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

BENEFICIARY CONTACT FORM

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

OMIPPA Contact *: ❑ Yes ❑ No

Send to SMP: ❑ Yes ❑ No | **SIRS eFile ID:** (***required if sending record to SMP**)

Counselor Information *

Session Conducted By* : ______________________

Partner Organization Affiliation* : ______________________

ZIP Code of Session Location * : ______________

State of Session Location * : ______________

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):

❑ CMS Outreach	❑ Previous Contact	❑ SHIP TA Center	❑ Other
❑ Congressional Office	❑ SHIP Mailings	❑ SSA	❑ Not Collected
❑ Friend or Relative	❑ SHIP Media	❑ State Medicaid Agency	
❑ Health/Drug Plan	❑ SHIP Presentation	❑ 1-800 Medicare	
❑ Partner Agency	❑ State SHIP Website		

Method of Contact * (select only one):

❑ Phone Call
❑ Email
❑ Web-based
❑ Postal Mail or Fax
❑ Face to Face at Session Location/ Event Site
❑ Face to Face at Bene Home/ Facility

Beneficiary Age Group * (select only one):

❑ 64 or Younger
❑ 65 – 74
❑ 75 – 84
❑ 85 or Older
❑ Not Collected

Beneficiary Gender * (select only one):

❑ Female
❑ Male
❑ Other
❑ Not Collected

Beneficiary Race * (multiple selections allowed):

❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Hispanic or Latino
❑ Native Hawaiian or Other Pacific Islander
❑ White
❑ Not Collected

Beneficiary Language *:

English is Beneficiary's Primary Language ❑ Yes ❑ No

Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):

❑ Yes ❑ No

Have you or a family member ever served in the military?

❑ Yes ❑ No ❑ Unsure

Beneficiary Monthly Income * (select only one):

❑ Below 150% FPL ❑ Not Collected

Beneficiary Assets * (select only one):

❑ Below LIS Asset Limits ❑ 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)

- ❑ Accountable Care Organizations (ACOs)
- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Conditional Enrollment
- ❑ Coordination of Benefits
- ❑ Eligibility
- ❑ Enrollment/Disenrollment
- ❑ Equitable Relief
- ❑ Fraud and Abuse
- ❑ Late Enrollment Penalty
- ❑ Provider Participation
- ❑ QIO/Quality of Care

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

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