

BENEFICIARY CONTACT FORM

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

MIPPA Contact *:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Send to SMP:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SIRS eFile ID: (*required if sending record to SMP)	
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Counselor Information *

Session Conducted By* : Your name	ZIP Code of Session Location * : Zip Code	State of Session Location * : WA
Partner Organization Affiliation* : Will auto fill with Sponsor name	County of Session Location * : Will auto fill from Zip Code	

Beneficiary & Representative Name and Contact Information

Beneficiary First Name: <u>Theresa</u>	Representative First Name: _____
Beneficiary Last Name: <u>Ask Theresa and enter here</u>	Representative Last Name: _____
Beneficiary Phone: (<u>360</u>) - <u>000</u> - <u>0000</u>	Representative Phone: (_____) - _____ - _____
Beneficiary Email: _____	Representative Email: _____

Beneficiary Residence *

State of Bene Res. * : WA Zip Code of Bene Res. * : 98584 County of Bene Res. * : Mason

Date of Contact * : 02/XX/2022

How Did Beneficiary Learn About SHIP * (select only one):

<input type="checkbox"/> CMS Outreach	<input type="checkbox"/> Previous Contact	<input type="checkbox"/> SHIP TA Center	<input type="checkbox"/> Other
<input type="checkbox"/> Congressional Office	<input type="checkbox"/> SHIP Mailings	<input type="checkbox"/> SSA	<input type="checkbox"/> Not Collected
<input type="checkbox"/> Friend or Relative	<input type="checkbox"/> SHIP Media	<input type="checkbox"/> State Medicaid Agency	
<input type="checkbox"/> Health/Drug Plan	<input type="checkbox"/> SHIP Presentation	<input type="checkbox"/> 1-800 Medicare	
<input checked="" type="checkbox"/> Partner Agency	<input type="checkbox"/> State SHIP Website		

Method of Contact * (select only one):	Beneficiary Age Group * (select only one):	Beneficiary Gender * (select only one):
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<input checked="" type="checkbox"/> Phone Call	<input type="checkbox"/> Face to Face at Session Location/Event Site	<input type="checkbox"/> Face to Face at Bene Home/Facility	<input type="checkbox"/> 64 or Younger	<input type="checkbox"/> 85 or Older	<input checked="" type="checkbox"/> Female
<input type="checkbox"/> Email			<input checked="" type="checkbox"/> 65 – 74	<input type="checkbox"/> Not Collected	<input type="checkbox"/> Male
<input type="checkbox"/> Web-based			<input type="checkbox"/> 75 – 84		<input type="checkbox"/> Other
<input type="checkbox"/> Postal Mail or Fax					<input type="checkbox"/> Not Collected

Beneficiary Race * (multiple selections allowed):	Beneficiary Language *:
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<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> English is Beneficiary's Primary Language
<input type="checkbox"/> Asian	<input checked="" type="checkbox"/> White	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Not Collected	Receiving or Applying for Social Security Disability or Medicare Disability * (select only one):
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Beneficiary Monthly Income * (select only one):	Beneficiary Assets * (select only one):
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<input type="checkbox"/> Below 150% FPL	<input type="checkbox"/> Below LIS Asset Limits
<input type="checkbox"/> Not Collected	<input type="checkbox"/> Not Collected
<input checked="" type="checkbox"/> At or Above 150% FPL	<input checked="" type="checkbox"/> Above LIS Asset Limits

Topics Discussed * (At least one Topic Discussed selection is required. Multiple selections allowed)

Original Medicare (Parts A & B)	Medigap and Medicare Select
<input type="checkbox"/> Appeals/Grievances	<input type="checkbox"/> Benefit Explanation
<input type="checkbox"/> Benefit Explanation	<input type="checkbox"/> Claims/Billing
<input type="checkbox"/> Claims/Billing	<input type="checkbox"/> Eligibility/Screening
<input type="checkbox"/> Coordination of Benefits	<input type="checkbox"/> Fraud and Abuse
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Marketing/Sales Complaints & Issues
<input checked="" type="checkbox"/> Enrollment/Disenrollment	<input type="checkbox"/> Plan Non-Renewal
<input type="checkbox"/> Fraud and Abuse	<input type="checkbox"/> Plans Comparison
<input type="checkbox"/> QIO/Quality of Care	

Topics Discussed (multiple selections allowed) (continued from p.1)*

Medicare Advantage (MA and MA-PD)

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison
- QIO/Quality of Care

Medicare Part D

- Appeals/Grievances
- Benefit Explanation
- Claims/Billing
- Disenrollment
- Eligibility/Screening
- Enrollment
- Fraud and Abuse
- Marketing/Sales Complaints & Issues
- Plan Non-Renewal
- Plans Comparison

Part D Low Income Subsidy (LIS/Extra Help)

- Appeals/Grievances
- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- LI NET/BAE

Other Prescription Assistance

- Manufacturer Programs
- Military Drug Benefits
- State Pharmaceutical Assistance Programs
- Union/Employer Plan
- Other

Medicaid

- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening
- Fraud and Abuse
- Medicaid Application Assistance
- Medicare Buy-in Coordination
- Medicaid Managed Care
- MSP Application Assistance
- Recertification
- Other

Other Insurance

- Active Employer Health Benefits
- COBRA
- Indian Health Services
- Long Term Care (LTC) Insurance
- LTC Partnership
- Other Health Insurance
- Retiree Employer Health Benefits
- Tricare For Life Health Benefits
- Tricare Health Benefits
- VA/Veterans Health Benefits
- Other

Additional Topic Details

- Ambulance
- Dental/Vision/Hearing
- DMEPOS
- Duals Demonstration
- Home Health Care
- Hospice
- Hospital
- New Medicare Card
- New to Medicare
- Preventive Benefits
- Skilled Nursing Facility

Total Time Spent on This Contact *

___ Hours 45 Minutes

Status *

In Progress Completed

Special Use Fields

Original PDP/MA-PD Cost: _____

Field 3: _____

New PDP/MA-PD Cost: _____

Field 4: _____

Field 5: _____

Notes

(This is a sample of how you might complete this Beneficiary Contact. Obviously, our sample scenario does not have all the needed information, so you'd need to ask Theresa some questions!)

Theresa plans to retire May 30, 2022. She will be 69 years old. Has been working at Target and will have retiree coverage including prescription drug coverage. Needs information on enrolling in Medicare using her Special Enrollment Period.