

Revised Screens
Justification for Non-Substantive Change to
Form SSA-1020/i1020
Application for Extra Help with Medicare Prescription Drug Plan Costs
OMB No. 0960-0696

Change 1:

Revised MEDQ Default Screen (QDIS)

MEDQ - Query Display - Internet Explorer

File Edit View Favorites Tools Help

MEDQ VALIDATION Wednesday, December 26, 2018 [Redacted] [NAMEDQ 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
Deemed:	2019 No
	2018 No
	2017 No
Medicare Savings Program (Referral):	Yes
Name:	[Redacted]
MBI:	9999999999
Title2 Claim#:	[Redacted]
SSI Claim#:	
RRB Claim#:	
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 reff#:	
Preferred Language:	
- Spoken:	English
- Written:	English

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Applicant Enrollment Summary			
Part A	Part B	Part C	Part D

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

Client Data	
Name:	[REDACTED]
MBI:	9999999999
Title2 Claim#:	[REDACTED]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Address:	[REDACTED] 9
Source of Address:	[REDACTED]
Phone Number:	[REDACTED] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

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

Client Data	
Name:	[REDACTED]
MBI:	9999999999
Title2 Claim#:	[REDACTED]
SSI Claim#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Address:	[REDACTED]
Source of Address:	[REDACTED]
Phone Number:	[REDACTED] Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

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

Client Data	
Name:	[REDACTED]
MBI:	9999999999
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

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

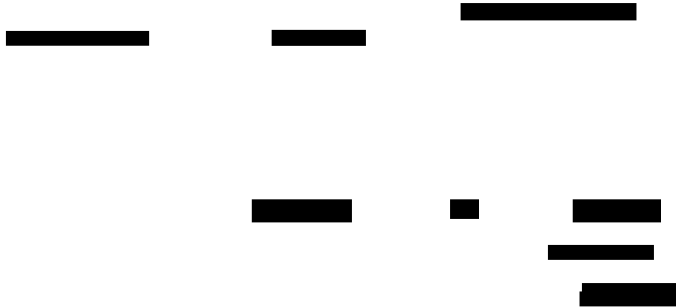
Applicant Data	
Current Application Status:	Completed - Determined/Done
	2019 No
Deemed:	2018 No
	2017 No
Medicare Savings Program (Referral):	Yes
Name:	[REDACTED]
MBI:	9999999999
Title2 Claim#:	[REDACTED]
SSI Claim#:	[REDACTED]
RRB Claim#:	[REDACTED]
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Type of 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

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

Spouse Data	
Current Application Status:	Completed - Determined/Done
	2019 No
Deemed:	2018 No
	2017 No
Medicare Savings Program (Referral):	Yes
Name:	[REDACTED]
MBI:	9999999999
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 [REDACTED]
Address:	[REDACTED]
Source of Address:	MBR
Phone Number:	[REDACTED] Other
Couples X ref#:	[REDACTED]
Preferred Language:	
- Spoken:	English
- Written:	English

Change 2:

Revised SAAI display



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

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Court Remand Indicator	<input type="checkbox"/>
Late filing reason:	Family Death or Serious Illness
Applicant's Name	
Applicant's Social Security Number/ID#	
Applicant's MBI	XXXXXXXXXX
Spouse's Name	
Spouse's Social Security Number/ID#	
Spouse's MBI	XXXXXXXXXX
Who is Filing an appeal?	<input checked="" type="radio"/> Both you and your spouse are appealing your decisions <input type="radio"/> Only you are appealing your decision <input type="radio"/> Only your spouse is appealing his or her decision <input type="radio"/> Not Yet Answered

Change

Revised Appeals Results Screen (APRS)

[REDACTED]

[REDACTED]

[REDACTED]