

BENEFICIARY CONTACT FORM

*** Items marked with asterisk (*) indicate required fields**

MIPPA Contact * :	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Send to SMP:	<input type="checkbox"/> Yes <input type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)	
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Counselor Information *

Session Conducted By* : _____	ZIP Code of Session Location * : _____	State of Session Location * : _____
Partner Organization Affiliation* : _____	County of Session Location * : _____	

Beneficiary & Representative Name and Contact Information

Beneficiary First Name* : _____	Representative First Name: _____
Beneficiary Last Name* : _____	Representative Last Name: _____
Beneficiary Phone* : (_____) - _____ - _____	Representative Phone: (_____) - _____ - _____
Beneficiary Email: _____	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):

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

Method of Contact * (select only one):	Beneficiary Age Group * (select only one):	Beneficiary Gender * (select only one):
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<input type="checkbox"/> Phone Call	<input type="checkbox"/> Face to Face at Session Location/Event Site	<input type="checkbox"/> Face to Face at Bene Home/Facility	<input type="checkbox"/> 64 or Younger	<input type="checkbox"/> 85 or Older	<input type="checkbox"/> Female
<input type="checkbox"/> Email			<input type="checkbox"/> 65 – 74	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Male
<input type="checkbox"/> Web-based			<input type="checkbox"/> 75 – 84		<input type="checkbox"/> Other
<input type="checkbox"/> Postal Mail or Fax					<input type="checkbox"/> Not Collected

Beneficiary Race * (multiple selections allowed):	Beneficiary Language *:
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<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Asian	<input type="checkbox"/> White	Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Collected	
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficiary Monthly Income * (select only one):	Beneficiary Assets * (select only one):
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<input type="checkbox"/> Below 150% FPL	<input type="checkbox"/> Below LIS Asset Limits
<input type="checkbox"/> At or Above 150% FPL	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Not Collected	<input type="checkbox"/> Above LIS Asset Limits

Topics Discussed * (At least one Topic Discussed selection is required. Multiple selections allowed)

Original Medicare (Parts A & B)	Medigap and Medicare Select
<input type="checkbox"/> Appeals/Grievances	<input type="checkbox"/> Benefit Explanation
<input type="checkbox"/> Benefit Explanation	<input type="checkbox"/> Claims/Billing
<input type="checkbox"/> Claims/Billing	<input type="checkbox"/> Eligibility/Screening
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Fraud and Abuse
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Marketing/Sales Complaints & Issues
<input type="checkbox"/> Enrollment/Disenrollment	<input type="checkbox"/> Plan Non-Renewal
<input type="checkbox"/> Fraud and Abuse	<input type="checkbox"/> Plans Comparison
<input type="checkbox"/> QIO/Quality of Care	

Topics Discussed (multiple selections allowed) (continued from p.1)*

Medicare Advantage (MA and MA-PD)

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison
- QIO/Quality of Care

Medicare Part D

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison

Part D Low Income Subsidy (LIS/Extra Help)

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- LI NET/BAE

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
- MSP Application Assistance
- Recertification
- Other

Other Insurance

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits
- Other

Additional Topic Details

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
- New to Medicare
- Preventive Benefits
- Skilled Nursing Facility

Total Time Spent on This Contact *

____ Hours _____ Minutes

Status *

- In Progress
- Completed

Special Use Fields

Original PDP/MA-PD Cost: _____

Field 3: _____

New PDP/MA-PD Cost: _____

Field 4: _____

Field 5: _____

Notes
