

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:										
<p>* First vs Continuing Contact:</p> <p><input type="radio"/> First Contact for Issue</p> <p><input type="radio"/> Continuing Contacts for Issue</p>	<table style="width: 100%;"> <tr> <td><input type="radio"/> Previous Contact</td> <td><input type="radio"/> Another Agency</td> </tr> <tr> <td><input type="radio"/> CMS / Medicare</td> <td><input type="radio"/> Friend or Relative</td> </tr> <tr> <td><input type="radio"/> Presentations</td> <td><input type="radio"/> Media</td> </tr> <tr> <td><input type="radio"/> Mailings</td> <td><input type="radio"/> State Website</td> </tr> <tr> <td></td> <td><input type="radio"/> Other _____</td> </tr> </table>	<input type="radio"/> Previous Contact	<input type="radio"/> Another Agency	<input type="radio"/> CMS / Medicare	<input type="radio"/> Friend or Relative	<input type="radio"/> Presentations	<input type="radio"/> Media	<input type="radio"/> Mailings	<input type="radio"/> State Website		<input type="radio"/> Other _____
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<input type="radio"/> Presentations	<input type="radio"/> Media										
<input type="radio"/> Mailings	<input type="radio"/> State Website										
	<input type="radio"/> Other _____										

* Method of Contact:	* Client Age Group:	* Client Gender:	* Client Primary Language Other Than English:
<p><input type="radio"/> Phone Call</p> <p><input type="radio"/> Face to Face at Counseling Location or Event Site</p> <p><input type="radio"/> Face to Face at Client's Home or Facility</p> <p><input type="radio"/> EMail</p> <p><input type="radio"/> Postal Mail or Fax</p>	<p><input type="radio"/> 64 or Younger</p> <p><input type="radio"/> 65-74</p> <p><input type="radio"/> 75-84</p> <p><input type="radio"/> 85 or Older</p>	<p><input type="radio"/> Male</p> <p><input type="radio"/> Female</p>	<p><input type="radio"/> Primary Language Other Than English</p> <p><input type="radio"/> English is Client's Primary Language</p>

* Client Race-Ethnicity:

<input type="checkbox"/> Hispanic, Latino, or Spanish Origin	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Black, African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Some Other Race-Ethnicity
<input type="checkbox"/> Chinese	<input type="radio"/> Not Collected	

