Measure 7:
Medicare Recoveries - Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.

Performance Measure 8:
Additional Expected Medicare Recoveries - Actual and expected Medicare recoveries are from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.

Performance Measure 9:
Medicaid Recoveries - Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.

Performance Measure 10:
Additional Expected Medicaid Recoveries - Actual and expected Medicaid recoveries are from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid, and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.

Performance Measure 11:
Savings to Beneficiaries - Money recouped to an individual as a result of the SMP project (e.g., copayments, deductibles, or any other out-of-pocket expenses).

Performance Measure 12:
Other Savings - Money recouped to an entity other than Medicare, Medicaid, or a beneficiary (e.g., secondary health insurer) as a result of the SMP program.

APPENDIX C-3: MIPPA PERFORMANCE MEASURES

Performance Measure 1:
Overall MIPPA Contacts- Percentage of total beneficiary contact forms per Medicare beneficiaries under 150% Federal Poverty Level (FPL) in the State.

Performance Measure 2:
Overall Persons Reached through Outreach- Total number of people reached as reported on group outreach and education forms.

Performance Measure 3:
MIPPA Target Populations- Total number of beneficiary contact forms by target beneficiary groups (Under 65, Rural, Native American, English as a Secondary Language).

Performance Measure 4:
Contacts with Applications Submitted- Percentage of forms with applications submitted compared to overall MIPPA contacts reported in Performance Measure 1.