Welcome
BACK

PENNSYLVANIA DEPARTMENT OF AGING

AGING.PA.GOV

MIPPA and STARS Training

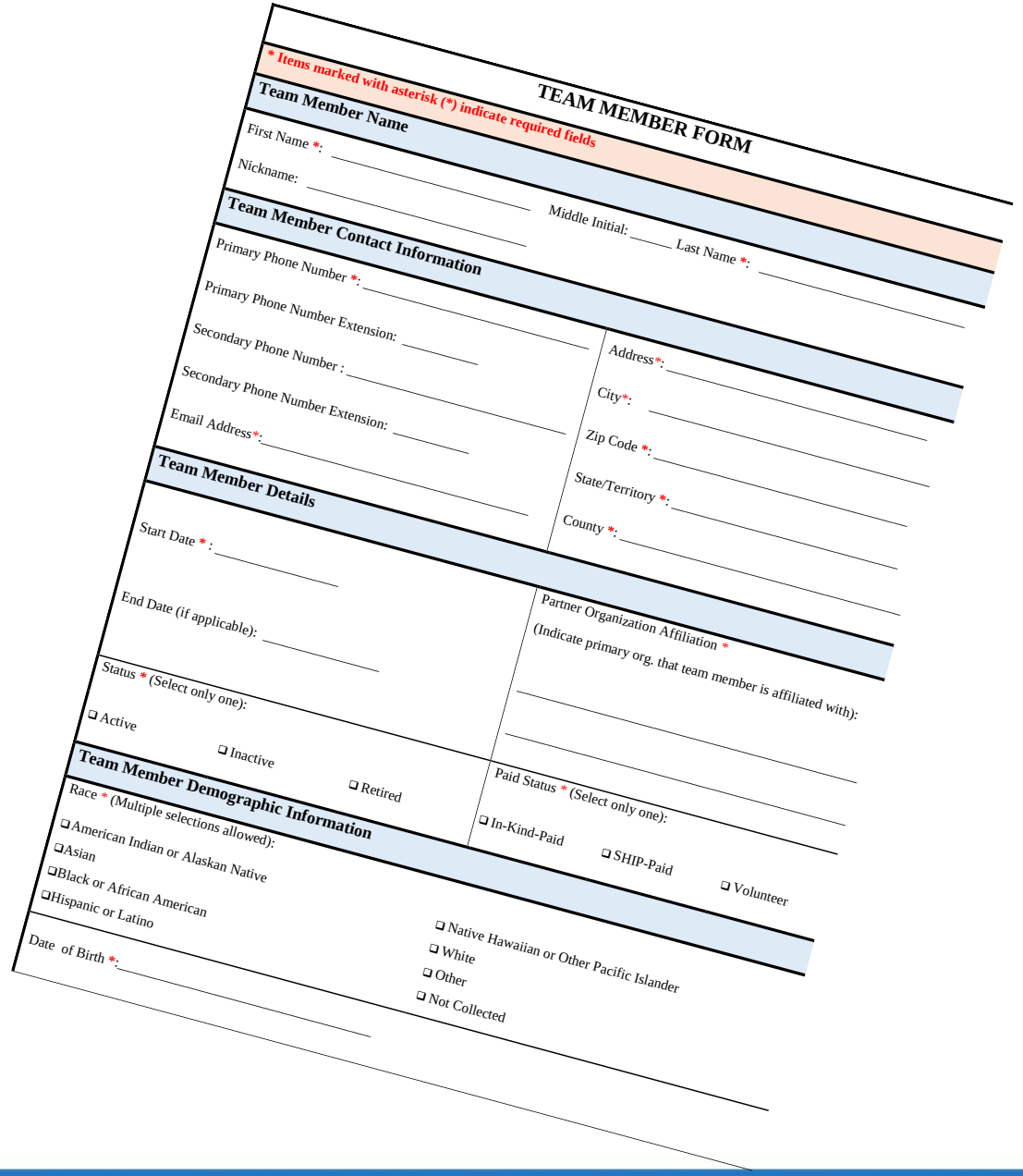
Today's Topics

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

STARS

- STARS – SHIP Tracking and Reporting System
- SHIP – State Health Insurance Program
- PA SHIP = Pennsylvania Medicare Education and Decision Insight, PA MEDI

Team Member Form



TEAM MEMBER FORM

* Items marked with asterisk (*) indicate required fields

Team Member Name

First Name *: _____

Nickname: _____ Middle Initial: _____ Last Name *: _____

Team Member Contact Information

Primary Phone Number *: _____

Primary Phone Number Extension: _____

Secondary Phone Number : _____

Secondary Phone Number Extension: _____

Email Address*: _____

Address*: _____

City*: _____

Zip Code *: _____

State/Territory *: _____

County *: _____

Team Member Details

Start Date * : _____

End Date (if applicable): _____

Partner Organization Affiliation *

(Indicate primary org. that team member is affiliated with): _____

Status * (Select only one):

❑ Active ❑ Inactive ❑ Retired

Paid Status * (Select only one):

❑ In-Kind-Paid ❑ SHIP-Paid ❑ Volunteer

Team Member Demographic Information

Race * (Multiple selections allowed):

❑ American Indian or Alaskan Native
❑ Asian
❑ Black or African American
❑ Hispanic or Latino
❑ Native Hawaiian or Other Pacific Islander
❑ White
❑ Other
❑ Not Collected

Date of Birth *: _____

pennsylvania DEPARTMENT OF AGING

TEAM MEMBER FORM

* Items marked with asterisk (*) indicate required fields

Team Member Name

First Name *: Mickey Middle Initial: ____ Last Name *: Mouse

Nickname: ____

Team Member Contact Information

Primary Phone Number *: 717-123-4567

Primary Phone Number Extension: ____

Secondary Phone Number : ____

Secondary Phone Number Extension: ____

Email Address*: MMouse@mainst.com

Address*: 987 Disney Lane

City*: Fantasyland

Zip Code *: 56789

State/Territory *: FL

County *: Pluto

Team Member Details

Start Date * : 7/13/2001

End Date (if applicable): ____

Partner Organization Affiliation *
(Indicate primary org. that team member is affiliated with):
PAC HC

Status * (Select only one):

☑ Active ☐ Inactive ☐ Retired

Paid Status * (Select only one):

☐ In-Kind-Paid ☐ SHIP-Paid ☐ Volunteer
PAH staff

Team Member Demographic Information

Race * (Multiple selections allowed):

☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other
☐ Not Collected

Date of Birth *: 2/21/1920

Gender * (Select only one): ☐ Female ☐ Male ☐ Other ☐ Not Collected

Team Member Demographic Information (continued)

Primary Language * (Select only one):	Secondary Language: (Select only one):
☐ English	☐ English
☐ Chinese	☐ Chinese
☐ Korean	☐ Korean
☐ Russian	☐ Russian
☐ Spanish	☐ Spanish
☐ Vietnamese	☐ Vietnamese
☐ Other	☐ Other

Team Member STARS Details

PDA will input the remaining information

Role * (Select only one):

- ☐ SHIP Assistant Director
- ☐ State Staff
- ☐ Sub-State Manager
- ☐ Site Manager
- ☐ Sub-State Staff
- ☐ Site Staff
- ☐ Team Member
- ☐ STARS Submitter

Send Login Credentials:	☐ Yes	☐ No
Revoke Login:	☐ Yes	☐ No
Program * (Multiple selections allowed):	☐ SHIP ☐ MIPPA	☐ SMP (Enter SIRS ePile ID, if applicable): _____

Team Member Unique ID Details

Create 1-800 Medicare Unique ID Number *:	☐ Yes	☐ No
Send 1-800 Medicare Unique ID Number:	☐ Yes	☐ No
Status of 1-800-Medicare Unique ID Number * :	☐ Active	☐ Inactive

Notes

Username and Password

DoNotReplyACLSystems@micropact.com

Username email

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

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

a. Sending address: DoNotReplyACLSystems@micropact.com.

b. Subject line: STARS Credentials: Username

c. Email body text:

"Welcome to STARS!

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

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

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

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

Have a great day!

Password email

a. Sending address: DoNotReplyACLSystems@micropact.com.

b. Subject line: STARS Credentials Follow-up

c. Email body text:

"Welcome to STARS!

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

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

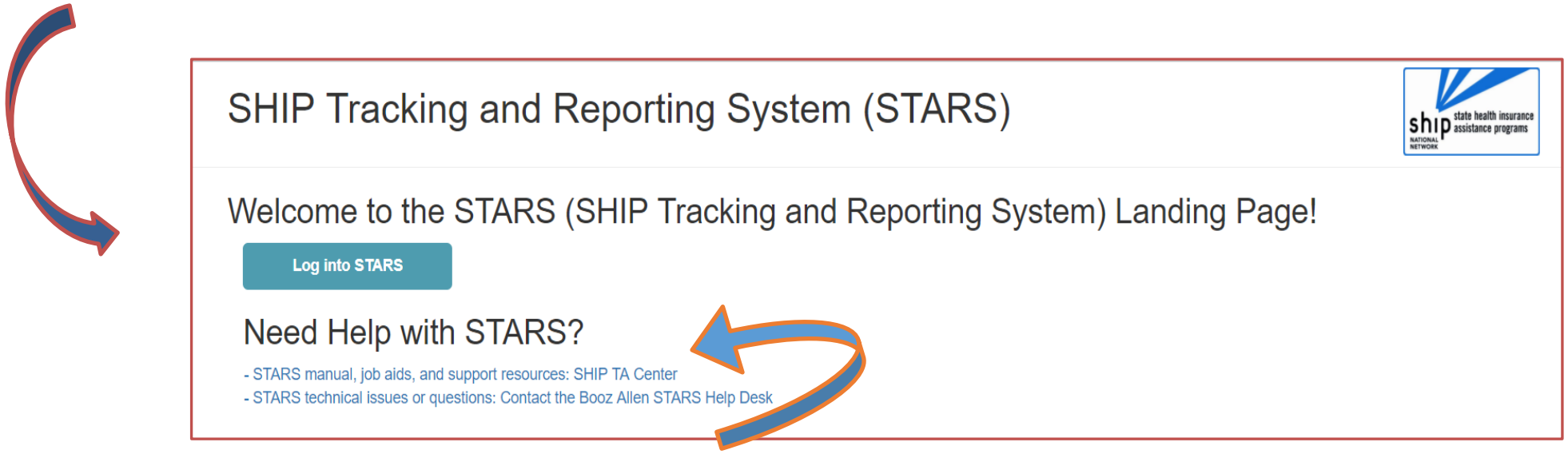
Password (case sensitive): *{8 characters}*

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

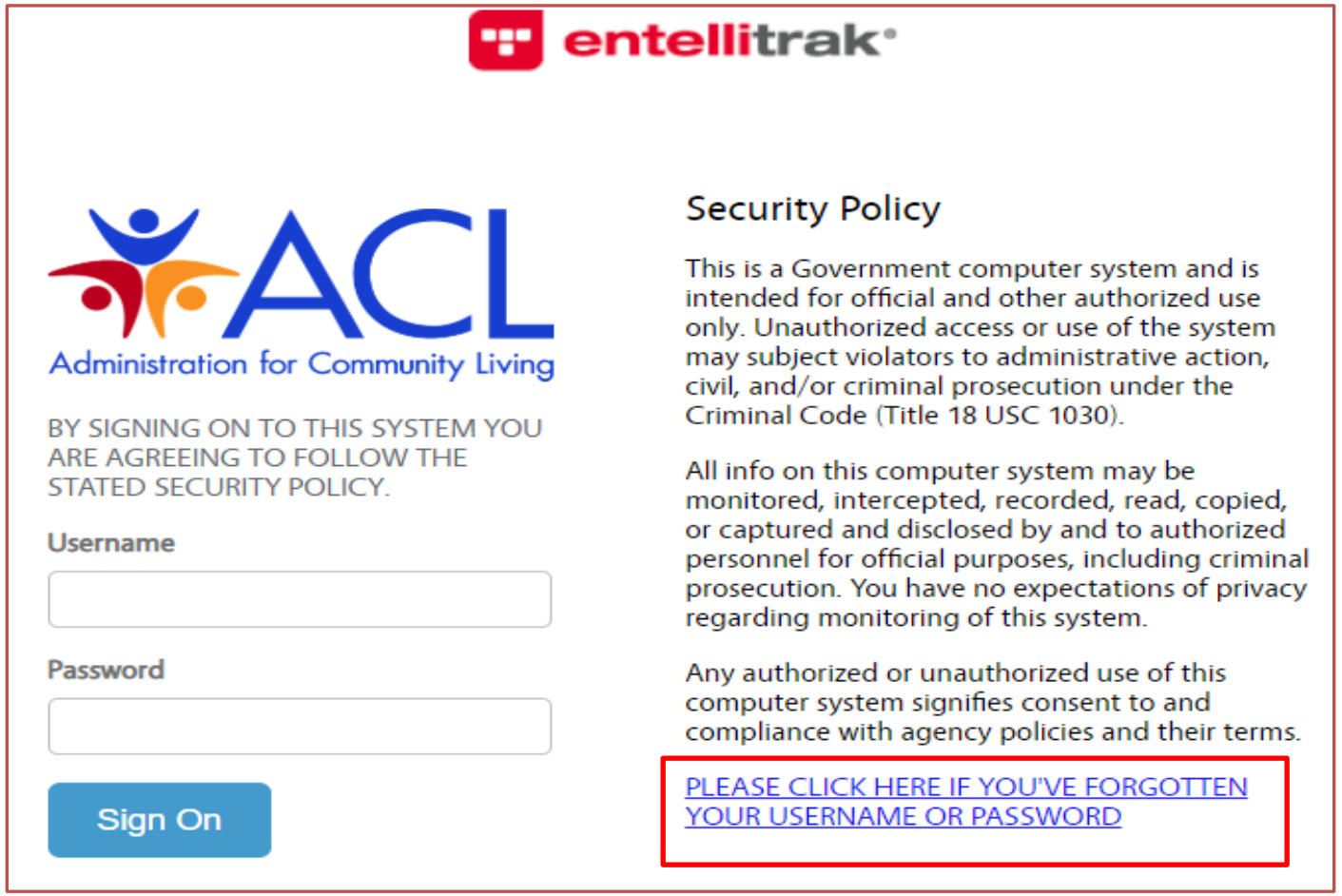
Have a great day!

Logging Into STARS

STARS Landing Page

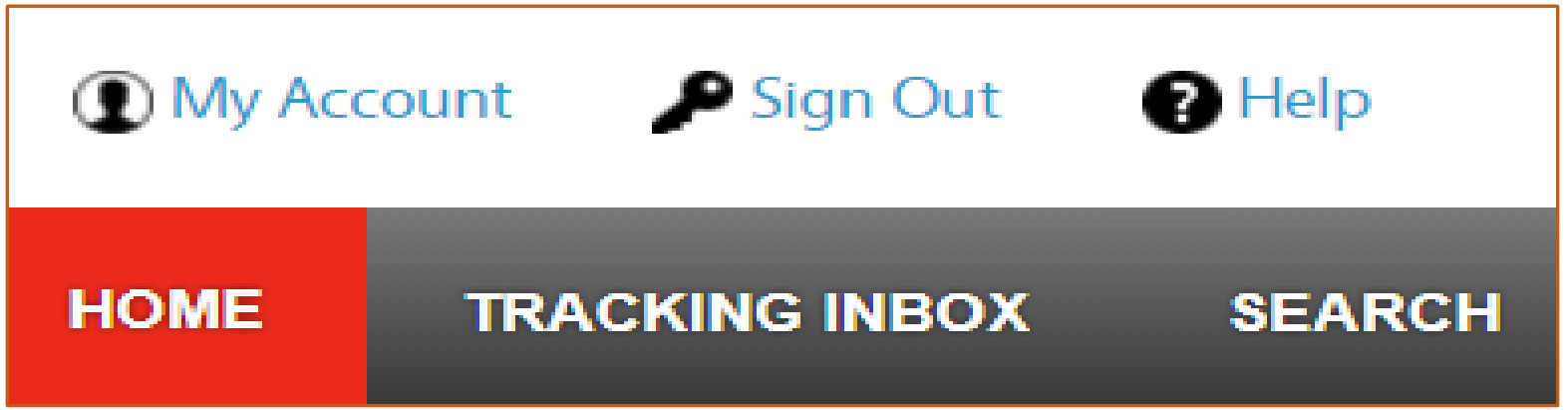


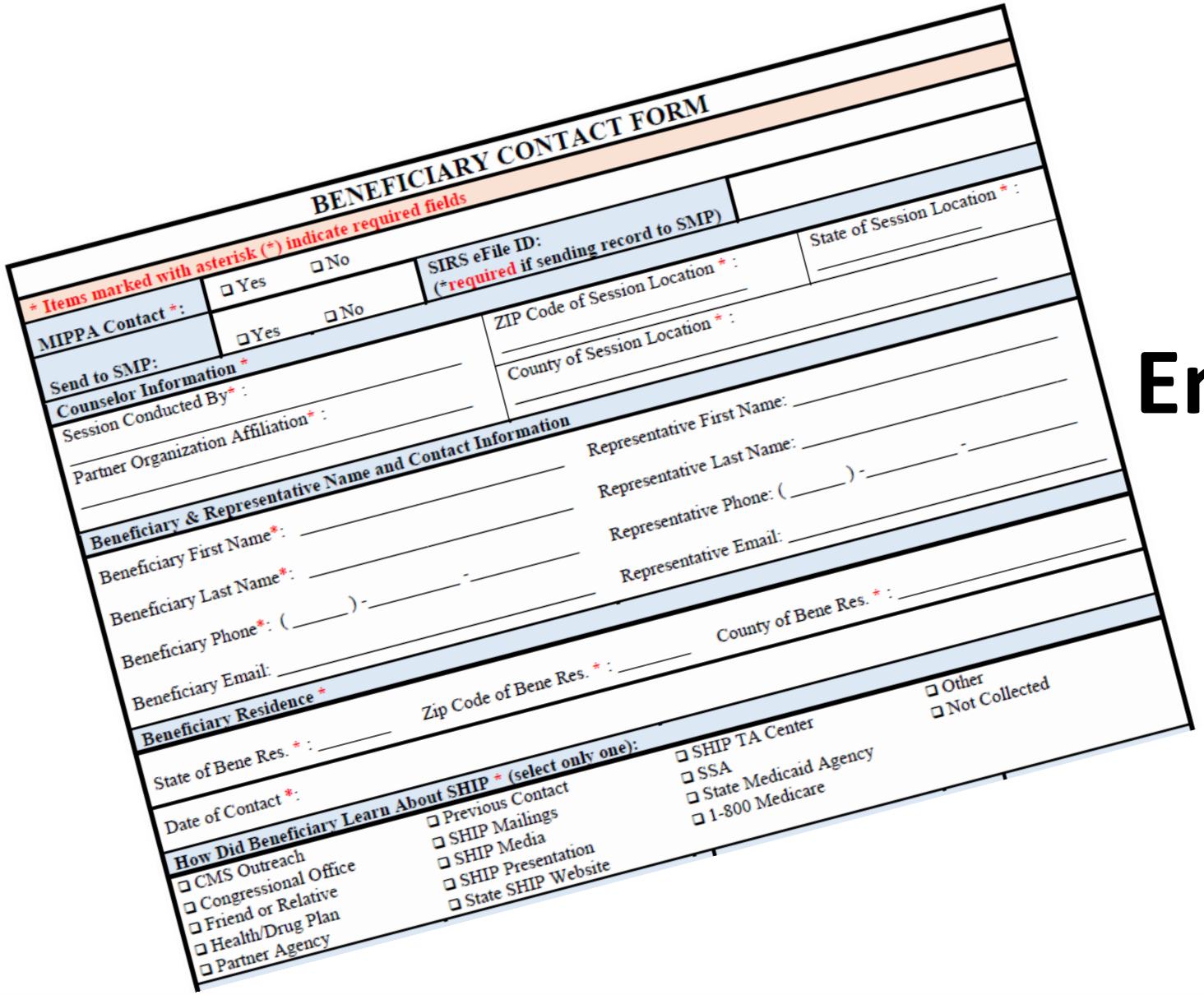
https://smpship.acl.gov



BoozAllenSTARSHelpDesk@bah.com

STARS Home Page/Dashboard





BENEFICIARY CONTACT FORM

* Items marked with asterisk (*) indicate required fields

MIPPA Contact *: ❑ Yes ❑ No

Send to SMP: ❑ Yes ❑ No

SIRS eFile ID: (*required if sending record to SMP)

Counselor Information *

Session Conducted By* :

Partner Organization Affiliation* :

ZIP Code of Session Location * :

State of Session Location * :

County of Session Location * :

Beneficiary & Representative Name and Contact Information

Beneficiary First Name*:

Beneficiary Last Name*:

Beneficiary Phone*: ( ) -

Beneficiary Email:

Representative First Name:

Representative Last Name:

Representative Phone: ( ) -

Representative Email:

Beneficiary Residence *

State of Bene Res. * :

Zip Code of Bene Res. * :

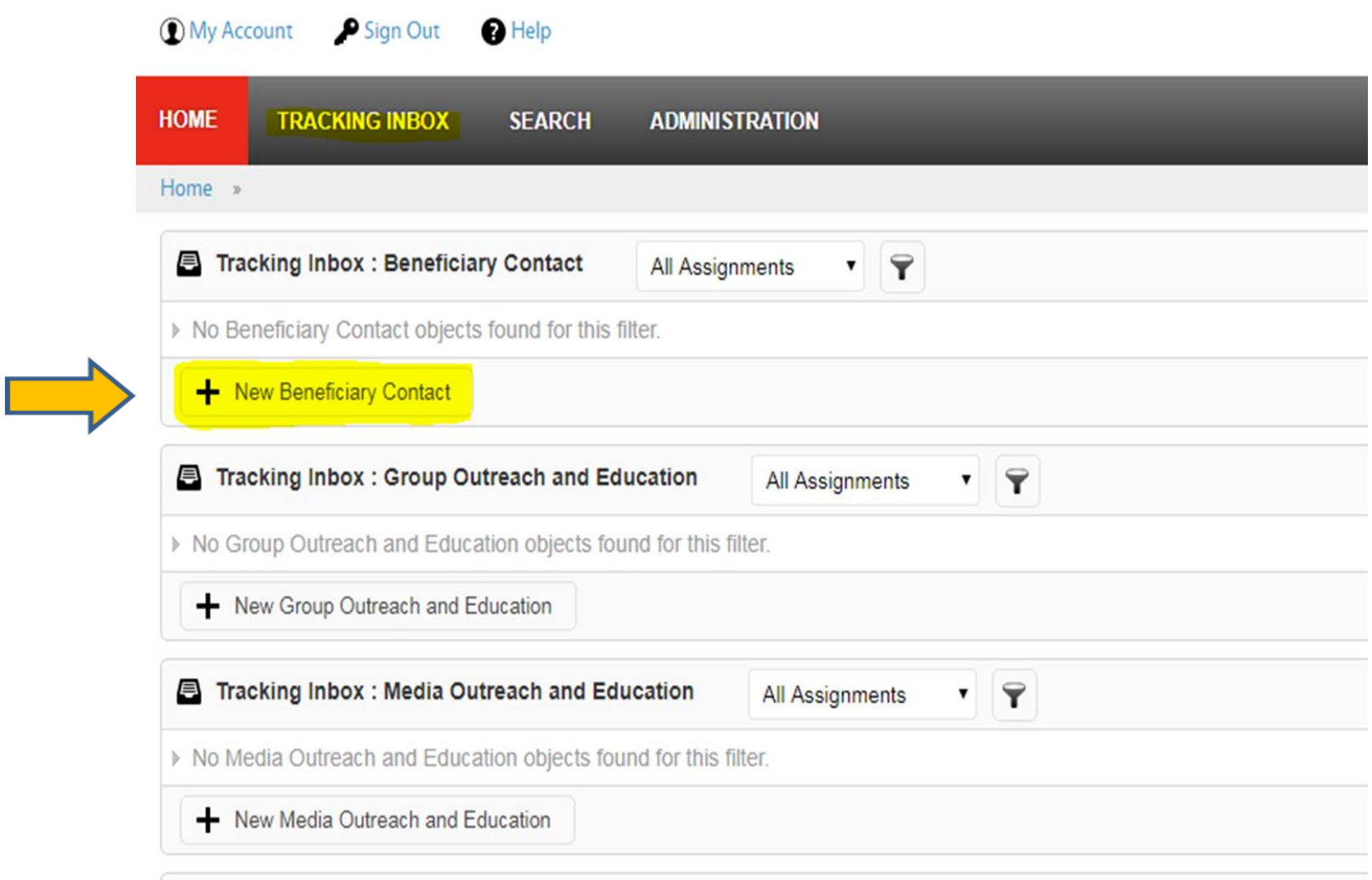
County of Bene Res. * :

Date of Contact *:

How Did Beneficiary Learn About SHIP * (select only one):

❑ CMS Outreach
❑ Congressional Office
❑ Friend or Relative
❑ Health/Drug Plan
❑ Partner Agency
❑ Previous Contact
❑ SHIP Mailings
❑ SHIP Media
❑ SHIP Presentation
❑ State SHIP Website
❑ SHIP TA Center
❑ SSA
❑ State Medicaid Agency
❑ 1-800 Medicare
❑ Other
❑ Not Collected

Entering Beneficiary Contact Forms


My Account
Sign Out
Help
HOME
TRACKING INBOX
SEARCH
ADMINISTRATION
Home »
Tracking Inbox : Beneficiary Contact
All Assignments
No Beneficiary Contact objects found for this filter.
New Beneficiary Contact
Tracking Inbox : Group Outreach and Education
All Assignments
No Group Outreach and Education objects found for this filter.
New Group Outreach and Education
Tracking Inbox : Media Outreach and Education
All Assignments
No Media Outreach and Education objects found for this filter.
New Media Outreach and Education

TRACKING INBOX
BENEFICIARY CONTACT
GROUP OUTREACH AND EDUCATION
MEDIA OUTREACH AND EDUCATION
SHIP TEAM MEMBER

BENEFICIARY CONTACT
NEW BENEFICIARY CONTACT

My Account Sign Out Help

HOME | TRACKING INBOX | SEARCH | REPORTING | CONFIGURATION

Tracking Inbox » New Beneficiary Contact

MIPPA ○ Yes ○ No *

Send to SMP ○ Yes ◉ No

SIRS eFile ID

SIRS Reference Number

SHIP Reference Number

Session Conducted By: Veronica Kell *

Partner Organization Affiliation

Zip Code of Session Location *

State of Session Location: Pennsylvania *

County of Session Location *

Beneficiary First Name

Beneficiary Last Name

Beneficiary Phone Number

Beneficiary Email

Representative First Name

Representative Last Name

Representative Phone Number

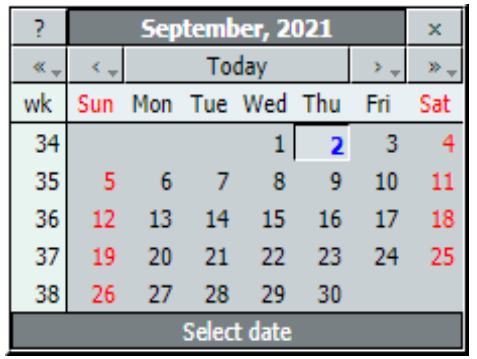
Representative Email

State of Beneficiary Residence: Pennsylvania *

Zip Code of Beneficiary Residence: *

County of Beneficiary Residence: *

Date of Contact: 09/02/2021 (mm/dd/yyyy) *



How Did Beneficiary Learn About SHIP: *

Method of Contact: *

Beneficiary Age Group: *

Beneficiary Gender: *

Beneficiary Race: *
- [ ] American Indian or Alaskan Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] Not Collected

English as a Primary Language: ○ Yes ○ No *

Beneficiary Monthly Income: * (The 150% FPL monthly income limit for 2021 is $1,610 for an individual, and $2,177 for a couple.)

Beneficiary Assets: * (The 2021 LIS asset limit is $14,790 for an individual, and $29,520 for a couple.)

Receiving or Applying for Social Security Disability or Medicare Disability: ○ Yes ○ No *

Topics Discussed

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

Part D Low Income Subsidy (LIS/Extra Help)

- [ ] Fraud and Abuse
- [ ] Marketing/Sales Complaints & Issues

- [ ] Appeals/Grievances
- [ ] Application Assistance
- [ ] Application Submission
- [ ] Benefit Explanation
- [ ] Claims/Billing
- [ ] Eligibility/Screening

Other Prescription Assistance

- [ ] Manufacturer Programs
- [ ] Military Drug Benefits
- [ ] State Pharmaceutical Assistance Programs
- [ ] Union/Employer Plan
- [ ] Other

Medicaid

- [ ] Application Submission
- [ ] Benefit Explanation
- [ ] Claims/Billing
- [ ] Eligibility/Screening
- [ ] Fraud and Abuse
- [ ] Medicaid Application Assistance
- [ ] Medicare Buy-in Coordination
- [ ] Medicaid Managed Care

Time Spent in Hours

Time Spent in Minutes

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time would be entered as either 1 Hour and 30 Minutes OR 0 Hour and Minutes.

Total Time Spent (minutes) R

Status R

Special Use Fields

Original PDP/MA-PD Cost

New PDP/MA-PD Cost

Field 3

Field 4

Field 5

Notes

Notes

Attach File Browse

Attach File Browse

Attach File Browse

Attach File Browse

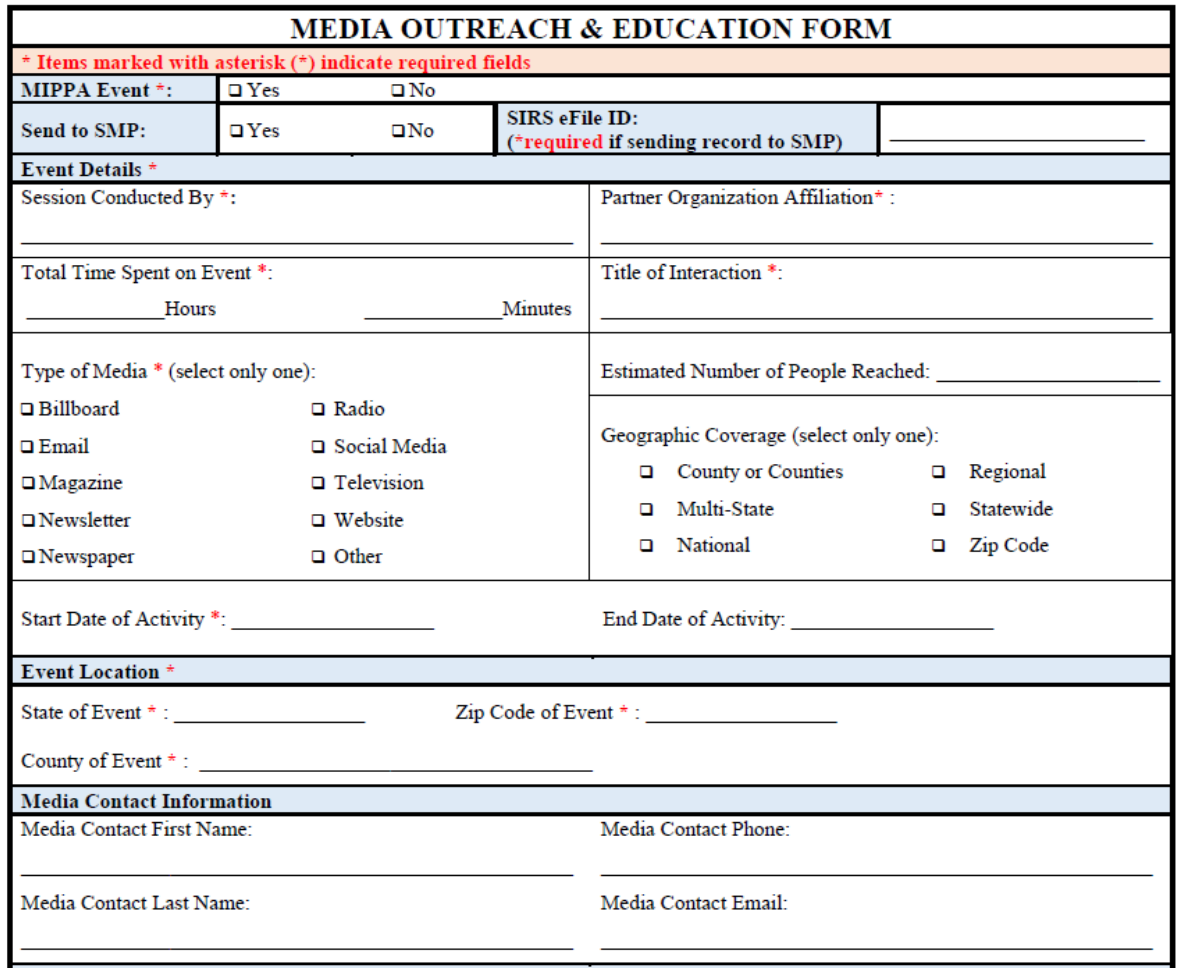
Attach File Browse

Save Spell Check

Validation errors

- Zip Code of Session Location is required.
- County of Session Location is required.
- Zip Code of Beneficiary Residence is required.
- County of Beneficiary Residence is required.
- How Did Beneficiary Learn About SHIP is required.
- Method of Contact is required.
- Beneficiary Age Group is required.
- Beneficiary Gender is required.
- Beneficiary Race is required.
- English as a Primary Language is required.
- Beneficiary Monthly Income is required.
- Beneficiary Assets is required.
- Receiving or Applying for Social Security Disability or Medicare Disability is required.
- Total Time Spent (minutes) is required.
- Status is required.

Entering Media Outreach and Education Form



MEDIA OUTREACH & EDUCATION FORM

* Items marked with asterisk (*) indicate required fields

MIPPA Event *:	❑ Yes ❑ No		
Send to SMP:	❑ Yes ❑ No	**SIRS eFile ID: (*required if sending record to SMP)**	_____

Event Details *

Session Conducted By *: _____

Partner Organization Affiliation* : _____

Total Time Spent on Event *:
_____Hours _____Minutes

Title of Interaction *: _____

Type of Media * (select only one):
- ❑ Billboard
- ❑ Email
- ❑ Magazine
- ❑ Newsletter
- ❑ Newspaper
- ❑ Radio
- ❑ Social Media
- ❑ Television
- ❑ Website
- ❑ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):
- ❑ County or Counties
- ❑ Multi-State
- ❑ National
- ❑ Regional
- ❑ Statewide
- ❑ Zip Code

