

Attachment B
Changes to the Public and Media Activity Report Form (CMS-10028B)

<u>Current Form</u>	<u>Changes to Form</u>	<u>Reason for Change</u>
TOP OF FORM		
	Agency Code	For administrative and jurisdictional accountability, since agency authority is not always bound to discrete county and zips
Name(s) of Presenter(s): _____	Presenter SHIP User ID Primary Presenter Second Presenter Third Presenter Fourth Presenter Fifth Presenter Sixth Presenter * Can Enter Up To 25 Presenters / Staff Contributors Per Event - Record Any Additional Presenters on Back of Form	Identify SHIP presenters by SHIP User ID. More accurate than identifying by name. Allow space for up to 6 persons involved in event to record time spent on the event, so as to prevent the generation of duplicate event records (one for each staff).
	First Name Last Name Affiliation	Captured only for presenters who are not SHIP users.
Total length of activity across all dates: _____ hrs (round to nearest hour)	Total Hours Spent on Activity	Allows independent capture of time spent by each person involved. For up to four persons. Reworded for clarity.
SECTION 1 - TYPE OF ACTIVITY (Check only one type of activity A-G)	Activity or Event	
<input type="checkbox"/> A. Interactive presentation to public · ♦ In-Person ♦ Video teleconference or satellite broadcast	Interactive Presentation to Public. Face to Face In-Person	Reworded. Video teleconference very low number of responses. Merged with other options below
Estimated # of attendees: _____	Estimated Number of Attendees	Reworded
Estimated # of people enrolled (if any): _____	Estimated Persons Provided Enrollment Assistance	Reworded for clarity

<input type="checkbox"/> B. Booth/exhibit at health/senior fair, etc.	Booth or Exhibit. At Heath Fair, Senior Fair, or Special Event.	Reworded
Estimated # of people potentially reached: _____	Est Number of Direct Interactions with Attendees	Reworded for clarity
Estimated # of people enrolled (if any): _____	Estimated Persons Provided Enrollment Assistance	Reworded for clarity
<input type="checkbox"/> C. Radio show (not a PSA or ad)	Radio Show. Live or Taped. Not a Public Service Announce or Ad.	Reworded
Estimated # of people potentially reached: _____	Estimated Number of Listeners Reached	Reworded for clarity
# times this show re-aired (if known) _____	Dropped	Insufficient value, extensive miscoding
<input type="checkbox"/> D. Web-site event	Dropped	Very low number of responses Merged with other options below
♦ Web conference/forum		
♦ Interactive chatroom		
Estimated # of people potentially reached: _____	Dropped	Very low number of responses Merged with other options below
<input type="checkbox"/> E. TV/cable show (not a PSA or ad)	TV or Cable Show. Live or Taped. Not a Public Service Announce or Ad	Reworded
Estimated # of people potentially reached: _____	Estimated Number of Viewers Reached	Reworded for clarity
# times this show re-aired (if known) _____	Dropped	Insufficient value, extensive miscoding
<input type="checkbox"/> F. Enrollment Event	Dedicated Enrollment Event Sponsored By SHIP or in Partnership	Reworded for clarity
Estimated # of people enrolled: _____	Est Persons Reached at Event Regardless of Enroll Assistance	Additional detail and differentiation requested by state SHIPs
	Estimated Number Persons Provided Any Enrollment Assistance	Additional detail and differentiation requested by state SHIPs
	Estimated Number provided Enrollment Assistance with Part D	Additional detail and differentiation requested by state SHIPs
	Estimated Number Provided Enrollment Assistance with LIS	Additional detail and differentiation requested by state SHIPs
	Estimated Number Provided Enrollment Assistance with MSP	Additional detail and differentiation requested by state SHIPs
	Estimated Number Provided Enrollment Assist Other	Additional detail and differentiation requested

	Medicare Program	by state SHIPs
<input type="checkbox"/> F. Other: _____ (e.g. PSAs, targeted informational mailing, newspaper/newsletter articles)	Dropped	Split into two response blocks – Electronic and Printed Media since “Other” was a very large undifferentiated topic of limited usefulness
Estimated # of people potentially reached: _____	Dropped	Split into two options. See below
# times this PSA re-aired/re-printed/etc. (if known) _____	Dropped	Insufficient value, extensive miscoding
	Electronic Other Activity. PSAs, Electronic Ads, Crawls, Video Conf, Web Conf, Web Chat Est Persons Viewing or Listening to PSA, Electronic Ad, Crawl Across Entire Campaign, Video Conf, Web Conf, Web Chat	Electronic part of Other split. Also contains two merged options from above. Persons item reworded for clarity and precision.
	Print Other Activity. Newspaper, Newsletter, Pamphlets, Fliers, Posters, Targeted Mailings Est Persons Reading Article, Newsletter, Ad or Pieces of Targeted Mail or Other Printed Across Entire Campaign	Print part of Other split. Persons item reworded for clarity and precision.
SECTION 2 - ACTIVITY INFORMATION (Please provide the following information if applicable.)		
Date of activity: _____ / _____ / _____ month / day / year	Start Date of Activity End Date of Activity	Two date fields instead of three date fields is sufficient to capture both concepts. Compare with Multiple Dates below.
If multiple dates: _____ / _____ / _____ through _____ / _____ / _____	Dropped	See Start Date and End Date item above
Time of activity: Start _____ Stop _____	Dropped	Insufficient value. Total time spent on activity more useful.
Event or group name: _____	Event or Group Name	Same
Contact Name: _____	Contact First Name - Optional Contact Last Name – Optional	Reworded. Captured as two fields for sorting etc - Optional

