



November 7, 2024

The Honorable Robert P. Casey, Jr.
Chair
Special Committee on Aging
U.S. Senate
Washington, DC 20510

Dear Chair Casey:

I am pleased to provide you with the State Health Insurance Assistance Program (SHIP) Report to Congress for Fiscal Year 2021. This report was prepared by the Administration for Community Living and is submitted in accordance with the report requirement in Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (PL 101-508).

This statute authorizes the Secretary of Health and Human Services (HHS) to make grants to states to establish and maintain health insurance advisory service programs for Medicare beneficiaries. The grants fund SHIPs to provide direct, local assistance with Medicare (including the Original Medicare (Parts A and B) program, Medicare Advantage (Part C), and the Medicare Prescription Drug (Part D) program), Medicaid, and other health insurance options, including Medicare supplement insurance (also called Medigap), long-term care insurance, and managed care options.

This report details SHIP activities during the 2021 grant year (April 1, 2021 to March 31, 2022), including a brief history of SHIP, highlights from the 54 SHIP state grantees, challenges people with Medicare report to SHIP, program innovations, and recommendations from the SHIPs to address the problems. Also included is a brief description of current and future administrative initiatives, such as the implementation of a public awareness campaign and development of a new logo.

I hope you find this information helpful.

Sincerely,

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



November 7, 2024

The Honorable Richard Neal
Ranking Member
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Representative Neal:

I am pleased to provide you with the State Health Insurance Assistance Program (SHIP) Report to Congress for Fiscal Year 2021. This report was prepared by the Administration for Community Living and is submitted in accordance with the report requirement in Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (PL 101-508).

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Assistant Secretary for Legislation

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November 7, 2024

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chair Rodgers:

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Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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November 7, 2024

The Honorable Ron Wyden
Chair
Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Chair Wyden:

I am pleased to provide you with the State Health Insurance Assistance Program (SHIP) Report to Congress for Fiscal Year 2021. This report was prepared by the Administration for Community Living and is submitted in accordance with the report requirement in Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (PL 101-508).

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Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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November 7, 2024

The Honorable Mike Braun
Ranking Member
Special Committee on Aging
U.S. Senate
Washington, DC 20510

Dear Senator Braun:

I am pleased to provide you with the State Health Insurance Assistance Program (SHIP) Report to Congress for Fiscal Year 2021. This report was prepared by the Administration for Community Living and is submitted in accordance with the report requirement in Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (PL 101-508).

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Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



November 7, 2024

The Honorable Mike Crapo
Ranking Member
Committee on Finance
U.S. Senate
Washington, DC 20510

Dear Senator Crapo:

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November 7, 2024

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pallone:

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Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

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November 7, 2024

The Honorable Jason Smith
Chair
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chair Smith:

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Sincerely,

A handwritten signature in blue ink, appearing to read "Melame Anne Egorin".

Melame Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure

State Health Insurance Assistance Program (SHIP)

Report to Congress
GY 2021

Prepared by
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Community Living
Office of Healthcare Information and Counseling

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Executive Summary

The State Health Insurance Assistance Program (SHIP) provides Medicare beneficiaries with information, counseling, and enrollment assistance. Its mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers to make informed health insurance decisions that optimize access to care. SHIPs provide unique, personal, free, and in-depth assistance that is not replicated under any other federal program.

The SHIP program was created in 1990 under Section 4360 of the Omnibus Reconciliation Act (OBRA) (Pub. L. 101-508). The program was originally administered by the Centers for Medicare & Medicaid Services until 2014 when the administration was transferred to the U.S. Administration for Community Living (ACL). In grant year (GY) 2021, ACL received a discretionary appropriation for \$52.1 million. ACL invested these dollars in 54 grants to states and territories to provide local service to Medicare beneficiaries, staff to support and monitor grantees, and administrative support contracts and grants to provide technical assistance, support, and continuous improvement for the program.

The SHIP network accomplished the following during 2021:

- SHIPs had nearly **1.7 million contacts with Medicare beneficiaries, their families, and caregivers**, accounting for over **1.7 million hours of one-to-one assistance**.
- On average, one-on-one counseling sessions covered **three** complex Medicare topics and took **33 minutes**.
- SHIPs assisted roughly **1.5 million Medicare beneficiaries, their families, and caregivers** with plan comparisons.
- SHIPs hosted **36,000 outreach events** including interactive presentations, participation in community and health fairs.

This report details SHIP program activities and their impact on beneficiaries during the 2021 grant year (April 1, 2021 to March 31, 2022) including highlights from the 54 SHIP grantees, challenges people with Medicare report to SHIP, and program innovations. Additionally, a brief description of administrative activities for the 2021 fiscal year (October 1, 2021 to September 30, 2022) is included.

Introduction

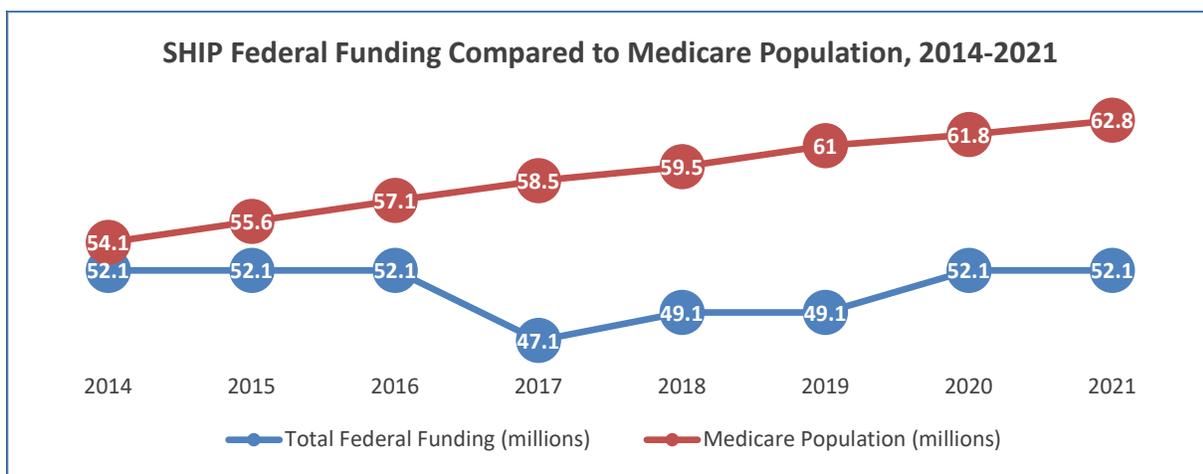
The State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed health benefits decisions. The U.S. Administration for Community Living (ACL) provides federal grants to states and territories to fund local SHIPs and establish community-based networks who assist in-person and by phone, make group presentations, and use a variety of media sources to educate people with Medicare. SHIPs provide unique, personal, free, and in-depth assistance that is not replicated under any other federal program.

The SHIP 2021 fiscal year (FY) appropriation was \$52.1 million, with \$48.6 million provided to states and territories for the SHIP State Base Grants. There are 54 SHIP grantees – one in each state, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. Seventy-three percent of grant recipients are state units on aging, and the rest are state departments of insurance. A full list of SHIP grantees and the 2021 grant year funding amounts can be found in Appendix A.

The SHIP program was created under Section 4360 of the Omnibus Reconciliation Act (OBRA) of 1990 (Pub. L. 101-508), which authorized the Secretary of Health and Human Services to make grants to states to establish and maintain health insurance advisory service programs for Medicare beneficiaries. The grants fund SHIPs to provide direct, local assistance with Medicare (including the Original Medicare (Parts A and B) program, Medicare Advantage (Part C), and the Medicare Prescription Drug (Part D) program), Medicaid, and other health insurance options, including Medicare supplement insurance (also called Medigap), long-term care insurance, and managed care options.

Growing Population and Increasing Service Needs

The Medicare beneficiary population **increased 16 percent** from 54.1 million in 2014 to 62.8 million in 2021 and is projected to grow annually. Meanwhile, federal funding for the SHIP program has remained relatively constant from 2014 to 2021¹.



¹ Excludes Medicare Improvements for Patients and Providers Act (MIPPA) funding designated for the SHIPs as that work is outside the scope of this report.

In 2021, SHIPs had over 1.7 million one-on-one contacts with Medicare beneficiaries, their families, and caregivers, providing in-depth information about Medicare benefits and other related healthcare questions or issues. These contacts often involve multiple subjects and require extensive counseling and assessment to properly address questions and issues.

2021 Program Performance

SHIPs provide Medicare beneficiaries unbiased information to empower them to make the best health care choices for themselves. This section highlights SHIP grantee performance from the 2021 grant year, and the ongoing impact the COVID-19 public health emergency had on services.

The following stories show the value of SHIP counseling for people with Medicare:

- A beneficiary was prescribed an expensive new medication by his physician that was not covered on the formulary of his current plan. SHIP was able to identify a Special Enrollment Period to change his plan and enroll in a new plan to save on monthly prescription drug costs.
- A beneficiary was told he was unable to buy Medicare Supplement Insurance (Medigap) because he missed his enrollment period. The SHIP discovered that he was in his final day of the enrollment period, so he was able to buy a Medigap policy with no medical underwriting. The SHIP worked with him to provide documentation to Medicare showing that he enrolled within the allotted time.
- A beneficiary was screened for the Medicare Savings Program (MSP) and found to be newly eligible. As a result of his enrollment in MSP and eligibility for Extra Help, he is estimated to save \$4,200 in annual prescription drug costs.

COVID-19 Public Health Emergency

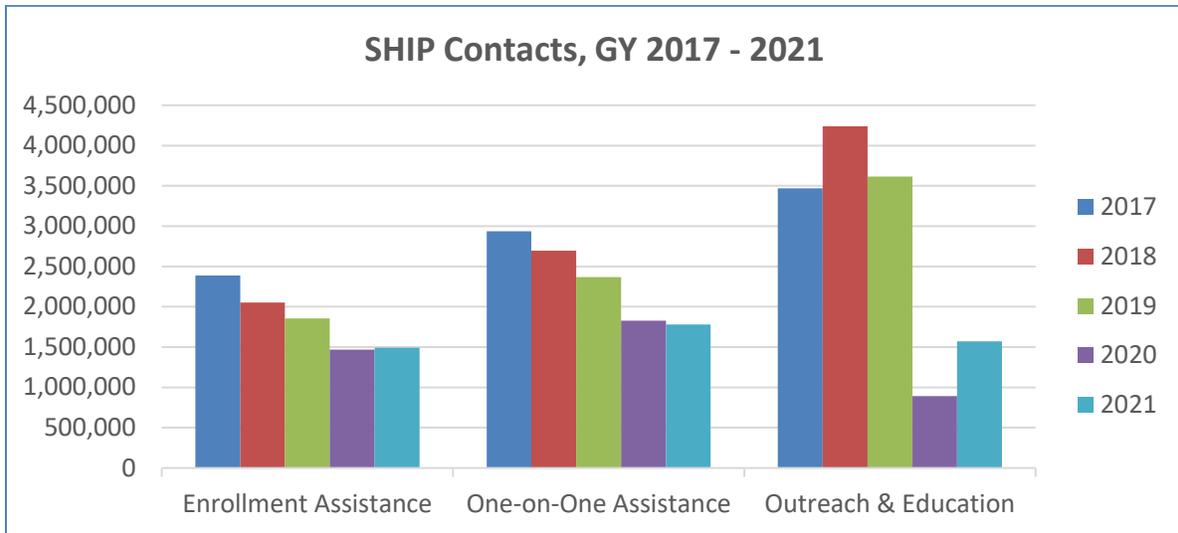
The novel coronavirus (COVID-19) public health emergency was declared January 31, 2020, and much of the country began shutting down on March 15, 2020. By early 2021, vaccinations became available, and the SHIPs worked in partnership with the rest of the aging and disability network to educate the public on the vaccine. Additionally, they worked with local federally qualified health centers to distribute N-95 masks and vaccine information.

SHIPs fielded over 38,000 calls about COVID-19. Most of the calls were educational, helping people better understand the vaccine and make an appointment for vaccination. However, SHIPs also helped with more complicated topics, such as:

- Explaining letters received from state Medicaid offices and the impact the public health emergency had on Medicaid coverage.
- Helping beneficiaries access COVID testing.
- Reviewing income and asset levels to help people understand the impact the stimulus checks had on their benefits eligibility.
- Connecting people to meals in the community.

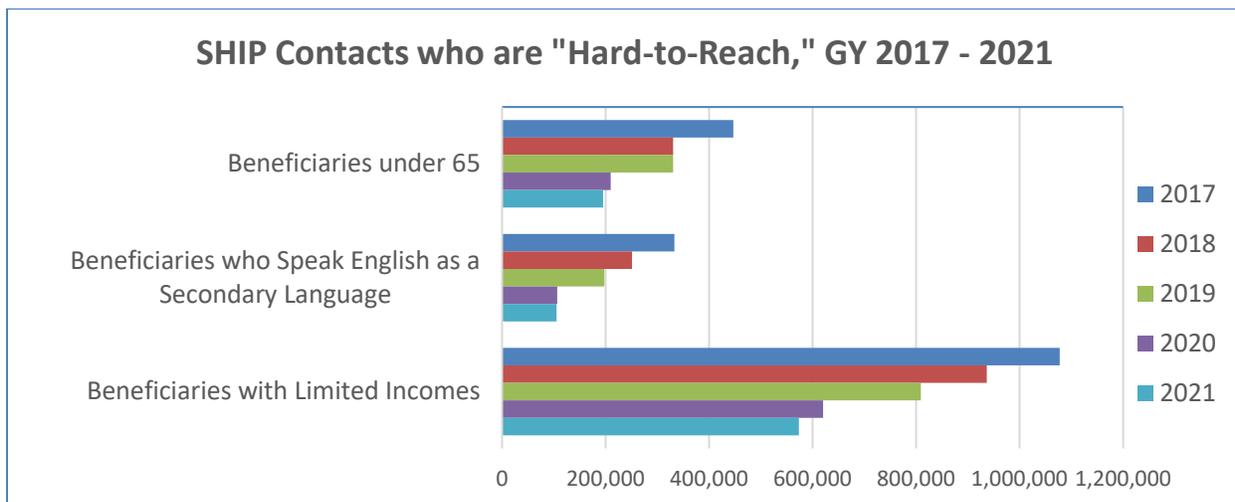
SHIP Performance Data

SHIPs provide local, in-depth, and objective insurance counseling and assistance to Medicare-eligible individuals, their families, and caregivers.. They do so in two ways: 1) conducting outreach activities to inform the public about Medicare and other related health coverage options; and 2) providing individualized personal assistance to people with Medicare, their families, and caregivers (including enrollment assistance). The data that follows is from the SHIP Tracking and Reporting System (STARS) for GY 2021 (April 1, 2021 – March 31, 2022).



Source: SHIP Performance Measures 1 (Client Contacts), 2 (Outreach Contacts), and 5 (Enrollment Contacts). See Appendix B for background on the SHIP Performance Measures.

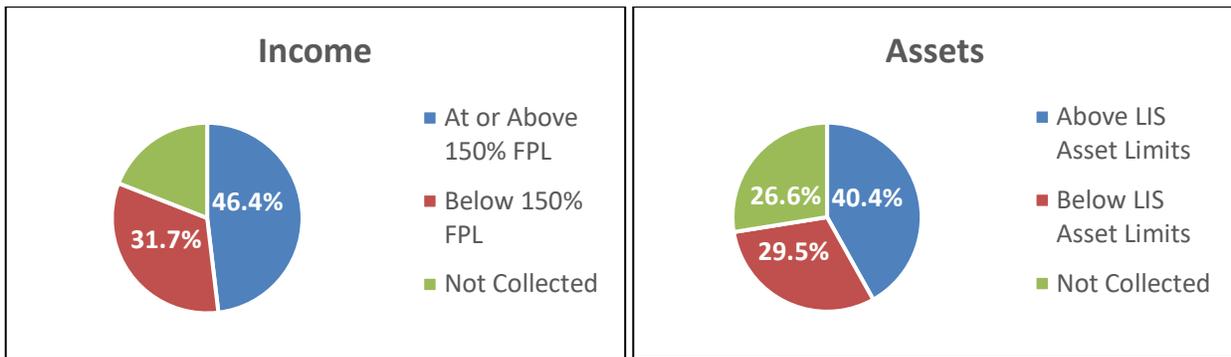
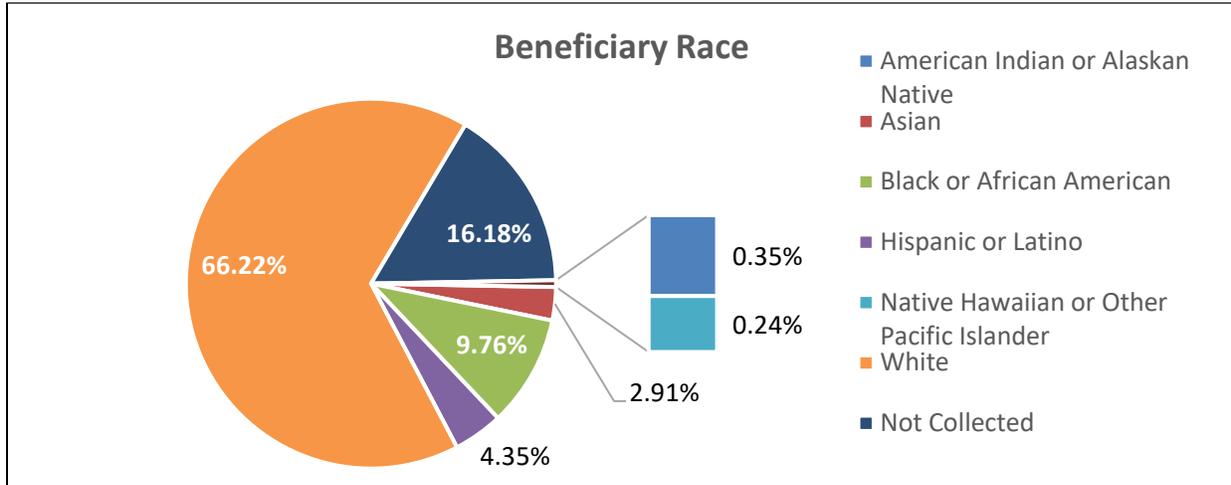
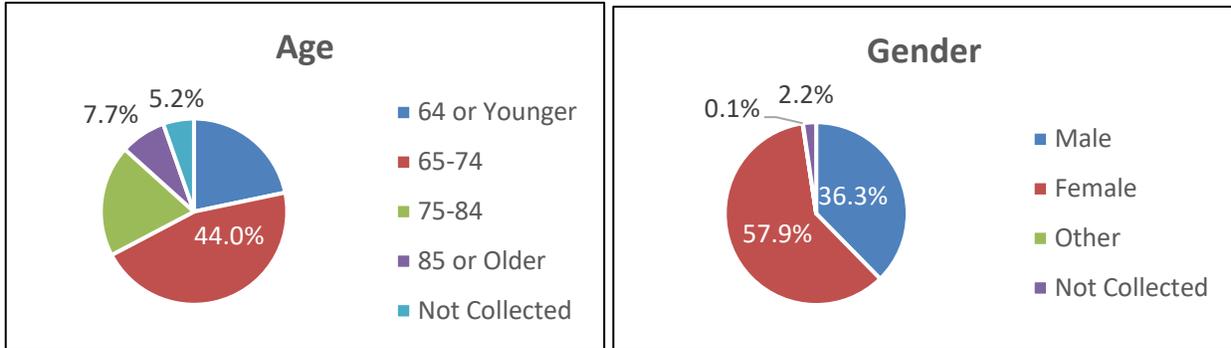
SHIPs provide education and counseling to all Medicare beneficiaries, with a special focus on beneficiary groups considered “hard-to-reach.” These groups include beneficiaries who are low income, non-native English speakers, and/or under age 65. There has been an overall decrease in contacts since 2017 due to a shift in data systems and the public health emergency.



Source: SHIP Performance Measures 3 (Under 65 Contacts) and 4 (“Hard-to-Reach” Contacts). See Appendix B for background on the SHIP Performance Measures.

The full snapshot of demographic data of SHIP contacts for GY 2021 follows. This data did not shift significantly from the prior grant year. The percentage of American Indian, Native Hawaiian/Pacific Islander, and Hispanic beneficiaries served by SHIP is lower than the general population of adults 65+².

SHIP Demographic Snapshot, GY 2021

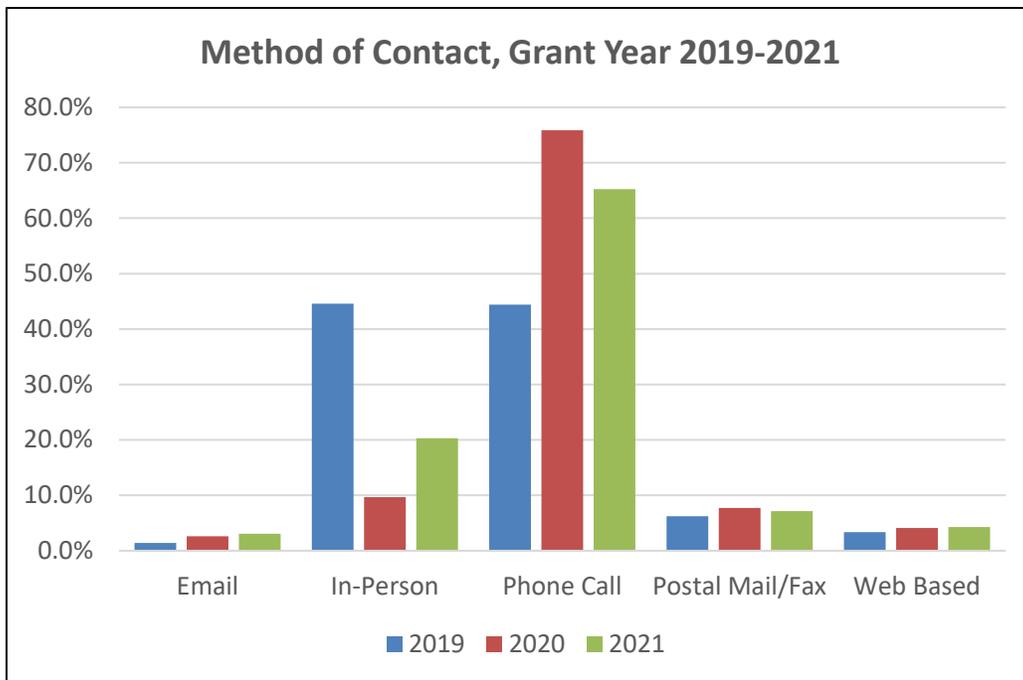


The 150% Federal Poverty Level (FPL) monthly income limit for 2021 is \$1,610 for an individual, and \$2,177 for a couple.

The 2021 Extra Help (also known as Medicare Part D Low Income Subsidy or LIS) asset limit is \$14,790 for an individual, and \$29,520 for a couple.

²https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf

The SHIP network continued to struggle with reaching people with Medicare due to COVID restrictions. Issues with broadband access, tech literacy, and access to computers, smart phones, or tablets, created larger obstacles for grantees than anticipated. As shown in the following graph, web-based contacts are still uncommon. The preferred methods of contact in GY 2021 were in person or by phone.



In GY 2021, 11,624 SHIP team members (nearly half of whom were volunteers) spent over 1.7 million hours helping Medicare beneficiaries understand and make educated choices about their healthcare coverage. Every SHIP is required to thoroughly screen, train, and certify each team member, including volunteers. Screening, training, and certification must happen before a SHIP team member can work with anyone. SHIPs are required to use ACL’s Volunteer Risk & Program Management Policies³ to support their program management. Each SHIP determines how they will create training to meet these standards. The SHIP Technical Assistance Center has an Online Counselor Certification Tool which many of the states use for their training and certification. There are 21 courses and special topics in the tool. Courses include but are not limited to Medicare Overview, Part A (Hospital Insurance), Part B (Medical Insurance), Part D (Medicare Prescription Drug Benefit), and Medicare Advantage Plans.

