Department of Health and Human Services (HHS)
Administration for Community Living (ACL)
Senior Medicare Patrol Program (SMP)

November 26th, 2019

SMP Information and Reporting System (SIRS) Final Form Fields

Contents

Team Member Form

Object Name	Required	Object Type	Input Options/Functions
First Name	R	Text Field	N/A
Middle Initial	N	Text Field	N/A
Last Name	R	Text Field	N/A
Nickname	N	Text Field	N/A
Primary Phone Number	R	Numbers Field	N/A
Primary Phone Number Extension	N	Numbers Field	N/A
Secondary Phone Number	N	Numbers Field	N/A
Secondary Phone Number Extension	N	Numbers Field	N/A
Email Address	N	Text Field	N/A
Address	N	Text Field	N/A
City	N	Text Field	N/A
Zip Code	N	Numbers Field	N/A
State/Territory	R	Drop Down	Options: · 54 States and Territories
County	N	Drop Down	Auto-populated based on "Zip Code"
Start Date	R	Date Picker	N/A
End Date	N	Date Picker	N/A
Status	N	Drop Down	Options: · Active · Retired
Partner Organization Affiliation	R	Drop Down	Options: · Organizations
Paid Status	N	Drop Down	Options: · In-Kind-Paid · SMP-Paid · Volunteer
Race	R	Multi-select Field	Options: · American Indian or Alaskan Native · Asian · Black or African American · Hispanic or Latino

			· Native Hawaiian or Other Pacific Islander · White · Not collected
Gender	R	Drop Down	Options: · Male · Female · Other · Not Collected
Date of Birth	R	Date Picker	N/A
Primary Language	N	Drop Down	Options: · English · Chinese · Korean · Russian · Spanish · Vietnamese · Other
Secondary Language	N	Drop Down	Options: · English · Chinese · Korean · Russian · Spanish · Vietnamese · Other
English as a Second Language	N	Radio Button	Options: · Yes · No
Role	R	Drop Down	Options: · Enterprise Manager · ACL Staff · OIG · SMP Resource Center · SMP Director · State Level Staff · Site Manager · Site Staff · Team Member · SIRS Submitter
Username	R	Read Only	Populated After Saving

eFile ID	R	Read Only	Populated After Saving
Send Login Credentials	N	Radio Button	Options: · Yes · No
Revoke Login	N	Radio Button	Options: · Yes · No
Send eFile ID	N	Radio Button	Options: · Yes · No
Revoke eFile ID	N	Radio Button	Options: · Yes · No
Create 1-800 Medicare Unique ID Number	R	Radio Button	Options: · Yes · No
Send 1-800 Medicare Unique ID Number	N	Radio Button	Options: · Yes · No
Status of 1-800 Medicare Unique ID Number	R	Drop Down	Options: · Active · Inactive
Number of 1-800 Medicare Unique ID	R	Read Only	Populated After Saving
Add Document	N	Button	5 Attachment Fields
Notes	N	Text Box	N/A
User ID	N	Read Only	Populated after saving

Team Member Activity Form

Object Name	Required	Object Type	Input Options/Functions
Month	R	Drop Down	Options: · January · February · March · April · May · June · July

			· August
			· September
			· October
			· November
			· December
Year	R	Drop Down	Options: · 2015 · 2016 · 2017 · 2018 · 2019 · 2020
Administrative Support (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Distributing Information (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Group Outreach and Education (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Individual Interactions (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Media Outreach and Education (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
SMP Program Management/ Team Member Management (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Training (Initial/Orientation) (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Training (Update/Continuing Education) (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Other SMP Activities (Minutes)	N	Numbers Field	Utilizes the Total Time Spent calculator
Calculated Time Spent	R	Read Only	Calculator for Hours and Minutes Fields
Record Mileage	N	Numbers Field	N/A
Record Non-Reimbursed Mileage	N	Numbers Field	N/A
Notes	N	Text Box	N/A

Interaction Form

Object Name	Required	Object Type	Input Options /Functions

			Options:
Type of Interaction	R	Drop Down	· Media Outreach and Education · Group Outreach and Education · Individual Interaction
Session Conducted by	R	Drop Down	Auto-populated based on the Team Member logged in
Date of Interaction	R	Date Picker	Default to today's date
End Date (If Applicable)	N	Date Picker	N/A
Zip Code	R	Numbers Field	N/A
State	R	Drop Down	Auto-populated based on the Team Member logged in List of States and Territories
County	N	Drop Down	Auto-populated based on "Zip Code"
Title of Interaction	N	Text Field	N/A
Time Spent in Hours	N	Numbers Field	Utilizes the Calculated Time Spent calculator
Time Spent in Minutes	N	Numbers Field	Utilizes the Calculated Time Spent calculator
Calculated Time Spent (Minutes)	R	Numbers Field	Calculator for Hours and Minutes Fields
Reference Number	N	Read Only	Populated after saving
Organization	R	Read Only	Auto-populated based on the Team Member selected in Session Conducted By
Notes	N	Text Field	N/A

Individual Interaction Form

Object Name	Required	Object Type	Input Options /Functions
Beneficiary First Name	N	Text Field	N/A
Beneficiary Last Name	N	Text Field	N/A
Beneficiary Phone	N	Number Field	N/A
Beneficiary Email	N	Text Field	N/A
Beneficiary Address	N	Text Field	N/A
Beneficiary City	N	Text Field	N/A
Beneficiary State	N	Drop Down	List of States and Territories
Beneficiary Zip Code	N	Number Field	N/A

Race	N	Multi-select Field	Options: · American Indian or Alaskan Native · Asian · Black or African American · Hispanic or Latino · Native Hawaiian or Pacific Islander · White · Not Collected
Gender	N	Drop Down	Options: · Male · Female · Other · Not Collected
Date of Birth	N	Date Picker	N/A
Medicare Number	N	Text Field	N/A
Medicaid Number	N	Text Field	N/A
Other Information	N	Text Field	N/A
Permission to Contact Beneficiary	N	Radio Button	Options: · Yes · No
Topic(s) Discussed	N	Multi-select Field	Options: · Conditional Payments · Consumer Protection · Durable Medical Equipment (DME) · Employer Health Plan · General Fraud, Errors, and Abuse · Genetic/DNA Testing · Home Health Care · Hospice · Medicaid · Medical Identity Theft · Medicare Advantage · Medicare Card · Medicare Part A and B · Medicare Part D · Medicare Summary Notice · Medigap or Supplemental Insurance

			· Opioid Fraud and Abuse
			· SMP Program Information
			· SMP Volunteer Recruitment
			· Social Security
			· TRICARE
			· Veteran's Health Benefits (VA)
			· Other
Other Topics Discussed Details	N	Text Field	Informational Message: (Please enter an explanation into the Other Topics Discussed Details field.)
Add More Information?	N	Radio Button	Options: · Yes · No
Issue(s)	N	Multi-select Field	Options: · Beneficiary Perpetrated Fraud · Billing Error · Billing for Services Different From Received · Billing for Services Not Provided · Compromised Medicare Number · Compromised Social Security Number · Double Billing · Enrollment / Disenrollment Issues · Kickbacks · Marketing Fraud · Quality of Care Issues · Scams · Other Fraud, Error, or Abuse
Other Fraud Error or Abuse Details	N	Text Field	Informational Message: (Please enter an explanation into the Other Fraud, Error, or Abuse Details field.)
Is the Complainant different from the Beneficiary?	N	Radio Button	Options: · Yes · No
Complainant Last Name	N	Text Field	N/A
Complainant First Name	N	Text Field	N/A

Complainant Phone Number (xxx-xxx-xxxx)	N	Number Field	N/A
Complainant Email	N	Text Field	N/A
Complainant Relationship to Beneficiary	N	Drop Down	Options: · Spouse · Family Member/Caregiver · Health Care Provider · Other
Complainant Address	N	Text Field	N/A
Complainant State	N	Drop Down	List of States and Territories
Complainant City	N	Text Field	N/A
Complainant Zip Code	N	Number Field	N/A
Permission to contact Complainant	N	Radio Button	Options: · Yes · No
Cost Avoidance on behalf of Medicare, Medicaid, Beneficiaries, or others (xxxx.xx)	N	Number Field	N/A
Expected Medicare Recoveries (xxxx.xx)	N	Number Field	N/A
Additional Expected Medicare Recoveries (xxxx.xx)	N	Number Field	N/A
Expected Medicaid Recoveries (xxxx.xx)	N	Number Field	N/A
Additional Expected Medicaid Recoveries (xxxx.xx)	N	Number Field	N/A
Actual Savings to Beneficiaries (xxxx.xx)	N	Number Field	N/A
Other Savings (xxxx.xx)	N	Number Field	N/A
Explanation	N	Text Field	N/A
SMP Action(s)	N	Multi-select Field	Options: · SMP contacted 1-800-Medicare · SMP contacted CMS Liaison · SMP contacted CMS Regional Office · SMP contacted Federal Trade Commission · SMP contacted Medicare Advantage Plan or Part D Plan · SMP contacted Medicare PSC or MEDIC Contractor

			· SMP contacted MFCU or Medicaid Office
			· SMP contacted OIG
			· SMP contacted Other CMS Contractor
			· SMP contacted Provider/Practitioner
			· SMP contacted Quality Improvement Organization (QIO)
			· SMP contacted Secondary Insurer/Plan
			· SMP contacted SHIP
			· SMP contacted SMP Resource Center
			· SMP contacted State Insurance Department
			· SMP contacted UPIC
			· SMP sent Release of Information Form and Request Documents
			· SMP reviewed Guidelines, Policies, or Procedures
			· Other SMP Action
Other SMP Action Details	N	Text Field	Informational Message: (Please enter an explanation into the Other SMP Action Details field.)
Referred Beneficiary to Action(s)	N	Multi-select Field	Options: · Referred beneficiary to 1-800-Medicare · Referred beneficiary to an Ombudsman · Referred beneficiary to contact Medicare Advantage Plan or Part D Plan · Referred beneficiary to contact MFCU or Medicaid Office · Referred beneficiary to contact Provider/Practitioner

			· Referred beneficiary to contact Quality Improvement Organization (QIO)
			· Referred beneficiary to contact Secondary Insurer/Plan
			· Referred beneficiary to Federal Trade Commission
			· Referred beneficiary to SHIP
Appeal	N	Radio Button	Options: · Yes · No
Add Documents	N	Button	5 attachment fields
Case Notes	N	Text Field	N/A
Refer to OIG Hotline via ACL	N	Radio Button	Options: · Yes · No
Date Submitted to ACL	N	Read Only	N/A
Date ACL Submitted to OIG	N	Date Picker	N/A
ACL Comments	N	Text Field	N/A
SMP Representative Name	N	Text Field	N/A
SMP Representative Phone Number (xxx-xxx-xxxx)	N	Number Field	N/A
SMP Representative Fax Number (xxx-xxx-xxxx)	N	Number Field	N/A
SMP Representative Email Address	N	Text Field	N/A
SMP Representative Mailing Address	N	Text Field	N/A
Status of Interaction	N	Multi-select Field	Options: · Open – Research in progress by SMP, less than one year · Open – Awaiting Response to Referral · Closed – Reviewed Internally, no issue identified · Closed – Resolved by SMP · Closed – Referral No Action Required · Closed – Action Taken By Referent · Closed – Handled by SHIP · Closed – Other

