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

MEDIA OUTREACH & EDUCATION FORM

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

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

Event Details *

Session Conducted By *: _____

Partner Organization Affiliation* : _____

Total Time Spent on Event *:

_____Hours _____Minutes

Title of Interaction *: _____

Type of Media * (select only one):

- ❑ Billboard
- ❑ Email
- ❑ Magazine
- ❑ Newsletter
- ❑ Newspaper
- ❑ Radio
- ❑ Social Media
- ❑ Television
- ❑ Website
- ❑ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):

- ❑ County or Counties
- ❑ Multi-State
- ❑ National
- ❑ Regional
- ❑ Statewide
- ❑ Zip Code

Start Date of Activity *: _____ End Date of Activity: _____

Event Location *

State of Event * : _____ Zip Code of Event * : _____

County of Event * : _____

Media Contact Information

Media Contact First Name: _____

Media Contact Phone: _____

Media Contact Last Name: _____

Media Contact Email: _____

Intended Audience * (multiple selections allowed):

- ❑ Beneficiaries
- ❑ Employer-Related Groups
- ❑ Family Members/Caregivers
- ❑ Limited-English Proficiency
- ❑ Medicare Pre-Enrollees
- ❑ Partner Organizations
- ❑ People with Disabilities
- ❑ Rural Beneficiaries
- ❑ Other

Target Beneficiary Group * (multiple selections allowed):

- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Black or African American
- ❑ Disabled
- ❑ Hispanic/Latino
- ❑ Languages Other Than English
- ❑ Low Income
- ❑ Native Hawaiian or other Pacific Islander
- ❑ Rural
- ❑ N/A
- ❑ Not Collected
- ❑ Other

Topics Discussed * (multiple selections allowed):

❑ Duals Demonstration	❑ Medicare Fraud and Abuse	❑ Other Prescription Drug Coverage
❑ Extra Help/LIS	❑ Medicare Part D	❑ Partnership Recruitment
❑ General SHIP Program Information	❑ Medicare Savings Program	❑ Preventive Services
❑ Long-Term Care Insurance	❑ Medigap or Supplemental Insurance	❑ Volunteer Recruitment
❑ Medicaid	❑ Opioids	❑ Other
❑ Medicare Advantage	❑ Original Medicare (Parts A and B)	

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

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 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.