* Client Monthly Income:	* Client Assets:	* Receiving or Applying for Social Security Disability or Medicare Disability:	* Dual Eligible with Mental Illness / Mental Disability :
<p><input type="radio"/> Below 150% FPL</p> <p><input type="radio"/> At or Above 150% FPL</p> <p><input type="radio"/> Not Collected</p>	<p><input type="radio"/> Below LIS Asset Limits</p> <p><input type="radio"/> Above LIS Asset Limits</p> <p><input type="radio"/> Not Collected</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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<p>Medicare Prescription Drug Coverage (Part D):</p> <p><input type="checkbox"/> Eligibility/Screening</p> <p><input type="checkbox"/> Benefit Explanation</p> <p><input type="checkbox"/> Plans Comparison</p> <p><input type="checkbox"/> Plan Enrollment/Disenrollment</p> <p><input type="checkbox"/> Claims/Billing</p> <p><input type="checkbox"/> Appeals/Grievances</p> <p><input type="checkbox"/> Fraud and Abuse</p> <p><input type="checkbox"/> Marketing/Sales Complaints or Issues</p> <p><input type="checkbox"/> Quality of Care</p> <p><input type="checkbox"/> Plan Non-Renewal</p> <p>Part D Low Income Subsidy (LIS/Extra Help):</p> <p><input type="checkbox"/> Eligibility/Screening</p> <p><input type="checkbox"/> Benefit Explanation</p> <p><input type="checkbox"/> Application Assistance</p> <p><input type="checkbox"/> Claims/Billing</p> <p><input type="checkbox"/> Appeals/Grievances</p> <p>Other Prescription Assistance:</p> <p><input type="checkbox"/> Union/Employer Plan</p> <p><input type="checkbox"/> Military Drug Benefits</p> <p><input type="checkbox"/> Manufacturer Programs</p> <p><input type="checkbox"/> State Pharmaceutical Assistance Programs</p> <p><input type="checkbox"/> Other _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>*Total Time Spent on this Contact Date:</p> <p style="text-align: center;">_____ Hours _____ Minutes</p> </div>	<p>Medicare (Parts A & B):</p> <p><input type="checkbox"/> Eligibility</p> <p><input type="checkbox"/> Benefit Explanation</p> <p><input type="checkbox"/> Claims/Billing</p> <p><input type="checkbox"/> Appeals/Grievances</p> <p><input type="checkbox"/> Fraud and Abuse</p> <p><input type="checkbox"/> Quality of Care</p> <p>Medicare Advantage (HMO, POS, PPO, PFFS, SNP)</p> <p><input type="checkbox"/> Eligibility/Screening</p> <p><input type="checkbox"/> Benefit Explanation</p> <p><input type="checkbox"/> Plans Comparison</p> <p><input type="checkbox"/> Plan Enrollment/Disenrollment</p> <p><input type="checkbox"/> Claims/Billing</p> <p><input type="checkbox"/> Appeals/Grievances</p> <p><input type="checkbox"/> Fraud and Abuse</p> <p><input type="checkbox"/> Marketing/Sales Complaints or Issues</p> <p><input type="checkbox"/> Quality of Care</p> <p><input type="checkbox"/> Plan Non-Renewal</p> <hr/> <p>*Status:</p> <p><input type="radio"/> General Information and Referral</p> <p><input type="radio"/> Detailed Assistance - In Progress</p> <p><input type="radio"/> Detailed Assistance - Fully Completed</p> <p><input type="radio"/> Problem Solving / Problem Resolution - In Progress</p> <p><input type="radio"/> Problem Solving / Problem Resolution - Fully Completed</p>	<p>Medicare Supplement/Select:</p> <p><input type="checkbox"/> Eligibility/Screening</p> <p><input type="checkbox"/> Benefit Explanation</p> <p><input type="checkbox"/> Plans Comparison</p> <p><input type="checkbox"/> Claims/Billing</p> <p><input type="checkbox"/> Appeals/Grievances</p> <p><input type="checkbox"/> Fraud and Abuse</p> <p><input type="checkbox"/> Marketing/Sales Complaints or Issues</p> <p><input type="checkbox"/> Quality of Care</p> <p><input type="checkbox"/> Plan Non-Renewal</p> <p>Medicaid:</p> <p><input type="checkbox"/> Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)</p> <p><input type="checkbox"/> MSP Application Assistance</p> <p><input type="checkbox"/> Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening</p> <p><input type="checkbox"/> Medicaid Application Assistance</p> <p><input type="checkbox"/> Medicaid/QMB Claims</p> <p><input type="checkbox"/> Fraud and Abuse</p> <p>Other:</p> <p><input type="checkbox"/> Long Term Care (LTC) Insurance</p> <p><input type="checkbox"/> LTC Other</p> <p><input type="checkbox"/> Military Health Benefits</p> <p><input type="checkbox"/> Employer/Federal Employee Health Benefits (FEHB)</p> <p><input type="checkbox"/> COBRA</p> <p><input type="checkbox"/> Other Health Insurance</p> <p><input type="checkbox"/> Other: Specify _____</p>
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Comments: _____

<p>CMS Special Use Fields</p> <p>MIPPA CLIENT 1 2 3: <input type="text"/></p> <p>Dual Ref In Srce 1-7: <input type="text"/></p> <p>Enrol Broker Asst YN: <input type="text"/></p> <p>Letter Stat Mcaid YN: <input type="text"/></p> <p>Managed Care Optn YN: <input type="text"/></p> <p>Enrollment Assist YN: <input type="text"/></p> <p>Other Mcare Issue YN: <input type="text"/></p> <p>Pubs Other Mater YN: <input type="text"/></p> <p>Dual Refer Out 1-8: <input type="text"/></p> <p>Bene Disposition 1-5: <input type="text"/></p>	<p>State and Local Special Use Fields</p>
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