SHIBA STARS BENEFICIARY CONTACT FORM

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

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

Counselor Information*

Session Conducted By*: _____

Partner Organization Affiliation*: _____

ZIP Code of Session Location*: _____

State of Session Location*: Washington

County - Session Location*: _____

Beneficiary & Representative Name and Contact Information

Beneficiary
First Name: _____
Last Name: _____
Phone: (_____) -_____ -_____
Email: _____

Representative
First Name: _____
Last Name: _____
Phone: (_____) -_____ -_____
Email: _____

Beneficiary Residence *

State * : _____ Zip Code * : _____ County *: _____

Date of Contact *:

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

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

Method of Contact* (select only one):

❑ Phone Call	❑ US Mail or Fax
❑ Email	❑ Face to Face at Site/Event Site
❑ Web-based	

Beneficiary Age Group* (select only one):

❑ 64 or less	❑ 85 +
❑ 65 – 74	❑ Not Collected
❑ 75 – 84	

Beneficiary Gender* (select only one):

❑ Female	❑ Not Collected
❑ Male	
❑ Other	

Beneficiary Race* (multiple selections allowed):

❑ American Indian/Alaska Native	❑ Native Hawaiian/Other Pacific Islander
❑ Asian	❑ White
❑ Black or African American	❑ Other
❑ Hispanic or Latino	❑ 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 & Abuse ❑ QIO/Quality of Care
Medigap & Medicare Select	❑ Benefit Explanation ❑ Claims/Billing ❑ Eligibility/Screening Fraud & 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 *	**Status ***
_____ Hours _____ Minutes	❑ In Progress ❑ Completed

Special Use Fields

Original PDP/MA-PD Cost: _____

New PDP/MA-PD Cost: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes