MEDIA OUTREACH & EDUCATION FORM

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

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* :

_____

Total Time Spent on Event *:

_____Hours _____Minutes

Title of Interaction *:

_____

Type of Media * (select only one):

❑ Billboard ❑ Radio
❑ Email ❑ Social Media
❑ Magazine ❑ Television
❑ Newsletter ❑ Website
❑ Newspaper ❑ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):

❑ County or Counties ❑ Regional
❑ Multi-State ❑ Statewide
❑ National ❑ Zip Code

Start Date of Activity *: _____ End Date of Activity: _____

Event Location *

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

County of Event * : _____

Media Contact Information

Media Contact First Name:

_____

Media Contact Phone:

_____

Media Contact Last Name:

_____

Media Contact Email:

_____

Intended Audience * (multiple selections allowed):

❑ Beneficiaries
❑ Employer-Related Groups
❑ Family Members/Caregivers
❑ Limited-English Proficiency
❑ Medicare Pre-Enrollees
❑ Partner Organizations
❑ People with Disabilities
❑ Rural Beneficiaries
❑ Other

Target Beneficiary Group * (multiple selections allowed):

❑ American Indian or Alaskan Native
❑ Asian
❑ Black or African American
❑ Disabled
❑ Hispanic/Latino
❑ Languages Other Than English
❑ Low Income
❑ Native Hawaiian or other Pacific Islander
❑ Rural
❑ N/A
❑ Not Collected
❑ Other

Topics Discussed * (multiple selections allowed):

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

(Continued on p.2)

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes