

	SHIBA STA	ARS Ben	efic	iary Contact Form (BC	CF)			
* Items marked with asteri				•				
Date of Contact*:								
MIPPA Contact*:	□ Yes	□No		NOTE: Remember to screen EVERY client for low-income programs & always check YES for MIPPA, even if they're above 150% of FPL.				
Send to SMP:	□ Yes	□ No		SIRS eFile ID: (*required if sending record to SMP)				
Counselor Information*	·	-	-					
Session Conducted By*:			ZIP	Code of Session Location*:		State of Ses Washingto	ssion Location <sup>s</sup>	
Partner Organization Affilia	ation <b>*</b> :		Cou	unty - Session Location*:				
Beneficiary & Representat	tive Name and	Contact Ir	nfori	mation				
<i>Beneficiary</i> First Name:				Representative First Name:				
Last Name:				Last Name:				
Phone: ()				Phone: ()				
Email:				Email:				
Beneficiary Residence *			_					
State * : Zi	p Code <b>*</b> :			County *:				
Date of Contact *:								
How did Beneficiary Learn	n About SHIP*	(select on	ly or	ne):				
□ CMS Outreach	□ Partner A	- ,		□ State SHIP Website		Other		
Congressional Office			(	□ SHIP TA Center	□ 1	Not Collecte	ed	
□ Employer	□ SHIP Mail	ings		⊒SSA				
□ Friend or Relative	□ SHIP Med	ia		☐ State Medicaid Agency				
☐ Health/Drug Plan	□ SHIP Pres	entation	Ţ	⊒ 1-800-Medicare				
Method of Contact* (sele	lethod of Contact* (select only one):			Beneficiary Age Group* (select only one):		Beneficiary Gender* (select only one):		
□ Phone Call □ US Ma	il or Fax		Į	□ 64 or less □ 85 +	□Fe	emale	□Not	
□ Email □ Face to	o Face at Site/E	vent Site	Į	⊒ 65 – 74 □ Not	□М	lale	Collected	
□ Web-based				⊒ 75 – 84 Collected	0	ther		
Beneficiary Race* (multip	le selections a	llowed):		Beneficiary Language*:				
□ American Indian/Alaska □ Native  Native Hawaiian/Other				English is Beneficiary's Primary Language				
Asian Pacific Islander			Receiving or Applying for Social Security Disability or					
☐ Black or African America				Medicare Disability* (select only one):				
☐ Hispanic or Latino	□ Other □ Not Colle	cted	Į	Yes	ı No			
Have you or a family mem	nber ever serve	ed in the m	nilita	ry?				
□ Yes		□ No			ı Un	sure		
Beneficiary Monthly Inco	me* (select on	ly one):		Beneficiary Assets* (select o	only o	ne):		
□ Below 150% FPL	□ Not Collect	ed		Below LIS Asset Limits	ΠN	ot Collecte	d	
□ At or Above 150% FPI			Г	Ahove LIS Asset Limits				

