

CLIENT CONTACT

Agency Code _____	Visit# _____
FIPS _____	Record ID _____
Counselor ID _____	Action _____
Client ID _____	Date of Contact _____

Counselor _____	Counseling Zip Code _____
Consumer Representative _____	Relationship _____
Consumer First Name _____	Consumer Last Name _____
Phone Number (Primary Phone) _____	(Secondary Phone) _____
Consumer Address _____	
Mailing Zip Code _____	
County _____	
Drug Password _____	Password Date _____
Email _____	

How did client learn about SHIP		
1	Previous contact	<input type="checkbox"/>
2	CMS/Medicare	<input type="checkbox"/>
3	Presentations	<input type="checkbox"/>
4	Mailings	<input type="checkbox"/>
5	Another agency	<input type="checkbox"/>
6	Friend or relative	<input type="checkbox"/>
7	Media	<input type="checkbox"/>
8	State website	<input type="checkbox"/>
9	Other	<input type="checkbox"/>

Client Gender		
1	Female	<input type="checkbox"/>
2	Male	<input type="checkbox"/>

Client Primary Language other than English		
1	Primary language other than English	<input type="checkbox"/>
2	English is client's primary language	<input type="checkbox"/>

Client monthly income		
1	Below 150% FPL	<input type="checkbox"/>
2	At or above 150% FPL	<input type="checkbox"/>

Client assets		
1	Below LIS asset limits	<input type="checkbox"/>
2	Above LIS asset limits	<input type="checkbox"/>

Client Race-Ethnicity- Check all that apply		
1	Hispanic, Latino or Spanish Origin	<input type="checkbox"/>
2	White, Non-Hispanic	<input type="checkbox"/>
3	Black, African American	<input type="checkbox"/>
4	American Indian or Alaska Native	<input type="checkbox"/>
5	Asian Indian	<input type="checkbox"/>
6	Chinese	<input type="checkbox"/>
7	Filipino	<input type="checkbox"/>
8	Japanese	<input type="checkbox"/>
9	Korean	<input type="checkbox"/>
10	Vietnamese	<input type="checkbox"/>
11	Native Hawaiian	<input type="checkbox"/>
12	Guamanian or Chamorro	<input type="checkbox"/>
13	Samoan	<input type="checkbox"/>
14	Other Asian	<input type="checkbox"/>
15	Other Pacific Islander	<input type="checkbox"/>
16	Some Other Race-Ethnicity	<input type="checkbox"/>

Method of Contact		
1	Phone call	<input type="checkbox"/>
2	Face to Face at location/event site	<input type="checkbox"/>
3	Face to face at client's home/facility	<input type="checkbox"/>
4	E-mail	<input type="checkbox"/>
5	Postal mail or Fax	<input type="checkbox"/>

First vs. Continuing Contact		
1	First contact for issue	<input type="checkbox"/>
2	Continuing contacts for issue	<input type="checkbox"/>

Receiving or applying for Social Security Disability or Medicare Disability		
1	Yes	<input type="checkbox"/>
2	No	<input type="checkbox"/>

Marital Status		
1	Single	<input type="checkbox"/>
2	Married	<input type="checkbox"/>

Client Age Group		
1	64 or younger	<input type="checkbox"/>
2	65-74	<input type="checkbox"/>
3	75-84	<input type="checkbox"/>
4	85 or older	<input type="checkbox"/>

Income		
1	Caller	<input type="checkbox"/>
2	Spouse	<input type="checkbox"/>
3	Other dependents living in home	<input type="checkbox"/>

<i>Prescription Drug Assistance</i>		
1	Eligibility/Screening	<input type="checkbox"/>
2	Benefits Explanation	<input type="checkbox"/>
3	Plans Comparison	<input type="checkbox"/>
4	Plan Enrollment/Disenrollment	<input type="checkbox"/>
5	Claims/Billing	<input type="checkbox"/>
6	Appeals/Grievances	<input type="checkbox"/>
7	Fraud and Abuse	<input type="checkbox"/>
8	Marketing/Sales Complaints or Issues	<input type="checkbox"/>
9	Quality of Care	<input type="checkbox"/>
10	Plan Non-Renewal	<input type="checkbox"/>