Contact Phone: _____	Contact Phone Number – Optional	Reworded - Optional
Address: _____	Street Address of Event	Reworded, captured as two fields – street number and street name for clarity
City, State, Zip: _____	City of Event State Code of Event ZIP Code of Event	Reworded Three separate fields State FIPS code captured not postal code.
County _____	County Code of Event	Reworded. County FIPS code, not freeform text
Type of Presenter(s): <input type="checkbox"/> SHIP Staff/coordinator/sponsor <input type="checkbox"/> SHIP <input type="checkbox"/> Counselor/volunteer <input type="checkbox"/> Other: _____	Dropped	This info is captured from the presenter’s ship user ID and affiliation above
SECTION 3 - TOPIC FOCUS (Select all that apply)	Topic Focus - Check All That Apply	Reworded
<input type="checkbox"/> Medicare (Parts A and B)	Medicare Parts A and B	Punctuation
<input type="checkbox"/> Non-renewal situation	Plan Issues - Non-Renewal, Termination, Employer-COBRA	Reworded for clarity and detail
<input type="checkbox"/> Long-Term Care	Long-Term Care	Same
<input type="checkbox"/> Medigap/Medicare Supplements	Medigap - Medicare Supplements	Punctuation
<input type="checkbox"/> Medicare Fraud & Abuse	Medicare Fraud and Abuse	Punctuation
<input type="checkbox"/> Medicare Prescription Drug Coverage (PDP/MA-PD)	Medicare Prescription Drug Coverage - PDP / MA-PD	Punctuation
<input type="checkbox"/> Other Prescription Drug Coverage/Assistance	Other Prescription Drug Coverage - Assistance	Punctuation
<input type="checkbox"/> Medicare Advantage	Medicare Advantage	Same
<input type="checkbox"/> QMB/SLMB/QI	QMB - SLMB – QI	Punctuation
<input type="checkbox"/> Other Medicaid	Other Medicaid	Same
<input type="checkbox"/> General SHIP program information	General SHIP Program Information	Same
<input type="checkbox"/> Other (specific health topics--ESRD, diabetes): _____	Dropped	Sufficiently captured in Other Topics – Describe (see below)

	Medicare Preventive Services	Additional detail and differentiation requested by state SHIPs
	Low-Income Assistance	Additional detail and differentiation requested by state SHIPs
	Dual Eligible with Mental Illness Mental Disability	Additional detail and differentiation requested by state SHIPs
	Volunteer Recruitment	Additional detail and differentiation requested by state SHIPs
	Partnership Recruitment	Additional detail and differentiation requested by state SHIPs
	Other Topics - Describe:	Additional detail and differentiation requested by state SHIPs
SECTION 4 - TARGET AUDIENCE (Check all that apply)	Target Audiences - Check All That Apply	Punctuation
<input type="checkbox"/> Medicare beneficiaries and/or pre-enrollees	Medicare Pre-Enrollees - Age 45-64	Split into two topics. Per request from SHIPs
	Medicare Beneficiaries	Split into two topics. Per request from SHIPs
<input type="checkbox"/> Family members/caregivers of Medicare benes.	Family Members - Caregivers of Medicare Beneficiaries	Reworded
<input type="checkbox"/> Low-income	Low-Income	Same
<input type="checkbox"/> American Indian or Alaska Native	American Indian or Alaska Native	Same
<input type="checkbox"/> Asian		Split into separate categories to match Census
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		Split into separate categories to match Census
	Asian Indian	Split into separate categories to match Census
	Chinese	Split into separate categories to match Census
	Filipino	Split into separate categories to match Census
	Japanese	Split into separate categories to match

		Census
	Korean	Split into separate categories to match Census
	Vietnamese	Split into separate categories to match Census
	Native Hawaiian	Split into separate categories to match Census
	Guamanian or Chamorro	Split into separate categories to match Census
	Samoan	Split into separate categories to match Census
	Other Asian	Split into separate categories to match Census
	Other Pacific Islander	Split into separate categories to match Census
<input type="checkbox"/> Black or African American	Black, African-American	Reworded to match Census
<input type="checkbox"/> Hispanic or Latino	Hispanic, Latino, or Spanish Origin	Reworded to match Census
<input type="checkbox"/> White, Not of Hispanic origin	White, Non-Hispanic	Reworded to match Census
	Some Other Race-Ethnicity	Added to match Census
<input type="checkbox"/> Disabled	Disabled	Same
<input type="checkbox"/> Rural	Rural	Same
	Employer-Related Groups	Additional detail and differentiation requested by state SHIPs
	Mental Health Professionals	Additional detail and differentiation requested by state SHIPs
	Social Work Professionals	Additional detail and differentiation requested by state SHIPs
	Dual-Eligible Groups	Additional detail and differentiation requested by state SHIPs
	Partnership Outreach	Additional detail and differentiation requested by state SHIPs

	Presentations to Groups in Languages Other Than English	Additional detail and differentiation requested by state SHIPs
<input type="checkbox"/> Other (please describe, such as professionals):	Other Audiences - Describe:	Reworded
	Nationwide and CMS Special Use Fields	10 future use fields for temporary coding of unanticipated mandates (such as DMD) or programs (such as MIPPA). To be defined as needed by CMS.
	State and Local Special Use Fields	10 fields to be used at the discretion of states and local agencies for documentation of state-required or state-desired data elements.