

CLIENT CONTACT

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 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 |
| 3 | Transgender |
| 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)

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

D Low Income Subsidy (LIS/Extra Help)

- Eligibility/Screening
- Benefit Explanation
- Application Assistance
- 14 Claims/Billing
- 15 Appeals/Grievances

Other Prescription Assistance

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

MEDICARE (Parts A & B)

- 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
Nationwide and CMS Special Use Fields									
11	12	13	14	15	16	17	18	19	20
Nationwide and CMS Special Use Fields									
21	22	23	24	25	26	27	28	29	30

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

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