

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* : _____ 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):

- | | | |
|---|--|--|
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Face to Face at | <input type="checkbox"/> Face to Face at |
| <input type="checkbox"/> Email | Session Location/ | Bene Home/ |
| <input type="checkbox"/> Web-based | Event Site | Facility |
| <input type="checkbox"/> Postal Mail or Fax | | |

Beneficiary Age Group * (select only one):

- | | |
|--|--|
| <input type="checkbox"/> 64 or Younger | <input type="checkbox"/> 85 or Older |
| <input type="checkbox"/> 65 – 74 | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> 75 – 84 | |

Beneficiary Gender * (select only one):

- | |
|--|
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Other |
| <input type="checkbox"/> Not Collected |

Beneficiary Race * (multiple selections allowed):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Hispanic or Latino | |

Beneficiary Language *:

English is Beneficiary's Primary Language Yes No

Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):

- Yes No

Beneficiary Monthly Income * (select only one):

- Below 150% FPL Not Collected
 At or Above 150% FPL

Beneficiary Assets * (select only one):

- Below LIS Asset Limits Not Collected
 Above LIS Asset Limits

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

- | | |
|--|---|
| <p>Original Medicare (Parts A & B)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> QIO/Quality of Care | <p>Medigap and Medicare Select</p> <ul style="list-style-type: none"> <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison |
|--|---|

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