BENEFICIARY CONTACT FORM

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

Date of Contact *: Record Last Updated By:{Auto Populated}

Date of Initial Creation: {Auto Populated} Date of Last Update: {Auto Populated}

MIPPA Contact *:	❑ Yes ❑ No
Send to SMP:	❑ Yes ❑ No

SIRS Reference Number: {Auto Populated} SHIP Reference Number: {Auto Populated}

Counselor Information *

Session Conducted By*: *Auto Populated*
Partner Organization Affiliation*: *Auto Populated*

ZIP Code of Session Location *: _____

State of Session Location *: _____

County of Session Location *: _____

Beneficiary & Representative Name and Contact Information

Beneficiary First Name: _____

Beneficiary Last Name: _____

Beneficiary Phone: (_____) -_____ -_____

Beneficiary Email: _____

Representative First Name: _____

Representative Last Name: _____

Representative Phone: (_____) -_____ -_____

Representative Email: _____

Beneficiary Residence *

State of Bene Res. *: _____ Zip Code of Bene Res. *: _____ County of Bene Res. *: _____

How Did Beneficiary Learn About SHIP * (select only one):

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

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 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

Which of the following best represents how you think of yourself? * (Select only one):

- ❑ Lesbian or gay
- ❑ Straight, that is, not gay or lesbian
- ❑ Bisexual
- ❑ I use a different term _____
- ❑ Don't know
- ❑ Prefer not to answer

What is your current gender? * (select only one):

- ❑ Female
- ❑ Male
- ❑ Transgender
- ❑
- ❑ I use a different term _____
- ❑ Don't know
- ❑ Prefer not to answer

Do you consider yourself transgender? * (select only one)

- ❑ Yes
- ❑ No
- ❑ Prefer not to answer

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

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
- ❑ Chronic Condition Special Needs Plans
- ❑ Claims/Billing
- ❑ 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

Medicare Part D
- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Disenrollment
- ❑ Eligibility/Screening
- ❑ Enrollment
- ❑ Fraud and Abuse
- ❑ Late Enrollment Penalty
- ❑ Marketing/Sales Complaints & Issues
- ❑ Pharmacy Network
- ❑ Plan Non-Renewal
- ❑ Plans Comparison

Part D Low Income Subsidy (LIS/Extra Help)
- ❑ Appeals/Grievances
- ❑ Application Assistance
- ❑ Application Submission
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Eligibility/Screening
- ❑ LI NET/BAE

Other Prescription Assistance
- ❑ Manufacturer Programs
- ❑ Military Drug Benefits
- ❑ Prescription Discount Cards
- ❑ State Pharmaceutical Assistance Programs
- ❑ Union/Employer Plan

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

Please explain:
_____

Topics Discussed (cont'd) * (At least one Topic Discussed selection is required. Multiple selections allowed)

Medicaid

- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Duals Demonstration
- ❑ Eligibility/Screening
- ❑ Fraud and Abuse
- ❑ Medicaid Application Assistance
- ❑ Medicaid Application Submission
- ❑ Medicare Buy-In Coordination
- ❑ Medicaid Expansion (ACA) Transition to Medicare
- ❑ Medicaid Managed Care
- ❑ Medicaid Recertification
- ❑ Medicare Buy-in Coordination
- ❑ 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

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
- ❑ Mental Health
- ❑ Medicare.gov Account
- ❑ New to Medicare
- ❑ Opioids
- ❑ Physical Therapy
- ❑ Preventive Benefits
- ❑ Skilled Nursing Facility
- ❑ Substance Misuse/Fraud
- ❑ Telehealth
- ❑ Transportation

Total Time Spent on This Contact *

____ Hours _____Minutes

Status

❑ In Progress ❑ Completed

Special Use Fields

Field 3: _____
Field 4: _____
Field 5: _____
Field 6: _____
Field 7: _____
Field 8: _____

Original PDP/MA-PD Cost: _____

New PDP/MA-PD Cost: _____

Notes

Public Burden Statement: