STARS GROUP 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* :

_____

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Total Time Spent on Event *:

_____Hours _____Minutes

Title of Interaction *:

_____

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Type of Event * (select only one):

❑ Booth/Exhibit (Health Fair, Senior Fair or Community Event)

❑ Enrollment Event

❑ Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)

Delivery Method (select only one):

❑ In-person

❑ Web-based

❑ Hybrid (in-person and web-based)

Number of Attendees *: _____

Event Location *

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

County of Event * : _____

Event Contact Information

Event Contact First Name:

_____

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Event Contact Phone:

_____

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Event Contact Last Name:

_____

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Event Contact Email:

_____

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Intended Audience * (multiple selections allowed):

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

Target Beneficiary Group * (multiple selections allowed):

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

Topics Discussed * (multiple selections allowed):

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

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes

Public Burden Statement: