

BENEFICIARY CONTACT FORM

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

Date of Contact *:

MIPPA *: ___ Yes ___ No

Send to SMP:	Yes No	SIRS eFile ID: (*required if sending record to SMP)	This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form
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Counselor Information *

Session Conducted By *:	ZIP Code of Session Location *:	State of Session Location *:
Partner Organization Affiliation* : Will autofill when entered in STARS	County of Session Location *:	

Beneficiary & Representative Name and Contact Information

Beneficiary First Name: _____	Representative First Name: _____
Beneficiary Last Name: _____	Representative Last Name: _____
Beneficiary Phone: (____) - _____ - _____	Representative Phone: (____) - _____ - _____
Beneficiary Email: _____	Representative Email: _____

Beneficiary Residence *

State of Bene Res. *: _____ Zip Code of Bene Res. *: _____ County of Bene Res. *: _____

How Did Beneficiary Learn About SHIP * [Select ONE]:

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

Method of Contact * [Select ONE]:

- | | | |
|---|--|--|
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Face to Face at | <input type="checkbox"/> Face to Face at |
| <input type="checkbox"/> Email | Counseling | Bene Home/ |
| <input type="checkbox"/> Web based | Location/ Event | Facility |
| <input type="checkbox"/> Postal Mail or Fax | Site | |

Beneficiary Age Group * [Select ONE]:

- | | |
|--|--|
| <input type="checkbox"/> 64 or Younger | <input type="checkbox"/> 85 or Older |
| <input type="checkbox"/> 65 – 74 | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> 75 – 84 | |

Beneficiary Race * (multiple selections allowed):

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Hispanic or Latino | |

Beneficiary Language *:

English is Beneficiary's Primary Language Yes No

Receiving or Applying for Social Security Disability or Medicare Disability * [Select ONE]:

- Yes No

Have you or a family member ever served in the military? [Select ONE]:

- Yes No Unsure

Beneficiary Monthly Income * [Select ONE]:

- | | |
|--|--|
| <input type="checkbox"/> At or Above 150% FPL | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Below 150% FPL (The 150% FPL monthly income limit for 2025 is \$1,956 for an individual, and \$2,643 for a couple.) | |

Beneficiary Assets * [Select ONE]:

- | | |
|---|--|
| <input type="checkbox"/> Above LIS Asset Limits | <input type="checkbox"/> Not Collected |
| <input type="checkbox"/> Below LIS Asset Limits | |

(The 2025 LIS asset limit is \$17,600 for an individual, and \$35,130 for a couple.)

What is your sex? [Select ONE]:

- Female
- Male
- Not Collected

Red **M** is a qualifying MIPPA topic. Red **S** is a qualifying SMP topic.

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

- | | |
|--|---|
| <p>Original Medicare (Parts A & B)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Accountable Care Organizations (ACOs) <input type="checkbox"/> Appeals/Grievances S <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing S <input type="checkbox"/> Conditional Enrollment <input type="checkbox"/> Coordination of Benefits S <input type="checkbox"/> Eligibility S <input type="checkbox"/> Enrollment/Disenrollment S <input type="checkbox"/> Equitable Relief <input type="checkbox"/> Fraud and Abuse S <input type="checkbox"/> Late Enrollment Penalty <input type="checkbox"/> Provider Participation <input type="checkbox"/> QIO/Quality of Care S | <p>Medicare Part D</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances S <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing S <input type="checkbox"/> Disenrollment S <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment S <input type="checkbox"/> Fraud and Abuse S <input type="checkbox"/> Late Enrollment Penalty <input type="checkbox"/> Marketing/Sales Complaints & Issues S <input type="checkbox"/> Pharmacy Network <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison |
| <p>Medigap and Medicare Select</p> <ul style="list-style-type: none"> <input type="checkbox"/> Application Assistance <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Claims/Billing S <input type="checkbox"/> Complaints <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Fraud and Abuse S <input type="checkbox"/> Guaranteed Issue Rights <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison | <p>Part D Low Income Subsidy (LIS/Extra Help)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances <input type="checkbox"/> Application Assistance M <input type="checkbox"/> Application Submission M <input type="checkbox"/> Benefit Explanation M <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Eligibility/Screening M <input type="checkbox"/> LI NET/BAE M |
| <p>Medicare Advantage (MA and MA-PD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances S <input type="checkbox"/> Benefit Explanation <input type="checkbox"/> Chronic Condition Special Needs Plans <input type="checkbox"/> Claims/Billing S <input type="checkbox"/> Disenrollment S <input type="checkbox"/> Dual Eligible Special Needs Plans <input type="checkbox"/> Eligibility/Screening <input type="checkbox"/> Enrollment S <input type="checkbox"/> Fraud and Abuse S <input type="checkbox"/> Institutional Special Needs Plans <input type="checkbox"/> Marketing/Sales Complaints & Issues S <input type="checkbox"/> Plan Non-Renewal <input type="checkbox"/> Plans Comparison <input type="checkbox"/> Provider Network <input type="checkbox"/> QIO/Quality of Care S <input type="checkbox"/> Supplemental Benefits <p>Please explain:</p> <hr style="width: 30%; margin-left: 0;"/> | <p>Other Prescription Assistance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manufacturer Programs <input type="checkbox"/> Military Drug Benefits <input type="checkbox"/> Prescription Discount Cards <input type="checkbox"/> State Pharmaceutical Assistance Programs <input type="checkbox"/> Union/Employer Plan <p>Other Insurance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Active Employer Health Benefits <input type="checkbox"/> COBRA <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Long Term Care (LTC) Insurance <input type="checkbox"/> LTC Partnership <input type="checkbox"/> Marketplace Transition to Medicare <input type="checkbox"/> Other Health Insurance <input type="checkbox"/> Retiree Employer Health Benefits <input type="checkbox"/> Tricare For Life Health Benefits <input type="checkbox"/> Tricare Health Benefits <input type="checkbox"/> VA/Veterans Health Benefits |

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

- | | |
|--|---|
| <p>Medicaid</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appeals/Grievances S <input type="checkbox"/> Benefit Explanation M <input type="checkbox"/> Claims/Billing <input type="checkbox"/> Duals Demonstration <input type="checkbox"/> Eligibility/Screening M | <p>Additional Topic Details</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ambulance S <input type="checkbox"/> COVID-19 <input type="checkbox"/> Dental/Vision/Hearing S <input type="checkbox"/> DMEPOS S <input type="checkbox"/> ESRD |
|--|---|

- | | |
|---|---|
| <input type="checkbox"/> Fraud and Abuse S | <input type="checkbox"/> Health Savings Account(s) |
| <input type="checkbox"/> Medicaid Application Assistance M | <input type="checkbox"/> Home Health Care S |
| <input type="checkbox"/> Medicaid Application Submission M | <input type="checkbox"/> Hospice S |
| <input type="checkbox"/> Medicaid Expansion (ACA) Transition to Medicare | <input type="checkbox"/> Hospital S |
| <input type="checkbox"/> Medicaid Managed Care | <input type="checkbox"/> Income Related Monthly Adjustment Amount |
| <input type="checkbox"/> Medicaid Recertification M | <input type="checkbox"/> Mail Order Prescription |
| <input type="checkbox"/> Medicaid Spend Down | <input type="checkbox"/> Medicare Card |
| <input type="checkbox"/> Medicare Buy-In Coordination M | <input type="checkbox"/> Medicare.gov Account |
| <input type="checkbox"/> MSP Application Assistance M | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> MSP Application Submission | <input type="checkbox"/> New to Medicare |
| <input type="checkbox"/> MSP Recertification M | <input type="checkbox"/> Opioids |
| <input type="checkbox"/> Program of All-Inclusive Care for the Elderly (PACE) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Provider Participation | <input type="checkbox"/> Preventive Benefits M S |
| <input type="checkbox"/> QMB Improper Billing | <input type="checkbox"/> Skilled Nursing Facility S |
| | <input type="checkbox"/> Substance Misuse/Fraud |
| | <input type="checkbox"/> Telehealth |
| | <input type="checkbox"/> Transportation |

Total Time Spent on This Contact *	Status
____ Hours ____ Minutes	<input type="checkbox"/> In Progress <input type="checkbox"/> Completed

Special Use Fields

Original PDP/MA-PD Cost: _____	Field 3: _____
New PDP/MA-PD Cost: _____	Field 4: _____
	Field 5: _____
	Field 6: _____
	Field 7: _____
	Field 8: _____

Please rename this document when saving it, for example counselor name plus date or beneficiary name. Remember to save any required documentation for PDEO to attach to the STARS BCF if entering any costs in Original PDP/MA-PD Cost and New PDP/MA-PD Cost fields.

Notes

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information is estimated to average 0.0833 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority Section 4360(f) of the Omnibus Budget Reconciliation Act (OBRA). This data collection gathers performance data from grantees, grantee team members and partners. The Administration for Community Living uses the information reported in an annual report to Congress on program activities and performance. Data will be kept private to the extent allowed by law. There are no assurances of confidentiality.