			· Suspended
Date of Last Status Update	N	Date Picker	N/A

Subject Form

Object Name	Required	Object Type	Input Options /Functions
Organization Name	N	Text Field	N/A
First Name	N	Text Field	N/A
Last Name	N	Text Field	N/A
Phone Number (xxx-xxx-xxxx)	N	Numbers Field	N/A
Provider Number	N	Text Field	N/A
Email	N	Text Field	N/A
Website	N	Text Field	N/A
Address	N	Text Field	N/A
City	N	Text Field	N/A
State	N	Text Field	N/A
Zip Code	N	Numbers Field	N/A
Other Information	N	Text Field	N/A

Group Outreach & Education Form

Object Name	Required	Object Type	Input Options/Functions
ACL/SMP Consumer Alert	R	Radio Button	Options: · Yes · No
Type of Event	N	Drop Down	Options: · Community Event · Group Education Session
Intended Audience	R	Multi-select Field	Options · Beneficiaries · Family Members/Caregivers · General Audience · Health Care Providers · Law Enforcement · Partner Organizations · Other
Targeted Beneficiary Audience(s)	N	Multi-select Field	Options: · General

			· Homebound · Long Term Care Residents · Low Income · Native American · Non-English Speaking · People with Disabilities · Racial/Ethnic Minority · Rural · Not Collected · Other
Topics Discussed	N	Multi-select Field	Options: · Conditional Payments · Consumer Protection · Durable Medical Equipment (DME) · Employer Health Plan · General Fraud, Errors, and Abuse · Genetic/DNA Testing · Home Health Care · Hospice · Medicaid · Medical Identity Theft · Medicare Advantage · Medicare Card · Medicare Part A and B · Medicare Part D · Medicare Summary Notice · Medigap or Supplemental Insurance · Opioid Fraud and Abuse · SMP Program Information · SMP Volunteer Recruitment · Social Security · TRICARE · Veteran's Health Benefits (VA) · Other
Other Topics Discussed Details	N	Text Field	Informational Message: (Please enter an explanation into the Other Topics Discussed Details field.)

Object Name	Required	Object Type	Input Options/Functions
Estimated Number of People Reached	R	Numbers Field	N/A
In-Kind Match (xxxx.xx)	N	Numbers Field	N/A

Media Outreach & Education Form

Object Name	Required	Object Type	Input Options/Functions
ACL/SMP Consumer Alert	R	Radio Button	Options: · Yes · No
Type of Media	N	Multi-select Field	Options: · Billboard · Email · Magazine · Newsletter · Newspaper · Radio · Social Media · Television · Website · Other
Number of Airings	N	Number Field	N/A
Geographic Coverage	N	Multi-select Field	Options: · County or Counties · Multi-State · National · Regional · Statewide · Zip Code
Specific Coverage Location	N	Text Field	N/A
Intended Audience	R	Multi-select Field	Options · Beneficiaries · Family Members/Caregivers · General Audience · Health Care Providers · Law Enforcement · Partner Organizations · Other
Topics Discussed	N	Multi-select Field	Options: · Conditional Payments

			· Consumer Protection
			· Durable Medical Equipment (DME)
			· Employer Health Plan
			· General Fraud, Errors, and Abuse
			· Genetic/DNA Testing
			· Home Health Care
			· Hospice
			· Medicaid
			· Medical Identity Theft
			· Medicare Advantage
			· Medicare Card
			· Medicare Part A and B
			· Medicare Part D
			· Medicare Summary Notice
			· Medigap or Supplemental Insurance
			· Opioid Fraud and Abuse
			· SMP Program Information
			· SMP Volunteer Recruitment
			· Social Security
			· TRICARE
			· Veteran's Health Benefits (VA)
			· Other
Other Topics Discussed Details	N	Text Field	Informational Message: (Please enter an explanation into the Other Topics Discussed Details field.)
Estimated Number of People Reached	R	Numbers Field	N/A
Basis of Estimate for Number of People Reached	R	Text	N/A
In-Kind Match (xxxx.xx)	N	Numbers Field	N/A