



### SMP Outreach Event Tracking Form

*This form is intended to track all outreach events to be put into the SMART FACTS database.*

Date: \_\_\_\_\_ County: \_\_\_\_\_ Town/City: \_\_\_\_\_  
 Event: \_\_\_\_\_

Coverage:     Local                       Regional                       Statewide                       National

Person Completing Form: \_\_\_\_\_

Which type of outreach activity are you tracking? (Complete only the corresponding section)

<input type="checkbox"/> <b>A. Group Education</b>	<input type="checkbox"/> <b>C. Media</b>	<input type="checkbox"/> <b>E. Partnership</b>
<input type="checkbox"/> <b>B. Community Outreach Event</b>	<input type="checkbox"/> <b>D. One on One Counseling</b>	

### A. Group Education

1. Number of persons: \_\_\_\_\_ 2. Time spent (min): \_\_\_\_\_ 3. Volunteers: \_\_\_\_\_

4. Session conducted by: Staff/Volunteer/both 5. Contributions \$ \_\_\_\_\_

**6. Primary Audience (check one)**

<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Business	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other Professional
<input type="checkbox"/> Partner Organization	<input type="checkbox"/> Insurers/Payers	<input type="checkbox"/> Health Care Providers	

**7. Secondary Audience (check one)**

<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Business	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Other Professional
<input type="checkbox"/> Partner Organization	<input type="checkbox"/> Insurers/Payers	<input type="checkbox"/> Health Care Providers	

**8. Targeted Beneficiary Population (check one)**

<input type="checkbox"/> Disabled	<input type="checkbox"/> Rural	<input type="checkbox"/> Racial/Ethnic Minority
<input type="checkbox"/> Homebound	<input type="checkbox"/> Native American	<input type="checkbox"/> General
<input type="checkbox"/> Long Term Care Residents	<input type="checkbox"/> Non-English Speaking	<input type="checkbox"/> N/A

**9. Primary Topic (check one)**

<input type="checkbox"/> Medicare	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other Private Plan
<input type="checkbox"/> Fraud, Errors and Abuse	<input type="checkbox"/> Medigap/Supplemental	<input type="checkbox"/> Medicare Advantage
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Employer Health Plan
<input type="checkbox"/> Federal Employee Health Benefits	<input type="checkbox"/> Military Health Benefits (TRICARE/VA)	<input type="checkbox"/> N/A – Self Pay
<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Other Public Plan	

**10. Secondary Topic (check one)**

<input type="checkbox"/> Fraud, Errors and Abuse	<input type="checkbox"/> ID Theft	<input type="checkbox"/> Home Health
<input type="checkbox"/> Enrollment, Eligibility, Benefits	<input type="checkbox"/> Quality of Care	<input type="checkbox"/> Other

### B. Community Outreach Event

1. Estimated number of people reached: \_\_\_\_\_

(Count only those individuals who approached table/group or picked up materials)

**2. Type of Event (check one)**

<input type="checkbox"/> Local/county fair	<input type="checkbox"/> Other	<input type="checkbox"/> Health fair	<input type="checkbox"/> Conference meeting
<input type="checkbox"/> Senior fair	<input type="checkbox"/> Shopping center display	<input type="checkbox"/> Library display	

3. Time Spent (min): \_\_\_\_\_ 4. Contributions \$ \_\_\_\_\_

## C. Media Outreach

### 1. Media Strategy (check one)

<input type="checkbox"/> Newsletter, by project	<input type="checkbox"/> Newspaper, Op-Ed	<input type="checkbox"/> TV-Interviews	<input type="checkbox"/> Other (Notes)
<input type="checkbox"/> Newsletter articles (written by others)	<input type="checkbox"/> Radio-Interviews	<input type="checkbox"/> TV-PSA	
<input type="checkbox"/> Newspaper, media release	<input type="checkbox"/> Radio-PSA	<input type="checkbox"/> Website	

### 2. Primary Topic (check one)

<input type="checkbox"/> Medicare	<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Military Health Bene (TRICARE/VA)	<input type="checkbox"/> N/A – Self Pay
<input type="checkbox"/> Employer Health Plan	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other Public Plan	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medigap/Supplemental	<input type="checkbox"/> Other Private Plan	
<input type="checkbox"/> Federal Employee Health Benefits	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Medicare Advantage	

3. Time Spent (min): \_\_\_\_\_ 4. Contributions \$ \_\_\_\_\_ Conducted by: Staff/Volunteer/both

## D. One on One Counseling

### 1. Primary Topic (check one)

<input type="checkbox"/> Medicare	<input type="checkbox"/> Indian Health Service	<input type="checkbox"/> Military Health Bene (TRICARE/VA)	<input type="checkbox"/> N/A – Self Pay
<input type="checkbox"/> Employer Health Plan	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other Public Plan	
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medigap/Supplemental	<input type="checkbox"/> Other Private Plan	
<input type="checkbox"/> Federal Employee Health Benefits	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Medicare Advantage	

### 2. Secondary Topic (check one)

<input type="checkbox"/> Fraud, Errors and Abuse	<input type="checkbox"/> ID Theft	<input type="checkbox"/> Home Health
<input type="checkbox"/> Enrollment, Eligibility, Benefits	<input type="checkbox"/> Quality of Care	<input type="checkbox"/> Other

3. Time Spent (min): \_\_\_\_\_ 4. Contributions \$ \_\_\_\_\_ Conducted by: Staff/Volunteer/both

## E. Partnership Development

### 1. Partner Entity (check one)

<input type="checkbox"/> AAA	<input type="checkbox"/> SHIP/SHIC	<input type="checkbox"/> Regional OIG	<input type="checkbox"/> Provider Assoc/Org
<input type="checkbox"/> AARP	<input type="checkbox"/> Banking/assoc/ind.	<input type="checkbox"/> State Unit on Aging	<input type="checkbox"/> RSVP
<input type="checkbox"/> Academic Institutions	<input type="checkbox"/> CMS Contractor	<input type="checkbox"/> Home health care	<input type="checkbox"/> TRIAD
<input type="checkbox"/> Adult Protective Servs.	<input type="checkbox"/> CMS Regional Off.	<input type="checkbox"/> Local Law Enfor	
<input type="checkbox"/> Atty General Office	<input type="checkbox"/> Ethnic Focused Org.	<input type="checkbox"/> Medicare Fraud Cntr	
<input type="checkbox"/> US District Attorney	<input type="checkbox"/> Faith Based Org.	<input type="checkbox"/> Ombudsmen	

2. Funding: Paid/Unpaid

3. Relationship: Formal/Informal

4. Select all of the following “activities” conducted with this partner:

<input type="checkbox"/> Shares Volunteers	<input type="checkbox"/> Advisory Band	<input type="checkbox"/> Outreach and Education
<input type="checkbox"/> Volunteer Training	<input type="checkbox"/> Information Sharing	<input type="checkbox"/> Networking

5. Time Spent (min): \_\_\_\_\_

ANY NOTES: (attach page)