

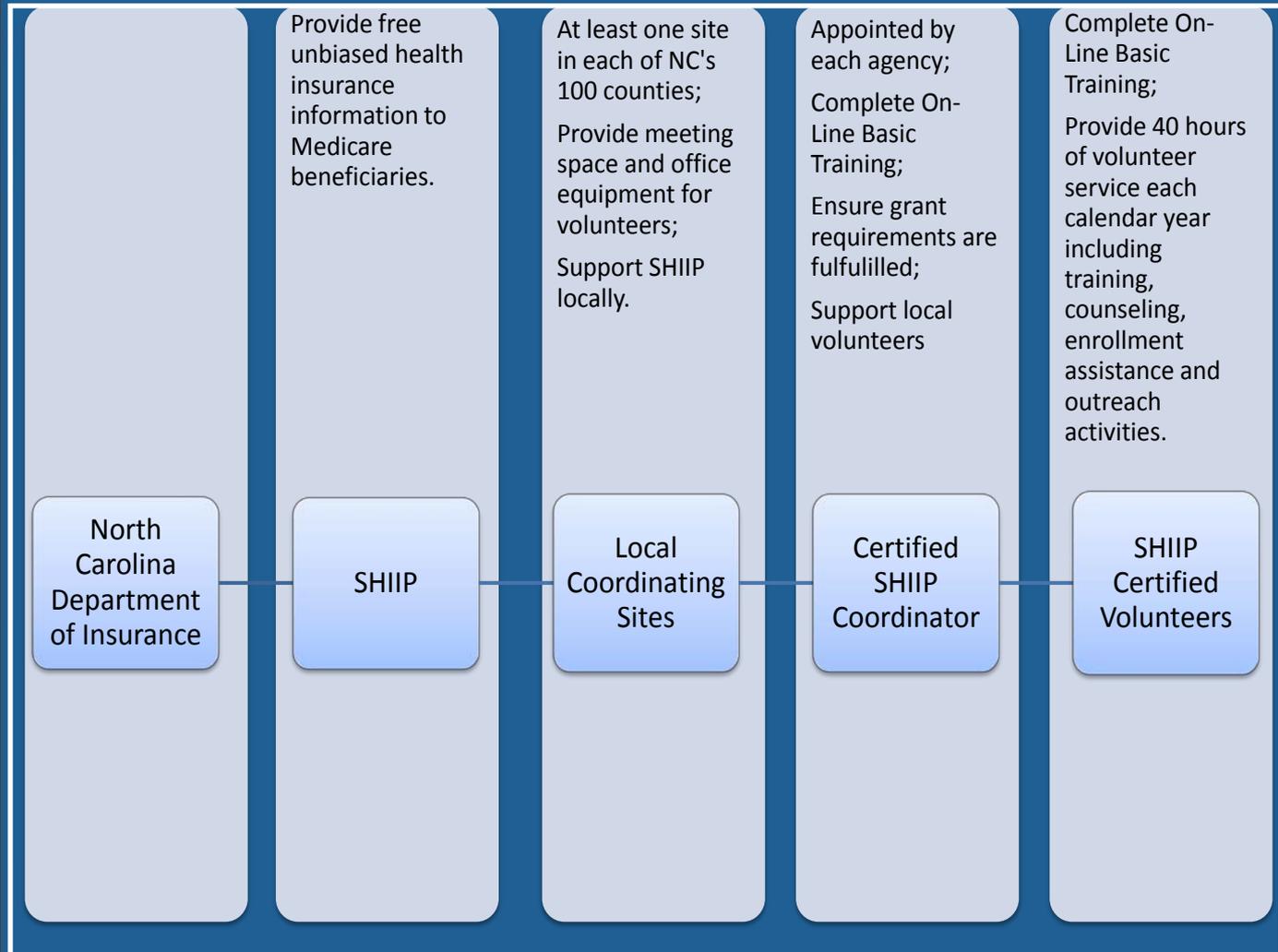


*Seniors' Health Insurance
Information Program (SHIIP)
Mechanisms to Track Volunteer
Accountability*