Outreach & Education Activities

SHIPs conduct outreach activities throughout their local communities to educate the public about Medicare and help people make informed healthcare decisions. The COVID-19 public health emergency continued to have a significant impact on group outreach and education, which had been conducted almost exclusively in person. In the 2021 grant year, SHIPs educated over 1.5 million people at over 36,000 events including presentations, health or senior fairs, and enrollment events. Over 5,600 of these events were Enrollment Events which focused on providing one-on-one assistance to help people compare Medicare plans and complete enrollment applications.

³ ACL’s Volunteer Risk & Program Management Policies can be found at <https://acl.gov/programs/senior-medicare-patrol/volunteer-risk-and-program-management-vrpm-policies>

Presentations

SHIPs conducted approximately 19,600 interactive presentations that reached over 1 million people. These presentations are tailored to the audience and highlight important dates and timely details about Medicare, including the basics of Medicare enrollment, coordination of benefits, as well as coverage options and details. SHIPs typically seek free and low-cost venues for these events, which are often held in libraries, community rooms, senior centers, or church event spaces; however, they expanded to virtual sessions due to COVID-19 restrictions.

Health and Senior Fairs

SHIPs participated in over 11,000 fairs to raise awareness of their services for people with Medicare, their families, and caregivers. In addition to reaching people with Medicare, SHIPs often use these opportunities to meet new local partner organizations that can help expand the reach of the SHIP services. Additionally, SHIPs distributed information about the COVID-19 vaccinations at these events.

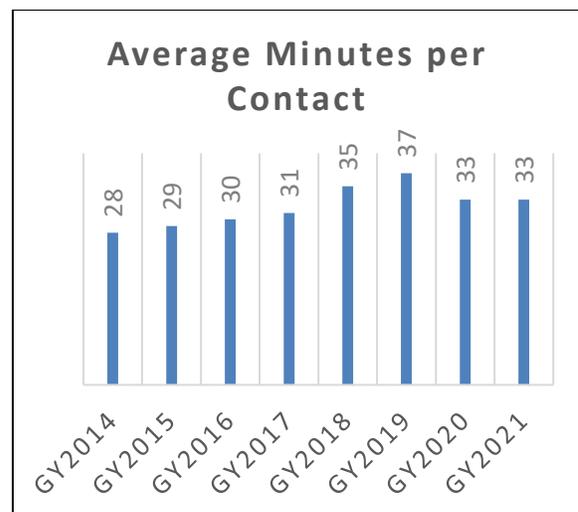
Enrollment Events

SHIPs hosted over 5,600 enrollment events, reaching over 151,000 people with Medicare, their families, or caregivers. At an enrollment event, a SHIP team member meets one-on-one with a beneficiary to enter their prescription drugs into the Centers for Medicare & Medicaid Services (CMS) Medicare Plan Finder, compare the available plan choices, and discuss the financial implications and coverage options. If a beneficiary would like to change plans, the SHIP team member can complete an application on their behalf through the Medicare Plan Finder. However, if the beneficiary wants more time to consider the decision, then they can contact the SHIP team member for enrollment assistance later or contact the insurance plan directly to enroll.

One-on-One Beneficiary Assistance

In 2021, SHIPs had over 1.7 million one-on-one contacts with Medicare beneficiaries, their families, and caregivers, providing in-depth information about Medicare benefits and other related healthcare questions or issues. These contacts often involve multiple subjects and require extensive counseling and assessment to properly address questions and issues.

The average time spent on one-on-one counseling remains over 30 minutes per contact, reflecting the continuous need for and complexities of SHIP counseling. It was 28 minutes in 2014 and 33 minutes in 2021.

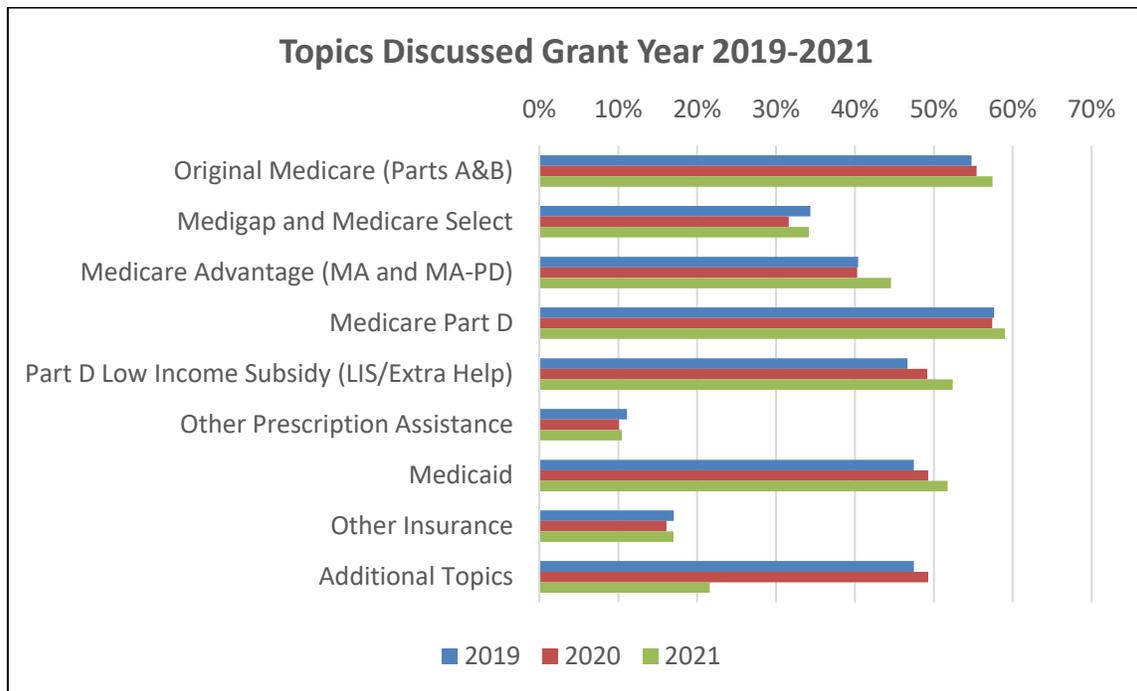


Beneficiaries contact SHIP with unique needs including but not limited to the following:

- Managing benefits when working beyond the age of Medicare eligibility;

- Coordinating Medicare benefits with employer, workers compensation, military, or retiree coverage;
- Completing applications for Medicare coverage or programs to help pay for Medicare costs;
- Assisting with claims denials and appeals; and
- Shopping for long-term care insurance.

On average, one-on-one counseling sessions covered approximately three complex Medicare topics. The following chart shows the frequency of topics discussed.



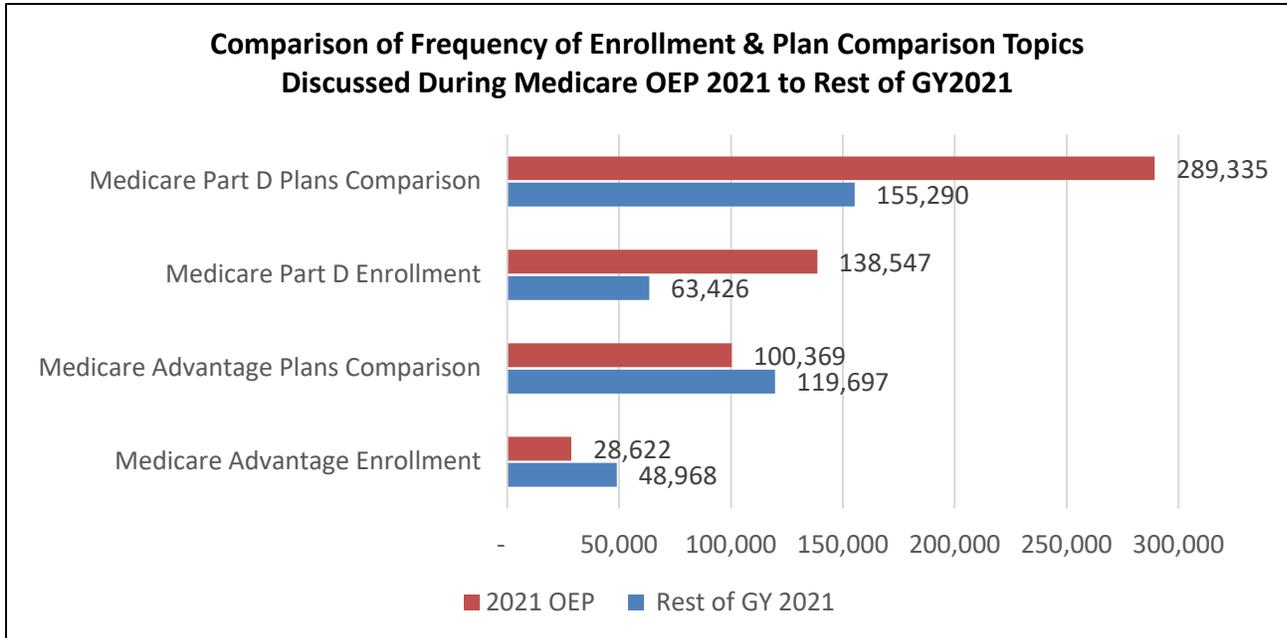
2021 Medicare Open Enrollment

Since Medicare health and drug plan options change every year, it is important for Medicare beneficiaries to reevaluate their Medicare coverage and plan choices annually during the Medicare Open Enrollment Period (October 15 – December 7). People with Medicare often report challenges with the plan review process – related to both understanding changes to their current plan and comparing the other options available in their areas.

Due to the challenges many beneficiaries experience with the annual plan review process, SHIPs spend the majority of the Medicare Open Enrollment Period helping people compare Medicare health and drug plans. SHIPs help beneficiaries make these comparisons by using the Medicare Plan Finder tool on Medicare’s website. However, comparing plans and using the Medicare Plan Finder can be a confusing and overwhelming process, particularly for those with low health insurance literacy, limited technology skills, limited English proficiency, or who reside in rural areas with poor internet access. Often people express relief at finding their local SHIP for the clarity the volunteers and staff provide to the process.

On average, time spent with beneficiaries during the 2021 Open Enrollment Period was roughly **five minutes higher** than during other times of the year. Additionally, the six weeks of Open Enrollment

accounted for approximately 33 percent of the one-on-one counseling sessions for the year. During this time the SHIP network focused primarily on plan comparisons and enrollments. SHIPs also assist with plan comparisons and enrollments during the annual Medicare Advantage Open Enrollment Period (January 1st-March 31st).



Challenges Frequently Reported by People with Medicare

SHIPs often counsel people who report challenges with Medicare-related processes and policies. This section describes some of the challenges reported this grant year. In addition, per the authorizing statute, the SHIPs provided ACL with their recommendations for the challenges identified. Each of these issues and the associated recommendations are detailed briefly in the section below.

Delayed Transition from Medicaid to Medicare during Public Health Emergency

Passed in March 2020 and amended by the Consolidated Appropriations Act, 2023, the Families First Coronavirus Response Act provided states with enhanced Medicaid funding if they met certain conditions, including maintaining individuals' Medicaid enrollment during the public health emergency. This included people who become eligible for Medicare in the same time frame. Due to the continuation of Medicaid coverage, these beneficiaries may have delayed enrolling in Medicare, resulting in possible coverage gaps and increased costs.

Beneficiaries who fail to enroll in Medicare during their initial enrollment period typically must wait until the next Medicare General Enrollment Period (January 1 – March 31 annually) to enroll, potentially leaving them uninsured until the following year when their coverage would take effect. ACL brought this issue to CMS in light of the feedback we received from the SHIPs concerned about how Medicare beneficiaries would be impacted once the Public Health Emergency ended. In October 2022, CMS instituted special enrollment periods (SEPs) that provide individuals who meet certain exceptional conditions and who missed a Medicare enrollment period, an opportunity to enroll without having to

wait for the General Enrollment Period and without being subject to a late enrollment penalty (LEP). Among the SEPs instituted are a SEP to Coordinate with Termination of Medicaid Coverage after January 1, 2023 that allows individuals who have missed a Medicare enrollment period to enroll in Medicare after termination of Medicaid eligibility, and a SEP for Other Exceptional Conditions that, on a case-by-case basis, grants an enrollment period to an individual when circumstances beyond the individual's control prevented them from enrolling during the Initial Enrollment Period, General Enrollment Period, or other SEPs.

Additionally, beneficiaries have a six-month window to enroll in a Medigap plan with guaranteed issue rights when they are at least 65 years of age and first enroll in Medicare Part B. Individuals who enroll in Medicare Part B at age 65 but failed to enroll in a Medigap plan during that six-month guaranteed issue period due to ongoing Medicaid coverage may not be able to enroll in a Medigap plan without underwriting later. This could have a significant impact on the beneficiary's choices for Medigap coverage and could have life-long impacts on their monthly premiums. Some states have taken action to address this issue, but not all have done so. This remains an issue for impacted beneficiaries.

Medicare Plans Marketing Confusion

SHIPs reported that beneficiaries frequently contacted them asking questions about commercials for Medicare insurance products. Often, beneficiaries are confused by what is being offered in the commercials or direct mail, and curious what similar benefits their insurance may cover or if they are eligible for the advertised plans. One SHIP team member noted, "Medicare is already so confusing, and the ads just add to that confusion."

The SHIP network also received many complaints regarding enrollment decisions based on misinformation provided by health insurance agents or via advertising. At a point during this grant year, Louisiana averaged two to four complaints a week.

SHIPs recommended better regulation of the commercials and providing clearer guidance on what language may be used. CMS issued new marketing rules in 2023 that addressed these concerns and the concerns of beneficiaries.

Medicare & Medicaid Integrated Care

There are roughly 12 million people in the United States dually enrolled in Medicare and Medicaid.⁴ CMS encourages states to integrate care through these programs to provide better care coordination and reduce administrative burden. Each state has a different approach to integration, but the main avenues in 2021 were the Financial Alignment Initiative, Medicare Advantage dual eligible special needs plans (D-SNPs), and the Program for All-Inclusive Care for the Elderly.

Given the variety of programs and state implementation, the SHIP network requested training on integrated care so that they can better serve people with Medicare. The SHIP Technical Assistance Center convened a workgroup of experts to develop an integrated care course for the Online Counselor Certification Tool.

⁴ https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf

To assist people with integrated care plans, SHIPs are partnering with State Medicaid offices in a variety of ways. The Washington, D.C. SHIP is working with the Washington, D.C. Medicaid program to understand the changes to the program, and how to educate enrolled members about the changes and alternative coverage options. The DC Medicaid office mailed notices to more than 9,000 participants which explained the changes and referred them to SHIP for assistance. DC SHIP created a fact sheet for beneficiaries who had questions about integrated care.

SHIPs recommend better educational materials for team members and beneficiaries related to integrated care, specifically expanding what is offered in Medicare Plan Finder.

SHIP Innovations

SHIPs consistently seek efficiencies and reported these examples of innovative outreach and education strategies during this reporting period.

Partnerships to Reach More People with Medicare

SHIPs work closely with community based organizations across the country to provide education and services for people with Medicare. The examples below highlight some of the innovative partnerships from this reporting period.

Utilizing Current Partnerships and Building New Partnerships

The Alabama SHIP looked for all opportunities to develop and expand its partnerships. They expanded their partnership with AmeriCorps Seniors - Foster Grandparents Program to establish a new partnership with the Senior Companion Program. Additionally, they collaborated with the Senior Medicare Patrol and the Better Business Bureau to provide fraud prevention education; and connected with the NAACP through a Mayoral luncheon and a local Chamber of Commerce networking event. Developing traditional and unique partnerships allow them to reach and serve beneficiaries throughout the state.

Creating Volunteer Partnership with Pharmacy School

The Kansas SHIP developed an ongoing partnership with the University of Kansas School of Pharmacy. The partnership trained Doctor of Pharmacy students to be volunteer team members during the busy Medicare Open Enrollment Period. They hosted on-site mentoring sessions where the students are supervised by seasoned volunteers as part of their ongoing training. Partnership also helped students prepare for helping people with Medicare after graduation when they take permanent pharmacy positions in the community.

Secret Shoppers Assist with Quality Assurance

The Michigan SHIP conducted mystery shopping to evaluate the counseling experience. Results found team members to be polite and caring and that they are providing the key information that people need to make their healthcare choices. This process also uncovered that only 24 percent of contacts were reported in the data system. Based on this finding, MI SHIP leadership convened a workgroup to discuss challenges and barriers to reporting. As a result, update

trainings were scheduled to address knowledge gaps and support timely and accurate reporting. They also conducted focus groups with team members to identify barriers and challenges to documentation and reporting and ways to improve.

Video Education during Closures

To continue consumer education when many sites were still closed due to COVID-19 restrictions, Charles County Aging and Human Services, a SHIP site in Colorado recorded Medicare 101 videos. The videos were accessible for people who were not able to join webinars or other virtual meetings. The videos were short to keep attention and were on a variety of topics of interest to people who are new to Medicare.



Reaching Tribal Communities

Alaska SHIP continued fostering a partnership between the Anchorage Senior Activity Center and the Alaska Native Tribal Health consortium (ANTHC). The partnership meetings were put on hold in March 2020 due to the pandemic but starting February of 2021 the ANTHC meetings moved to a virtual platform. A SHIP team member provided virtual trainings each month on Medicare topics to the Alaska Native tribal patient assistors. By educating these tribal assistors on Medicare, Medicaid, MSP, and LIS, they can have a broader reach across the state and better serve rural and remote beneficiaries.

Administration Overview

The SHIP discretionary appropriation was \$52.1 million in FY 2021. Approximately \$48.6 was provided to the 54 states and territories for the SHIP State Base Grants. The remainder was used to fund administrative activities to support the SHIP network including the following contracts and grant support.

2021 Program Initiatives

SHIP is administered by ACL's Office of Healthcare Information and Counseling (OHIC), which also oversees the Senior Medicare Patrol (SMP) and Medicare Improvements for Patients and Providers Act (MIPPA) programs. The SMP program provides outreach and education to Medicare beneficiaries to prevent, detect, and report Medicare fraud, errors, and abuse. The MIPPA program provides grants to states and tribes to help older adults, individuals with disabilities, and their caregivers apply for special assistance through Medicare. Since many of the SHIP grantees are co-located with SMP and MIPPA, often OHIC program initiatives span all three programs.

In 2021, ACL continued with initiatives to support the work grantees are doing. The initiatives included communications and stakeholder engagement; public health workforce grant awards; technical assistance to grantees; and program evaluation.

Communications and Stakeholder Engagement

The SHIPs provided detailed and in-depth one-on-one assistance to Medicare beneficiaries in local communities across the country. The successful continuation of these activities required a strong partnership with the Centers for Medicare & Medicaid Services (CMS) to provide technical assistance, support, and communication to the SHIPs on Medicare, Medicare changes, and beneficiary issues and questions. ACL participated in several CMS and other federal partner workgroups to ensure SHIPs receive timely Medicare and other relevant healthcare related updates. These workgroups also provided an opportunity for ACL to share SHIP and Medicare beneficiary experiences and successes, as well as challenges that are brought to the SHIPs, which may help inform federal partner decisions.

Public Health Workforce Grant Awards

Fully staffing the programs became more difficult during the COVID-19 public health emergency. Team members resigned or retired early due to health concerns. This issue rippled across the aging network. Hawaii SHIP shared that these shortages impacted their ability to maintain agreements with the Area Agencies on Aging to provide in-kind Medicare counseling assistance. People with Medicare often have difficulty making appointments with SHIPs due to the high volume of need and fewer team members. This is especially true during the Open Enrollment Period, when SHIPs see more than a third of their clients.

To support the aging and disability networks with public health outreach and education, ACL administered grants to expand the public health workforce within the aging and disability networks including State Health Insurance Assistance Program grantees. These awards aim to increase the number of public health professionals within the SHIP network to address the unique needs of Medicare beneficiaries through the support of wages and benefits for these professionals.

Professionals supported through this program provide a wide range of public health services and supports, including provision of culturally affirmative and linguistically accessible information, access assistance for vaccines and boosters, provision and connections to health and wellness programs, and provision of education and outreach to ensure access to health insurance and benefits. The call for proposals was released in late 2021, and the awards started April 1, 2022. Thirty-seven SHIPs were awarded grants.

The following is a sampling of the types of public health positions created by the SHIPs:

- A state SHIP contracted with a sub-recipient to expand their staffing to assist with Medicare education and counseling.
- A state SHIP contracted with a local site to hire a community health worker.
- Worked with local Centers for Independent Living to expand counseling and outreach to improve access to benefits for individuals on Medicare or transitioning onto Medicare, with a particular focus on counseling, outreach, and accessibility for individuals with disabilities.

Technical Assistance to SHIP Grantees

ACL provides technical assistance to SHIP grantees through direct support from ACL staff and the award of grants and contracts that provide additional resources for grantees.

Support from ACL Staff

SHIP programmatic dollars fund ACL project officers to work closely with SHIP grantees to help them understand ACL's policies and priorities, as well as how to properly oversee and manage their federal grants. Project officers communicated with SHIP grantees regularly via email, webinars, and monthly conference calls to discuss questions and concerns, talk through any challenges, and identify promising practices that could be shared with the broader grantee network. ACL staff consulted with SHIPs to develop solutions to emerging issues, as well as review and provide feedback on programmatic progress reports.

In addition to collaboration and monitoring, ACL staff managed several projects aimed at enhancing the availability of SHIP services, including the SHIP Technical Assistance Center, SHIP data system, SHIP beneficiary satisfaction survey, and SHIP national training meeting (all described below).

SHIP Technical Assistance Center (SHIP TA Center)

SHIP programmatic dollars funded the SHIP TA Center, which serves as a central resource for disseminating knowledge and best practices to SHIP grantees. The SHIP TA Center also provided ongoing support and information for SHIPs on issues and trends in Medicare, Medicaid, and volunteer management; developed new products and tools for the national SHIP network, including fact sheets and training manuals; and provided technical assistance to SHIP grantees through webinars, one-on-one assistance, and written instructions. The SHIP TA Center drew upon wide-ranging resources to respond to a rapidly changing programmatic environment and the issues associated with the national network that provides services and supports to older adults and people with disabilities in their homes and communities, Medicare, and the broader health insurance industry affecting Medicare beneficiaries.

SHIP Data System

The SHIP Tracking and Reporting System (STARS) is the reporting and data analysis tool the SHIPs use for program management. The system allowed ACL and the grantees to determine whether SHIPs are meeting the goals set forth by the agency and in the authorizing legislation.

STARS also provides a connection with the Senior Medicare Patrol’s (SMP) data system, so the systems can share data. This increased efficiencies at the local level and reduced the burden of duplicate data entry since the same grantees and team members complete much of the work.

SHIP Beneficiary Satisfaction Survey

SHIP programmatic dollars funded the administration of a SHIP Beneficiary Satisfaction Survey. The goals of the survey were to measure satisfaction with SHIP Medicare counseling services, assess how customers value the services and information they receive, identify opportunities for continuous improvement, and comply with regulatory requirements regarding data collection on an annual basis.

The initial survey was administered annually from October 2017 to March 2020. Building on this initial survey, ACL contracted with CG Strategy to conduct two annual, national surveys of Medicare beneficiaries served by the SHIP to gauge the public’s satisfaction with the program and the accuracy of the services provided. One survey evaluates beneficiary satisfaction with the one-on-one assistance provided by the grantees while the second survey gauges satisfaction with the public outreach events conducted by the grantees. This 5-year contract began in September 2021.

