

# Performance Measure 1 – Completing a Client Contact!

## CLIENT CONTACT

OMB No. 0938-0850

<b>Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together</b>	
Client Identifier Used by Your Agency or State	
Client Identifier Auto-Assigned by NPR - Optional	
<b>Client Name and Contact Information - Optional</b>	
Client First Name	
Client Last Name	
Client Phone Number	(____) - ____ - ____
Representative First Name	
Representative Last Name	
<b>Counselor and Agency</b>	
Counselor User ID	
Agency Code	
County Code of Counselor Location	
ZIP Code of Counselor Location	

<b>Client ZIP Code and County Code</b>	
ZIP Code of Client Residence	
County Code of Client Residence - Optional	
<b>Date of Contact</b>	
	/
	/

**Performance Measure 4 - =Rural**

Includes ZIP codes currently used for Micropolitan (MIC) or Outside Metro-Micro (OUT) slices; populations of 49K or less.

<b>First vs Continuing Contact</b>	
1	First Contact for Issue
2	Continuing Contacts for Issue

<b>How Did Client Learn About SHIP</b>	
1	Previous Contact
2	CMS / Medicare
3	Presentations
4	Mailings
5	Another Agency
6	Friend or Relative
7	Media
8	State Website
9	Other
99	Not Collected

<b>Method of Contact</b>	
1	Phone Call
2	Face to Face at Counseling Location or Event Site
3	Face to Face at Client's Home or Facility
4	E-Mail
5	Postal Mail or Fax

<b>Client Age Group</b>		<b>Client Gender</b>	
1	64 or Younger	1	Female
2	65-74	2	Male
3	75-84	9	Not Collected
4	85 or Older		
9	Not Collected		

<b>Client Race-Ethnicity - Check all that Apply</b>	
1	Hispanic, Latino, or Spanish Origin
2	White, Non-Hispanic
3	Black, African American
4	American Indian or Alaska Native
5	Asian Indian
6	Chinese
7	Filipino
8	Japanese
9	Korean
10	Vietnamese
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Asian
15	Other Pacific Islander
16	Some Other Race-Ethnicity
99	Not Collected

**Performance Measure 4 =ESL**

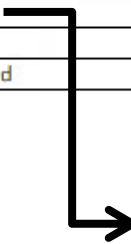
<b>Client Primary Language Other Than English</b>	
1	Primary Language Other Than English
2	English is Client's Primary Language
9	Not Collected

<b>Client Monthly Income</b>		<b>Client Assets</b>	
1	Below 150% FPL	1	Below LIS Asset Limits
2	At or Above 150% FPL	2	Above LIS Asset Limits
9	Not Collected	9	Not Collected

<b>Receiving or Applying for Social Security Disability or Medicare Disability</b>	
1	Yes
2	No
9	Not Collected

**Performance Measure 3 – Medicare due to Disability**

**Performance Measure 4 =Low-income**



<b>PRESCRIPTION DRUG ASSISTANCE</b>		<b>MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)</b>													
<b>Medicare Prescription Drug Coverage (Part D)</b>		<input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> 28 Benefit Explanation <input checked="" type="checkbox"/> Plans Comparison <input checked="" type="checkbox"/> Plan Enrollment/Disenrollment <input type="checkbox"/> 31 Claims/Billing <input type="checkbox"/> 32 Appeals/Grievances <input type="checkbox"/> 33 Fraud and Abuse <input type="checkbox"/> 34 Marketing/Sales Complaints or Issues <input type="checkbox"/> 35 Quality of Care <input checked="" type="checkbox"/> Plan Non-Renewal													
<input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> 2 Benefit Explanation <input checked="" type="checkbox"/> Plans Comparison <input checked="" type="checkbox"/> Plan Enrollment/Disenrollment <input type="checkbox"/> 5 Claims/Billing <input type="checkbox"/> 6 Appeals/Grievances <input type="checkbox"/> 7 Fraud and Abuse <input type="checkbox"/> 8 Marketing/Sales Complaints or Issues <input type="checkbox"/> 9 Quality of Care <input checked="" type="checkbox"/> Plan Non-Renewal		<b>MEDICARE SUPPLEMENT/SELECT</b> <input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> 38 Benefit Explanation <input checked="" type="checkbox"/> Plans Comparison <input type="checkbox"/> 40 Claims/Billing <input type="checkbox"/> 41 Appeals/Grievances <input type="checkbox"/> 42 Fraud and Abuse <input type="checkbox"/> 43 Marketing/Sales Complaints or Issues <input type="checkbox"/> 44 Quality of Care <input checked="" type="checkbox"/> Plan Non-Renewal													
<b>Part D Low Income Subsidy (LIS/Extra Help)</b>		<input checked="" type="checkbox"/> Eligibility/Screening <input type="checkbox"/> 12 Benefit Explanation <input checked="" type="checkbox"/> Application Assistance <input type="checkbox"/> 14 Claims/Billing <input type="checkbox"/> 15 Appeals/Grievances													
		<b>MEDICAID</b> <input checked="" type="checkbox"/> Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI) <input checked="" type="checkbox"/> MSP Application Assistance <input checked="" type="checkbox"/> Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening <input checked="" type="checkbox"/> Medicaid Application Assistance <input type="checkbox"/> 50 Medicaid/QMB Claims <input type="checkbox"/> 51 Fraud and Abuse													
<b>Other Prescription Assistance</b>		<b>OTHER</b> <input type="checkbox"/> 52 Long Term Care (LTC) Insurance <input type="checkbox"/> 53 LTC Partnership <input type="checkbox"/> 54 LTC Other <input type="checkbox"/> 55 Military Health Benefits <input type="checkbox"/> 56 Employer/Federal Employee Health Benefits (FEHB) <input type="checkbox"/> 57 COBRA <input type="checkbox"/> 58 Other Health Insurance <input type="checkbox"/> 59 Other _____													
<input type="checkbox"/> 16 Union/Employer Plan <input type="checkbox"/> 17 Military Drug Benefits <input type="checkbox"/> 18 Manufacturer Programs <input type="checkbox"/> 19 State Pharmaceutical Assistance Programs <input type="checkbox"/> 20 Other _____		<input checked="" type="checkbox"/> Eligibility <input type="checkbox"/> 22 Benefit Explanation <input type="checkbox"/> 23 Claims/Billing <input type="checkbox"/> 24 Appeals/Grievances <input type="checkbox"/> 25 Fraud and Abuse <input type="checkbox"/> 26 Quality of Care													
<b>MEDICARE (Parts A &amp; B)</b>		<b>NOTE: If an LIS applications was processed, be sure to mark 1 in MIPPA SUF below.</b>													
<input checked="" type="checkbox"/> Eligibility <input type="checkbox"/> 22 Benefit Explanation <input type="checkbox"/> 23 Claims/Billing <input type="checkbox"/> 24 Appeals/Grievances <input type="checkbox"/> 25 Fraud and Abuse <input type="checkbox"/> 26 Quality of Care		<b>NOTE: If there was a direct hand in an MSP application, be sure to mark 2 in MIPPA SUF below.</b>													
<table border="1"> <tr> <th colspan="4">Total Time Spent on This Contact Date</th> </tr> <tr> <td>HH</td> <td>Hours</td> <td>MM</td> <td>Minutes</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Total Time Spent on This Contact Date				HH	Hours	MM	Minutes				
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PM 5: Unduplicated contacts with at least one of the 18 marked topics.

<b>State and Local Special Use Fields</b>		<b>Status</b>	
Estimated Savings:	<input type="text"/>	<input type="checkbox"/> 1 General Information and Referral	
* SMP Topic:	<input type="text"/>	<input type="checkbox"/> 2 Detailed Assistance - In Progress	
* SMP Issue:	<input type="text"/>	<input type="checkbox"/> 3 Detailed Assistance - Fully Completed	
* SMP Minutes:	<input type="text"/>	<input type="checkbox"/> 4 Problem Solving / Problem Resolution - In Progress	
* Disputed Amount:	<input type="text"/>	<input type="checkbox"/> 5 Problem Solving / Problem Resolution - Fully Completed	
Testimonial? :	<input type="text"/>	<b>ACL Special Use Fields</b> MIPPA CLIENT 1 2 3: <input type="text"/>	
		<b>1 for LIS application only</b> <b>2 for MSP application only</b> <b>3 for both LIS and MSP</b>	