<i>Part D Low Income Subsidy</i>		
11	Eligibility/Screening	<input type="checkbox"/>
12	Benefits Explanation	<input type="checkbox"/>
13	Application Assistance	<input type="checkbox"/>
14	Claims/Billing	<input type="checkbox"/>
15	Appeals/Grievances	<input type="checkbox"/>

<i>Other Prescription Assistance</i>		
16	Unions/Employer Plan	<input type="checkbox"/>
17	Military Drug Benefits	<input type="checkbox"/>
18	Manufacturer Programs	<input type="checkbox"/>
19	State Pharmaceutical Assistance Programs	<input type="checkbox"/>
20	Other:	<input type="checkbox"/>

<i>Medicare (Parts A & B)</i>		
21	Eligibility	<input type="checkbox"/>
22	Benefits Explanation	<input type="checkbox"/>
23	Claims/Billing	<input type="checkbox"/>
24	Appeals/Grievances	<input type="checkbox"/>
25	Fraud and Abuse	<input type="checkbox"/>
26	Quality of Care	<input type="checkbox"/>

Notes:

Total time spent on this contact date		
Hours		Minutes

<i>Medicare Advantage (HMO, POs, PPO, PFFS, SNP, MSA, Cost)</i>		
27	Eligibility/Screening	<input type="checkbox"/>
28	Benefit Explanation	<input type="checkbox"/>
29	Plans Comparison	<input type="checkbox"/>
30	Plan Enrollment/Disenrollment	<input type="checkbox"/>
31	Claims/Billing	<input type="checkbox"/>
32	Appeals/Grievances	<input type="checkbox"/>
33	Fraud and Abuse	<input type="checkbox"/>
34	Marketing/Sales Complaints or Issues	<input type="checkbox"/>
35	Quality of Care	<input type="checkbox"/>
36	Plan Non-Renewal	<input type="checkbox"/>

<i>Medicare Supplement/Select</i>		
37	Eligibility/Screening	<input type="checkbox"/>
38	Benefit Explanation	<input type="checkbox"/>
39	Plans Comparison	<input type="checkbox"/>
40	Claims/Billing	<input type="checkbox"/>
41	Appeals/Grievances	<input type="checkbox"/>
42	Fraud and Abuse	<input type="checkbox"/>
43	Marketing/Sales Complaints or Issues	<input type="checkbox"/>
44	Quality of Care	<input type="checkbox"/>
45	Plan Non-Renewal	<input type="checkbox"/>

<i>Medicaid</i>		
46	Medicare Savings Programs (MSP) Screening (QNB, SLMB, QI)	<input type="checkbox"/>
47	MSP Application Assistance	<input type="checkbox"/>
48	Medicaid (SSI, Nursing Home, MEPS, Elderly Waiver) Screening	<input type="checkbox"/>
49	Medicaid Application Assistance	<input type="checkbox"/>
50	Medicaid/QMB Claims	<input type="checkbox"/>
51	Fraud and Abuse	<input type="checkbox"/>

<i>Other</i>		
52	Long Term Care (LTC) Insurance	<input type="checkbox"/>
53	LTC Partnership	<input type="checkbox"/>
54	LTC Other	<input type="checkbox"/>
55	Military Health Benefits	<input type="checkbox"/>
56	Employer/Federal Employee Health	<input type="checkbox"/>
57	COBRA	<input type="checkbox"/>
58	Other Health Insurance	<input type="checkbox"/>
59	Other	<input type="checkbox"/>

<i>Status</i>		
1	General Information and Referral	<input type="checkbox"/>
2	Detailed Assistance-In Progress	<input type="checkbox"/>
3	Detailed Assistance-fully completed	<input type="checkbox"/>
4	Problem Solving/Problem Resolution-In Progress	<input type="checkbox"/>
5	Problem Solving/Problem Resolution-Fully Completed	<input type="checkbox"/>

MIPPA and Part D Outcomes Special Use Fields		
01 - LIS only	02 - MSP only	03 LIS& MSP
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PDP/MA-PD \$ Before:
PDP/MA-PD \$ After:
PDP/MA-PD \$ Notes: