

GROUP OUTREACH & EDUCATION FORM

*** Items marked with asterisk (*) indicate required fields**

Start Date of Activity *: _____ End Date of Activity: _____

MIPPA Event *: ☐ Yes ☐ No

Send to SMP: ☐ Yes ☐ No **SIRS eFile ID:**
 (*required if sending record to SMP) _____

Event Details *

Session Conducted By *: _____ Partner Organization Affiliation* : _____

Total Time Spent on Event *: _____
 _____ Hours _____ Minutes Title of Interaction *: _____

Type of Event * (select only one):
☐ Booth/Exhibit (Health Fair, Senior Fair or Community Event)
☐ Enrollment Event
☐ Interactive Presentation to Public (In-Person, Video Conference, Web-based Event, Teleconference)

Delivery Method (select only one):
☐ In-person
☐ Web-based
☐ Hybrid (in-person and web-based)

Number of Attendees *: _____

Event Location *

State of Event * : _____ Zip Code of Event * : _____

County of Event * : _____

Event Contact Information

Event Contact First Name: _____ Event Contact Phone: _____

Event Contact Last Name: _____ Event Contact Email: _____

Intended Audience * (multiple selections allowed):

☐ Beneficiaries ☐ Limited-English Proficiency ☐ People with Disabilities
☐ Employer-Related Groups ☐ Medicare Pre-Enrollees ☐ Rural Beneficiaries
☐ Family Members/Caregivers ☐ Partner Organizations ☐ Other

Target Beneficiary Group * (multiple selections allowed):

☐ American Indian or Alaskan Native ☐ Hispanic/Latino ☐ Rural
☐ Asian ☐ Languages Other Than English ☐ N/A
☐ Black or African American ☐ Low Income ☐ Not Collected
☐ Disabled ☐ Native Hawaiian or other Pacific Islander ☐ Other

Topics Discussed * (multiple selections allowed):

☐ Duals Demonstration ☐ Medicare Fraud and Abuse ☐ Partnership Recruitment
☐ Extra Help/LIS ☐ Medicare Part D ☐ Preventive Services
☐ General SHIP Program Information ☐ Medicare Savings Program ☐ Substance Misuse/Fraud
☐ Long-Term Care Insurance ☐ Medigap or Supplemental Insurance ☐ Volunteer Recruitment
☐ Medicaid ☐ Original Medicare (Parts A and B) ☐ Other
☐ Medicare Advantage ☐ Other Prescription Drug Coverage

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes