

# CLIENT CONTACT

**Client Identifiers - To Be Used To Lookup 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 Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Representative First Name \_\_\_\_\_

Representative Last Name \_\_\_\_\_

**Client ZIP Code and County Code**

ZIP Code of Client Residence						
County Code of Client Residence - Optional						

**Counselor and Agency**

Counselor User ID						
Agency Code						
County Code of Counselor Location						
ZIP Code of Counselor Location						

Date of Contact

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**Total Time Spent on This Contact Date**

HH	Hours	MM	Minutes

**First vs Continuing Contact**

1	First Contact for Issue
2	Continuing Contacts for Issue

**Client Primary Language Other Than English**

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

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

1	Yes
2	No
9	Not Collected

**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
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

**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

**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

Under OTHER (Box 59) DMEPOS Codes  
 DMEPOSCB1 - Immediate Need  
 DMEPOSCB2 - Item Locate  
 DMEPOSCB3 - Item Specific Brand  
 DMEPOSCB4 - Repairs  
 DMEPOSCB5 - Traveling Beneficiary

**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

**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

**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

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

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

**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

**Other Prescription Assistance**

16	Union/Employer Plan
17	Military Drug Benefits
18	Manufacturer Programs
19	State Pharmaceutical Assistance Programs
20	Other

**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

**MEDICARE (Parts A & B)**

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

**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

**Client Race-Ethnicity - Check all that Apply**

1	Hispanic, Latino, or Spanish Origin
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

**Nationwide and CMS Special Use Fields**

01	LIS Application	02	MSP Application	03	Both LIS & MSP
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State and Local Special Use Fields

Preventive Benefits \_\_\_\_\_

Estimated Savings \_\_\_\_\_

SMP Topic \_\_\_\_\_ SMP Issue \_\_\_\_\_

SMP Minutes \_\_\_\_\_ Disputed Amt \_\_\_\_\_