

SHIP / SMP CLIENT CONTACT

CLIENT IDENTIFIERS -TO BE USED TO LOOK UP CLIENTS WITH MORE THAN ONE CONTACT AND LINK ALL SUCH CONTACTS TOGETHER

Client identifier used by your agency or state: _____

Client identifier auto-assigned by NPR (optional): _____

CLIENT NAME AND CONTACT INFORMATION (OPTIONAL)

Client First Name: _____ Client Last Name: _____ Client Phone No.: _____

Representative's First Name: _____ Representative's Last Name: _____

CLIENT ZIP CODE AND COUNTRY CODE

ZIP Code of Client Residence: _____ County Code of Client Residence (optional): _____

COUNSELOR OR AGENCY

Counselor User ID: _____ Agency Code: _____

County Code of Counselor Location: _____ ZIP Code of Counselor Location: _____

Date of Contact: _____

FIRST VS. CONTINUING CONTACT

1. First Contact for Issue 2. Continuing Contacts for Issue

CLIENT AGE GROUP

1. 64 or Younger 2. 65 – 74 3. 75 – 84 4. 85 or older 9. Not Collected

CLIENT GENDER

1. Female 2. Male 3. Transgender 9. Not Collected

CLIENT PRIMARY LANGUAGE OTHER THAN ENGLISH

1. Primary Language Other Than English 2. English is Client's Primary Language
9. Not Collected

CLIENT MONTHLY INCOME

1. Below 150% FPL 2. At or Above 150% FPL 9. Not Collected

CLIENT ASSETS

1. Below LIS Asset Limits 2. Above LIS Asset Limits 9. Not Collected

RECEIVING OR APPLYING FOR SOCIAL SECURITY DISABILITY OR MEDICARE DISABILITY

1. Yes 2. No 9. Not Collected

HOW DID CLIENT LEARN ABOUT SHIP

1. Previous Contact 2. CMS / Medicare 3. Presentations 4. Mailings
5. Another Agency 6. Friend or Relative 7. Media
8. State Website 9. Other 99. Not Collected

METHOD OF CONTACT

1. Phone Call 2. Face to Face at Counseling Location or Event Site
3. Face to Face at Client's Home or Facility 4. E-mail 5. Postal Mail or Fax

CLIENT RACE / ETHNICITY (CHECK ALL THAT APPLY)

1. Hispanic, Latino, or Spanish 2. White, Non-Hispanic 3. Black, African American
4. American Indian or Alaska Native 5. Asian Indian 6. Chinese 7. Filipino
8. Japanese 9. Korean 10. Vietnamese
11. Native Hawaiian 12. Guamanian or Chamorro 13. Samoan
14. Other Asian 15. Other Pacific Islander 16. Some Other Race/Ethnicity
99. Not Collected

DUAL ELIGIBLE WITH MENTAL ILLNESS / MENTAL DISABILITY

- | | | |
|--------|-------|------------------|
| 1. Yes | 2. No | 9. Not Collected |
|--------|-------|------------------|

PRESCRIPTION DRUG ASSISTANCE

Medicare/Prescription Drug Coverage (Part D)

- | | | |
|----------------------------------|------------------------|---|
| 1. Eligibility/Screening | 2. Benefit Explanation | 3. Plans Comparison |
| 4. Plan Enrollment/Disenrollment | | 5. Claims/Billing |
| 6. Appeals/Grievances | 7. Fraud and Abuse | 8. Marketing/Sales Complaints or Issues |
| 9. Quality of Care | 10. Plan Non-Renewal | |

PART D LOW INCOME SUBSIDY (LIS / EXTRA HELP)

- | | | |
|---------------------------|-------------------------|----------------------------|
| 11. Eligibility/Screening | 12. Benefit Explanation | 13. Application Assistance |
| 14. Claims/Billing | 15. Appeals/Grievances | |

OTHER PRESCRIPTION ASSISTANCE

- | | | |
|--|----------------------------|---------------------------|
| 16. Union / Employer Plan | 17. Military Drug Benefits | 18. Manufacturer Programs |
| 19. State Pharmaceutical Assistance Programs | 20. Other: _____ | |

MEDICARE (PARTS A & B)

- | | | | |
|---------------------|-------------------------|--------------------|------------------------|
| 21. Eligibility | 22. Benefit Explanation | 23. Claims/Billing | 24. Appeals/Grievances |
| 25. Fraud and Abuse | 26. Quality of Care | | |

MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, COST)

- | | | | |
|-----------------------------------|--|----------------------|------------------------|
| 27. Eligibility/Screening | 28. Benefit Explanation | 29. Plans Comparison | |
| 30. Plan Enrollment/Disenrollment | | 31. Claims/Billing | 32. Appeals/Grievances |
| 33. Fraud and Abuse | 34. Marketing/Sales Complaints or Issues | | 35. Quality of Care |
| 36. Plan Non-Renewal | | | |

MEDICARE SUPPLEMENT / SELECT

- | | | |
|--|-------------------------|----------------------|
| 37. Eligibility/Screening | 38. Benefit Explanation | 39. Plans Comparison |
| 40. Claims/Billing | 41. Appeals/Grievances | 42. Fraud and Abuse |
| 43. Marketing/Sales Complaints or Issues | 44. Quality of Care | 45. Plan Non-Renewal |

MEDICAID

- | | |
|--|-------------------------------------|
| 46. Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI) | 47. MSP Application Assistance |
| 48. Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening | 49. Medicaid Application Assistance |
| 50. Medicaid/QMB Claims | 51. Fraud and Abuse |

OTHER

- | | | |
|------------------------------------|--|---------------|
| 52. Long Term Care (LTC) Insurance | 53. LTC Partnership | 54. LTC Other |
| 55. Military Health Benefits | 56. Employer/Federal Employee Health Benefits (FEHB) | |
| 57. COBRA | 58. Other Health Insurance | |
| 59. Other (specify): _____ | | |

NOTES

TOTAL TIME SPENT ON THIS CONTACT DATE

Hours: _____ Minutes: _____

STATUS

- 1. General Information and Referral
- 2. Detailed Assistance – In Progress
- 3. Detailed Assistance – Fully Completed
- 4. Problem Solving / Problem Resolution – In Progress
- 5. Problem Solving / Problem Resolution – Fully Completed

NATIONWIDE AND CMS SPECIAL USE FIELDS

01 02 03 04 05 06 07 08 09 10

STATE AND LOCAL SPECIAL USE FIELDS

01 02 03 04 05 06 07 08 09 10