Start Date of Activity *: _____ End Date of Activity: _____

Event Location *

State of Event * : _____ Zip Code of Event * : _____

County of Event * : _____

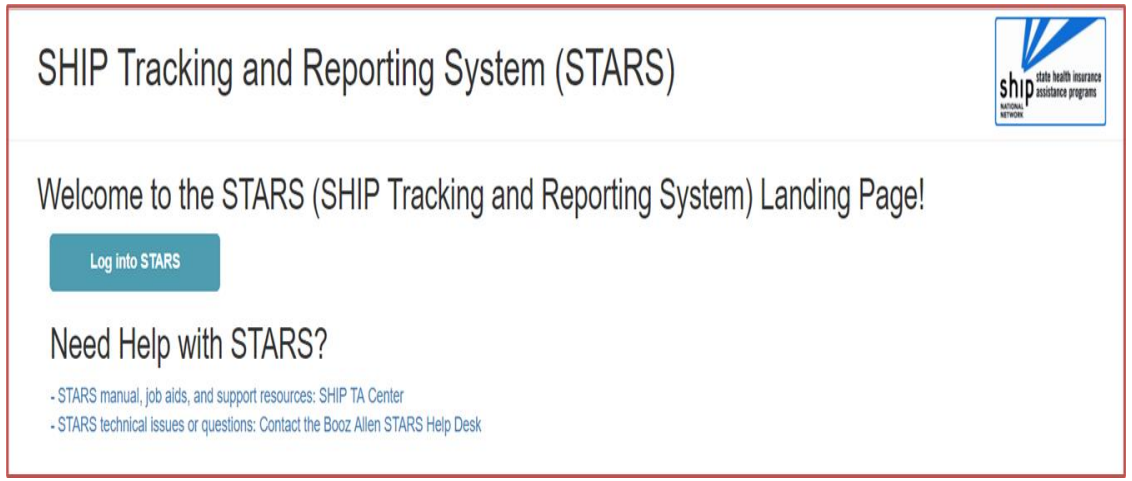
Media Contact Information

Media Contact First Name: _____

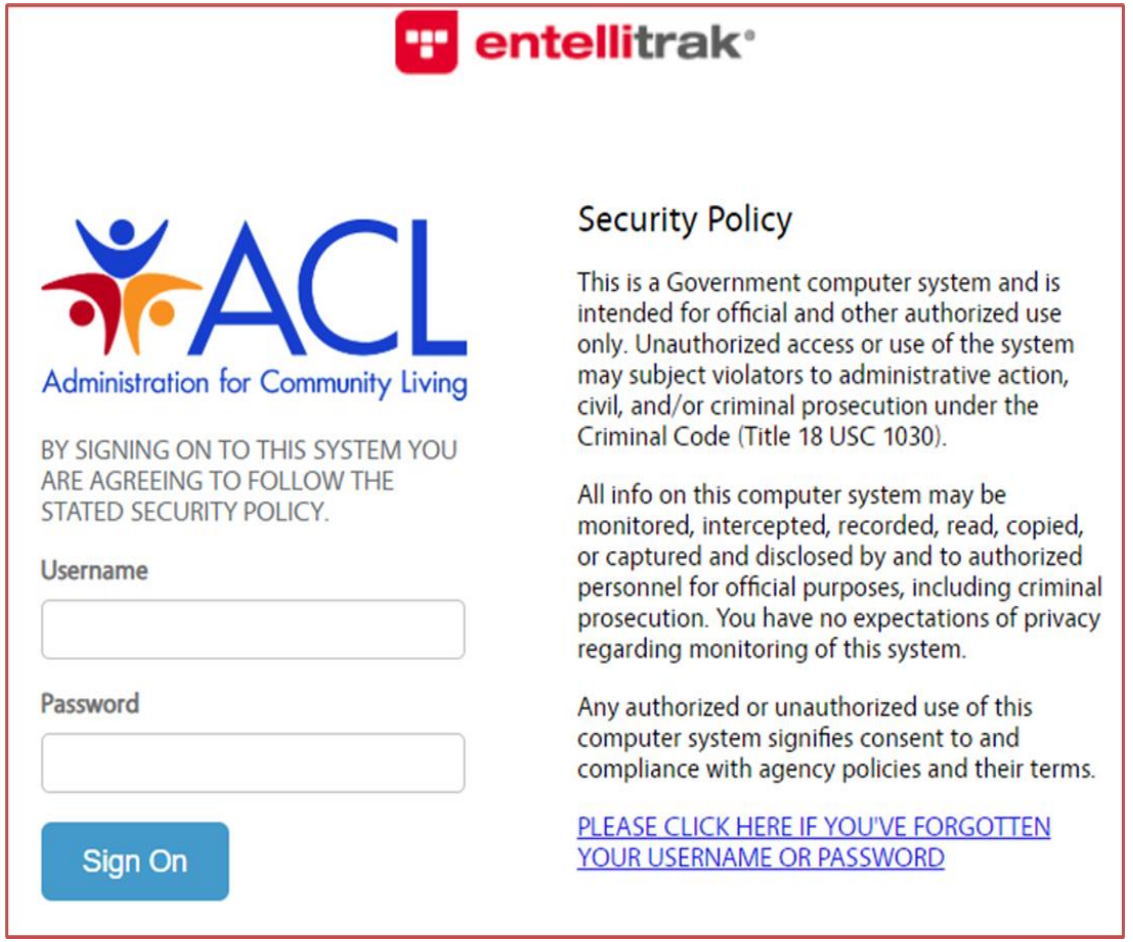
Media Contact Phone: _____

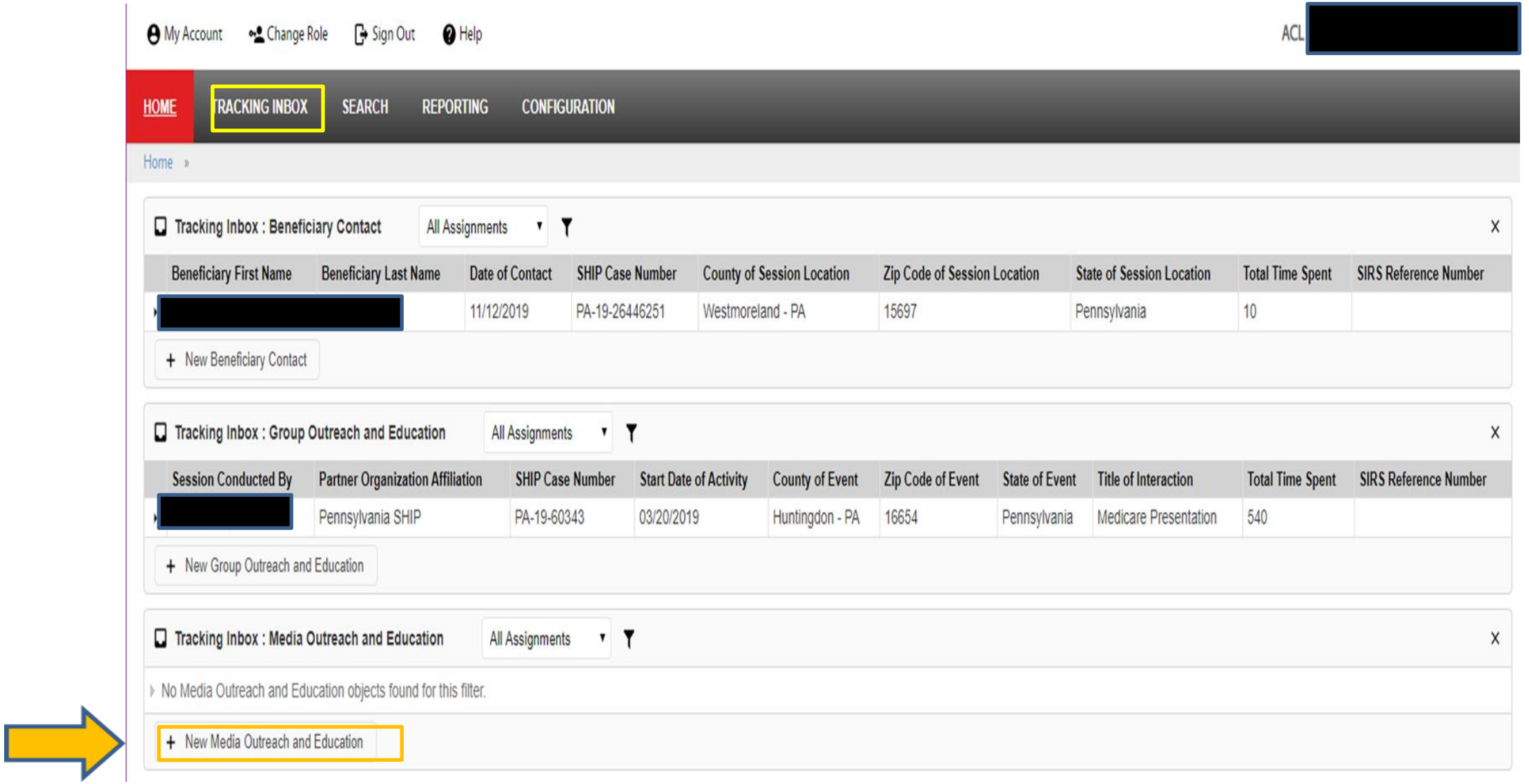
Media Contact Last Name: _____

Media Contact Email: _____

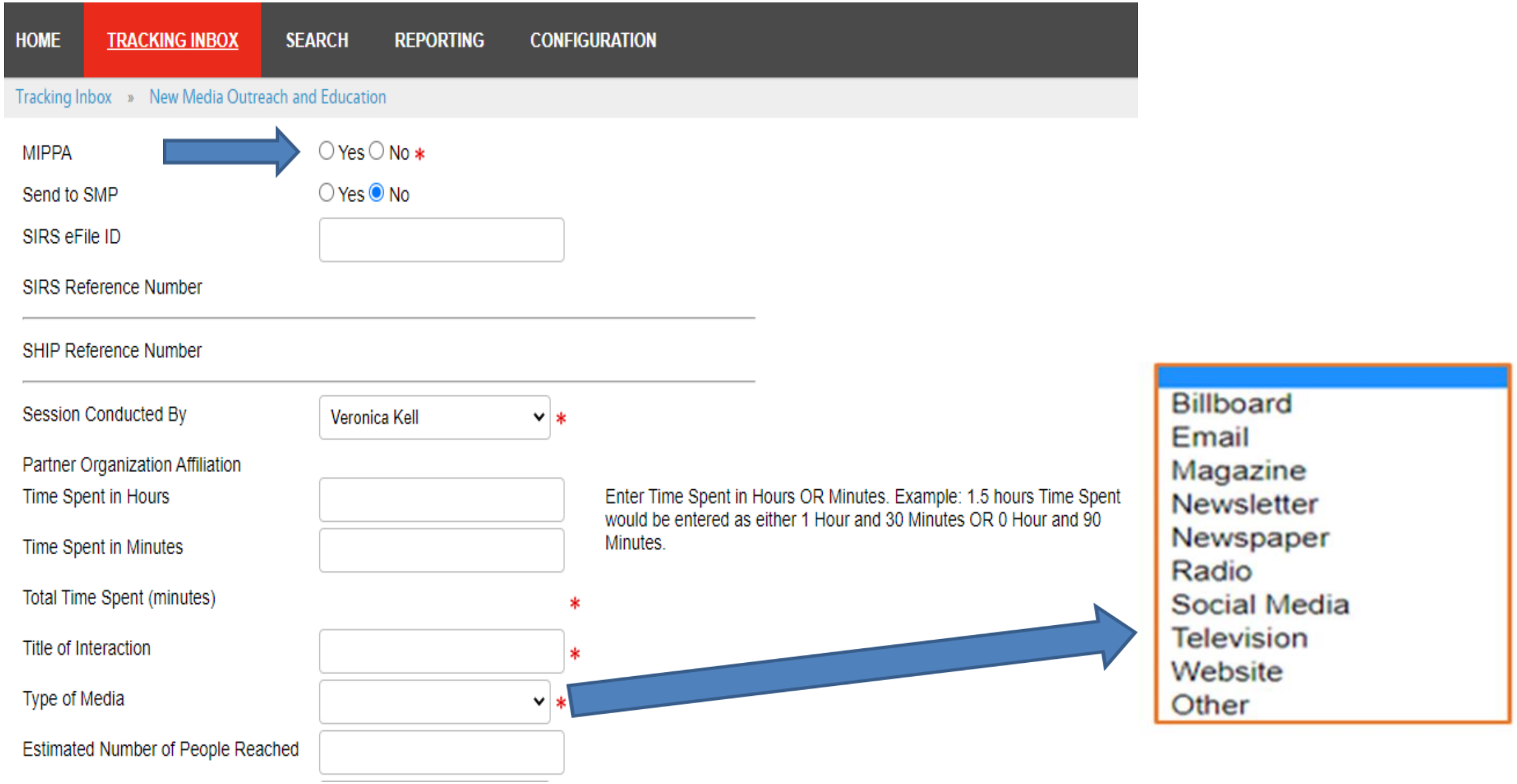


https://smpship.acl.gov




My Account
Change Role
Sign Out
Help
ACL [redacted]
HOME
TRACKING INBOX
SEARCH
REPORTING
CONFIGURATION
Home »
Tracking Inbox : Beneficiary Contact
All Assignments
Beneficiary First Name
Beneficiary Last Name
Date of Contact
SHIP Case Number
County of Session Location
Zip Code of Session Location
State of Session Location
Total Time Spent
SIRS Reference Number
[redacted]
11/12/2019
PA-19-26446251
Westmoreland - PA
15697
Pennsylvania
10
+ New Beneficiary Contact
Tracking Inbox : Group Outreach and Education
All Assignments
Session Conducted By
Partner Organization Affiliation
SHIP Case Number
Start Date of Activity
County of Event
Zip Code of Event
State of Event
Title of Interaction
Total Time Spent
SIRS Reference Number
[redacted]
Pennsylvania SHIP
PA-19-60343
03/20/2019
Huntingdon - PA
16654
Pennsylvania
Medicare Presentation
540
+ New Group Outreach and Education
Tracking Inbox : Media Outreach and Education
All Assignments
No Media Outreach and Education objects found for this filter.
+ New Media Outreach and Education

TRACKING INBOX
BENEFICIARY CONTACT
GROUP OUTREACH AND EDUCATION
MEDIA OUTREACH AND EDUCATION
SHIP TEAM MEMBER
MEDIA OUTREACH AND EDUCATION
NEW MEDIA OUTREACH AND EDUCATION


HOME
TRACKING INBOX
SEARCH
REPORTING
CONFIGURATION
Tracking Inbox » New Media Outreach and Education
MIPPA
Yes No *
Send to SMP
Yes No
SIRS eFile ID
SIRS Reference Number
SHIP Reference Number
Session Conducted By
Veronica Kell *
Partner Organization Affiliation
Time Spent in Hours
Time Spent in Minutes
Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.
Total Time Spent (minutes) *
Title of Interaction *
Type of Media *
Estimated Number of People Reached
Billboard
Email
Magazine
Newsletter
Newspaper
Radio
Social Media
Television
Website
Other

Geographic Coverage

Start Date of Activity 08/27/2021 (mm/dd/yyyy) *

End Date of Activity (mm/dd/yyyy)

State of Event Pennsylvania *

Zip Code of Event *

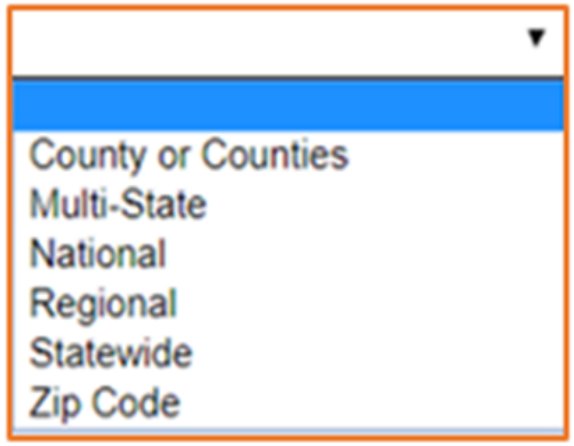
County of Event *

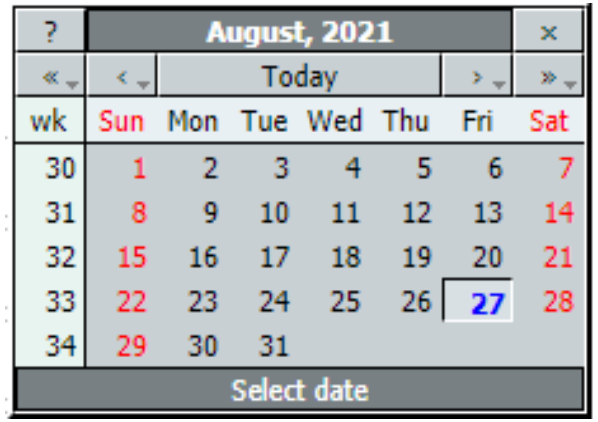
Media Contact First Name

Media Contact Last Name

Media Contact Phone Number

Media Contact Email





Intended Audience	☐ Beneficiaries ☐ Employer-Related Groups ☐ Family Members/Caregivers ☐ Limited-English Proficiency ☐ Medicare Pre-Enrollees ☐ Partner Organizations ☐ People with Disabilities ☐ Rural Beneficiaries ☐ Other
Target Beneficiary Group	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Disabled ☐ Hispanic/Latino ☐ Languages Other Than English ☐ Low Income ☐ Native Hawaiian or other Pacific Islander ☐ Rural ☐ N/A ☐ Not Collected
Topics Discussed	☐ Duals Demonstration ☐ Extra Help/LIS ☐ General SHIP Program Information ☐ Long-Term Care Insurance ☐ Medicaid ☐ Medicare Advantage ☐ Medicare Fraud and Abuse ☐ Medicare Part D ☐ Medicare Savings Program ☐ Medigap or Supplemental Insurance ☐ Original Medicare (Parts A and B) ☐ Other Prescription Drug Coverage ☐ Partnership Recruitment

Special Use Fields

Field 1

Field 2

Field 3

Field 4

Field 5

Notes

Attach File Browse

Attach File Browse

Attach File Browse

Attach File Browse

Attach File Browse

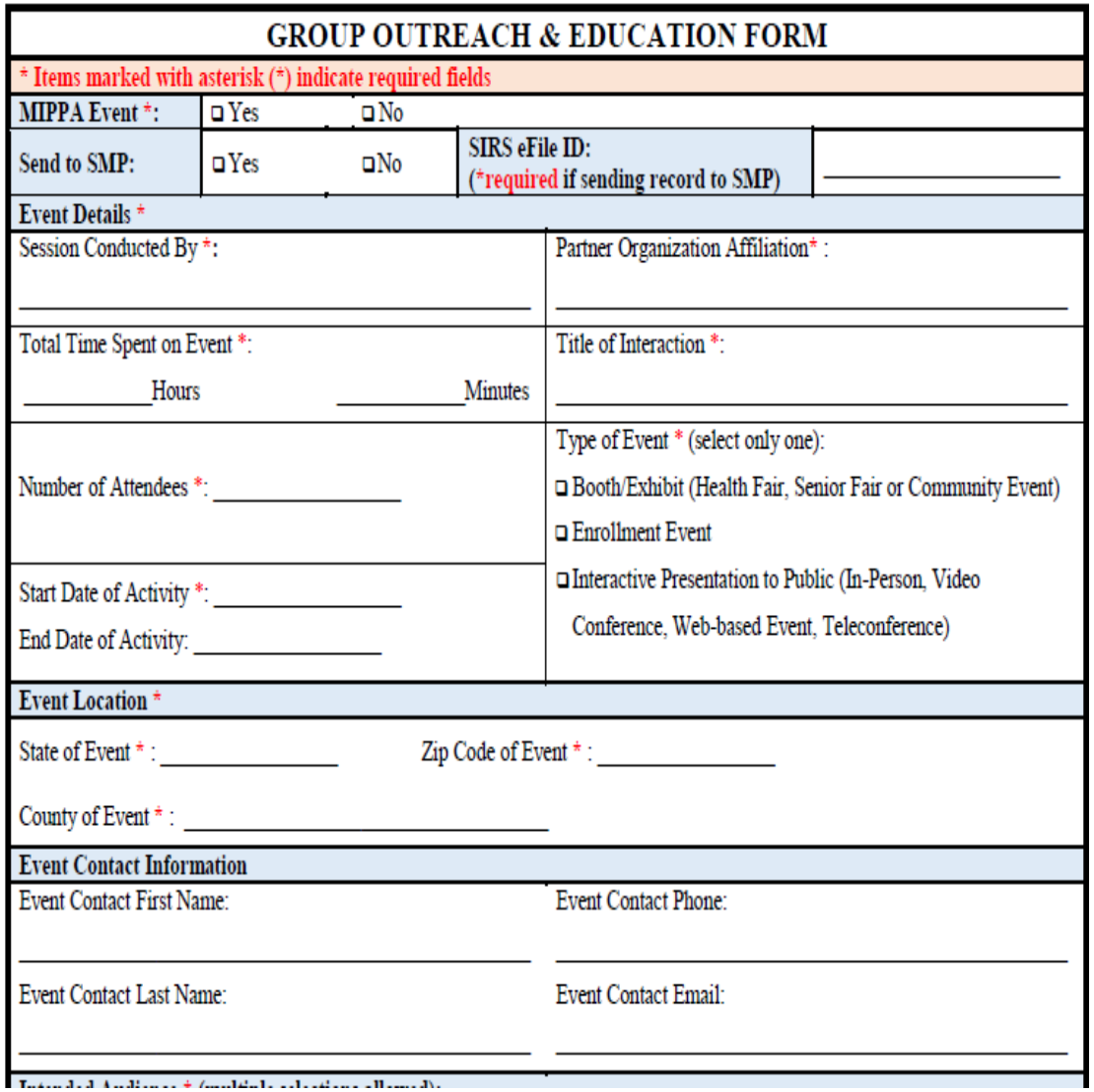
Save

Tracking Inbox » New Media Outreach and Education

Validation errors

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

Entering Group Outreach and Education Form



GROUP OUTREACH & EDUCATION FORM

* Items marked with asterisk (*) indicate required fields

MIPPA Event *:	❑ Yes	❑ No		
Send to SMP:	❑ Yes	❑ No	SIRS eFile ID: (*required if sending record to SMP)	_____

Event Details *

Session Conducted By *: _____	Partner Organization Affiliation* : _____
Total Time Spent on Event *: _____Hours _____Minutes	Title of Interaction *: _____
Number of Attendees *: _____	Type of Event * (select only one): ❑ Booth/Exhibit (Health Fair, Senior Fair or Community Event) ❑ Enrollment Event ❑ Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)
Start Date of Activity *: _____ End Date of Activity: _____	

Event Location *

State of Event * : _____ Zip Code of Event * : _____

County of Event * : _____

Event Contact Information

Event Contact First Name: _____	Event Contact Phone: _____
Event Contact Last Name: _____	Event Contact Email: _____

Intended Audience * (multiple selections allowed):

My Account Sign Out Help ACL - [redacted]

HOME | TRACKING INBOX | SEARCH | REPORTING | CONFIGURATION

Home

Tracking Inbox : Beneficiary Contact All Assignments

No Beneficiary Contact objects found for this filter.

+ New Beneficiary Contact

Tracking Inbox : Group Outreach and Education All Assignments

No Group Outreach and Education objects found for this filter.

+ New Group Outreach and Education

Tracking Inbox : Media Outreach and Education All Assignments

Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent	SIRS Reference Number
[redacted]	Pennsylvania SHIP	PA-19-10680	01/30/2019	Somerset - PA	15924	Pennsylvania	Tele-Town Hall Call	60	

New Group Outreach and Education

My Account Sign Out Help

HOME | TRACKING INBOX | SEARCH | REPORTING | CONFIGURATION

Tracking Inbox » New Group Outreach and Education

MIPPA ○ Yes ○ No *

Send to SMP ○ Yes ◉ No

SIRS eFile ID

SIRS Reference Number

SHIP Reference Number

Session Conducted By

Partner Organization Affiliation

Time Spent in Hours

Time Spent in Minutes

Enter Time Spent in Hours OR Minutes. Example: 1.5 hours Time Spent would be entered as either 1 Hour and 30 Minutes OR 0 Hour and 90 Minutes.

Total Time Spent (minutes) *

Title of Interaction *

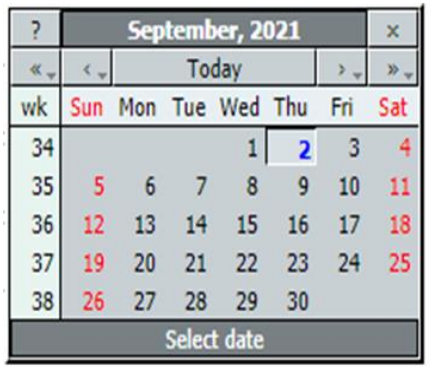
Type of Event *

Number of Attendees *

Booth or Exhibit (Health Fair, Senior Fair, or Community Event)
Enrollment Event
Interactive Presentation to Public (In-Person, Video Conference, Web based Event, Tele Conference)

Booth or Exhibit (Health Fair, Senior Fair, or Community Event)
Enrollment Event
Interactive Presentation to Public (In-Person, Video Conference, Web based Event, Tele Conference)

Start Date of Activity	09/02/2021	(mm/dd/yyyy) *
End Date of Activity		(mm/dd/yyyy)
State of Event	Pennsylvania	*
Zip Code of Event		*
County of Event		*
Event Contact First Name		
Event Contact Last Name		
Event Contact Phone Number		
Event Contact Email		



Intended Audience	☐ Beneficiaries ☐ Employer-Related Groups ☐ Family Members/Caregivers ☐ Limited-English Proficiency ☐ Medicare Pre-Enrollees ☐ Partner Organizations ☐ People with Disabilities ☐ Rural Beneficiaries
Target Beneficiary Group	☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Disabled ☐ Hispanic/Latino ☐ Languages Other Than English ☐ Low Income ☐ Native Hawaiian or other Pacific Islander ☐ Rural ☐ N/A ☐ Not Collected
Topics Discussed	☐ Duals Demonstration ☐ Extra Help/LIS ☐ General SHIP Program Information ☐ Long-Term Care Insurance ☐ Medicaid ☐ Medicare Advantage ☐ Medicare Fraud and Abuse ☐ Medicare Part D ☐ Medicare Savings Program ☐ Medigap or Supplemental Insurance ☐ Original Medicare (Parts A and B) ☐ Other Prescription Drug Coverage ☐ Partnership Recruitment

Special Use Fields

Field 1

Field 2

Field 3

Field 4

Field 5

MIPPA Shred Cost Flyer English 25/ Spanish 10

Notes

Attach File Browse

Attach File Browse

Attach File Browse

Attach File Browse

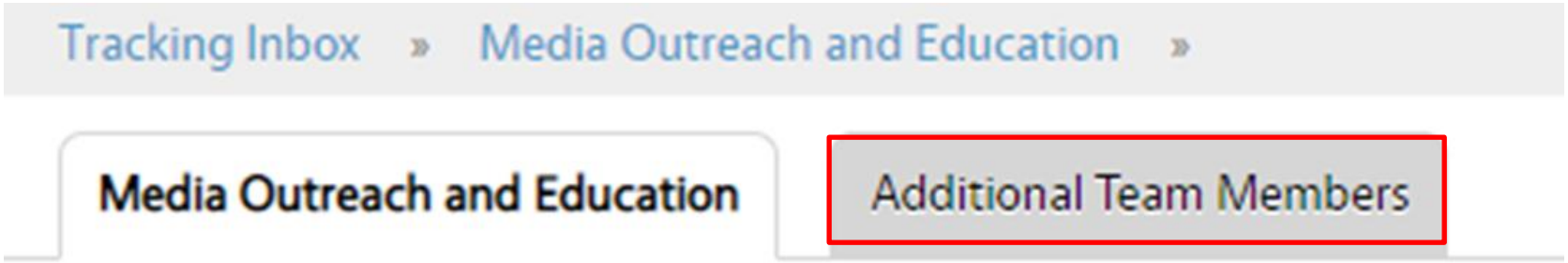
Attach File Browse

Save

Validation errors

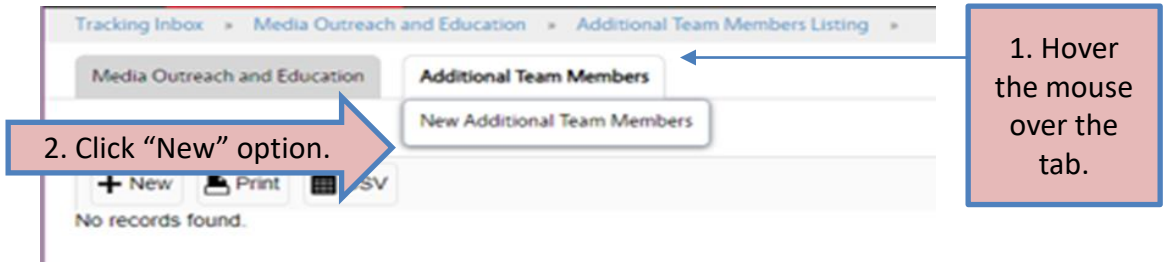
- MIPPA is required.
- Total Time Spent (minutes) is required.
- Title of Interaction is required.
- Type of Event is required.
- Number of Attendees is required.
- Zip Code of Event is required.
- County of Event is required.
- Intended Audience is required.
- Target Beneficiary Group is required.
- Topics Discussed is required.

MOE and GOE - Additional Team Members



Using the Additional Team Members Tab

A

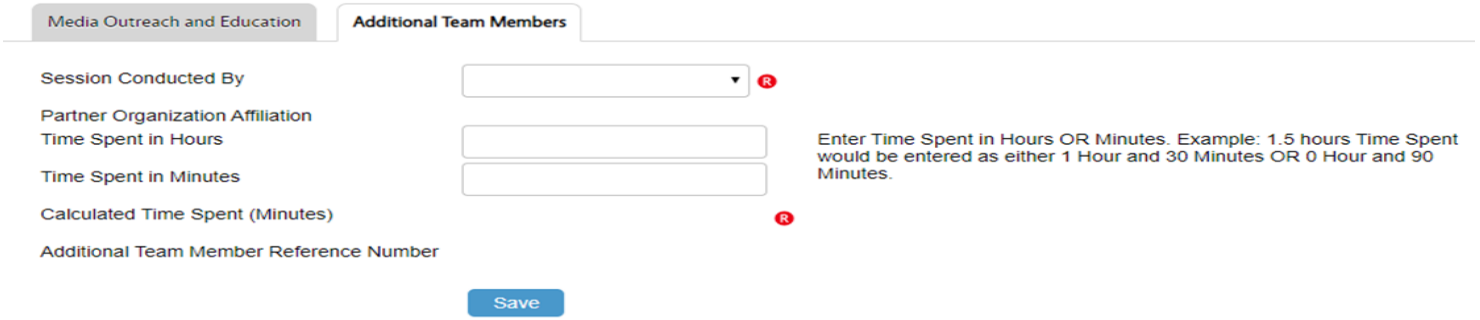


2. Click “New” option.

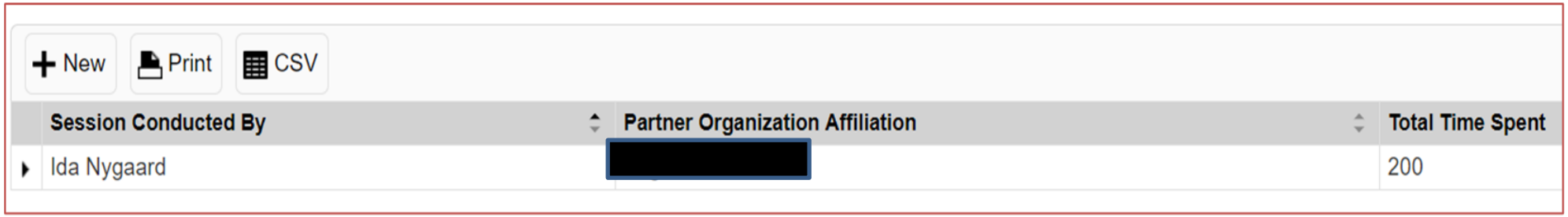
1. Hover the mouse over the tab.

B

C

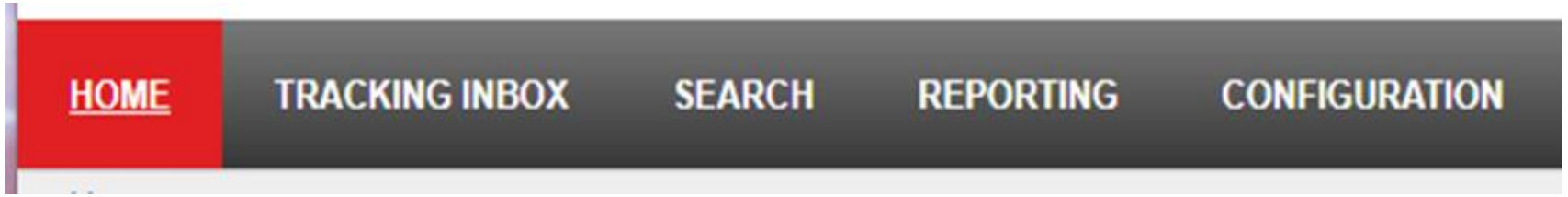


D



Searching for Entered BCFs, MOEs, and GOEs

Tracking Inbox - BCF



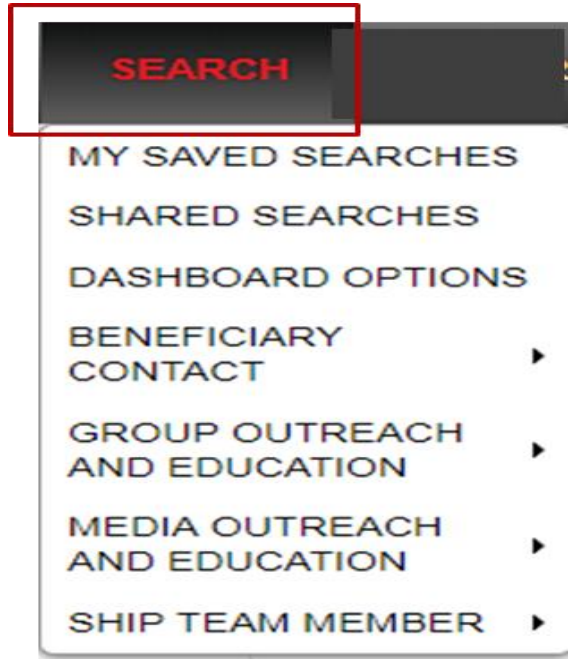
Tracking Inbox : Beneficiary Contact | All Assignments

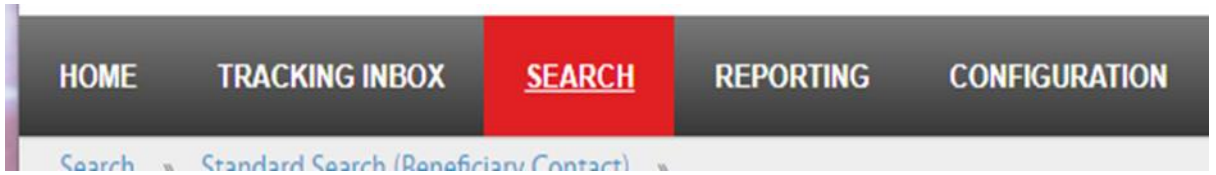
Beneficiary First Name	Beneficiary Last Name	Date of Contact	SHIP Case Number	County of Session Location	Zip Code of Session Location	State of Session Location	Total Time Spent
[redacted]	[redacted]	11/12/2019	PA-19-26446251	Westmoreland - PA	15697	Pennsylvania	10

+ New Beneficiary Contact

Standard Search - BCF

A





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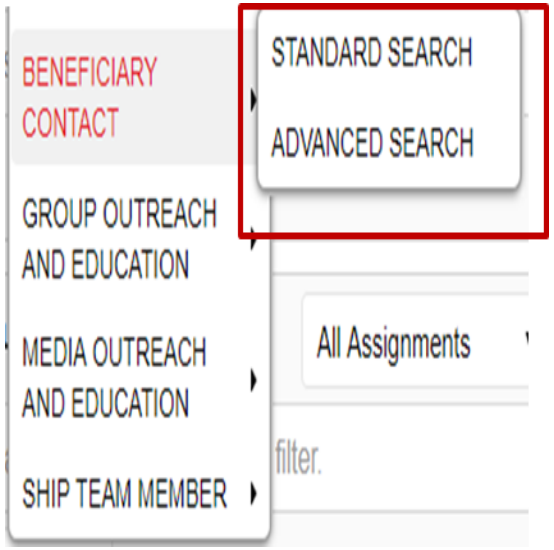

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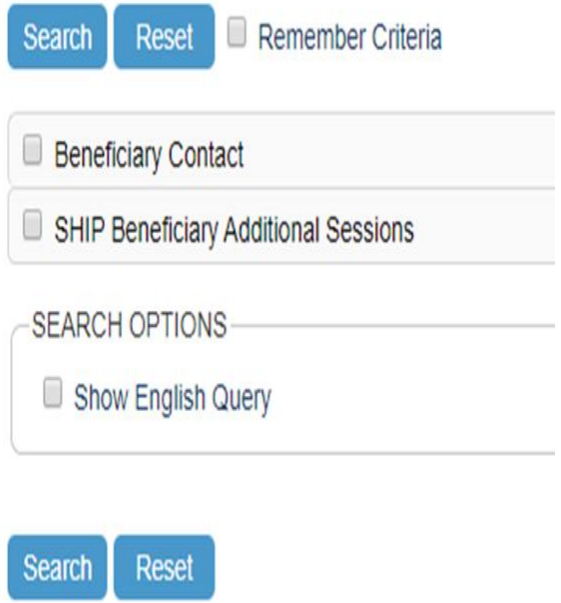
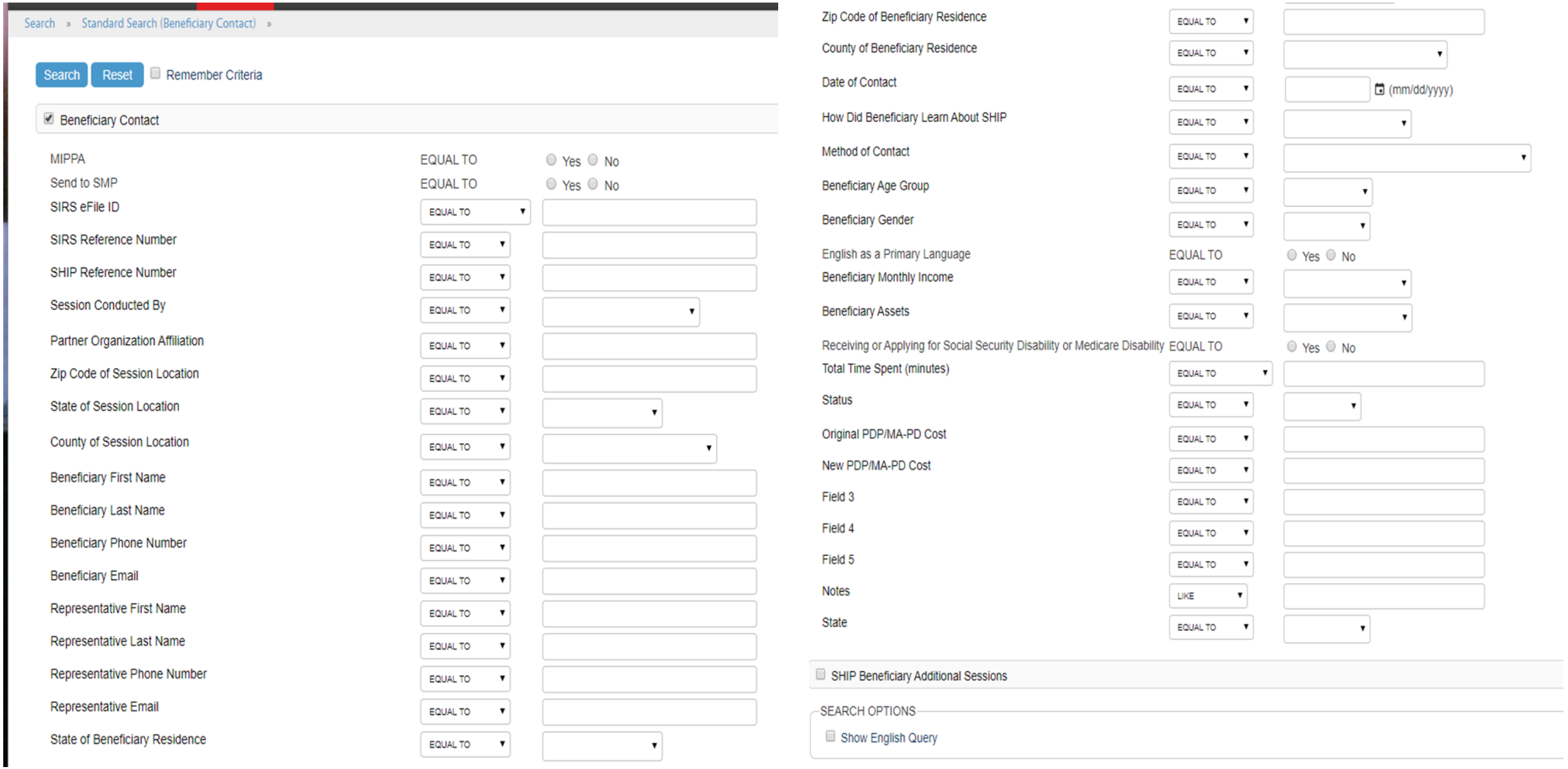
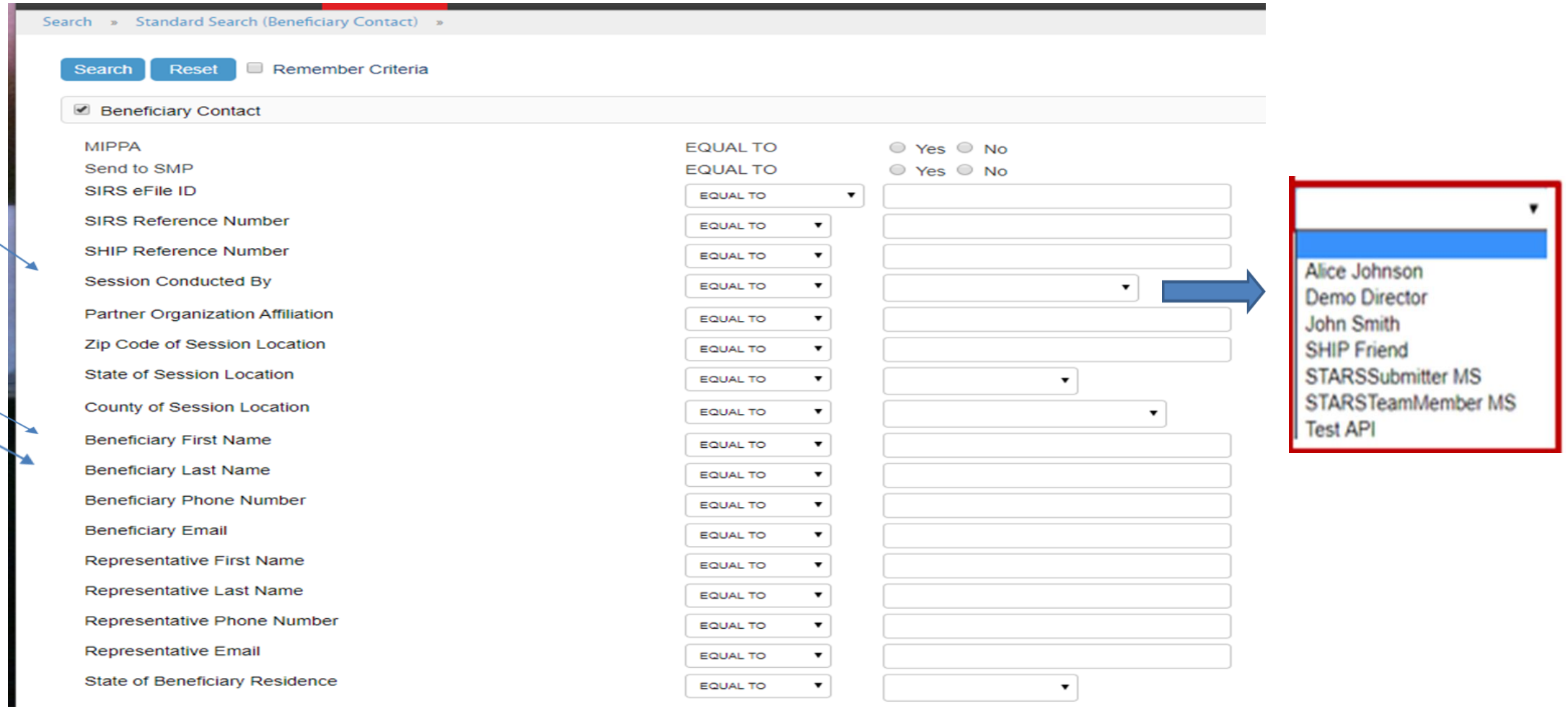
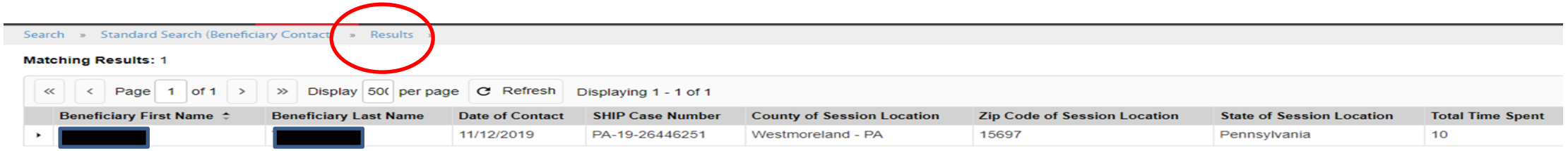
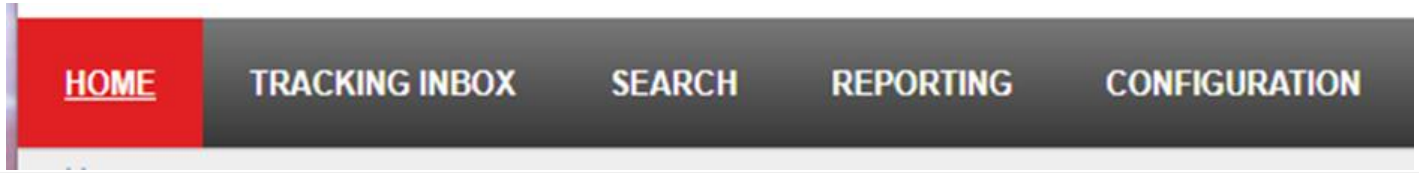



Search » Standard Search (Beneficiary Contact) »
Search
Reset
Remember Criteria
Beneficiary Contact
MIPPA
EQUAL TO
Yes
No
Send to SMP
EQUAL TO
Yes
No
SIRS eFile ID
SIRS Reference Number
SHIP Reference Number
Session Conducted By
Partner Organization Affiliation
Zip Code of Session Location
State of Session Location
County of Session Location
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
Zip Code of Beneficiary Residence
County of Beneficiary Residence
Date of Contact
(mm/dd/yyyy)
How Did Beneficiary Learn About SHIP
Method of Contact
Beneficiary Age Group
Beneficiary Gender
English as a Primary Language
Beneficiary Monthly Income
Beneficiary Assets
Receiving or Applying for Social Security Disability or Medicare Disability
Total Time Spent (minutes)
Status
Original PDP/MA-PD Cost
New PDP/MA-PD Cost
Field 3
Field 4
Field 5
Notes
LIKE
State
SHIP Beneficiary Additional Sessions
SEARCH OPTIONS
Show English Query


Search » Standard Search (Beneficiary Contact) »
Search
Reset
Remember Criteria
Beneficiary Contact
MIPPA
Send to SMP
SIRS eFile ID
SIRS Reference Number
SHIP Reference Number
Session Conducted By
Partner Organization Affiliation
Zip Code of Session Location
State of Session Location
County of Session Location
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
EQUAL TO
Yes
No
Alice Johnson
Demo Director
John Smith
SHIP Friend
STARSSubmitter MS
STARSTeamMember MS
Test API


Search » Standard Search (Beneficiary Contact) » Results
Matching Results: 1
Page 1 of 1
Display 50 per page
Refresh
Displaying 1 - 1 of 1
Beneficiary First Name
Beneficiary Last Name
Date of Contact
SHIP Case Number
County of Session Location
Zip Code of Session Location
State of Session Location
Total Time Spent
[redacted]
[redacted]
11/12/2019
PA-19-26446251
Westmoreland - PA
15697
Pennsylvania
10

Tracking Inbox - MOE



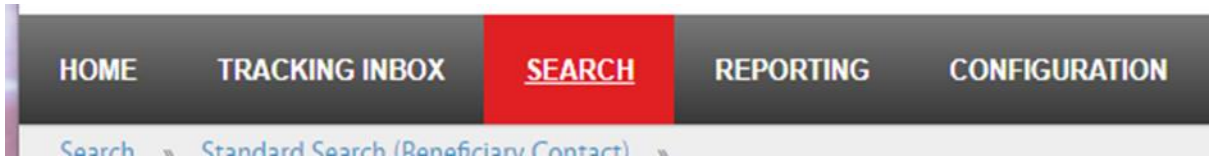
Tracking Inbox : Media Outreach and Education

