

BENEFICIARY CONTACT FORM			
* Items marked with asterisk (*) indicate required fields			
OMIPPA 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 <input type="checkbox"/> Face to Face at <input type="checkbox"/> Email Session Location/ Bene Home/ <input type="checkbox"/> Web-based Event Site Facility <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"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Collected		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	
Have you or a family member ever served in the military?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure			
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"/> Below LIS Asset Limits <input type="checkbox"/> Not Collected	

At or Above 150% FPL

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"/> Accountable Care Organizations (ACOs) | <input type="checkbox"/> Equitable Relief |
| | <input type="checkbox"/> Appeals/Grievances | <input type="checkbox"/> Fraud and Abuse |
| | <input type="checkbox"/> Benefit Explanation | <input type="checkbox"/> Late Enrollment Penalty |
| | <input type="checkbox"/> Claims/Billing | <input type="checkbox"/> Provider Participation |
| | <input type="checkbox"/> Conditional Enrollment | <input type="checkbox"/> QIO/Quality of Care |
| | <input type="checkbox"/> Coordination of Benefits | |
| | <input type="checkbox"/> Eligibility | |
| | <input type="checkbox"/> Enrollment/Disenrollment | |

Topics Discussed (multiple selections allowed) (continued from p.1)*

Medigap and Medicare Select

- Application Assistance
- Benefit Explanation
- Claims/Billing
- Complaints
- Eligibility/Screening
- Fraud and Abuse
- Guaranteed Issue Rights
- Plan Non-Renewal
- Plans Comparison

Medicare Advantage (MA and MA-PD)

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Chronic Condition Special Needs Plans
- Disenrollment
- Dual Eligible Special Needs Plans
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Institutional Special Needs Plans
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison
- Provider Network
- QIO/Quality of Care
- Supplemental Benefits (please explain)

Medicare Part D

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Late Enrollment Penalty
- Pharmacy Network
- 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

Medicaid

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Duals Demonstration
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicaid Application Submission
- Medicaid Expansion (ACA) Transition to Medicare
- Medicaid Recertification
- Medicare Buy-in Coordination
- Medicaid Managed Care
- Medicaid Spend Down
- MSP Application Assistance
- MSP Application Submission
- MSP Recertification
- Program of All-Inclusive Care for the Elderly (PACE)
- Provider Participation
- QMB Improper Billing

Other Insurance

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Marketplace Transition to Medicare
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits

Additional Topic Details

- Ambulance
- COVID-19
- Dental/Vision/Hearing
- DMEPOS
- ESRD
- Health Savings Account(s)
- Home Health Care
- Hospice
- Hospital
- Income Related Monthly Adjustment Amount
- Mail Order Prescription
- Medicare Card

<input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> LI NET/BAE Other Prescription Assistance <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> Prescription Discount Cards <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Union/Employer Plan		<input type="checkbox"/> Mental Health <input type="checkbox"/> MyMedicare.gov Account <input type="checkbox"/> New to Medicare <input type="checkbox"/> Opioids <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Preventive Benefits <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Telehealth <input type="checkbox"/> Transportation	
Total Time Spent on This Contact *		Status *	
____ Hours _____ Minutes		<input type="checkbox"/> In Progress <input type="checkbox"/> Completed	
Special Use Fields			
Original PDP/MA-PD Cost: _____		Field 3: _____	
New PDP/MA-PD Cost: _____		Field 4: _____	
		Field 5: _____	
Notes			

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information averages 5 minutes per response, including time for gathering, maintaining, completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority from Section 4360(f) of the OBRA.