

MEDIA 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 Media * (select only one):
☐ Billboard ☐ Radio
☐ Email ☐ Social Media
☐ Magazine ☐ Television
☐ Newsletter ☐ Website
☐ Newspaper ☐ Other

Estimated Number of People Reached: _____

Geographic Coverage (select only one):
☐ County or Counties ☐ Regional
☐ Multi-State ☐ Statewide
☐ National ☐ Zip Code

Event Location *

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

County of Event * : _____

Media Contact Information

Media Contact First Name: _____ Media Contact Phone: _____
 Media Contact Last Name: _____ Media 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

(Continued on p.2)

| Special Use Fields |
|--------------------|
| Field 1: _____ |
| Field 2: _____ |
| Field 3: _____ |
| Field 4: _____ |
| Field 5: _____ |
| Notes |
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