

Revised SAAI display

MAPS VALIDATION Wednesday, June 27, 2018 [MAPS Help](#) [PolicyNet](#) **SAAI**

Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected

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: PHONE

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 MBI 9999999999

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]

Revised Appeal Input Screen (APIS)

MAPS - Appeals Input Screen - Internet Explorer

File Edit View Favorites Tools Help

MAPS VALIDATION Wednesday, November 21, 2018 [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 MBI XXXXXXXXXXXX

Spouse's Name [REDACTED]
 Spouse's Social Security Number/ID# [REDACTED]
 Spouse's MBI XXXXXXXXXXXX

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

Revised 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 MBI	XXXXXXXXXX
Spouse Name	[REDACTED]
Spouse SSN	[REDACTED]
Spouse MBI	XXXXXXXXXX
Who is Filing an Appeal	Both you and your spouse are appealing
Good Cause for Late Filing	Family Death or Serious Illness

Revised MEDQ Default Screen (QDIS)

MEDQ - Query Display - Internet Explorer

File Edit View Favorites Tools Help

MEDQ VALIDATION [REDACTED] ay, December 26 [REDACTED] T NETHERTON [REDACTED] [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) • [Logout QDIS](#)

Applicant Name: JIMMY MITCHELL Applicant SSN: 594041307 Phone Number: (865) 062-2901
 Spouse Name: CLARA MITCHELL Spouse SSN: 426422504 Languages: English(S)-English(W)

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):	Y [REDACTED]
Name:	[REDACTED]
MBI:	[REDACTED]
Title2 Claim#:	594041307A
SSI Claim#:	[REDACTED]
RRB Claim#:	[REDACTED]
Date of Birth:	[REDACTED]
Sex:	Male
Type of Application:	Couple
Contact Type:	[REDACTED]
Source of Application:	Paper
Address:	408 W WHEELER ST, ROCKWOOD, TN, 37854-2029
Source of Address:	MBR
Phone Number:	(865)062-2901 Other
Couples X ref#:	
Preferred Language:	
- Spoken:	English
- Written:	English

[Go To Top](#)

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]
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#:	
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

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#:	
RRB Claim#:	
Date of Birth:	[REDACTED]
Sex:	[REDACTED]
Type of Application:	[REDACTED]
Contact Type:	
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