

## MEDIA OUTREACH AND EDUCATION FORM

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

**Type of Interaction \*:** Media Outreach & Education

Session Conducted By\*: \_\_\_\_\_

Date of Interaction (MM/DD/YYYY)\*: \_\_\_\_\_

End Date (if applicable): \_\_\_\_\_

Zip code\*: \_\_\_\_\_ State\*: \_\_\_\_\_

Title of Interaction: \_\_\_\_\_

Time Spent in Minutes\*: \_\_\_\_\_

Reference Number: *Auto-Populated*

County: \_\_\_\_\_

Organization: *Auto-Populated*

**Notes:**

**ACL/SMP Consumer Alert\*:**

Yes  No

**Type of Media:**

- |                                     |                                       |                                     |
|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Billboard  | <input type="checkbox"/> Newspaper    | <input type="checkbox"/> Television |
| <input type="checkbox"/> Email      | <input type="checkbox"/> Radio        | <input type="checkbox"/> Website    |
| <input type="checkbox"/> Magazine   | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other      |
| <input type="checkbox"/> Newsletter |                                       |                                     |

**Number of Airings:**

**Geographic Coverage:**

- |   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| <input type="checkbox"/> County or Counties | <input type="checkbox"/> National | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Multi-State        | <input type="checkbox"/> Regional | <input type="checkbox"/> Zip Code  |

**Specific Coverage Location:**

**Intended Audience:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Beneficiaries                 | <input type="checkbox"/> Health Care Providers | <input type="checkbox"/> Partner Organizations |
| <input type="checkbox"/> Family Members/<br>Caregivers | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> General Audience              |  |  |

**Topic(s) Discussed:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Conditional Payments</li> <li><input type="checkbox"/> Consumer Protection</li> <li><input type="checkbox"/> Durable Medical Equipment (DME)</li> <li><input type="checkbox"/> Employer Health Plan</li> <li><input type="checkbox"/> General Fraud Errors, and Abuse</li> <li><input type="checkbox"/> Genetic/DNA Testing</li> <li><input type="checkbox"/> Home Health Care</li> <li><input type="checkbox"/> Hospice</li> <li><input type="checkbox"/> Medicaid</li> <li><input type="checkbox"/> Medical Identity Theft</li> <li><input type="checkbox"/> Medicare Advantage</li> <li><input type="checkbox"/> Medicare Part A and B</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Medicare Part D</li> <li><input type="checkbox"/> Medicare Summary Notice</li> <li><input type="checkbox"/> Medigap or Supplemental Insurance</li> <li><input type="checkbox"/> Medicare Card</li> <li><input type="checkbox"/> Opioid Fraud and Abuse</li> <li><input type="checkbox"/> SMP Program Information</li> <li><input type="checkbox"/> SMP Volunteer Recruitment</li> <li><input type="checkbox"/> Social Security</li> <li><input type="checkbox"/> TRICARE</li> <li><input type="checkbox"/> Veteran's Health Benefit</li> <li><input type="checkbox"/> Other</li> </ul> |
|--|--|

**Other Topics Discussed Details:**

**Estimated Number of People Reached\*:**

**Basis of Estimate of Number of People Reached:**

**In-Kind Match (xxxx.xx):**

OMB Control Number: 0985-0040 Expires: Month/Day/2023

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 4 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.