SHIP group outreach and education continued to be rated highly. The following table compares responses during Open Enrollment and outside of Open Enrollment from baseline (FY 2017 – 2020) and FY 2021. Each question used a Likert scale for response with 1 being strongly disagree and 5 being strongly agree.

Table: Satisfaction with One-on-One Assistance

| Period | Timeliness | Accurate Information | Useful Information | Overall Satisfaction | Future Contact | Recommend Service |
|----------------------------|-------------|----------------------|--------------------|----------------------|----------------|-------------------|
| Baseline Non OEP (FY17–20) | 4.19 | 4.22 | 4.22 | 4.24 | 4.31 | 4.32 |
| Baseline OEP (FY17–20) | 4.33 | 4.31 | 4.35 | 4.40 | 4.41 | 4.41 |
| Baseline Total | 4.26 | 4.27 | 4.29 | 4.32 | 4.37 | 4.37 |
| FY21 Non OEP | 4.35 | 4.35 | 4.35 | 4.36 | 4.45 | 4.46 |
| FY21 OEP | 4.25 | 4.29 | 4.29 | 4.33 | 4.36 | 4.39 |
| FY21 Total | 4.30 | 4.32 | 4.32 | 4.35 | 4.41 | 4.43 |

When asked if the client planned to act because of the information received, roughly 75 percent said yes during OEP and 70 percent said yes during the rest of the baseline year. In FY21, approximately 72 percent said yes during OEP and 63 percent during the rest of the year. For those that planned to act, most people (39 percent of respondents) planned to act on an issue other than Medicare Enrollment, Insurance Enrollment, Contact/Phone Call, Research/Review

Information, Complete Paperwork, Unspecified Action, or Apply for Prescription. The second most frequent action (21 percent of respondents) was on Medicare Enrollment.

SHIP National Training Meeting

ACL hosts a national training for OHIC programs annually. The purpose of the conference is to assist, support, and inform the program directors and their support staff nationwide. The meeting offers an opportunity to review core values and practices that define the programs, yet also hone new skills to strengthen the programs' outreach efforts and the involvement of volunteers and in-kind staff. This event also allows states to network and share information related to best practices with grantees in other states. In addition to grantees from other states, attendees are provided an opportunity to meet ACL staff, national partners like CMS and the National Council on Aging, and the SHIP TA Center staff.

During this period the training event was held virtually in two parts – April 27-29, 2021, and August 10-12, 2021, due to the COVID-19 public health emergency. Nearly 400 people attended the event. Presenters included staff from ACL, CMS, HHS Office of the Inspector General, other national partners, and SHIP and SMP staff. Major topics included grants management, outreach, volunteer training, data reporting, reaching specific populations, and quality assurance processes.

National Outreach Campaign

While the SHIPs adapted quickly and modified their services in response to the pandemic, they were still struggling to reach all that could benefit from their services. ACL implemented a public awareness campaign to help beneficiaries better understand their Medicare options and where they can go for help during Open Enrollment 2021. This included developing a new logo, materials for outreach to people with Medicare and partners, as well as a MATTE release (a ready to publish piece for placement online). This campaign received over 750 placements online, with 146 million total site audience. The following is the MATTE release.

The graphic is a promotional flyer for SHIP. At the top left is the SHIP logo (State Health Insurance Assistance Program). To the right is a clipboard icon with a checklist: 'MEDICARE EXPERTS', 'SCREENED', 'TRAINED', and 'CERTIFIED'. The main headline reads 'Need help navigating Medicare? SHIP can help.' Below this, it states 'SHIP is your local State Health Insurance Assistance Program. We provide unbiased support to Medicare beneficiaries and their families.' The central section is titled 'Your SHIP can help with one-on-one, unbiased guidance:' and contains four icons with labels: 'Understanding costs and coverage' (with a person icon), 'Enrolling in and changing plans' (with an 'ENROLL' button icon), 'Comparing options' (with a checklist icon), and 'Correcting billing issues' (with a 'STATEMENT' document icon). At the bottom left is the ACL logo (Administration for Community Living) and a disclaimer: 'SHIP is not reimbursed by health insurance plans. Our only priority is helping you to understand and make informed decisions about care and benefits. SHIP is a national program of the Administration for Community Living, an operating division of the U.S. Department of Health and Human Services.' At the bottom right is the contact information: 'Find your local SHIP: shiphelp.org | 877-839-2675'.

Conclusion

SHIPs provide unique services to Medicare beneficiaries to help them make the best choice for their health care coverage. The 54 SHIP grantees serve as the main source for Medicare information and assistance in the community. They provide individualized personal assistance to people with Medicare, their families, and caregivers; and conduct outreach activities to inform the public about Medicare and other related health coverage options. Because of this service, beneficiaries often report relief after counseling sessions with the SHIP team members. As the population of the United States grows older, SHIP services will continue to be a vital resource to help older Americans navigate the complexities of Medicare.

The novel coronavirus (COVID-19) public health emergency (declared January 31, 2020) dramatically impacted the SHIPs' ability to provide services. While the SHIPs adapted quickly and modified their services in response to the pandemic, they still struggled to reach all that could benefit from their services. This impact continued through the 2021 grant year, though as communities began re-opening, SHIPs began reporting an increase in services.

Appendix A: 2021 State Health Insurance Assistance Program Grant Awards

Project Period April 1, 2021 – March 31, 2022

Total Awards: \$48,663,587

| | | | |
|----------------------|-------------|----------------|-------------|
| Alabama | \$886,979 | Nebraska | \$444,379 |
| Alaska | \$235,596 | Nevada | \$486,004 |
| Arizona | \$954,405 | New Hampshire | \$347,059 |
| Arkansas | \$730,526 | New Jersey | \$1,105,999 |
| California | \$3,918,979 | New Mexico | \$476,564 |
| Colorado | \$736,971 | New York | \$2,375,143 |
| Connecticut | \$553,093 | North Carolina | \$1,556,558 |
| Delaware | \$246,008 | North Dakota | \$277,933 |
| District of Columbia | \$186,947 | Ohio | \$1,678,766 |
| Florida | \$2,926,303 | Oklahoma | \$740,511 |
| Georgia | \$1,327,286 | Oregon | \$706,994 |
| Hawaii | \$304,030 | Pennsylvania | \$1,813,023 |
| Idaho | \$417,843 | Rhode Island | \$285,923 |
| Illinois | \$1,530,605 | South Carolina | \$849,295 |
| Indiana | \$1,014,734 | South Dakota | \$328,179 |
| Iowa | \$719,611 | Tennessee | \$1,125,798 |
| Kansas | \$565,421 | Texas | \$2,794,773 |
| Kentucky | \$1,019,438 | Utah | \$397,969 |
| Louisiana | \$723,642 | Vermont | \$292,979 |
| Maine | \$459,628 | Virginia | \$1,136,969 |
| Maryland | \$761,096 | Washington | \$984,898 |
| Massachusetts | \$936,284 | West Virginia | \$525,414 |
| Michigan | \$1,502,853 | Wisconsin | \$997,985 |
| Minnesota | \$880,142 | Wyoming | \$284,164 |
| Mississippi | \$724,760 | Guam | \$58,287 |
| Missouri | \$1,044,044 | Puerto Rico | \$733,173 |
| Montana | \$493,337 | Virgin Islands | \$58,287 |

Appendix B: SHIP Performance Measures & Likert Ratings

SHIPs are evaluated on the following Performance Measures (PM):

Performance Measure 1: Client Contacts - *Percentage of total one-on-one client contacts (in-person, by phone, 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. 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. To count outreach contacts SHIPs must have the ability to monitor attendance and 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 include:

- Low-income beneficiaries - all contacts with beneficiaries whose income is below 150% Federal Poverty Level;
- Rural beneficiaries - all contacts with beneficiaries that live in areas with a population fewer than 50,000 as designated by the Office of Management and Budget (OMB), and;
- Non-native English speaking beneficiaries - all contacts with beneficiaries where English is not the beneficiaries first language.

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, such as assistance with enrollment in Medicare Part D plans, Medicare Advantage, the Low-Income Subsidy and Medicare Savings Programs.

Below are the national performance measure results GY 2021. Each performance measure includes a penetration rate, which is the number of contacts compared to the eligible population in the state as discussed above.

PM 1: Client Contacts – 1,781,605 Beneficiary Contacts (2.84% of eligible population)

PM2: Group Outreach Contacts – 1,572,654 Beneficiary Contacts (2.50% of eligible population)

PM 3: Medicare Beneficiaries Under 65 Contacts – 195,200 Beneficiary Contacts (2.36% of eligible population)

PM 4: Hard-to-Reach Contacts – 1,169,358 Beneficiary Contacts (2.65% of eligible population)

PM 5: Enrollment Contacts – 1,491,154 Beneficiary Contacts (2.37% of eligible population)

Additionally, ACL creates a Likert Rating for the grantees to provide them with an understanding of how they compare with their peers. Each grantee receives a Likert rating for each PM based on last grant year's performance and a target Likert rating for each PM to work towards in this year's grant year. These ratings are shared with the SHIP network, which allows them to identify which states they can approach when they are looking for ideas for improvement.

The scale for each PM breaks down as follows:

- Top 10% (5 States): Excellent
- Next 20% (11 States): Good
- Middle 40% (22 States): Average
- Next 20% (11 States): Fair
- Bottom 10% (5 States): Low

The ratings for this grant year follow.

National SHIP Performance Measure 1 Ratings April 1, 2021 – March 31, 2022 Grant Year

Total Client Contacts: Percentage of total client contacts (in-person office, in-person home, telephone [all durations], and contacts by e-mail, postal, or fax) per Medicare beneficiaries in the State.

Excellent
Penetration Rate:
6.27% & Above

Alaska
Iowa
Nebraska
Ohio
Tennessee

Good
Penetration Rate:
3.94% to 6.26%

Alabama
Guam
Illinois
Kansas
Kentucky
Massachusetts
Montana
Pennsylvania
Vermont
Wisconsin
Wyoming

Average
Penetration Rate:
2.36% to 3.93%

Arkansas
Connecticut
Delaware
District of Columbia
Idaho
Indiana
Louisiana
Maine
Michigan
Minnesota
Missouri
New Hampshire
New Jersey
New York
North Carolina
North Dakota
Oklahoma
Rhode Island
South Dakota
Utah
Washington
West Virginia

Fair
Penetration Rate:
1.07% to 2.35%

Arizona
California
Colorado
Hawaii
Maryland
Mississippi
Nevada
Oregon
South Carolina
U.S. Virgin Islands
Virginia

Low
Penetration Rate:
1.06% & Below

Florida
Georgia
New Mexico
Puerto Rico
Texas

National SHIP Performance Measure 2 Ratings
April 1, 2021 – March 31, 2022 Grant Year

Outreach Contacts: Percentage of persons reached through presentations, booths/exhibits at health/senior fairs, and enrollment events per Medicare beneficiaries in the State.

Excellent
Penetration Rate:
6.18% & Above
 Kentucky
 New Mexico
 North Carolina
 Ohio
 Puerto Rico

Average
Penetration Rate:
1.02% to 2.97%
 Colorado
 Hawaii
 Idaho
 Illinois
 Iowa
 Kansas
 Maryland
 Massachusetts
 Michigan
 Minnesota
 Missouri
 Nebraska
 Nevada
 New York
 North Dakota
 Oklahoma
 Pennsylvania
 South Carolina
 Texas
 U.S. Virgin Islands
 West Virginia
 Wisconsin

Fair
Penetration Rate:
.42% to 1.01%
 California
 Delaware
 Florida
 Georgia
 Louisiana
 Mississippi
 New Hampshire
 New Jersey
 Oregon
 Vermont
 Virginia

Good
Penetration Rate:
2.98% to 6.17%
 Alabama
 Alaska
 Arkansas
 Connecticut
 Indiana
 Maine
 Montana
 Rhode Island
 Tennessee
 Utah
 Washington

Low
Penetration Rate:
.41% & Below
 Arizona
 District of Columbia
 Guam
 South Dakota
 Wyoming

**National SHIP Performance Measure 3 Ratings
April 1, 2021 – March 31, 2022 Grant Year**

Medicare Beneficiaries Under 65: Percentage of contacts with Medicare beneficiaries under the age of 65 per Medicare beneficiaries under 65 in the State.

Excellent
Penetration Rate:
4.84% & Above

Alaska
Iowa
Ohio
Pennsylvania
Tennessee

Good
Penetration Rate:
2.63% to 4.83%

Alabama
Connecticut
Delaware
Illinois
Kentucky
Missouri
Montana
Nebraska
Vermont
West Virginia
Wisconsin

Average
Penetration Rate:
1.61% to 2.62%

Arkansas
California
Colorado
District of Columbia
Guam
Idaho
Indiana
Kansas
Maine
Maryland
Massachusetts
Michigan
Nevada
New Jersey
New York
North Dakota
Oregon
Rhode Island
Utah
Virginia
Washington
Wyoming

Fair
Penetration Rate:
.60% to 1.60%

Arizona
Florida
Georgia
Hawaii
Louisiana
New Hampshire
North Carolina
Oklahoma
South Carolina
South Dakota
Texas

Low
Penetration Rate:
.59% & Below

Minnesota
Mississippi
New Mexico
Puerto Rico
U.S. Virgin Islands

**National SHIP Performance Measure 4 Ratings
April 1, 2021 – March 31, 2022 Grant Year**

Hard-to-Reach Contacts: Percentage of low-income, rural, and non-native English contacts per total
“hard-to-reach” Medicare beneficiaries in the State.

Excellent
Penetration Rate:
6.04% & Above
District of Columbia
Iowa
Nebraska
Ohio
Tennessee

Good
Penetration Rate:
3.75% to 6.03%
Alabama
Alaska
Illinois
Kentucky
Louisiana
Michigan
Montana
New Hampshire
Utah
Vermont
Wisconsin

Average
Penetration Rate:
1.97% to 3.74%
Arkansas
Colorado
Connecticut
Delaware
Idaho
Indiana
Kansas
Maine
Massachusetts
Missouri
Nevada
New York
North Carolina
North Dakota
Oklahoma
Pennsylvania
Rhode Island
South Dakota
Virginia
Washington
West Virginia
Wyoming

Fair
Penetration Rate:
1.00% to 1.96%
Arizona
California
Guam
Maryland
Minnesota
Mississippi
New Jersey
Oregon
South Carolina
Texas
U.S. Virgin Islands

Low
Penetration Rate of .99% & Below
Florida
Georgia
Hawaii
New Mexico
Puerto Rico

National SHIP Performance Measure 5 Ratings April 1, 2021 – March 31, 2022 Grant Year

Enrollment Contacts: Percentage of unduplicated enrollment contacts (i.e., contacts with one or more qualifying enrollment topics) discussed per Medicare beneficiaries in the State.

| |
|--|
| <p>Excellent</p> <p>Penetration Rate: 5.19% & Above</p> <p>Iowa Massachusetts Nebraska Ohio Tennessee</p> |
|--|

| |
|---|
| <p>Average</p> <p>Penetration Rate: 1.70% to 2.87%</p> <p>Arkansas California Colorado Connecticut Delaware District of Columbia Guam Idaho Indiana Maine Michigan Nevada New Hampshire New York North Carolina North Dakota Oklahoma Pennsylvania South Dakota Utah Virginia Washington</p> |
|---|

| |
|---|
| <p>Fair</p> <p>Penetration Rate: .86% to 1.69%</p> <p>Arizona Georgia Louisiana Maryland Minnesota Mississippi Missouri New Jersey Oregon South Carolina U.S. Virgin Islands</p> |
|---|

| |
|--|
| <p>Good</p> <p>Penetration Rate: 2.88% to 5.18%</p> <p>Alaska Kentucky Wyoming Alabama Vermont Wisconsin Kansas Montana Illinois West Virginia Rhode Island</p> |
|--|

| |
|--|
| <p>Low</p> <p>Penetration Rate: .85% & Below</p> <p>Florida Hawaii New Mexico Puerto Rico Texas</p> |
|--|