

# CLIENT CONTACT

OMB No. 0938-0850

**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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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
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 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

**PRESCRIPTION DRUG ASSISTANCE**

**Medicare Prescription Drug Coverage (Part D)**

PM6 & PM7 10% weight	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)**

★ PM5 15%	11	Eligibility/Screening
	12	Benefit Explanation
	13	Application Assistance
	14	Claims/Billing
	15	Appeals/Grievances

**Other Prescription Assistance**

PM6 10%	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

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

**MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)**

PM6 10% weight	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**

PM6 10% weight	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**

PM6 10% weight	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 _____

**Total Time Spent on This Contact Date**



PM3 15% weight  
≥10 min

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	MIPPA LIS Application
02	MIPPA MSP Application
03	MIPPA LIS & MSP Applications

**State and Local Special Use Fields**

Preventive Benefits (Y/N) \_\_\_\_\_  
 Estimated Savings \$ \_\_\_\_\_  
 SMP Topic (0-19) \_\_\_\_\_ SMP Issue (0-13) \_\_\_\_\_  
 SMP Minutes \_\_\_\_\_ Disputed Amt \$ \_\_\_\_\_