



<b>Sexual Orientation*</b>	
<b>Which of the following best represents how you think of yourself (select ONE):</b>	
<input type="checkbox"/> Lesbian or gay <input type="checkbox"/> Straight, that is, not gay or lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/> I use a different term _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	
<b>Gender Identity*</b>	
<b>What is your current gender (select ONE):</b>	<b>Do you consider yourself to be transgender?</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> I use a different term: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
<b>Topics Discussed* (At least one Topic Discussed selection is required. Multiple selections allowed)</b>	
<b>Original Medicare (Parts A &amp; B)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Coordination of Benefits <input type="checkbox"/> Eligibility <input type="checkbox"/> Enrollment/Disenrollment <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Late enrollment penalty <input type="checkbox"/> QIO/Quality of Care	<input type="checkbox"/> Plans Comparison <input type="checkbox"/> QIO/Quality of Care <input type="checkbox"/> Supplemental Benefits Please explain: _____ <b>Part D Low Income Subsidy (LIS/Extra Help)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Application Assistance <input type="checkbox"/> Application Submission <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> LI NET/BAE
<b>Medigap &amp; Medicare Select</b> <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Complaints <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud & Abuse <input type="checkbox"/> Guaranteed Issue Rights <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plan Comparison	<b>Other Prescription Assistance</b> <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Union/Employer Plan
<b>Medicare Advantage (MA and MA-PD)</b> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Chronic Condition Special Needs Plans <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Disenrollment <input type="checkbox"/> Dual Eligible Special Needs Plans <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Institutional Special Needs Plans <input type="checkbox"/> Marketing/Sales Complaints & Issues <input type="checkbox"/> Plan Non-Renewal	<b>Medicaid</b> <input type="checkbox"/> Application Submission <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse <input type="checkbox"/> Medicaid Application Assistance <input type="checkbox"/> Medicare Buy-in Coordination <input type="checkbox"/> Medicaid Expansion (ACA) Transition to Medicare <input type="checkbox"/> Medicaid Recertification <input type="checkbox"/> Medicaid Managed Care <input type="checkbox"/> MSP Application Assistance <input type="checkbox"/> MSP Application Submission <input type="checkbox"/> QMB Improper Billing <input type="checkbox"/> Recertification <input type="checkbox"/> Other

SHIBA STARS Beneficiary Contact Form (BCF)

<p><b>Medicare Part D</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Appeals/Grievances</li> <li><input type="checkbox"/> Benefit Explanation</li> <li><input type="checkbox"/> Claims/Billing</li> <li><input type="checkbox"/> Disenrollment</li> <li><input type="checkbox"/> Eligibility/Screening</li> <li><input type="checkbox"/> Enrollment</li> <li><input type="checkbox"/> Fraud and Abuse</li> <li><input type="checkbox"/> Late Enrollment Penalty</li> <li><input type="checkbox"/> Marketing/Sales Complaints &amp; Issues</li> <li><input type="checkbox"/> Plan Non-Renewal</li> <li><input type="checkbox"/> Plans Comparison</li> </ul>	<p><b>Other Insurance</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Active Employer Health Benefits</li> <li><input type="checkbox"/> COBRA</li> <li><input type="checkbox"/> Indian Health Services</li> <li><input type="checkbox"/> Long Term Care (LTC) Insurance</li> <li><input type="checkbox"/> LTC Partnership</li> <li><input type="checkbox"/> Marketplace Transition to Medicare</li> <li><input type="checkbox"/> Other Health Insurance</li> <li><input type="checkbox"/> Retiree Employer Health Benefits</li> <li><input type="checkbox"/> Tricare For Life Health Benefits</li> <li><input type="checkbox"/> Tricare Health Benefits</li> <li><input type="checkbox"/> VA/Veterans Health Benefits</li> <li><input type="checkbox"/> Other</li> </ul>		
<b>Topics Discussed (multiple selections allowed) (continued from p. 2) *</b>			
<p><b>Additional Topic Details</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> COVID-19</li> <li><input type="checkbox"/> Dental/Vision/Hearing</li> <li><input type="checkbox"/> DMEPOS</li> <li><input type="checkbox"/> Duals Demonstration</li> <li><input type="checkbox"/> ESRD</li> <li><input type="checkbox"/> Health Savings Accounts</li> <li><input type="checkbox"/> Home Health Care</li> <li><input type="checkbox"/> Hospice</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li><input type="checkbox"/> Income Related Monthly Adjustment Amount</li> <li><input type="checkbox"/> Medicare.gov account</li> <li><input type="checkbox"/> New Medicare Card</li> <li><input type="checkbox"/> New to Medicare</li> <li><input type="checkbox"/> Preventive Benefits</li> <li><input type="checkbox"/> Skilled Nursing Facility</li> <li><input type="checkbox"/> Transportation</li> </ul> </td> </tr> </table>		<ul style="list-style-type: none"> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> COVID-19</li> <li><input type="checkbox"/> Dental/Vision/Hearing</li> <li><input type="checkbox"/> DMEPOS</li> <li><input type="checkbox"/> Duals Demonstration</li> <li><input type="checkbox"/> ESRD</li> <li><input type="checkbox"/> Health Savings Accounts</li> <li><input type="checkbox"/> Home Health Care</li> <li><input type="checkbox"/> Hospice</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Income Related Monthly Adjustment Amount</li> <li><input type="checkbox"/> Medicare.gov account</li> <li><input type="checkbox"/> New Medicare Card</li> <li><input type="checkbox"/> New to Medicare</li> <li><input type="checkbox"/> Preventive Benefits</li> <li><input type="checkbox"/> Skilled Nursing Facility</li> <li><input type="checkbox"/> Transportation</li> </ul>
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<b>Total Time Spent on This Contact *</b>	<b>Status *</b>		
____ Hours ____ Minutes	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed		
<b>Special Use Fields</b>			
Original PDP/MA-PD Cost: _____ New PDP/MA-PD Cost:      _____	Field 3: _____ Field 4: _____ Field 5: _____		

Notes

**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)!\*\*\*