

SHINE CLIENT CONTACT FORM

*Client First Name Representative First Name
*Client Last Name Representative Last Name
Client Phone Number

*Zip Code of Client Residence
County of Client Residence Address

*Counselor
*Agency
*County of Counselor Location *Zip Code of Counselor Location
*Date of Contact

***First vs. Continuing Contact**

- First Contact for Issue
- Continuing Contact for Issue

***How Did Client Learn About SHINE (Select One Only)?**

- Previous Contact
 - CMS/Medicare
 - Presentations
 - Mailings
 - Another Agency
 - Friend/Relative
 - Media
 - State Website
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***Method of Contact**

- Phone Call
- Face to Face at Counseling Location or Event Site
- Face to Face at Client's Home or Facility
- Email
- Postal Mail or Fax

***Client Age Group**

- 64 or younger
- 65-74
- 75-84
- 85 or older

***Client Gender**

- Female
 - Male
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***Client Race/Ethnicity**

- Hispanic, Latino, or Spanish Origin
- White, Non-Hispanic
- Black, African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Asian
- Other Pacific Islander
- Some Other Race-Ethnicity

***Client Primary Language Other Than English**

- Primary Language Other than English
- English is Client's Primary Language

***Client Monthly Income**

- Below 150% FPL
- At or Above 150% FPL

***Client Assets**

- Below LIS Asset Limits
- Above LIS Asset Limits

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

- Yes
- No

***Dual Eligible with Mental Illness/Mental Disability**

- Yes
- No

***Prescription Drug Assistance**

Medicare Prescription Drug Coverage (Part D)

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-renewal

Part D Low Income Subsidy (LIS/Extra Help)

- Eligibility/Screening
- Benefit Explanation
- Application Assistance
- Claims/Billing
- Appeals/Grievances

Other Prescription Assistance

- Union/Employer Plan
- Military Drug Benefits
- Manufacturer Programs
- State Pharmaceutical Assistance Program (Prescription Adv.)
- Other

Specify Other

Medicare (Parts A & B)

- Eligibility/Screening
- Benefit Explanation
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Quality of Care

Medicare Advantage (HMO, PPO, SNP)

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Plan Enrollment/Disenrollment
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-renewal

Medicare supplement/Medigap

- Eligibility/Screening
- Benefit Explanation
- Plans Comparison
- Claims/Billing
- Appeals/Grievances
- Fraud and Abuse
- Marketing/Sales Complaints or Issues
- Quality of Care
- Plan Non-renewal

Medicaid

- Medicare Savings Program (MSP) Screening (QMB, SLMB, QI-1)
- MSP Application Assistance
- Medicaid (MH, SSI, LTC/Frail Elder, Health Safety Net) Screening
- Medicaid Application Assistance
- Medicaid/QMB Claims
- Fraud and Abuse

Other

- Long-Term Care (LTC) Insurance
- LTC Partnership
- LTC Other
- Military Health Benefits
- Employer/Federal Employee Health Benefits (FEHB)
- COBRA
- Other Health Insurance

Other:

***Total Time Spent on This Contact Date**

Hours

Minutes

***Status (Select One Only)**

- General Information and Referral
- Detailed Assistance - In Progress
- Detailed Assistance - Fully Completed
- Problem Solving/Problem Resolution - In Progress
- Problem Solving/Problem Resolution - Fully Completed

MIPPA Client

- 1
- 2
- 3

Potential Financial Assistance Provided

- Applied for MassHealth Standard
- Applied for LTC Medicaid/Frail Elder Waiver
- Applied for MH Buy-in (QMB, SLMB, QI-1)
- Applied for Health Safety Net
- Applied for Commonwealth Care
- Applied for Extra Help (LIS)
- Applied for Prescription Advantage
- New Enrollment - MAPD or Part D Plan
- Plan Search/Plan Change
- Switched Medigap from Sup2 to Sup 1

Notes