Sexual	Orientation*				
Which	of the following best represents how you th	ink of you	urself (select ONE):		
	Lesbian or gay				
	Straight, that is, not gay or lesbian				
	Bisexual				
	I use a different term				
	Don't know				
	Prefer not to answer				
Gende	r Identity*				
	<u> </u>		a valu cancidar valuralista ha transgandar?		
	is your current gender (select ONE): Female	D	o you consider yourself to be transgender?		
	Male		□ Yes		
			□ No		
	Transgender		<ul><li>Prefer not to answer</li></ul>		
	l use a different term:				
	Don't know				
	Prefer not to answer				
Topics Discussed* (At least one Topic Discussed selection is required. Multiple selections allowed)					
Origina	al Medicare (Parts A & B)		Plans Comparison		
	Appeals/Grievances		QIO/Quality of Care		
	Benefit Explanation		Supplemental Benefits		
	Claims/Billing		Please explain:		
	Coordination of Benefits	Part D	Low Income Subsidy (LIS/Extra Help)		
	Eligibility		Appeals/Grievances		
	Enrollment/Disenrollment		Application Assistance		
	Fraud & Abuse		Application Submission		
	Late enrollment penalty		Benefit Explanation		
	QIO/Quality of Care		Claims/Billing		
			Eligibility/Screening		
Media	ap & Medicare Select		LI NET/BAE		
	Benefit Explanation	Other	Prescription Assistance		
	Claims/Billing		Manufacturer Programs		
	Complaints	_	Military Drug Benefits		
_	Eligibility/Screening		State Pharmaceutical Assistance Programs		
_	Fraud & Abuse		Union/Employer Plan		
_	Guaranteed Issue Rights		Official/Employer Flati		
_	Marketing/Sales Complaints & Issues	Medica	aid		
_	Plan Non-Renewal		Application Submission		
_	Plan Comparison		Benefit Explanation		
			Claims/Billing		
	are Advantage (MA and MA-PD)		Eligibility/Screening		
	Appeals/Grievances		Fraud and Abuse		
	Benefit Explanation		Medicaid Application Assistance		
	Chronic Condition Special Needs Plans		Medicare Buy-in Coordination		
	Claims/Billing		Medicaid Expansion (ACA) Transition to Medicare		
	Disenrollment		Medicaid Recertification		
	Dual Eligible Special Needs Plans		Medicaid Managed Care		
	Eligibility/Screening		MSP Application Assistance		
	Enrollment		MSP Application Submission		
	Fraud and Abuse		QMB Improper Billing		
	Institutional Special Needs Plans		Recertification		
	Marketing/Sales Complaints & Issues	_	Other		
	Plan Non-Renewal	_			

Medica	are Part D	Other Insurance				
	Appeals/Grievances		Active Employer Health Benefits			
_	Benefit Explanation		COBRA			
_	Claims/Billing		Indian Health Services			
_	Disenrollment		Long Term Care (LTC) Insurance			
_	Eligibility/Screening		LTC Partnership			
	Enrollment		Marketplace Transition to Medicare			
	Fraud and Abuse		Other Health Insurance			
	Late Enrollment Penalty		Retiree Employer Health Benefits			
_	Marketing/Sales Complaints & Issues		Tricare For Life Health Benefits			
	Plan Non-Renewal		Tricare Health Benefits			
_			VA/Veterans Health Benefits			
	Plans Comparison		Other			
Topics	Discussed (multiple selections allowed) (conti	nued fr	om p. 2) *			
Ad	ditional Topic Details	-	-			
	Ambulance		Income Related Monthly Adjustment Amount			
	COVID-19		Medicare.gov account			
	Dental/Vision/Hearing		New Medicare Card			
	DMEPOS		New to Medicare			
	Duals Demonstration		Preventive Benefits			
	ESRD		Skilled Nursing Facility			
	Health Savings Accounts		Transportation			
	Home Health Care		•			
	Hospice					
Total T	ime Spent on This Contact *	Status	<b>5</b> *			
	Hours Minutes		In Progress   Completed			
Specia	l Use Fields					
Original PDP/MA-PD Cost:		Field 3	3:			
•	DP/MA-PD Cost:		1:			
new Pi	DE/INIA-ED COST:	Field <sup>c</sup>				

**Contact: SHIBA** | 800-562-6900 | <u>shiba@oic.wa.gov</u> SHP866/03.12.2024

otes			

## Did you check the MIPPA box YES, yet?

Check "YES" for MIPPA when you:

- Screened the client for income eligibility for low-income assistance programs. **Even if they are above 150% of FPL.**
- Covered any Medicaid topics and/or helped them apply for Medicare Savings Programs (MSPs) or Medicaid.

\*\*\*Remember to always check your client eligibility for MSP (and to check "YES" for MIPPA)!\*\*\*

Contact: SHIBA | 800-562-6900 | shiba@oic.wa.gov SHP866/03.12.2024