GROUP OUTREACH & EDUCATION FORM

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 *:
_____

Number of Attendees *: _____

Start Date of Activity *: _____

End Date of Activity: _____

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)

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

Special Use Fields

Field 1: _____

Field 2: _____

Field 3: _____

Field 4: _____

Field 5: _____

Notes