

# BENEFICIARY CONTACT FORM

OMB No. 0985-0040

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

<b>MIPPA Contact *:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Send to SMP:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SIRS eFile ID:</b> (*required if sending record to SMP)	
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**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		

<b>Method of Contact * (select only one):</b>	<b>Beneficiary Age Group * (select only one):</b>	<b>Beneficiary Gender * (select only one):</b>
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<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"/> Female
<input type="checkbox"/> 65 – 74	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Male
<input type="checkbox"/> 75 – 84		<input type="checkbox"/> Other
		<input type="checkbox"/> Not Collected

<b>Beneficiary Race * (multiple selections allowed):</b>	<b>Beneficiary Language *:</b>
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<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No
<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		

<b>Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<b>Original Medicare (Parts A &amp; B)</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	<b>Medigap and Medicare Select</b> <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
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**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**

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