

# BENEFICIARY CONTACT FORM

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

**MIPPA Contact \*:**     Yes     No (See green underlined topics marked MIPPA)

(See red underlined topics marked SMP)    **SIRS eFile ID:**  
**Send to SMP:**     Yes     No    **(\*required if sending record to SMP)**

**Counselor Information \***

Session Conducted By* : _____	ZIP Code of Session Location * : _____	State of Session Location * : _____
Partner Organization Affiliation* : _____	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):**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> CMS Outreach         | <input type="checkbox"/> Previous Contact   | <input type="checkbox"/> SHIP TA Center        | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Congressional Office | <input type="checkbox"/> SHIP Mailings      | <input type="checkbox"/> SSA                   | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Friend or Relative   | <input type="checkbox"/> SHIP Media         | <input type="checkbox"/> State Medicaid Agency |  |
| <input type="checkbox"/> Health/Drug Plan     | <input type="checkbox"/> SHIP Presentation  | <input type="checkbox"/> 1-800 Medicare        |  |
| <input type="checkbox"/> Partner Agency       | <input type="checkbox"/> State SHIP Website |  |  |

**Method of Contact \* (select only one):**

**Beneficiary Age Group \* (select only one):**

**Beneficiary Gender \* (select only one):**

- |   |  |   |  |  |  |
|---|--|---|--|--|--|
| <input type="checkbox"/> Phone Call         | <input type="checkbox"/> Face to Face at Session Location/Event Site | <input type="checkbox"/> Face to Face at Bene Home/Facility | <input type="checkbox"/> 64 or Younger | <input type="checkbox"/> 85 or Older   | <input type="checkbox"/> Female        |
| <input type="checkbox"/> Email              |  |   | <input type="checkbox"/> 65 – 74       | <input type="checkbox"/> Not Collected | <input type="checkbox"/> Male          |
| <input type="checkbox"/> Web-based          |  |   | <input type="checkbox"/> 75 – 84       |  | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Postal Mail or Fax |  |   |  |  | <input type="checkbox"/> Not Collected |

**Beneficiary Race \* (multiple selections allowed):**

**Beneficiary Language \*:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | English is Beneficiary's Primary Language <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     | <b>Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):</b> |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other                                     |   |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Not Collected                             |   |
|   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**Beneficiary Monthly Income \* (select only one):**

**Beneficiary Assets \* (select only one):**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Below 150% FPL       | <input type="checkbox"/> Not Collected | <input type="checkbox"/> Below LIS Asset Limits | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> At or Above 150% FPL |  | <input type="checkbox"/> Above LIS Asset Limits |  |

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

- |   |  |
|---|--|
| <p><b>Original Medicare (Parts A &amp; B)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <u>Appeals/Grievances</u> SMP</li> <li><input type="checkbox"/> Benefit Explanation</li> <li><input type="checkbox"/> <u>Claims/Billing</u> SMP</li> <li><input type="checkbox"/> Coordination of Benefits</li> <li><input type="checkbox"/> Eligibility</li> <li><input type="checkbox"/> <u>Enrollment/Disenrollment</u> SMP</li> <li><input type="checkbox"/> <u>Fraud and Abuse</u> SMP</li> <li><input type="checkbox"/> <u>QIO/Quality of Care</u> SMP</li> </ul> | <p><b>Medigap and Medicare Select</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Benefit Explanation</li> <li><input type="checkbox"/> <u>Claims/Billing</u> SMP</li> <li><input type="checkbox"/> Eligibility/Screening</li> <li><input type="checkbox"/> <u>Fraud and Abuse</u> SMP</li> <li><input type="checkbox"/> <u>Marketing/Sales Complaints &amp; Issues</u> SMP</li> <li><input type="checkbox"/> Plan Non-Renewal</li> <li><input type="checkbox"/> Plans Comparison</li> </ul> |
|---|--|

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

**Medicare Advantage (MA and MA-PD)**

- Appeals/Grievances SMP
- Benefit Explanation
- Claims/Billing SMP
- Disenrollment SMP
- Eligibility/Screening
- Enrollment SMP
- Fraud and Abuse SMP
- Marketing/Sales Complaints & Issues SMP
- Plan Non-Renewal
- Plans Comparison
- QIO/Quality of Care SMP

**Medicare Part D**

- Appeals/Grievances SMP
- Benefit Explanation
- Claims/Billing SMP
- Disenrollment SMP
- Eligibility/Screening
- Enrollment SMP
- Fraud and Abuse SMP
- Marketing/Sales Complaints & Issues SMP
- Plan Non-Renewal
- Plans Comparison

**Part D Low Income Subsidy (LIS/Extra Help)**

- Appeals/Grievances SMP
- Application Assistance MIPPA
- Application Submission MIPPA
- Benefit Explanation MIPPA
- Claims/Billing SMP
- Eligibility/Screening MIPPA
- LI NET/BAE MIPPA

**Other Prescription Assistance**

- Manufacturer Programs
- Military Drug Benefits
- State Pharmaceutical Assistance Programs
- Union/Employer Plan
- Other

**Medicaid**

- Application Submission MIPPA
- Benefit Explanation MIPPA
- Claims/Billing SMP
- Eligibility/Screening MIPPA
- Fraud and Abuse SMP
- Medicaid Application Assistance MIPPA
- Medicare Buy-in Coordination MIPPA
- Medicaid Managed Care
- MSP Application Assistance MIPPA
- Recertification MIPPA
- 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 SMP
- Dental/Vision/Hearing SMP
- DMEPOS SMP
- Duals Demonstration
- Home Health Care SMP
- Hospice SMP
- Hospital SMP
- New Medicare Card SMP
- New to Medicare
- Preventive Benefits MIPPA / SMP
- Skilled Nursing Facility SMP

**Total Time Spent on This Contact \***

\_\_\_ Hours \_\_\_ Minutes

**Status \***

- In Progress
- Completed

**Special Use Fields**

Original PDP/MA-PD Cost: \_\_\_\_\_

Field 3: \_\_\_\_\_

New PDP/MA-PD Cost: \_\_\_\_\_

Field 4: \_\_\_\_\_

Field 5: \_\_\_\_\_

**Notes**

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