Melinda Munden, Statewide Volunteer Manager
SHIIP

NC SHIIP Organizational Chart

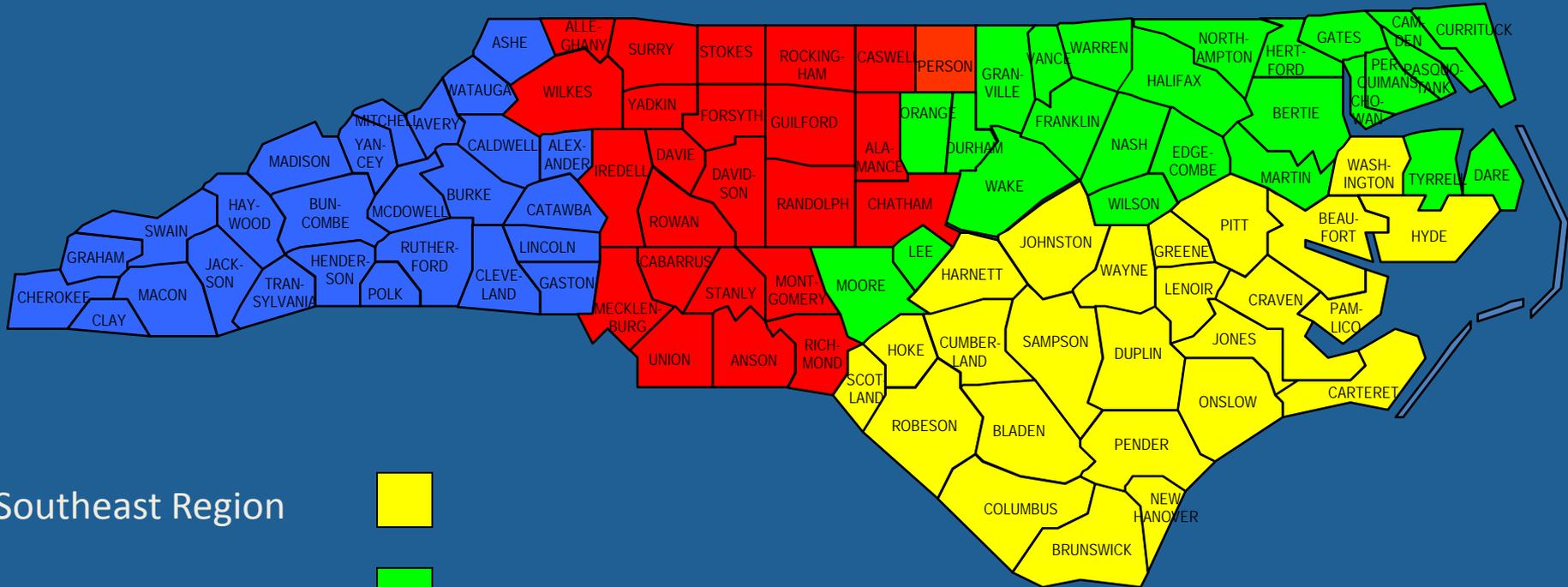


SHIIP Staff

- Twenty-six staff members including:
 - Four Regional Managers
 - Statewide Volunteer Manager
 - Ten Communication Specialists



Regional Manager Territories



- Southeast Region 
- Northeast Region 
- Piedmont Region 
- Western Region 

Local Coordinating Sites

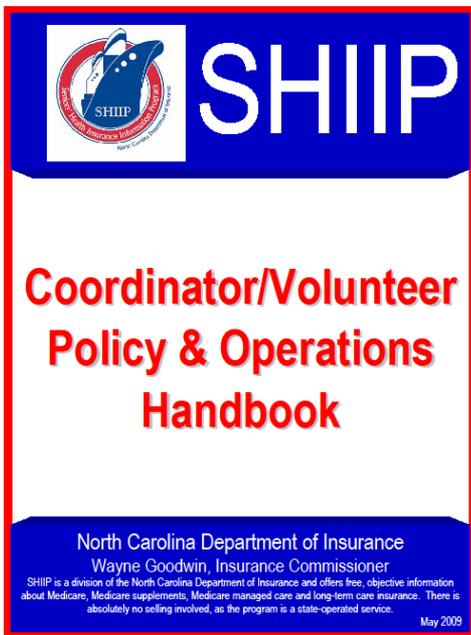
- 109 Local Sites
 - At least one in each of NC's 100 counties
 - Located in Community Based Organizations
 - Senior Centers, Cooperative Extension Offices, Council of Governments, AAAs, etc.
 - Provide meeting space and office equipment for local SHIIP volunteer
 - Support SHIIP locally

Mini-Grant Contracts

- 104 Local Sites currently receive funding
- Contract period is July 1 through June 30
- Funding is not limited to but must include the following activities:
 - Hold regular counseling clinics during AEP
 - Coordinate a Volunteer Recognition Event
 - Participate in three (3) outreach activities targeting the Low-Income Subsidy population
 - Attend Coordinator Training Conference
 - Submit counseling and outreach activity through the SHIPtalk website
 - Reach out to 50% of the county population for activity events (health fairs)
 - Counsel 1% of their county's Medicare population
 - Represent SHIP at health fair events by utilizing certified SHIP volunteers

Certified SHIIP Coordinator

- 117 SHIIP Coordinators
 - Appointed by each local SHIIP Coordinating Site
 - Complete On-Line Basic Training
 - Ensure grant requirements are fulfilled
 - Complete reference checks for interested volunteers in their county
 - Attend Annual Coordinators' Conference
 - Support local volunteers



Certified SHIIP Volunteers

- 865 SHIIP Volunteers
 - Cannot be or have an immediate family member who is an active insurance agent
 - Complete Volunteer Registration Form
 - Complete On-Line Basic Training
 - Attend Quarterly Follow-up Trainings
 - Provide 40 hrs of volunteer service each year including:
 - Training
 - Counseling/Enrollment Assistance
 - Outreach Activities
 - Report Client Contact (CC) and Public and Media (PAM) activities

NORTH CAROLINA SHIIP, 11 SOUTH ROYLAN AVE. RALEIGH, NC 27603
 TELEPHONE: 1-800-443-3314 OR 919-897-8888 FAX: 919-897-8888

SHIIP Volunteer Registration

To help us keep the most accurate records possible, please complete the following information and return it to your SHIIP County Coordinator.

Name (First, Middle Initial, Last): _____

Mailing address: _____

Shipping address (if different than mailing): _____

City: _____ Zip Code: _____

County of Residence: _____

Telephone Numbers with area code: (Home) _____ (Work) _____
 (Cell) _____ (Fax) _____

E-mail Address: _____ Do you have high speed internet access? _____

Can we send you all correspondence through e-mail? Yes No

Date of birth: _____

Are you or any of your immediate family members a licensed insurance agent? If so, give full name and relationship. _____

Have you ever been convicted of an offense against the law other than a minor traffic violation?
 Yes No If yes, explain _____

Please list three references that SHIIP may contact.

Reference 1: _____
(Name, Address, Telephone Number, Relationship)

Reference 2: _____
(Name, Address, Telephone Number, Relationship)

Reference 3: _____
(Name, Address, Telephone Number, Relationship)

Are there any other counties where you are able to provide counseling and/or outreach? If so, please list: _____

How did you learn about becoming a SHIIP Volunteer Counselor?
 Friend Newspaper/Newsletter Web-site
 Radio/TV Flyer Other _____
(Please complete other side)

1

Client Counseling Reporting

- Specific details are required regarding the contact including
 - How the client learned about SHIIP
 - Method of contact (phone, email)
 - Age group of client
 - Gender
 - Race
 - Income
 - Topics discussed
 - Time Spent with client

NC Seniors' Health Insurance Information Program (SHIIP) Client Counseling Contact Form

Instructions: Required areas to be completed are in orange print. Each volunteer should fill out one form per session.

Volunteer Name: _____	Type of Client/Assistance Requested by: (Check all that apply) <input type="checkbox"/> Beneficiary (self) <input type="checkbox"/> Couple <input type="checkbox"/> Caregiver (family caregiver, conservator) <input type="checkbox"/> Agency	How Did The Client Learn About SHIIP: (Check one) <input type="checkbox"/> CMS (1-800-Medicare, www.medicare.gov, Medicare & You, CMS Mailing) <input type="checkbox"/> Presentations/fairs <input type="checkbox"/> State-specific mailings/brochures/posters <input type="checkbox"/> NCSMP <input type="checkbox"/> Agency (aging org., disability org., Social Security) <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Media (PSA, radio, etc.) <input type="checkbox"/> Television <input type="checkbox"/> Newspaper
Volunteer County: _____	Counseling Location Zip Code: _____	
Date of Initial Contact: Month / Day / Year	Type of Contact: <input type="checkbox"/> Quick Call (<10 min.) <input type="checkbox"/> Telephone <input type="checkbox"/> In-person (site) <input type="checkbox"/> In-person (home visit) <input type="checkbox"/> E-mail, fax, postal mail	Time Spent: Hours _____ Minutes _____
Date if Multiple Contact: Month / Day / Year	Type of Contact: <input type="checkbox"/> Quick Call (<10 min.) <input type="checkbox"/> Telephone <input type="checkbox"/> In-person (site) <input type="checkbox"/> In-person (home visit) <input type="checkbox"/> E-mail, fax, postal mail	Time Spent: Hours _____ Minutes _____
Section 1 – Beneficiary Information		
Beneficiary Name: First _____ Last _____	Beneficiary Zip Code: _____	
Representative Name (if applicable): First _____ Last _____	Beneficiary Phone Number: (____) _____ - _____	
Section 2 – Beneficiary Demographics <i>(In this the first contact with SHIIP show just 1? If Yes, complete Section 2; if No, skip to Section 3.)</i>		
Age: Date of Birth: Month / Day / Year <input type="checkbox"/> Under 65 years <input type="checkbox"/> 65 – 74 <input type="checkbox"/> 75 – 79 <input type="checkbox"/> 80 – 84 <input type="checkbox"/> 85 or older <input type="checkbox"/> Not Collected	Monthly Income: <input type="checkbox"/> Below \$1,353.75 single or \$1,821.25 married <input type="checkbox"/> At or greater than \$1,353.25 single or \$1,821.25 married <input type="checkbox"/> Not Collected	Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White, Not of Hispanic origin <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Collected
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Not Collected	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Collected	
Section 3 – Topics Discussed (Check all that apply)		
Prescription Assistance: Medicare Prescription Drug Coverage (PDP/Ma-PD) <input type="checkbox"/> Plan eligibility, benefit comparison <input type="checkbox"/> Low-income assistance – eligibility, benefit comparison (Discussed) <input type="checkbox"/> Low-income assistance – (Completed Application for LIS) <input type="checkbox"/> Enrollment/application <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeals/quality of care/complaints Other Sources of Prescription Drug Coverage/Assistance: <input type="checkbox"/> NCRx (Discussed) <input type="checkbox"/> NCRx (Completed Application) <input type="checkbox"/> Union/employer plan <input type="checkbox"/> Manufacturer's Assistance Program <input type="checkbox"/> Discount plans <input type="checkbox"/> Other: _____	Medicare (Part A and B) <input type="checkbox"/> Enrollment, eligibility, benefits <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeals/quality of care/complaints Medicare Health Plans (HMOs, PPOs, PFFS, Special Need Plans) <input type="checkbox"/> Enrollment, disenrollment, eligibility, comparisons <input type="checkbox"/> Plan or benefit changes/non-renewals <input type="checkbox"/> Claims/billing <input type="checkbox"/> Appeals/quality of care/complaints Medicaid (enrollment, eligibility, benefits): <input type="checkbox"/> QMB/SLMB/QI/MSP (Assistance) <input type="checkbox"/> Other Medicaid <input type="checkbox"/> MSP (Completed Application)	Medigap/Supplement/Select <input type="checkbox"/> Enrollment, eligibility, comparison <input type="checkbox"/> Change coverage <input type="checkbox"/> Claims/appeals Other: <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Fraud and Abuse/NCSMP <input type="checkbox"/> Military Health Benefits <input type="checkbox"/> Employer Health Plan or Federal Employee Health Benefits Program <input type="checkbox"/> Customer Service issues/complaints <input type="checkbox"/> Dual eligible with mental disabilities <input type="checkbox"/> Other: _____

PAM Reporting

- Specific details are required
 - Volunteer presenter name
 - Hours spent on the activity
 - Type of Activity or Event
 - Estimated Number of People Reached
 - Date range of Activity/Event
 - Location of Activity/Event
 - Topics Discussed
 - Target Audience

SHIIP Counselor County: _____ SHIIP Coordinating Agency Name: _____

NC Seniors' Health Insurance Information Program (SHIIP) Public and Media Activity Form

ALL AREAS IN ORANGE PRINT ARE REQUIRED FIELDS.
Multiple volunteers may be listed on the same form for the same event.

SHIIP Counselor First & Last Name: _____ Total Hours: _____
 SHIIP Counselor First & Last Name: _____ Total Hours: _____
 SHIIP Counselor First & Last Name: _____ Total Hours: _____
 SHIIP Counselor First & Last Name: _____ Total Hours: _____

Type Of Activity (Check only one for A-G)	Topic Focuses (Check All That Apply)
<input type="checkbox"/> A. Interactive Presentation to Public Estimated number of attendees: _____ Estimated persons provided enrollment assistance: _____	<input type="checkbox"/> Medicare Parts A and B <input type="checkbox"/> Plan Issues – Non-Renewal, Termination, Employer – COBRA <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Medicaid – Medicare Supplements <input type="checkbox"/> Medicare Fraud and Abuse <input type="checkbox"/> Medicare Prescription Drug Coverage – PDP/MA-PD <input type="checkbox"/> Other Prescription Drug Coverage – Assistance <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare Savings Programs (OMB – SL, MB – Q) <input type="checkbox"/> Other Medicaid <input type="checkbox"/> General SHIIP Program Information <input type="checkbox"/> Medicare Preventive Services <input type="checkbox"/> Low-Income Assistance <input type="checkbox"/> Dual Eligible with Mental Illness/Mental Disability <input type="checkbox"/> Volunteer Recruitment <input type="checkbox"/> Partnership Recruitment <input type="checkbox"/> Other Topics (Specify) _____
<input type="checkbox"/> B. Booth/Exhibit at Health/Senior Fair/Special Event Estimated no. of direct interactions with attendees: _____ Estimated persons provided enrollment assistance: _____	<input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____
<input type="checkbox"/> C. Dedicated Enrollment Event Sponsored by SHIIP or in Partnership Est. no. persons reached at event regardless of enrollment assistance: _____ Est. no. provided any enrollment assistance: _____ Est. no. provided enrollment assistance with Part D: _____ Est. no. provided enrollment assistance with LIS: _____ Est. no. provided enrollment assistance with MSP: _____ Est. no. provided enrollment assist Other Medicare Progs: _____	<input type="checkbox"/> Target Audience (Check All That Apply) <input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____
<input type="checkbox"/> D. Radio Show, Live or Taped, Not a PSA or Ad. Estimated number of listeners reached: _____	<input type="checkbox"/> Target Audience (Check All That Apply) <input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____
<input type="checkbox"/> E. TV/Cable Show Live or Taped, Not a PSA or Ad. Estimated number of viewers reached: _____	<input type="checkbox"/> Target Audience (Check All That Apply) <input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____
<input type="checkbox"/> F. Electronic Other Activity: PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat Estimated persons viewing or listening: _____	<input type="checkbox"/> Target Audience (Check All That Apply) <input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____
<input type="checkbox"/> G. Print Other Activity: Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings Estimated persons reading article, etc.: _____	<input type="checkbox"/> Target Audience (Check All That Apply) <input type="checkbox"/> Medicare Pre-Enrollees – Age 45-64 <input type="checkbox"/> Medicare Beneficiaries <input type="checkbox"/> Family Members/Caregivers of Medicare Beneficiaries <input type="checkbox"/> Low-Income <input type="checkbox"/> Hispanic, Latino, or Spanish Origin <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Some Other Race/Ethnicity <input type="checkbox"/> Disabled <input type="checkbox"/> Rural <input type="checkbox"/> Employer-Related Groups <input type="checkbox"/> Mental Health Professionals <input type="checkbox"/> Social Work Professionals <input type="checkbox"/> Dual-Eligible Groups <input type="checkbox"/> Partnership Outreach <input type="checkbox"/> Presentation to Groups in Languages Other Than English <input type="checkbox"/> Other Audiences (Specify) _____

Activity Information

Start Date of Activity: _____ / _____ / _____
 End Date of Activity: _____ / _____ / _____

Event or Group Name: _____

Contact First Name: _____
 Contact Last Name: _____
 Contact Phone Number: (____) _____-____

State of Event: _____
 City of Event: _____
 County of Event: _____
 Zip Code of Event: _____
 Street Address of Event: _____

Nationwide and CMS Special Use Fields
 MIPPA Event 1 2 3: _____ (For an LIS Event, put a 1, an MSP Event, put a 2, or both an LIS/MSP Event, put a 3.)

State and Local Special Use Fields
 (Place a "Y" beside all areas that apply)
 Topic – NCSMP: _____ Topic – ADAP: _____
 Topic – Preventive Benefits: _____

Tracking Resources

- SHIIP Utilizes two databases for tracking volunteer activities:
 - SITS (SHIIP's Information Technology Services)
 - Designed by NCDOI specifically for SHIIP
 - Maintained by NCDOI
 - SHIPtalk
 - Federally regulated website
 - SHIIP cannot alter for specific needs

SITS

- Maintain volunteer's profile i.e. address, phone number, and role
 - Provided on Volunteer Registration Form
- Each volunteer is assigned a specific identification number
- All training activity is entered and maintained by SHIP staff including
 - New Volunteer Training
 - Quarterly Follow-up Trainings
 - Coordinator Trainings
- Reports can be generated by date range, statewide, and county specific

SHIIP Training/Travel Hours - All Training Types

01/01/2011 to 12/31/2011

Name	Date	Training Type	Train	Travel	Total
Durham County			236.8 Total Hours		
<i>In Kind Paid Coordinator</i>					
Dyana N. Morgan (A)	09/30/2011	4th Quarter Follow-up	2.0	0.0	2.0
	08/12/2011	3rd Quarter Follow-up	2.0	0.0	2.0
	06/30/2011	Coordinator Training	48.0	0.0	48.0
	06/03/2011	2nd Quarter Follow-up	2.0	0.0	2.0
	03/31/2011	Coordinator Training	60.0	0.0	60.0
	03/22/2011	1st Quarter Follow-up	2.0	0.3	2.3
			Total Hours: 116.3		
<i>In Kind Paid Counselor</i>					
Casey M. Kaufman (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	08/12/2011	3rd Quarter Follow-up	2.0	0.0	2.0
	06/03/2011	2nd Quarter Follow-up	2.0	0.0	2.0
	03/22/2011	1st Quarter Follow-up	2.0	0.5	2.5
			Total Hours: 9.5		
Deborah McGiffin (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	08/12/2011	3rd Quarter Follow-up	2.0	1.0	3.0
	06/03/2011	2nd Quarter Follow-up	2.0	1.0	3.0
	03/22/2011	1st Quarter Follow-up	2.0	1.0	3.0
			Total Hours: 12.0		
Rodney D Murphy (A)	09/30/2011	4th Quarter Follow-up	2.0	0.0	2.0
	09/13/2011	New Volunteer Training	24.0	0.0	24.0
			Total Hours: 26.0		
Gina Upchurch (A)	09/30/2011	4th Quarter Follow-up	2.0	0.0	2.0
	08/12/2011	3rd Quarter Follow-up	2.0	0.0	2.0
	06/03/2011	2nd Quarter Follow-up	2.0	0.0	2.0
	03/22/2011	1st Quarter Follow-up	2.0	0.0	2.0
			Total Hours: 8.0		
<i>Volunteer Counselor</i>					
Betty Jean Boyarsky (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	08/12/2011	3rd Quarter Follow-up	2.0	1.0	3.0
	06/03/2011	2nd Quarter Follow-up	2.0	1.0	3.0
	03/22/2011	1st Quarter Follow-up	2.0	0.5	2.5
	03/15/2011	New Volunteer Training	24.0	0.0	24.0
			Total Hours: 35.5		
Vivian Kraines (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	08/12/2011	3rd Quarter Follow-up	2.0	1.0	3.0

Name	Date	Training Type	Train	Travel	Total
	06/03/2011	2nd Quarter Follow-up	2.0	1.0	3.0
			Total Hours: 9.0		
Winston D. Roberts (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	06/03/2011	2nd Quarter Follow-up	2.0	1.0	3.0
	03/22/2011	1st Quarter Follow-up	2.0	1.0	3.0
			Total Hours: 9.0		
Alan A. Stone (A)	09/30/2011	4th Quarter Follow-up	2.0	1.0	3.0
	08/12/2011	3rd Quarter Follow-up	2.0	1.0	3.0
	06/03/2011	2nd Quarter Follow-up	2.0	1.0	3.0
	03/22/2011	1st Quarter Follow-up	2.0	0.5	2.5
			Total Hours: 11.5		

SHIPtalk

- SHIP registers each volunteer upon completion of Basic Training
- Each volunteer is assigned a specific identification number
- Volunteer is assigned to their local coordinating site agency/agencies
- Volunteers are responsible for entering their one-on-one counseling and outreach activities
- Client Contact (CC) and Public and Media (PAM) Reports can be generated by specific type including:
 - Counselor
 - Zip Code
 - Agency

Client Contact

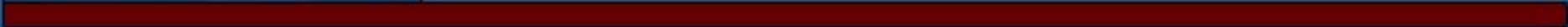
State Health Insurance Assistance Program - SHIP - National Performance Report - NPR
 Client Contact Summary Report
 Date Of Contact = [Start Date : 01/01/2011] - [End Date : 12/31/2011]
 State Providing the Counseling Activity = North Carolina
 Agency = Senior PharmAssist, Inc.
 Counselor = Winston Roberts [Active] [Agency: Senior PharmAssist, Inc.]
 Run Date Time = 2/20/2012 12:39:14 PM

Contacts by Type, Client Demographics, Topics Discussed, Time Spent, Contact Status	Contacts	Distribution
Total Client Contacts	42	100.0%
First Contact for the Client's Issue	42	100.0%
Continuing Contacts for the Client's Issue	0	0.0%
First vs Continuing Missing, Blank, Not Collected, Invalid, Miscoded, Out of Range	0	0.0%
Client Learned About SHIP From Previous Contact with a SHIP	0	0.0%
Client Learned About SHIP From CMS / Medicare Website Brochures Mailings 1-800	0	0.0%
Client Learned About SHIP From Presentations or Fairs	0	0.0%
Client Learned About SHIP From State-Specific Mailings, Brochures, Posters	0	0.0%
Client Learned About SHIP From Another Agency - Social Security, Senior Org, Disability Org	42	100.0%
Client Learned About SHIP From Friend or Relative	0	0.0%
Client Learned About SHIP From Media - PSA Ad Newspaper Radio TV	0	0.0%
Client Learned About SHIP From State Website	0	0.0%
Client Learned About SHIP From Some Other Method	0	0.0%
How Learned Missing, Blank, Not Collected, Invalid, Miscoded, Out of Range	0	0.0%
Phone Call Contact	1	2.4%
Face to Face Contact at Counseling Location or Event Site	41	97.6%
Face to Face Contact at Client's Home or Facility	0	0.0%
Email Contact	0	0.0%
Postal Mail or Fax Contact	0	0.0%
Old Email-Fax-Postal	0	0.0%
Old Unknown	0	0.0%
Method of Contact Missing, Blank, Not Collected, Invalid, Miscoded, Out of Range	0	0.0%
Client Age 64 or Younger	17	40.5%
Client Age 65-74	19	45.2%
Client Age 75-84	5	11.9%
Client Age 85 or Older	0	0.0%
Client Age Missing, Blank, Not Collected, Invalid, Miscoded, Out of Range	1	2.4%
Client Female	25	59.5%
Client Male	17	40.5%
Client Gender Missing, Blank, Not Collected, Invalid, Miscoded, Out of Range	0	0.0%
Client Any Mention of Hispanic, Latino, or Spanish Origin [Can Select More Than One]	0	0.0%
Client Any Mention of White, Non-Hispanic [Can Select More Than One]	15	35.7%
Client Any Mention of Black, African American [Can Select More Than One]	24	57.1%

Public and Media

State Health Insurance Assistance Program - SHIP - National Performance Report - NPR
 Public and Media Events and Activities Summary Report
 Date of Event = [Start Date : 01/01/2011] - [End Date : 12/31/2011]
 State Providing the Activity-Event = North Carolina
 Agency = Senior PharmAssist, Inc.
 Run Date Time = 2/20/2012 12:46:56 PM

Events-Activities by Type, Persons Reached-Enrolled, Time Spent, Topics Discussed, Target Audiences	
Total Events and Activities	70
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to All Events-Activities	5
Total Person-Hours of Effort Spent on All Events-Activities	109.00
Interactive Presentations to Public - Face to Face In-Person - Number of Events	28
Interactive Presentations to Public - Estimated Number of Attendees	1156
Interactive Presentations to Public - Estimated Persons Provided Enrollment Assistance	0
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to Interactive Presentations	3
Total Person-Hours of Effort Spent on Interactive Presentations to Public	37.00
Booth or Exhibit At Health Fair, Senior Fair, or Special Event - Number of Events	10
Booth or Exhibit - Estimated Number of Direct Interactions with Attendees	475
Booth or Exhibit - Estimated Persons Provided Enrollment Assistance	0
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to Booths and Exhibits	4
Total Person-Hours of Effort Spent on Booths and Exhibits	27.00
Dedicated Enrollment Event Sponsored By SHIP or in Partnership - Number of Events	0
Dedicated Enrollment Event - Est Number Persons Reached at Event Regardless of Enroll Assistance	0
Dedicated Enrollment Event - Estimated Number Persons Provided Any Enrollment Assistance	0
Dedicated Enrollment Event - Estimated Number Provided Enrollment Assistance with Part D	0
Dedicated Enrollment Event - Estimated Number Provided Enrollment Assistance with LIS	0
Dedicated Enrollment Event - Estimated Number Provided Enrollment Assistance with MSP	0
Dedicated Enrollment Event - Estimated Number Provided Enrollment Assist Other Medicare Program	0
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to Enrollment Events	0
Total Person-Hours of Effort Spent on Enrollment Events	
Radio Show Live or Taped - Not a Public Service Announce or Ad - Number of Events	0
Radio Show Live or Taped - Estimated Number of Listeners Reached	0
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to Radio Events	0
Total Person-Hours of Effort Spent on Radio Events	
TV or Cable Show Live or Taped - Not a Public Service Announce or Ad - Number of Events	0
TV or Cable Show Live or Taped - Estimated Number of Viewers Reached	0
Number of Unduplicated SHIP Staff and Affiliated Partners Contributing to Television Events	0
Total Person-Hours of Effort Spent on Television Events	
Electronic Other Activity - PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat - Events	16
Electronic Other Activity - Est Persons Viewing or Listening to Electronic Other Activity Across Campaign	14074



Live Demonstration of SHIPtalk

Questions and Answers