BENEFICIARY CONTACT FORM

* Items marked with asterisk (*) indicate required fields

MIPPA Contact *:	❑ Yes ❑ No		
Send to SMP:	❑ Yes ❑ No	**SIRS eFile ID:** (*required if sending record to SMP)	

Counselor Information *

Session Conducted By* : ______________________

Partner Organization Affiliation* : ______________________

ZIP Code of Session Location * : ______________________

State of Session Location * : ______________________

County of Session Location * : ______________________

Beneficiary & Representative Name and Contact Information

Beneficiary First Name: ______________________ Representative First Name: ______________________

Beneficiary Last Name: ______________________ Representative Last Name: ______________________

Beneficiary Phone: (______) -_________ -__________ Representative Phone: (______) -_________ -__________

Beneficiary Email: ______________________ Representative Email: ______________________

Beneficiary Residence *

State of Bene Res. * : ________ Zip Code of Bene Res. * : ________ County of Bene Res. * : ______________________

Date of Contact *:

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

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

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 Gender * (select only one):

- ❑ Female
- ❑ Male
- ❑ Other
- ❑ 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

Beneficiary Monthly Income * (select only one):

- ❑ Below 150% FPL
- ❑ Not Collected
- ❑ At or Above 150% FPL

Beneficiary Assets * (select only one):

- ❑ Below LIS Asset Limits
- ❑ Not Collected
- ❑ Above LIS Asset Limits

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

Original Medicare (Parts A & B)

- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Coordination of Benefits
- ❑ Eligibility
- ❑ Enrollment/Disenrollment
- ❑ Fraud and Abuse
- ❑ QIO/Quality of Care

Medigap and Medicare Select

- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Eligibility/Screening
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints & Issues
- ❑ Plan Non-Renewal
- ❑ Plans Comparison

Topics Discussed (multiple selections allowed) (continued from p.1)*

Medicare Advantage (MA and MA-PD)
- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Disenrollment
- ❑ Eligibility/Screening
- ❑ Enrollment
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints & Issues
- ❑ Plan Non-Renewal
- ❑ Plans Comparison
- ❑ QIO/Quality of Care

Medicare Part D
- ❑ Appeals/Grievances
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Disenrollment
- ❑ Eligibility/Screening
- ❑ Enrollment
- ❑ Fraud and Abuse
- ❑ Marketing/Sales Complaints & Issues
- ❑ 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
- ❑ State Pharmaceutical Assistance Programs
- ❑ Union/Employer Plan
- ❑ Other

Medicaid
- ❑ Application Submission
- ❑ Benefit Explanation
- ❑ Claims/Billing
- ❑ Eligibility/Screening
- ❑ Fraud and Abuse
- ❑ Medicaid Application Assistance
- ❑ Medicare Buy-in Coordination
- ❑ Medicaid Managed Care
- ❑ MSP Application Assistance
- ❑ Recertification
- ❑ Other

Other Insurance
- ❑ Active Employer Health Benefits
- ❑ COBRA
- ❑ Indian Health Services
- ❑ Long Term Care (LTC) Insurance
- ❑ LTC Partnership
- ❑ Other Health Insurance
- ❑ Retiree Employer Health Benefits
- ❑ Tricare For Life Health Benefits
- ❑ Tricare Health Benefits
- ❑ VA/Veterans Health Benefits
- ❑ Other

Additional Topic Details
- ❑ Ambulance
- ❑ Dental/Vision/Hearing
- ❑ DMEPOS
- ❑ Duals Demonstration
- ❑ Home Health Care
- ❑ Hospice
- ❑ Hospital
- ❑ New Medicare Card
- ❑ New to Medicare
- ❑ Preventive Benefits
- ❑ Skilled Nursing Facility

Total Time Spent on This Contact *

____ Hours _______ Minutes

Status *

❑ In Progress ❑ Completed

Special Use Fields

Original PDP/MA-PD Cost: _______________

New PDP/MA-PD Cost: _______________

Field 3: _______________

Field 4: _______________

Field 5: _______________

Notes