

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

***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

***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/VETERANS
- Manufacturer Programs
- State Pharmaceutical Assistance Program
- Other: _____

Medicare (Parts A & B)

- Eligibility
- 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
- Plan Enrollment/Disenrollment
- 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, FEW, 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/VETERANS Health Care
- 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 Complete

CMS Special Use Fields:

MIPPA: 1 – LIS 2 – MSP 3 - Both

One Care:

- Dual Ref In Sree **1 2 3 4 5 6 7**
- Enrol Broker Asst **Y N**
- Letter Stat Mcaid **Y N**
- Managed Care Optn **Y N**
- Enrollment Assist **Y N**
- Other Mcare Issue **Y N**
- Pubs Other Mater **Y N**
- Dual Refer Out **1 2 3 4 5 6 7 8**
- Bene Disposition **1 2 3 4 5**
- Refer to VSO/Veteran of Vet? **Y N**

Potential Financial Assistance Provided:

- Applied for MassHealth Standard
- Applied for LTC Medicaid/FEW
- Applied for MH Buy-in (QMB, SLMB, QI-1)
- Applied for Health Safety Net
- Applied for CommonHealth
- Applied for Extra Help (LIS)
- Applied for Prescription Advantage
- New to Medicare – MAPD or Part D Plan
- Plan Search/Plan Change
- Switched Medigap from Sup 2 to Sup 1