

SMP Complex Interactions Form

Please fill in as much information as possible on this form.

Note: When entering the complex interaction in SIRS, the order and names of the fields below may appear differently in eFile vs. when logged into SIRS.

Interaction

Type of Interaction (Required)	Individual Interaction
Session Conducted By (Required)	
Date of Interaction (Required)	
End Date	
Zip Code (Required)	
State (Required)	
County	
Title of Interaction (a.k.a. "Label")	
Time Spent (in Minutes) (Required)	
Reference Number	
Organization	
Notes	See "Case Notes" on page 4

Interaction - Individual Interaction

Topic	Issue
<ul style="list-style-type: none"> <input type="checkbox"/> Consumer Protection <input type="checkbox"/> Durable Medical Equipment (DME) <input type="checkbox"/> Employer Health Plan <input type="checkbox"/> General Fraud, Errors, and Abuse <input type="checkbox"/> Home Health Care <input type="checkbox"/> Hospice <input type="checkbox"/> Medicaid <input type="checkbox"/> Medical Identity Theft <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare Part A and B <input type="checkbox"/> Medicare Part D <input type="checkbox"/> Medigap or Supplemental Insurance <input type="checkbox"/> New Medicare Cards (without SSNs) <input type="checkbox"/> SMP Program Information <input type="checkbox"/> SMP Volunteer Recruitment <input type="checkbox"/> Social Security <input type="checkbox"/> TRICARE <input type="checkbox"/> Veterans Health Benefits (VA) <input type="checkbox"/> Other 	<ul style="list-style-type: none"> <input type="checkbox"/> Beneficiary Perpetrated Fraud <input type="checkbox"/> Billing Error <input type="checkbox"/> Billing for Services Different From Received <input type="checkbox"/> Billing for Services Not Provided <input type="checkbox"/> Compromised Medicare Number <input type="checkbox"/> Double Billing <input type="checkbox"/> Enrollment / Disenrollment Issues <input type="checkbox"/> Kickbacks <input type="checkbox"/> Marketing Fraud <input type="checkbox"/> No Issue- General Education Provided <input type="checkbox"/> Other Fraud, Error, or Abuse <input type="checkbox"/> Quality of Care Issues <input type="checkbox"/> Scams

Interaction - Individual Interaction - Beneficiary

Beneficiary First Name	
Beneficiary Last Name	
Beneficiary Phone Number	
Beneficiary Email	
Beneficiary Address	
Beneficiary City	
Beneficiary State	
Beneficiary Zip Code	
Beneficiary Date of Birth	
Beneficiary Medicare Number	
Beneficiary Medicaid Number	
Other Information	
Permission to Contact the Beneficiary	Yes / No

Interaction - Individual Interaction - Complainant

Is the Complainant different from the Beneficiary	Yes / No (If "Yes," complete this section.)
Complainant First Name	
Complainant Last Name	
Complainant Phone Number	
Complainant Email	
Relationship to Beneficiary	
Complainant Address	
Complainant City	
Complainant State	
Complainant Zip Code	
Permission to Contact the Complainant	Yes / No

Interaction - Individual Interaction - Subject

Organization Name	
First Name	
Last Name	
Phone Number	
Provider Number	
Email	
Website	
Address	
City	
State	
Zip Code	
Other Information	

Interaction - Individual Interaction - Additional Information

Claim Number	
Insurance Program/Health Care Payer Affected	
Date of Service or Event	
Type of Service Affected	
Cost avoidance, recoveries, and savings	
Date of Initial Action	

SMP Action	<input type="checkbox"/> Contact 1-800-Medicare <input type="checkbox"/> Contact CMS Regional Office <input type="checkbox"/> Contact Federal Trade Commission <input type="checkbox"/> Contact Medicare Advantage / Part D Plan <input type="checkbox"/> Contact Medicare PSC/MEDIC Contractor <input type="checkbox"/> Contact MFCU or Medicaid Office <input type="checkbox"/> Contact OIG <input type="checkbox"/> Contact Ombudsman <input type="checkbox"/> Contact Other CMS Contractor <input type="checkbox"/> Contact Provider/Practitioner	<input type="checkbox"/> Contact Quality Improvement Organization (QIO) <input type="checkbox"/> Contact Secondary Insurer/Plan <input type="checkbox"/> Contact SHIP <input type="checkbox"/> Contact SMP Resource Center <input type="checkbox"/> Contact State Insurance Department <input type="checkbox"/> Other <input type="checkbox"/> Other Contact <input type="checkbox"/> Other Research <input type="checkbox"/> Referral <input type="checkbox"/> Review Guidelines, Policies, or Procedures <input type="checkbox"/> Send Release of Information Form and Request Documents
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Appeal	Yes / No
<p>Case Notes</p>	
Refer to OIG Hotline	Yes / No
SMP Representative Name	
SMP Representative Phone Number	
SMP Representative Fax Number	
SMP Representative Email Address	
SMP Representative Mailing Address	
Status of Interaction (Required)	
Date of Last Status Update (Required)	