## PUBLIC AND MEDIA EVENTS

OMB No. 0938-0850

Agency Code

Presenter *	SHIP User ID			P User ID First Name Last Name			Last Name	Affiliation	Total Hours Spent on Activity	
Primary Presenter										
Second Presenter										
Third Presenter										
Fourth Presenter										
Fifth Presenter										
Sixth Presenter										

\* Can Enter Up To 25 Presenters / Staff Contributors Per Event - Record Any Additional Presenters on Back of Form

Activity or Event

1	Interactive Presentation to Public. Face to Face In-Person.						
Estimated Number of Attendees							
Estimated Persons Provided Enrollment Assistance							

2	Booth or Exhibit. At Heath Fair, Senior Fair, or Special Event.						
Estim	Estimated Number of Direct Interactions with Attendees						
Estim	ated Persons Provided Enrollment Assistance						

3 Dedicated Enrollment Event	Dedicated Enrollment Event Sponsored By SHIP or in Partnership.						
Est Number Persons Reached at Event Regardless of Enroll Assistance							
Estimated Number Persons Provided Any Enrollment Assistance							
Estimated Number Provided Enrollment Assistance with Part D							
Estimated Number Provided Enrollment Assistance with LIS							
Estimated Number Provided Enrollment Assistance with MSP							
Estimated Number Provided Enrolli	nent Assist Other Medicare Program						

4	Radio Show. Live or Taped. Not a Public Service Announce or Ad.						
Estim	ated Number of Listeners Reached						

5	TV or Cable Show. Live or Taped. Not a Public Service Announce or Ad.						
Estim	ated Number of Viewers Reached						

6	6 Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat							
Estim	Estimated Persons Viewing or Listening to PSA, Electronic Ad,							
Crawl Across Entire Campaign, Video Conf, Web Conf, Web Chat								

7	Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings							
Estim	Estimated Persons Reading Article, Newsletter, Ad or Pieces of							
Targe	ted Mail or Other Printed Across Entire Campaign							

Start Date of Activity		/		/		
End Date of Activity		/		/		

Event or Group Name	
Contact First Name - Optional	
Contact Last Name - Optional	
Contact Phone Number - Optional	( ) -

State Code of Event			
County Code of Event			
ZIP Code of Event			
City of Event			
Street Address of Event			

Торі	c Focus - Check All That Apply						
1	Medicare Parts A and B						
2	Plan Issues - Non-Renewal, Termination, Employer-COBRA						
3	Long-Term Care						
4	Medigap - Medicare Supplements						
5	5 Medicare Fraud and Abuse						
6	Medicare Prescription Drug Coverage - PDP / MA-PD						
7	Other Prescription Drug Coverage - Assistance						
8	Medicare Advantage						
9	QMB - SLMB - QI						
10	Other Medicaid						
11	General SHIP Program Information						
12	Medicare Preventive Services						
13	Low-Income Assistance						
14	Dual Eligible with Mental Illness Mental Disability						
15	Volunteer Recruitment						
16	Partnership Recruitment						
17	Other Topics - Describe:						

Targ	et Audiences - Check All That Apply							
1	Medicare Pre-Enrollees - Age 45-64							
2	Medicare Beneficiaries							
3	Family Members - Caregivers of Medicare Beneficiaries							
4	Low-Income							
5	Hispanic, Latino, or Spanish Origin							
6	White, Non-Hispanic							
7	Black, African American							
8	American Indian or Alaska Native							
9	Asian Indian							
10	Chinese							
11	Filipino							
12	Japanese							
13	Korean							
14	Vietnamese							
15	Native Hawaiian							
16	Guamanian or Chamorro							
17	Samoan							
18	Other Asian							
19	Other Pacific Islander							
20	Some Other Race-Ethnicity							
21	Disabled							
22	Rural							
23	Employer-Related Groups							
24	Mental Health Professionals							
25	Social Work Professionals							
26	Dual-Eligible Groups							
27	Partnership Outreach							
28	Presentations to Groups in Languages Other Than English							
29	Other Audiences - Describe:							

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	

Form CMS-10028B (07/13)

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0850**. The time required to complete this information collection is estimated to average **5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.