

# CLIENT CONTACT

OMB No. 0938-0850

Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together	
Client Identifier Used by Your Agency or State	
Client Identifier Auto-Assigned by NPR - Optional	

Client Name and Contact Information - Optional	
Client First Name	
Client Last Name	
Client Phone Number	(____) - ____ - _____
Representative First Name	
Representative Last Name	

How Did Client Learn About SHIP	
1	Previous Contact
2	CMS / Medicare
3	Presentations
4	Mailings
5	Another Agency
6	Friend or Relative
7	Media
8	State Website
9	Other
99	Not Collected

Client ZIP Code and County Code					
ZIP Code of Client Residence					
County Code of Client Residence - Optional					

Counselor and Agency						
Counselor User ID						
Agency Code						
County Code of Counselor Location						
ZIP Code of Counselor Location						

Date of Contact			/			/				
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**First vs Continuing Contact**

1	First Contact for Issue
2	Continuing Contacts for Issue

**Method of Contact**

1	Phone Call
2	Face to Face at Counseling Location or Event Site
3	Face to Face at Client's Home or Facility
4	E-Mail
5	Postal Mail or Fax

**Client Age Group**

1	64 or Younger
2	65-74
3	75-84
4	85 or Older
9	Not Collected

**Client Gender**

1	Female
2	Male
9	Not Collected

**Client Race-Ethnicity - Check all that Apply**

1	Hispanic, Latino, or Spanish Origin
2	White, Non-Hispanic
3	Black, African American
4	American Indian or Alaska Native
5	Asian Indian
6	Chinese
7	Filipino
8	Japanese
9	Korean
10	Vietnamese
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Asian
15	Other Pacific Islander
16	Some Other Race-Ethnicity
99	Not Collected

Client Primary Language Other Than English	
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1	Primary Language Other Than English
2	English is Client's Primary Language
9	Not Collected

Client Monthly Income	
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1	Below 150% FPL
2	At or Above 150% FPL
9	Not Collected

Client Assets	
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1	Below LIS Asset Limits
2	Above LIS Asset Limits
9	Not Collected

Receiving or Applying for Social Security Disability or Medicare Disability	
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1	Yes
2	No
9	Not Collected

Dual Eligible with Mental Illness / Mental Disability	
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1	Yes
2	No
9	Not Collected

**PRESCRIPTION DRUG ASSISTANCE****Medicare Prescription Drug Coverage (Part D)**

1	Eligibility/Screening
2	Benefit Explanation
3	Plans Comparison
4	Plan Enrollment/Disenrollment
5	Claims/Billing
6	Appeals/Grievances
7	Fraud and Abuse
8	Marketing/Sales Complaints or Issues
9	Quality of Care
10	Plan Non-Renewal

**Part D Low Income Subsidy (LIS/Extra Help)**

11	Eligibility/Screening
12	Benefit Explanation
13	Application Assistance
14	Claims/Billing
15	Appeals/Grievances

**Other Prescription Assistance**

16	Union/Employer Plan
17	Military Drug Benefits
18	Manufacturer Programs
19	State Pharmaceutical Assistance Programs
20	Other _____

**MEDICARE (Parts A & B)**

21	Eligibility
22	Benefit Explanation
23	Claims/Billing
24	Appeals/Grievances
25	Fraud and Abuse
26	Quality of Care

**MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)**

27	Eligibility/Screening
28	Benefit Explanation
29	Plans Comparison
30	Plan Enrollment/Disenrollment
31	Claims/Billing
32	Appeals/Grievances
33	Fraud and Abuse
34	Marketing/Sales Complaints or Issues
35	Quality of Care
36	Plan Non-Renewal

**MEDICARE SUPPLEMENT/SELECT**

37	Eligibility/Screening
38	Benefit Explanation
39	Plans Comparison
40	Claims/Billing
41	Appeals/Grievances
42	Fraud and Abuse
43	Marketing/Sales Complaints or Issues
44	Quality of Care
45	Plan Non-Renewal

**MEDICAID**

46	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
47	MSP Application Assistance
48	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
49	Medicaid Application Assistance
50	Medicaid/QMB Claims
51	Fraud and Abuse

**OTHER**

52	Long Term Care (LTC) Insurance
53	LTC Partnership
54	LTC Other
55	Military Health Benefits
56	Employer/Federal Employee Health Benefits (FEHB)
57	COBRA
58	Other Health Insurance
59	Other _____

Total Time Spent on This Contact Date			
HH	Hours	MM	Minutes

Status	
1	General Information and Referral
2	Detailed Assistance - In Progress
3	Detailed Assistance - Fully Completed
4	Problem Solving / Problem Resolution - In Progress
5	Problem Solving / Problem Resolution - Fully Completed

Nationwide and CMS Special Use Fields									
01	02	03	04	05	06	07	08	09	10

State and Local Special Use Fields									
01	02	03	04	05	06	07	08	09	10

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