

SHIP/MIPPA Quarterly Report Form

Coordinator/Agency _____

Quarter _____

Date: _____

*Attach copies of all materials developed, articles written, announcements/notices of classes, handouts, etc. for both Outreach and Media events. **Outreach and Media events should be entered in SAMS on the appropriate Group Outreach and Education form or the Media Outreach and Education form.***

MIPPA includes any group or media outreach and education that includes: LIS, Medicaid, MSP, VPharm, and Medicare Preventive Services.

I. GROUP OUTREACH AND EDUCATION (classes for beneficiaries, trainings, enrollment events, health fairs, towns, libraries, other organizations, presentations, etc.) Indicate the facility/agency and town where outreach occurred.

<u>DATE</u>	<u>PLACE</u>	<u>PURPOSE/NAME</u>	<u>#REACHED</u>	<u>MIPPA (Y/N)</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

II. MEDIA OUTREACH AND EDUCATION (newspaper articles/announcements, public access tv, other publications, etc.)

(attach copies of any materials)

<u>PUBLICATION NAME</u>	<u>DATE</u>	<u>PURPOSE</u>	<u>#REACHED</u>	<u>MIPPA?</u>
-------------------------	-------------	----------------	-----------------	---------------

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.

III. Feedback from Classes/Workshops (from I. Group Outreach and Education listed above)

1. Total number of classes/workshops for beneficiaries (and caregivers, families etc.) for the quarter
2. Total number attendees
3. Number and % who indicate workshop helped them understand Medicare better, including the financial assistance programs to help pay Medicare costs and Medicare Preventive Services

IV. Feedback from Trainings for Partners/AAA Staff, etc. (from I. Group Outreach and Education listed above)

1. Total number of trainings in the quarter
2. Total number attendees
3. Number and % who indicate training provided sufficient information about LIS, MSP and Medicare Preventive Services to make referrals and help clients with applications.

V. Trainings/Webinars Attended

VI. Volunteers (Indicate the number of SHIP volunteers your AAA has, including how many have been trained to assist with open enrollment and how many have completed counselor training or certification. Include the number of new volunteers this quarter in the total numbers in a,c, and d.)

- a. Total number of SHIP Volunteers
- b. Number of new volunteers this quarter (of the number in a.)
- c. Total number of volunteers trained to assist with Open Enrollment (including number in b.)
- d. Total number of volunteers who completed counselor training or certification (including number in c.)

Interns:

- a. Total number of SHIP interns
- b. Number of new interns this quarter
- c. Number of interns trained to assist with Open Enrollment
- d. Total number of interns who have completed counselor training or certification

VII. Success Stories/Highlights

VII. Issues/Problems/Barriers

VIII. Substantive Issues (Medicare/VHC/Medicaid/LIS, VPharm, etc.)

IX. Additional Comments/Feedback