

# NEW SHIP DATA SYSTEM LISTENING SESSION

ACL & Booz Allen Hamilton

# WHERE WE ARE & WHERE WE'RE GOING

## Planning & Design

- September 2016-April 2017
- Review of Current System
- Participant Interviews
- Final product: Pilot System Requirements Document

## Testing & Evaluation

- April to December, 2017
- Creation of system forms, organizational hierarchy and refinement of
- Final product: Pilot SHIP Data System

## Implementation

- Spring 2018
- Implement Production System
- Final product: Fully Operational SHIP data system and Transfer of NPR data

# OVERVIEW

- Timeline
- Screenshots of the pilot system
- Questions for you
- Questions for us

# TEAM MEMBER FORM

First Name	<input type="text"/>	
Middle Initial	<input type="text"/>	
Last Name	<input type="text"/>	
Nickname	<input type="text"/>	

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Primary Phone Number	<input type="text"/>	
Primary Phone Number Extension	<input type="text"/>	
Secondary Phone Number	<input type="text"/>	
Secondary Phone Number Extension	<input type="text"/>	
Email Address	<input type="text"/>	

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Address	<input type="text"/>	
City	<input type="text"/>	
Zip Code	<input type="text"/>	
State Territory	<input type="text"/>	
County	<input type="text"/>	

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Start Date	<input type="text" value="06/12/2017"/>	 (mm/dd/yyyy) 
End Date	<input type="text"/>	 (mm/dd/yyyy)

# TEAM MEMBER FORM

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Program  SMP  SHIP  MIPPA R

SIRS eFile ID

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Create 1-800 Medicare Unique ID Number  Yes  No

Status of 1-800-Medicare Unique ID Number  R

Number of 1-800-Medicare Unique ID

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Notes

Attach File

Attach File

Attach File

Attach File

Attach File

# BENEFICIARY FORM

MIPPA

Yes  No <sup>R</sup>

Send to SIRS

Yes  No

SIRS eFile ID

SIRS Reference Number

Session Conducted By

 <sup>R</sup>

Partner Organization Affiliation

Zip Code of Session Location

 <sup>R</sup>

State of Session Location

 <sup>R</sup>

County of Session Location

 <sup>R</sup>

Beneficiary First Name

Beneficiary Last Name

Beneficiary Phone Number

Beneficiary Email

Representative First Name

Representative Last Name

Representative Phone Number

Representative Email

State of Beneficiary Residence

 <sup>R</sup>

Zip Code of Beneficiary Residence

 <sup>R</sup>

# BENEFICIARY FORM

Beneficiary Age Group

 R

Beneficiary Gender

 R

Beneficiary Ethnicity

 Asian R  
 American Indian or Alaskan Native  
 Black  
 Black or African American

Beneficiary Race

 Asian R  
 American Indian or Alaskan Native  
 Black  
 Black or African American

English as a Primary Language

 Yes  No R

Beneficiary Monthly Income

 R

Beneficiary Assets

 R

Receiving or Applying for Social Security Disability or Medicare Disability

 Yes  No R

Original Medicare (Parts A & B)

 Appeals/Grievances  
 Benefit Explanation  
 Claims/Billing  
 Coordination of Benefits  
 Eligibility

Medigap/Medicare Select

 Benefit Explanation  
 Claims/Billing  
 Eligibility/Screening  
 Fraud and Abuse  
 Plan Non-Renewal

Medicare Advantage (MA and MA-PD)

 Appeals/Grievances  
 Benefit Explanation  
 Claims/Billing  
 Eligibility/Screening  
 Enrollment/Disenrollment

# GROUP OUTREACH & EDUCATION

MIPPA	<input type="radio"/> Yes <input type="radio"/> No <span>R</span>
Send to SIRS	<input type="radio"/> Yes <input type="radio"/> No
SIRS eFile ID	<input type="text"/>
SIRS Reference Number	
<hr/>	
Session Conducted By	<input type="text" value=""/> <span>R</span>
Partner Organization Affiliation	
Time Spent in Hours	<input type="text"/>
Time Spent in Minutes	<input type="text"/>
Total Time Spent (minutes)	<input type="text"/> <span>R</span>
Title of Intearction	<input type="text"/> <span>R</span>
Type of Event	<input type="text" value=""/> <span>R</span>
Number of Attendees	<input type="text"/> <span>R</span>
Start Date of Activity	<input type="text" value="08/28/2017"/> <input type="text" value=""/> (mm/dd/yyyy) <span>R</span>
End Date of Activity	<input type="text" value=""/> <input type="text" value=""/> (mm/dd/yyyy)
State of Event	<input type="text" value=""/> <span>R</span>
Zip Code of Event	<input type="text"/> <span>R</span>



# MEDIA OUTREACH & EDUCATION

MIPPA

Yes  No R

Send to SIRS

Yes  No

SIRS eFile ID

SIRS Reference Number

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Session Conducted By

 R

Partner Organization Affiliation

Time Spent in Hours

Time Spent in Minutes

Total Time Spent (minutes)

 R

Title of Interaction

 R

Type of Media

 R

Estimated Number of People Reached

 R

Geographic Coverage

 R

Start Date of Activity

 R

End Date of Activity

 R

State of Event

 R

Zip Code of Event

 R

# WE WANT TO HEAR FROM YOU...#1

- What data do you need to manage your program?
- What do you currently use the NPR data for?
  - Do you look at/analyze the number of client contacts? Topics discussed? Time spent on client contacts?

## WE WANT TO HEAR FROM YOU...#2

- What do you need NPR to do that it doesn't currently do?
- What does NPR do well that we don't want to change?
- If you could make 1 change to NPR, what would it be?

## WE WANT TO HEAR FROM YOU...#3

- If you could create any report, what would be most helpful to you?
- What ad-hoc reports do you ask TFI to create?

# WE WANT TO HEAR FROM YOU...#4

- What type of training would be most useful for your team? What type of resources would you like?

# FEEDBACK & QUESTIONS

- Comments?
- Anything we're forgetting?