

CLIENT CONTACT

Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together	
Client Identifier Used by Your Agency or State	
Client Identifier Auto-Assigned by NPR - Optional	

Client Name and Contact Information - Optional	
Client First Name	_____
Client Last Name	_____
Client Phone Number	(____) - ____ - ____
Representative First Name	_____
Representative Last Name	_____

Counselor and Agency	
Counselor User ID	_____
Agency Code	_____
County Code of Counselor Location	_____
ZIP Code of Counselor Location	_____

Client ZIP Code and County Code	
ZIP Code of Client Residence	_____
County Code of Client Residence - Optional	_____

Date of Contact	____/____/____
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First vs Continuing Contact	
1	First Contact for Issue
2	Continuing Contacts for Issue

Method of Contact	
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

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

Client Primary Language Other Than English	
1	Primary Language Other Than English
2	English is Client's Primary Language
9	Not Collected

Client Monthly Income		Client Assets	
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

Receiving or Applying for Social Security Disability or Medicare Disability	
1	Yes
2	No
9	Not Collected

How Did Client Learn About SHIP	
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

Client Race-Ethnicity - Check all that Apply	
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

PRESCRIPTION DRUG ASSISTANCE

Medicare Prescription Drug Coverage (Part D)

- 1 Eligibility/Screening
- 2 Benefit Explanation
- 3 Plans Comparison
- 4 Plan Enrollment/Disenrollment
- 5 Claims/Billing
- 6 Appeals/Grievances
- 7 Fraud and Abuse
- 8 Marketing/Sales Complaints or Issues
- 9 Quality of Care
- 10 Plan Non-Renewal

Part D Low Income Subsidy (LIS/Extra Help)

- 11 Eligibility/Screening
- 12 Benefit Explanation
- 13 Application Assistance
- 14 Claims/Billing
- 15 Appeals/Grievances

NOTE: If an LIS applications was processed, be sure to mark 1 in MIPPA SUF below.

Other Prescription Assistance

- 16 Union/Employer Plan
- 17 Military Drug Benefits
- 18 Manufacturer Programs
- 19 State Pharmaceutical Assistance Programs
- 20 Other _____

MEDICARE (Parts A & B)

- 21 Eligibility
- 22 Benefit Explanation
- 23 Claims/Billing
- 24 Appeals/Grievances
- 25 Fraud and Abuse
- 26 Quality of Care

MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)

- 27 Eligibility/Screening
- 28 Benefit Explanation
- 29 Plans Comparison
- 30 Plan Enrollment/Disenrollment
- 31 Claims/Billing
- 32 Appeals/Grievances
- 33 Fraud and Abuse
- 34 Marketing/Sales Complaints or Issues
- 35 Quality of Care
- 36 Plan Non-Renewal

MEDICARE SUPPLEMENT/SELECT

- 37 Eligibility/Screening
- 38 Benefit Explanation
- 39 Plans Comparison
- 40 Claims/Billing
- 41 Appeals/Grievances
- 42 Fraud and Abuse
- 43 Marketing/Sales Complaints or Issues
- 44 Quality of Care
- 45 Plan Non-Renewal

MEDICAID

- 46 Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
- 47 MSP Application Assistance
- 48 Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening
- 49 Medicaid Application Assistance
- 50 Medicaid/QMB Claims
- 51 Fraud and Abuse

NOTE: If there was a direct hand in an MSP application, be sure to mark 2 in MIPPA SUF below.

OTHER

- 52 Long Term Care (LTC) Insurance
- 53 LTC Partnership
- 54 LTC Other
- 55 Military Health Benefits
- 56 Employer/Federal Employee Health Benefits (FEHB)
- 57 COBRA
- 58 Other Health Insurance
- 59 Other _____

Total Time Spent on This Contact Date

HH	Hours	MM	Minutes
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State and Local Special Use Fields

Estimated Savings:

* SMP Topic:

* SMP Issue:

* SMP Minutes:

* Disputed Amount:

Testimonial? :

Status

- 1 General Information and Referral
- 2 Detailed Assistance - In Progress
- 3 Detailed Assistance - Fully Completed
- 4 Problem Solving / Problem Resolution - In Progress
- 5 Problem Solving / Problem Resolution - Fully Completed

ACL Special Use Fields

MIPPA CLIENT 1 2 3:

**1 for LIS application only
2 for MSP application only
3 for both LIS and MSP**