STARS MEDIA OUTREACH & EDUCATION FORM

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

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

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

Estimated Number of People Reached:

_____

Geographic Coverage (select only one):

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

Event Location *

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

County of Event * : _____

Media Contact Information

Media Contact First Name:

_____

Media Contact Last Name:

_____

Media Contact Phone:

_____

__

Media Contact Email:

_____

__

Intended Audience * (multiple selections allowed):

❑ Beneficiaries ❑ Medicare Pre-Enrollees ❑ Other
❑ Employer-Related Groups ❑ Partner Organizations
❑ Family Members/Caregivers

Target Beneficiary Group * (multiple selections allowed):

❑ American Indian or Alaskan Native ❑ Hispanic/Latino ❑ Rural
❑ Asian ❑ Limited English Proficiency ❑ N/A
❑ Black or African American ❑ Low Income ❑ Other
❑ People with Disabilities ❑ LGBTQI+
❑ Native Hawaiian or other Pacific Islander

Topics Discussed * (multiple selections allowed):

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

(Continued on p.2)

Special Use Fields
Field 1: _____ Field 2: _____ Field 3: _____ Field 4: _____ Field 5: _____
Notes

Public Burden Statement: