

BENEFICIARY CONTACT FORM

OMB No. 0985-0040

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

MIPPA Contact *:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Send to SMP:	<input type="checkbox"/> Yes <input type="checkbox"/> 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):	Beneficiary Age Group * (select only one):	Beneficiary Gender * (select only one):
<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"/> Email <input type="checkbox"/> Web-based <input type="checkbox"/> Postal Mail or Fax	<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	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Not Collected

Beneficiary Race * (multiple selections allowed):	Beneficiary Language *:
<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	English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving or Applying for Social Security Disability or Medicare Disability * (select only one): <input type="checkbox"/> Yes <input type="checkbox"/> No

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