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)**	This field will automatically utilize the SIRS eFile ID entered on the Session Conducted By user's SHIP Team Member form
ACL SMP Consumer Alert (*required if sending record to SMP)	❑ Yes ❑ No		

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
❑ Employer-Related Groups
❑ Family Members/Caregivers
❑ Medicare Pre-Enrollees
❑ Partner Organizations
❑ Other

Target Beneficiary Group * (multiple selections allowed):

❑ American Indian or Alaskan Native
❑ Asian
❑ Black or African American
❑ People with Disabilities
❑ Hispanic/Latino
❑ Limited-English Proficiency
❑ LGBTQI+
❑ Low Income
❑ Native Hawaiian or other Pacific Islander
❑ Rural
❑ Other
❑ N/A

Topics Discussed * (multiple selections allowed):

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

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes