

Current SAAI display

MAPS VALIDATION Saturday, May 15, 2010 [redacted] [MAPS Help](#) [PolicyNet](#) **SAAI**

Applicant Name: [redacted] Applicant SSN: [redacted]

Subsidy

Redetermination

➔ **Applicant Information**

Worksheet Screening & Stop Work Date

No. of Relatives

Savings & Accounts

Burial & Real Estate


Unearned Income

Earned Income

Application Summary

Contact Information

Third Party Info



Applicant Information

This MAPS redetermination/SCE is being taken via: - Select Appropriate -

Applicant

First [redacted] M.I. [redacted] Last [redacted] Suffix [redacted]

Applicant's Social Security Number [redacted]

Applicant's Date of Birth (MM/DD/YYYY) [redacted]

Applicant's Medicare Claim Number [redacted]

If your marital status has changed and you have not reported the change to us, what is your marital status? If your marital status has not changed, please leave the question marked "Not Applicable"

Married Divorced/Widowed/Separated/Annulled Not Applicable

Spouse

First [redacted] M.I. [redacted] Last [redacted] Suffix [redacted]

Spouse's Social Security Number [redacted]

Spouse's Date of Birth (MM/DD/YYYY) [redacted]

Current Appeal Input Screen (APIS)

MAPS - Appeals Input Screen - Internet Explorer

MAPS VALIDATION Wednesday, November 21, 2018 [redacted] [MAPS Help](#) [PolicyNet](#) [CSR Query](#) **APIS**

Applicant Name: [redacted] Applicant SSN: [redacted] Applicant SNO: No Special Notice Option Selected
 Spouse Name: [redacted] Spouse SSN: [redacted] Spouse SNO: No Special Notice Option Selected
 Phone Number: [redacted] Languages: English(S)-English(W)

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Court Remand Indicator

Late filing reason: Family Death or Serious Illness

Applicant's Name [redacted]
 Applicant's Social Security Number/ID# [redacted]
 Applicant's Medicare Claim Number [redacted]

Spouse's Name [redacted]
 Spouse's Social Security Number/ID# [redacted]
 Spouse's Medicare Claim Number [redacted]

Who is Filing an appeal?

Both you and your spouse are appealing your decisions
 Only you are appealing your decision
 Only your spouse is appealing his or her decision
 Not Yet Answered

Current Appeals Results Screen (APRS)

MAPS - Appeals Results Screen - Internet Explorer

File Edit View Favorites Tools Help

MAPS VALIDATION Wednesday, November 21, 2018 [Redacted] [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **APRS**

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Summary	
Applicant Name	[Redacted]
Applicant SSN	[Redacted]
Applicant Medicare Claim Number	[Redacted]
Spouse Name	[Redacted]
Spouse SSN	[Redacted]
Spouse Medicare Claim Number	[Redacted]
Who is Filing an Appeal	Both you and your spouse are appealing
Good Cause for Late Filing	Family Death or Serious Illness

Current MEDQ Default Screen (QDIS)

MEDQ VALIDATION Wednesday, August 1, 2018 [Redacted] [MEDQ Help](#) • [PolicyNet](#) • [CSR Query](#) • [Logout](#) **QDIS**

Applicant Name: [Redacted] Applicant SSN: [Redacted] Phone Number: [Redacted]
 Spouse Name: [Redacted] Spouse SSN: [Redacted] Languages: English(S)-English(W)

Query Home Development Worksheet MAPS Scanned Image of Application Query SubMenu

Part A Part B Part C Part D All

- Applicant Data
- Applicant Enrollment Summary
- Spouse Data
- Spouse Enrollment Summary
- Status
- Jurisdiction History
- Application Data
- Current Agency Data
- Determination Data
- Premium/Collection History
- Show All

Applicant Data	
Current Application Status:	Completed - Determined/Done
2019 No	
Deemed:	2018 No
	2017 No
Medicare Savings Program (Referral):	Yes
Name:	[Redacted]
Medicare Claim#:	[Redacted]
Title2 Claim#:	[Redacted]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[Redacted]
Sex:	[Redacted]
Type of Application:	[Redacted]
Contact Type:	
Source of Application:	Paper
Address:	[Redacted]
Source of Address:	MBR
Phone Number:	[Redacted] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

[Go To Top](#)

Applicant Enrollment Summary			
Part A	Part B	Part C	Part D

Return

99%

Current QDIS display: Client Data section (Part A tab)

Client Data	
Name:	[REDACTED]
Medicare Claim#:	[REDACTED]
Title2 Claim#:	[REDACTED]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

Current QDIS display: Client Data section (Part B tab)

Client Data	
Name:	[REDACTED]
Medicare Claim#:	[REDACTED]
Title2 Claim#:	[REDACTED]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

Current QDIS display: Client Data section (Part C tab)

Client Data	
Name:	[REDACTED]
Medicare Claim#:	[REDACTED]
Title2 Claim#:	[REDACTED]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

Current QDIS display: Applicant Data section (Part D & 'All' tab)

Applicant Data	
Current Application Status:	Completed - Determined/Done
Deemed:	2019 No 2018 No 2017 No
Medicare Savings Program (Referral):	Yes
Name:	[REDACTED]
Medicare Claim#:	[REDACTED]
Title2 Claim#:	[REDACTED]
SSI Claim#:	[REDACTED]
RRB Claim#:	[REDACTED]
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Type of Application:	[REDACTED]
Contact Type:	[REDACTED]
Source of Application:	Paper
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	[REDACTED]
Preferred Language:	
- Spoken:	English
- Written:	English

Current QDIS display: Spouse Data section (Part D & 'All' tab)

Spouse Data	
Current Application Status:	Completed - Determined/Done
Deemed:	2019 No 2018 No 2017 No
Medicare Savings Program (Referral):	Yes
Name:	[REDACTED]
Medicare Claim#:	[REDACTED]
Title2 Claim#:	[REDACTED]
SSI Claim#:	[REDACTED]
RRB Claim#:	[REDACTED]
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Type of Application:	[REDACTED]
Contact Type:	[REDACTED]
Source of Application:	Paper
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	[REDACTED]
Preferred Language:	
- Spoken:	English
- Written:	English