

AgeOptions - SHAP / MIPPA - Monthly Report Form

Submit report to BIereports@ageoptions.org

Agency:

Date:

Month of:

SHAP & MIPPA-Related Service Provision

of applications completed and submitted for Seniors Ride Free, Persons with Disabilities Ride Free and license plate discount

Total number of clients receiving Senior Ride Free, Persons with Disabilities Ride Free and license plate discount services.

of Medicare Part D drug plan enrollments completed and submitted

of LIS applications assisted with on behalf of eligible individuals

of MSP applications assisted with on behalf of eligible individuals

of enrollment events conducted on Medicare Part D, LIS & MSP

of Medicaid applications

of SNAP applications submitted

MIPPA Performance Measures (must take totals from STARS report)

Overall I&A Contacts that discuss Medicare Part D, LIS, Medicaid, MSP, Medicare Part B

Overall MIPPA Contacts under 150% of FPL (PM 1)

Overall Persons Reached through Outreach (PM 2)

Beneficiaries under 65 (PM 3)

Rural Beneficiaries (PM 3)

Native American Beneficiaries (PM 3)

English as Secondary Language Beneficiaries (PM 3)

Contacts with Applications Submitted (PM 4)

Training and Education Efforts

of education & training sessions conducted for Aging Network staff and other professionals on Part D, LIS, pharmaceutical assistance programs, MSPs, and Medicare Part B Prevention and Wellness benefits.

of Aging Network staff and other professionals who attended trainings in line above

Community Events

of Outreach Activities

of people reached



Submitted by:
Phone:
Email:

for
report
period



for
report
period

for





Service Definition

Benefit Access Applications Submitted (applications only not number of clients served)
Total number of clients served through BAA (this number will be larger than above bc reflects married couples)
Part D Drug Plan Enrollments
LIS applications
MSP applications
Enrollment events
Medicaid applications submitted
SNAP applications submitted



SERVICE DEFINITIONS-As selected in the Beneficiary Contact Forms

Contacts that included discussion of MIPPA qualifying Topics and entered into STARS BCF *re
Total Beneficiary contact forms per Medicare beneficiaries under 150% of poverty line- This num
Total number of people reached as reported on group outreach and education forms
Beneficiary age group is 64 or younger AND Receiving or applying for Social Security Disability o
Zipcode is in a county classified as being in a non-metropolitan category by the CDC-STARS rec
Beneficiary race is selected as American Indian or Alaskan Native OR Native Hawaiian or
Other Pacific Islander in the Beneficiary contact form or Beneficiary Additional Contact form
English as a primary language is selected as NO in the Beneficiary Contact form or any BAS co
Topics Discussed category of BCF, sub-categories of Part D Low Income Subsidy and/or
Medicaid- at least one of the "Application Submitted topics" or the "Recertification" topic must



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fer to Training Aid supplied with report template- This number will often be larger than the number is a subset of the number above. Of TOTAL MIPPA contacts, these are the ones that are

Number below
150% of FPL