

GROUP OUTREACH AND EDUCATION FORM

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

Type of Interaction *: Group Outreach & Education

Session Conducted By*: _____

Title of Interaction: _____

Date of Interaction (MM/DD/YYYY)*: _____

Time Spent in Minutes*: _____

End Date (if applicable): _____

Zip code*: _____ State*: _____

Reference Number: *Auto-Populated*

County: _____

Organization: *Auto-Populated*

Notes:

ACL/SMP Consumer Alert*:

- Yes
- No

Type of Event:

- Community Event
- Group Education Session
- Beneficiaries

Intended Audience:

- Family Members/Caregivers
- General Audience
- Health Care Providers
- Law Enforcement
- Partner Organizations
- Other

Targeted Beneficiary

- General
- Homebound
- Non English Speaking
- People with Disabilities
- Racial/Ethnic Minority

Audience(s):

- Long Term Care Residents
- Low Income
- Native American
- Rural
- Not Collected
- Other

Topic(s) Discussed:

- | | |
|---|--|
| <input type="checkbox"/> Conditional Payments | <input type="checkbox"/> Medicare Part A and B |
| <input type="checkbox"/> Consumer Protection | <input type="checkbox"/> Medicare Part D |
| <input type="checkbox"/> Durable Medical Equipment (DME) | <input type="checkbox"/> Medicare Summary Notice |
| <input type="checkbox"/> Employer Health Plan | <input type="checkbox"/> Medigap or Supplemental Insurance |
| <input type="checkbox"/> General Fraud, Errors, and Abuse | <input type="checkbox"/> Opioid Fraud and Abuse |
| <input type="checkbox"/> Genetic/DNA Testing | <input type="checkbox"/> SMP Program Information |
| <input type="checkbox"/> Home Health Care | <input type="checkbox"/> SMP Volunteer Recruitment |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medical Identity Theft | |
| <input type="checkbox"/> Medicare Advantage | <input type="checkbox"/> Veteran's Health Benefits (VA) |
| <input type="checkbox"/> Medicare Card | <input type="checkbox"/> Other |

Other Topics Discussed Details:

Estimated 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 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.