SHIP Client Contact Form

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

Client Name and Contact Information

Client First Name:	Representative First Name:	* Client ZIP Code:
Client Last Name:	Representative Last Name:	* Client County:
Client Phone Number:	_____	

Counselor and Agency

* Counselor:		* County of Counselor	
* Agency:		* ZIP Code of Counselor:	

*Date Of Contact: _____

* How Did Client Learn About SHIP:

* First vs Continuing Contact:

- ○ First Contact for Issue
- ○ Continuing Contacts for Issue

- ○ Previous Contact
- ○ CMS / Medicare
- ○ Presentations
- ○ Mailings
- ○ Another Agency
- ○ Friend or Relative
- ○ Media
- ○ State Website
- ○ Other _____

* Method of Contact:

- ○ Phone Call
- ○ Face to Face at Counseling Location or Event Site
- ○ Face to Face at Client's Home or Facility
- ○ EMail
- ○ Postal Mail or Fax

* Client Age Group:

- ○ 64 or Younger
- ○ 65-74
- ○ 75-84
- ○ 85 or Older

* Client Gender:

- ○ Male
- ○ Female

* Client Primary Language Other Than English:

- ○ Primary Language Other Than English
- ○ English is Client's Primary Language

** Client Race-Ethnicity:*

- ☐ Hispanic, Latino, or Spanish Origin
- ☐ White, Non-Hispanic
- ☐ Black, African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ○ Not Collected
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Some Other Race-Ethnicity

* Client Monthly Income:

- ○ Below 150% FPL
- ○ At or Above 150% FPL
- ○ Not Collected

* Client Assets:

- ○ Below LIS Asset Limits
- ○ Above LIS Asset Limits
- ○ Not Collected

* Receiving or Applying for Social Security Disability or Medicare Disability:

- ○ Yes
- ○ No

* Dual Eligible with Mental Illness / Mental Disability :

- ○ Yes
- ○ No

SHIP Client Contact Form

Medicare Prescription Drug Coverage (Part D):

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

Part D Low Income Subsidy (LIS/Extra Help):

- ☐ Eligibility/Screening
- ☐ Benefit Explanation
- ☐ Application Assistance
- ☐ Claims/Billing
- ☐ Appeals/Grievances

Other Prescription Assistance:

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

*Total Time Spent on this Contact Date:

_____ Hours _____ Minutes

Medicare (Parts A & B):

- ☐ Eligibility
- ☐ Benefit Explanation
- ☐ Claims/Billing
- ☐ Appeals/Grievances
- ☐ Fraud and Abuse
- ☐ Quality of Care

Medicare Advantage (HMO, POS, PPO, PFFS, SNP)

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

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*Status:

- ○ General Information and Referral
- ○ Detailed Assistance - In Progress
- ○ Detailed Assistance - Fully Completed
- ○ Problem Solving / Problem Resolution - In Progress
- ○ Problem Solving / Problem Resolution - Fully Completed

Medicare Supplement/Select:

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

Medicaid:

- ☐ Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
- ☐ MSP Application Assistance
- ☐ Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
- ☐ Medicaid Application Assistance
- ☐ Medicaid/QMB Claims
- ☐ Fraud and Abuse

Other:

- ☐ Long Term Care (LTC) Insurance
- ☐ LTC Other
- ☐ Military Health Benefits
- ☐ Employer/Federal Employee Health Benefits (FEHB)
- ☐ COBRA
- ☐ Other Health Insurance
- ☐ Other: Specify _____

Comments: _____

_____

ACL Special Use Fields

MIPPA CLIENT 1 2 3:

Dual Ref In Srce 1-7:
Enrol Broker Asst YN:
Letter Stat Mcaid YN:
Managed Care Optn YN:
Enrollment Assist YN:
Other Mcare Issue YN:
Pubs Other Mater YN:
Dual Refer Out 1-8:
Bene Disposition 1-5:

State and Local Special Use Fields

BAA: