

Issue Log Tracking Form

As part of HAP's project Troubleshooting Medicare, HAP developed a web-based tool called the Issue Log to help SHIPs track and share information on specific issues affecting their clients. This form is a paper-based version of the Issue Log for those with limited computer access. To access the online Issue Log please visit www.shiptools.org/hap. For more information on HAP's project please visit <http://www.hapnetwork.org/troubleshooting-medicare/>.

Please return this via mail or fax to:

Health Assistance Partnership
Attn: Issue Log
1201 New York Ave NW
Washington, DC 20005
Fax: 202.737.8583
Email: SHIPhelp@HAPNetwork.org

Note: Required fields are noted in **red** with an *****. This is information most beneficial in helping HAP to identify persistent issues affecting Medicare beneficiaries so that trainings and policy recommendations on how to address selected issues can be developed.

User Information

Counselor*:

Organization*:

Organization County*:

Organization State*:

Your position within the SHIP program*:

How did you learn about this issue?*

- Worked directly with beneficiary
- Person under your supervision brought this issue to your attention
- Brought to your attention during an outreach event
- From a caregiver
- Community based organization
- State agency
- Other

Beneficiary Information

Information entered here is about the beneficiary experiencing the problem.

Name*:

ZIP Code*:

City*:

State*:

Please describe how the beneficiary first became aware of his/her issue.*

(e.g., Did the beneficiary receive a bill? Was the beneficiary's coverage denied in a particular incident?)

Annual Income:

- Less than 150% of FPL
- Greater than or Equal to 150% of FPL
- Unknown

Age: Date of Birth:

OR

- under 65 years
- 65-74
- 75-84
- 85 or older
- Not Collected

Does beneficiary have Medicaid or a Medicare Savings Program?*

- Yes No Not Sure

Ethnicity/Race:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White, Not of Hispanic origin
- Other _____
- Not Collected

Primary Language of Beneficiary:

- | | |
|--|---|
| <input type="checkbox"/> Not Collected | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> English | <input type="checkbox"/> Haitian-Creole |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Italian |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Greek |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Vietnamese |

Issue Information

Start Date of Issue*:

End Date of Issue:

(Leave blank if issue is ongoing)

Where Issue Occurred - ZIP Code*:

State*:

County:

Have you seen this issue in the past 12 months?* **Yes** **No**

Please estimate time YOU spent to date on the issue:

of Emails: Time Spent: hours minutes

of Phone Calls: Time Spent: hours minutes

other: Time Spent: hours minutes

Please estimate time the BENEFICIARY spent to date on the issue:

of Emails: Time Spent: hours minutes

of Phone Calls: Time Spent: hours minutes

other: Time Spent: hours minutes

Which of the following topics best describes the issue?*

(Please check all that apply.)

Access to Care

- 1-800-MEDICARE (A.t.C.)
- Cost-Sharing
- Home Health Care Benefit
- Language Barriers (A.t.C.)
- Medicare Advantage Plans (A.t.C.)
- Medigap (Guaranteed Issue Rights)

Informed Decision Making

- 1-800-MEDICARE (I.D.M.)
- Advance Beneficiary Notices
- Medicare Advantage Plans (I.D.M.)

Health Care Inequities and Disparities

- Dual-Eligible Beneficiaries
- Language Barriers (H.C.I.D.)
- Low-Income Beneficiaries

Plan Design and Benefits

- Medicare Advantage without Drug Coverage (MA-only)
- Medicare Advantage with Prescription Drug Coverage (MA-PD)
- Prescription Drug Plans (PDPs)
- Private Fee-for-Service Plans (PFFS)
- Special Needs Plans (SNPs)
- Other _____

Miscellaneous

- Other _____

If you selected a topic under Plan Design and Benefits please name the plan.

Please describe the specific problem and its impact on the beneficiary including any dollar amounts.*

Has this issue been resolved?* Yes No Not Sure

If this issue has been resolved, please describe how. If not, please describe why not.

Please select the organizations that either assisted with resolving the beneficiary's issue or continue to be involved in the ongoing issue.

- CMS Regional Office
- CMS Headquarters (including SHIP Team, Medicare Ombudsman, Subject Matter Experts)
- SHIP National Resource Center
- The plan (please write in the name) _____
- State Department of Insurance
- State SHIP office
- QIO
- HAP
- Other _____