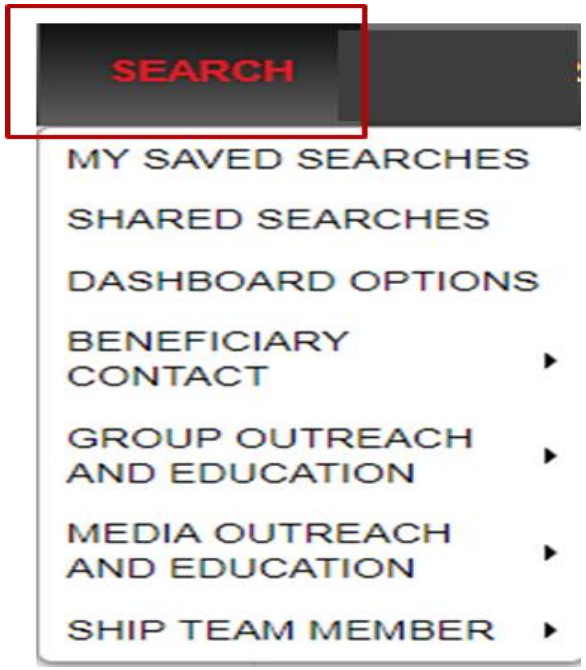
All Assignments

	Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent
▸	Veronica Kell	Pennsylvania SHIP	PA-19-10680	01/30/2019	Somerset - PA	15924	Pennsylvania	Tele-Town Hall Call	60
▸	Veronica Kell	Pennsylvania SHIP	PA-19-10683	02/07/2019	Juniata - PA	17058	Pennsylvania	Tele-Town Hall Call	60
▸	Veronica Kell	Pennsylvania SHIP	PA-19-12179	02/20/2019	Columbia - PA	17814	Pennsylvania	Tele-Town Hall Call	60
▸	Veronica Kell	Pennsylvania SHIP	PA-19-12180	03/06/2019	Berks - PA	19520	Pennsylvania	Tele-Town Hall call	60
▸	Veronica Kell	Pennsylvania SHIP	PA-20-265319	02/05/2020	Greene - PA	15327	Pennsylvania	TeleTown Hall Call	60

Standard Search - MOE

A





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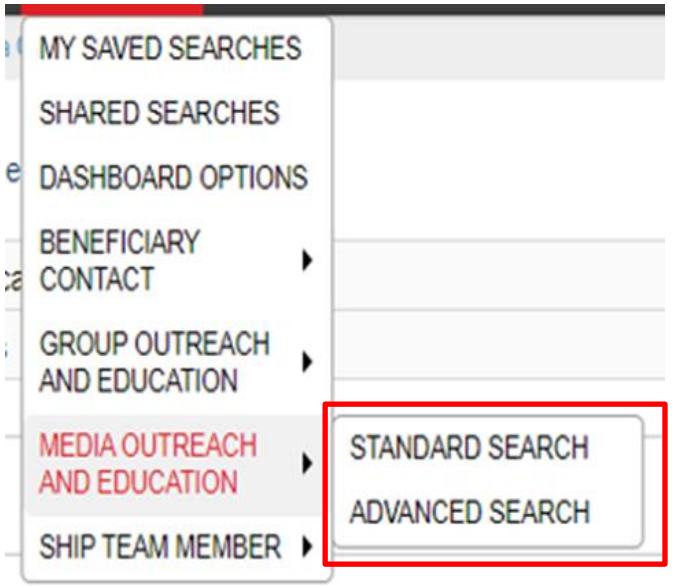

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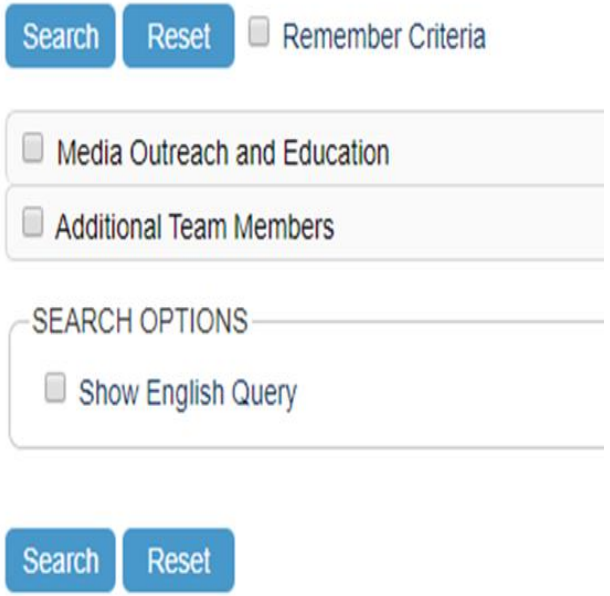
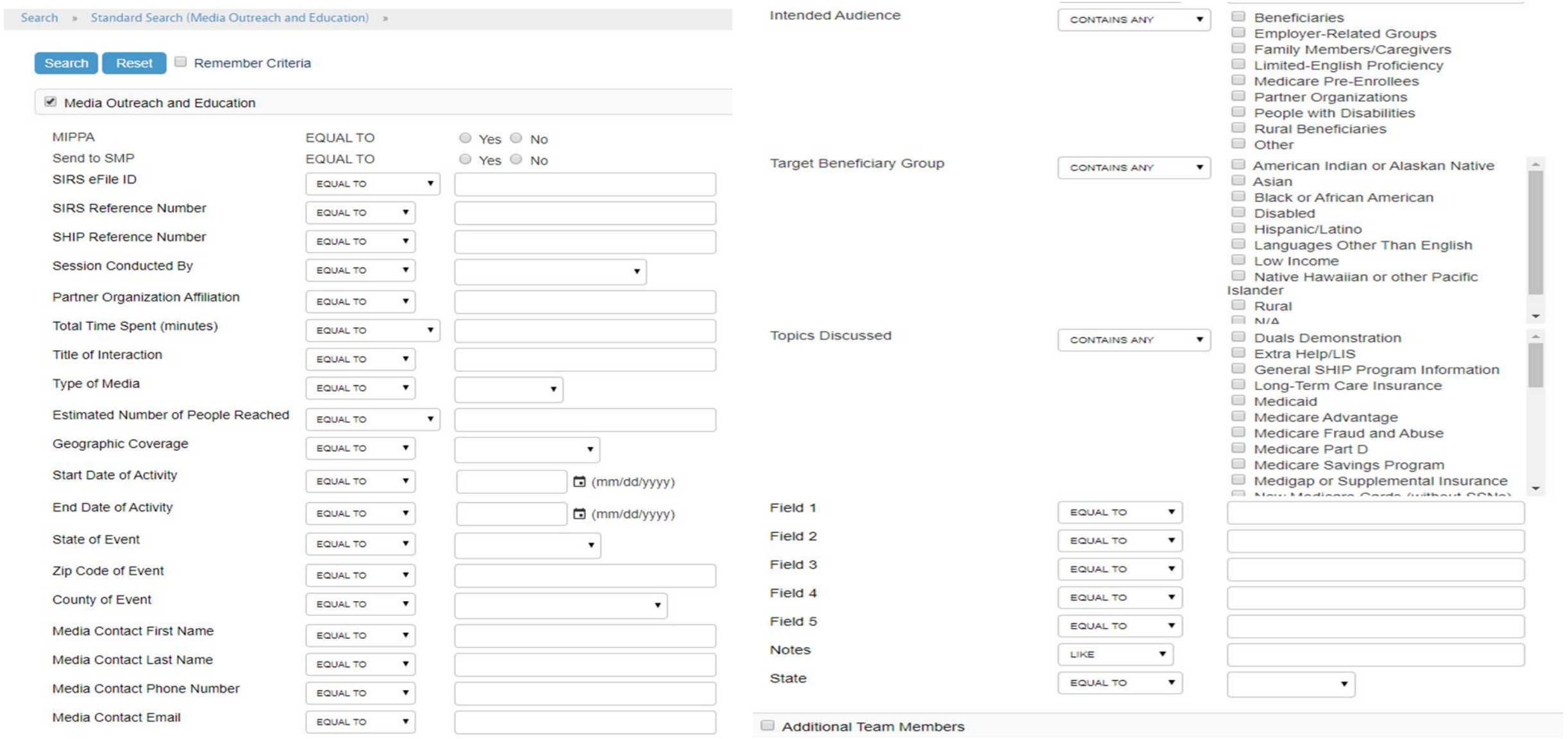
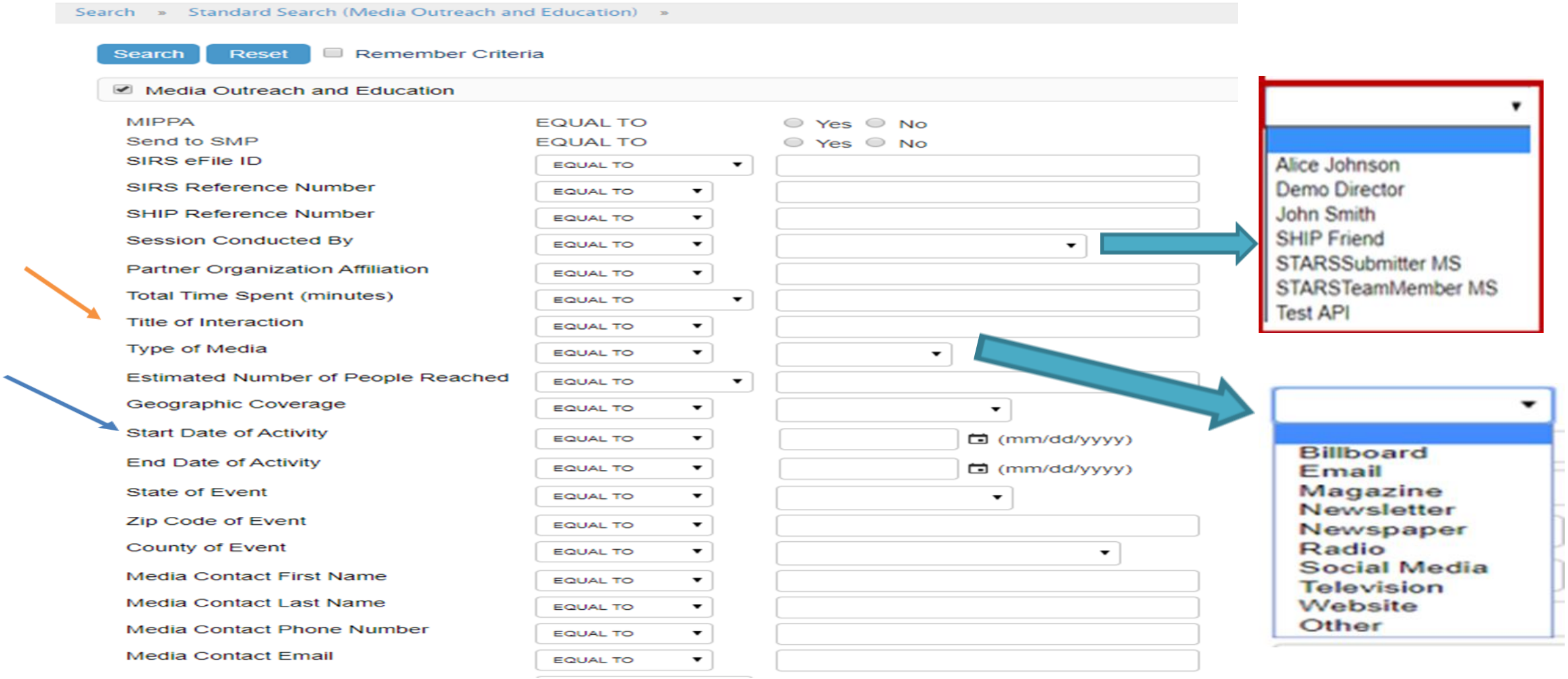




pennsylvania
DEPARTMENT OF AGING



Session Conducted By	Partner Organization Affiliation	SHIP Case Number	Start Date of Activity	County of Event	Zip Code of Event	State of Event	Title of Interaction	Total Time Spent
[redacted]	Pennsylvania SHIP	PA-19-255261	10/01/2019	Fayette - PA	15401	Pennsylvania	PICKLE RADIO :30 for AOEP	60
	Pennsylvania SHIP	PA-19-255264	10/01/2019	Greene - PA	15370	Pennsylvania	PICKLE RADIO :30 for AOEP	60
	Pennsylvania SHIP	PA-19-255266	10/01/2019	Washington - PA	15301	Pennsylvania	PICKLE RADIO :30 for AOEP	60

THANK
YOU