

INDIVIDUAL INTERACTION: BASIC INTERACTION FORM

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

Type of Interaction*: Individual Interaction

Session Conducted By*: _____ Date of Interaction (MM/DD/YYYY)*: _____ End Date (if applicable): _____ Date of Initial Creation: <i>Auto-Populated</i> Zip code*: _____ State*: _____ County: _____	Title of Interaction: _____ Time Spent in Minutes*: _____ Reference Number: <i>Auto-Populated</i> Organization: <i>Auto-Populated</i>
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Notes:

Beneficiary Name and Contact Information

Beneficiary First Name: _____	Beneficiary Address: _____
Beneficiary Last Name: _____	_____
Beneficiary Phone: (_____) - _____ - _____	Beneficiary City: _____
Beneficiary Email: _____	Beneficiary State: _____
	Beneficiary Zip Code: _____

Beneficiary Demographic Information

Race (Multiple selections allowed):	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Collected
Gender (Select only one):	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Other <input type="checkbox"/> Not Collected
Was Date of Birth Collected?	<input type="checkbox"/> Yes _____ (MM/DD/YYYY) <input type="checkbox"/> No	
Beneficiary Age Group:	<input type="checkbox"/> 64 or younger <input type="checkbox"/> 65-74 <input type="checkbox"/> 75-84	<input type="checkbox"/> 85 or older <input type="checkbox"/> Not Collected
How Did Beneficiary Learn About SMP:	<input type="checkbox"/> CMS Outreach <input type="checkbox"/> Congressional Office <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Health/Drug Plan <input type="checkbox"/> Partner Agency <input type="checkbox"/> Previous Contact <input type="checkbox"/> SMP Mailings <input type="checkbox"/> SMP Media	<input type="checkbox"/> SMP Presentation <input type="checkbox"/> SMP Resource Center <input type="checkbox"/> SSA <input type="checkbox"/> State Medicaid Agency <input type="checkbox"/> State SMP Website <input type="checkbox"/> 1-800-Medicare <input type="checkbox"/> Other Not Collected
Method of Contact with SMP:	<input type="checkbox"/> Email <input type="checkbox"/> Face-to-face at bene home or facility <input type="checkbox"/> Face-to-face at counseling location or	<input type="checkbox"/> Postal Mail/Fax <input type="checkbox"/> Phone Call <input type="checkbox"/> Web Based <input type="checkbox"/> Not Collected

	event	
English as Primary Language:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Beneficiary Monthly Income:	<input type="checkbox"/> At or Above 150% FPL <input type="checkbox"/> Below 150 % FPL	<input type="checkbox"/> Not Collected
Medicare Number:		
Medicaid Number:		
Other Information:		
Permission to Contact Beneficiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Topic(s) Discussed (education only):		
<input type="checkbox"/> Conditional Payments <input type="checkbox"/> Consumer Protection <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Employer Health Plan <input type="checkbox"/> General Fraud, Errors, and Abuse <input type="checkbox"/> Genetic/DNA Testing <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medical Identity Theft <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare Card <input type="checkbox"/> Medicare Part A and B <input type="checkbox"/> Medicare Part D <input type="checkbox"/> Medicare Summary Notice <input type="checkbox"/> Medigap or Supplemental Insurance	<input type="checkbox"/> Opioid Fraud and Abuse <input type="checkbox"/> SMP Program Information <input type="checkbox"/> SMP Volunteer Recruitment <input type="checkbox"/> Social Security <input type="checkbox"/> TRICARE <input type="checkbox"/> Veteran's Health Benefits (VA) <input type="checkbox"/> Other
Other Topics Discussed Details:		

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 is estimated to average 5 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits.