

# Consolidated Claims Experience (CCE) Medicare Claim Intake Screen Package V 3.0

June 18, 2020



CCE Medicare Only Screen Package V 3.0 June 18, 2020

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#### 1. Applicant Information – Organization is the applicant

Applicant type includes: Organization, claimant and other individual.

Consolidated Claims Experience			John Doe 🗸
👚 Go To 👻			
T2/T18 Data			
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only
T2/T18 Data	Applicant Information		
Applicant Information	*Indicates required information		
Person Information	*Applicant Type		
Filing Date	Organization	<b>~</b>	
Contact Information			
Earnings Information	CCE Exclusion		
Insured Status	CCE should only be us	sed for individuals filing on his or her own behalf at th	is time. Access MCS to complete.
Health Insurance	✓ Show Person Remarks (principal)	inted)	
	No remarks		
	✓ Show File Documentation I	Notes	
	No notes		
	Next Previous Save	e & Exit	

# \* Applicant Type



Note: This is the drop list for "Applicant Type".



#### 2. Applicant Information – Claimant is the applicant: Contact method/Interview-Phone

Contact Method includes: Interview-phone, Interview-office, and mail.

Consolidated Claims Experience			John Doe <del>▼</del>							
🕋 Go To 👻										
T2/T18 Data	T2/T18 Data									
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only							
T2/T18 Data	Applicant Information									
Applicant Information	*Indicates required information									
Person Information	*Applicant Type									
Filing Date	Claimant	<b>▼</b>								
Contact Information	*Contact Method									
Earnings Information	Interview - Phone	<b>▼</b>								
Insured Status	*Provided Privacy Act 9									
Health Insurance	The privacy of our custo	mers is always very important to us. Please provi	de the Privacy Act Statement to the Individual.							
	<ul> <li>Show Person Remarks (pri No remarks</li> <li>Show File Documentation No notes</li> </ul>	nted) Notes								
	Next Previous Save	e & Exit								

# \*Contact Method



Note: This is a drop list for "Contact Method".



#### 3. Applicant Information – Claimant is the applicant: Contact method/Interview-Office

Consolidated Claims Experience			John Doe 🔫
삼 Go To 👻			
T2/T18 Data			
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only
T2/T18 Data	Applicant Information		
Applicant Information	*Indicates required information		
Person Information	*Applicant Type		
Filing Date	Claimant	<b>~</b>	
Contact Information	*Contact Method		
Earnings Information	Interview - Office	<b>~</b>	
Insured Status	*Provided Privacy Act St	interpret to the individual	
Health Insurance	The privacy of our custon	ners is always very important to us. Please prov	vide the Privacy Act Statement to the Individual.
	Show Person Remarks (prin	ted)	
	No remarks		
	✓ Show File Documentation N	otes	
	No notes		
	Next Previous Save	& Exit	



#### 4. Applicant Information – Claimant is the applicant: Contact method/Mail

Consolidated Claims Experience				John Doe 🔻
👬 Go To 👻				
T2/T18 Data				
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only	
T2/T18 Data	Applicant Information			
Applicant Information	*Indicates required information			
Person Information	*Applicant Type			
Filing Date	Claimant	<b>v</b>		
Contact Information	*Contact Method			
Earnings Information	Mail	<b>~</b>		
Insured Status	✓ Show Person Remarks (pr	inted)		
Health Insurance	No remarks			
	✓ Show File Documentation	Notes		
	No notes			
	Next Previous Sav	e & Exit		

#### 5. Applicant Information – Privacy Act Statement

PRIVACY ACT STATEMENT: Social Security is authorized to collect your information under sections 1836, 1840, and 1872 of the Social Security Act, as amended (42 U.S.C. 1395o, 1395s, and 1395ii) for your enrollment in Medicare Part B. Social Security and the Centers for Medicare & Medicaid Services (CMS) need your information to determine if you're entitled to Part B. While you don't have to give your information, failure to give all or part of the information requested on this form could delay your application for enrollment.

Social Security and CMS will use your information to enroll you in Part B. Your information may be also be used to administer Social Security or CMS programs or other programs that coordinate with Social Security or CMS to: 1)Determine your rights to Social Security benefits and/or Medicare coverage. 2) Comply with Federal laws requiring Social Security and CMS records (like to the Government Accountability Office and the Veterans Administration). 3) Assist with research and audit activities necessary to protect integrity and improve Social Security and CMS programs (like to the Bureau of the Census and contractors of Social Security and CMS). We may verify your information using computer matches that help administer Social Security and CMS programs in accordance with the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503).



#### 6. Applicant Information – Other Individual is the applicant





### 7. Person Information

Consolidated Claims Experience					John Doe 🗸
👫 Go To 👻					
T2/T18 Data					
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Sec 123-45-6789	urity Number (SSN)	Claim Type Medicare Or	ıly
T2/T18 Data	Person Informati	ion on Record for Jo	ordan Wrangler		
Applicant Information	Identity Informatio	'n			Edit
Person Information	Social Security number: 1	23.45.6789			
Filing Date	▲ Hide Multiple SSNs	23-43-0789			
Contact Information	123-45-6678 123-44-5678				
Earnings Information	112-34-5678 123-45-6778				
Insured Status	Name: Jordan Wrangler				
Health Insurance	▲ Hide Other Names				
	Sex: Male Birth Date: 07/28/1968 Birth Place: Baltimore, M Birth Date Proof Alleged Birth Date Proof Alleged Birth Date Proof Type: Ho: Parent/Mother's name at I Parent/Father's Name: En Go to C Social Security is available. Go to C Enumeration M Citizenship Inform Citizenship Details	aryland (A) spital Birth Record (H) Her Birth Emily Wrangler nit Wrangler Number Application Process laster Query to view the histor	(SSNAP) to update Identity In	formation, when r	equired evidence
	Citizenship Country	U.S Citizenship Basis	U.S Citizenship Proof	Start Date	End Date
	United States	U.S Ctizen Born in U.S	Allegation	07/28/1968	
	<ul> <li>Accommodation In</li> <li>Indicates required inform</li> <li>Add or update notice of Yes</li> <li>No</li> <li>Active Accommodation</li> <li>Active Accommodation</li> </ul>	nformation ation option due to visual impairr o ns ons •	nent? <u>Request Date</u>		Edit
	No records found				



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Non-Standard Accommodations	Request Date	Status
No records found		
cont		



# 8. Applicant Information – "Accept" is clicked

Accommodation Information			Edi
Indicates required information			
Add or update notice option due to visual i	mpairment?		
O Yes O No			
Active Accommodations			
Active Accommodations -	Request Date		
No records found			
Non-Standard Accommodations	Dominant Data	Status	
Non-Standard Accommodations	Request Date	Status	
No records found			





# 9. Filing date - One lead: Using existed protective filing date

onsolidated Claims Experience								John Doe 🗸	
2/T18 Data									
Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler		<b>Claimant Socia</b> 123-45-6789	I Security Nu	mber (SSN	)	Claim Type Medicare Only		
T2/T18 Data	Lead(s) found								
Applicant Information	The following lead or leads to	ad or leads e figure out the	xist in the Enhance e earliest protective	d Leads and Ap filing date wher	pointment S	systems (eLAS out period has	<li>b) for this individuation in the second se second second sec</li>	l. Evaluate the appropriate option if	
Person Information	none of the lead or leads apply. Refer to GN 00204.010 Protective Filing for information about protective filing dates and periods for Title II and Title XVI.								
Filing Date									
Contact Information	Filing Date								
Earnings Information	*Indicates required ir	nformation							
Insured Status	Protective Filing	Date 08/	05/2020						
Lawful Presence	Caller name	Call	er's relationship	to claimant	Number	holder name	• Nu 123	mber holder SSN 3-45-6789	
Health Insurance		Sell		01		0		4.4-4-	
		No	rmai deniai	08/05/2020		02/	05/2021	id date	
	Lead Remarks Lorem ipsum dolor s vitae consequat. Dui	it amet, con s elementur	sectetur adipiscin n aliquam justo eg	g elit. Mauris s jet tempor. In e	ed mollis ne	eque, a mollis feugiat enim.L	ante. Vestibulun _orem ipsum dole	n rhoncus nec nunc or sit amet,	
	Filing Date Optic • Select from the fol O Use Protective O Enter a differe O No protective	DNS lowing opti e filing date nt protective filing date e:	ons of 08/05/2020 e filing date kist before today		e.				
	<ul> <li>Show Person Rei No remarks</li> <li>Show File Docum No notes</li> <li>Next Previous</li> </ul>	marks (print nentation No	ed) ites & Exit						
			,				user experience group	Proven. Design. Sol	

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# **10.** Filing date – One lead: enter a different protective filing date

Consolidated Claims Experience						John Doe 🔫		
🕋 Go To 🔫								
T2/T18 Data								
Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	Claimant Social 123-45-6789	l Security Nun	nber (SSN)	Claim Ty Medicare	<b>/pe</b> e Only		
T2/T18 Data	Lead(s) found.							
Applicant Information	The following lead or leads exist in the Enhanced Leads and Appointment Systems (eLAS) for this individual. Evaluate the lead or leads to figure out the earliest protective filing date where the closeout period has not ended. Select appropriate option if none of the lead or leads apply. Refer to GN 00204.010 Protective Filing for information about protective filing dates and periods for Title II and Title XVI.							
Person Information								
Filing Date	Filing Data							
Contact Information	Filing Date							
Earnings Information	*Indicates required inform	nation						
Insured Status	Protective Filing Da	ate 08/05/2020						
Lawful Presence	<b>Caller name</b> John Doe	Caller's relationship t	o claimant	<b>Number holder</b> John Doe	name	Number holder SSN 123-45-6789		
Health Insurance	Claim type	Informal denial	Closeout n	otice date	Closeout pe	ariad and data		
	HI/SMI	No	08/05/2020		02/05/2021			
	PROTFL 08/05/2020 Lead Remarks Lorem ipsum dolor sit ar vitae consequat. Duis el-	net, consectetur adipiscing ementum aliquam justo eg	ı elit. Mauris se et tempor. In el	d mollis neque, a ementum feugiat	mollis ante. Ves enim.Lorem ips	stibulum rhoncus nec nunc sum dolor sit amet,		
	<ul> <li>Filing Date Options</li> <li>Select from the following</li> <li>Use Protective filing</li> <li>Enter a different protective filing</li> <li>No protective filing</li> <li>Protective Filing Date</li> </ul>	ing options ng date of 08/05/2020 rotective filing date g date exist before today						
	06/01/2020 mm/dd/yyyy Show Person Remark No remarks Show File Document No notes	ks (printed) ation Notes						
	1341045				grou	r erience Proven, Design, Sol Up		

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#### 11. Filing date – No leads: protective filing date exists before today

T2/T18 Data Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler								
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claim and Castiel Castrity Number (CON)	T2/T18 Data						
		123-45-6789	Claim Type Medicare Only						
T2/T18 Data <ul> <li>Applicant Information</li> <li>Person Information</li> </ul>	No additional lead(s) foun No leads currently exist in Enl GN 00204.010 Protective Filir	<b>Id.</b> hanced Leads and Appointment Systems (eLAS) for thi ng for information about protective filing dates and peri	is individual. Refer to ods for Title II and Title XVI.						
Filing Date F	iling Date								
Contact Information	ndicates required information								
Earnings Information									
Insured Status	Protective filing date exists be	efore todav							
Lawful Presence	f the answer is yes, protective fi	iling date is required.							
Health Insurance	• Yes O No								
	Protective Filing Date 06/01/2020 nm/dd/yyyy Show Person Remarks (printer Io remarks Show File Documentation No Io notes Next Previous Exit	ed) tes							



#### 12. Filing date – No leads: no protective filing date exists before today

Consolidated Claims Experience		John Doe	∍ ▼				
👚 Go To 🚽							
T2/T18 Data	T2/T18 Data						
Claim Social Security Number (SSN) 123-45-6789	Claimant NameClaimant Social Security NuJordan Wrangler123-45-6789	mber (SSN) Claim Type Medicare Only					
T2/T18 Data	No additional lead(s) found.						
Applicant Information	No leads currently exist in Enhanced Leads and Appointment S GN 00204.010 Protective Filing for information about protective	ystems (eLAS) for this individual. Refer to e filing dates and periods for Title II and Title XVI.					
Person Information							
Filing Date	Filing Date						
Contact Information	Indicates required information						
Earnings Information	Filing Date Options						
Insured Status	Filing Date Options     Protective filing date exists before today						
Lawful Presence	If the answer is yes, protective filing date is required.						
Health Insurance	V Yes O No						
	Filing Date 09/15/2020						
	✓ Show Person Remarks (printed)						
	No remarks						
	Show File Documentation Notes     No notes						
	Next Previous Exit						



# 13. Filing date - No leads: eLAS exclusion

Consolidated Claims Experience			John Doe 🗸				
🕋 Go To 👻							
T2/T18 Data	2/T18 Data						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only				
T2/T18 Data	Service unavailable						
Applicant Information	The system was unable to time. Go to the Leads and verify if there is a valid pro	o access information from the Enhanced Leads an d Appointment system directly or check for notices otective filing date.	d Appointment System (eLAS) at this in Online Retrieval System (ORS) to				
Person Information							
Filing Date	Filing Date						
Contact Information							
Earnings Information	Filian Data Ontiona						
Insured Status	Filing Date Options						
Lawful Presence	If the answer is yes, protective	e filing date is required.					
Health Insurance	O Yes O No						
	<ul> <li>Show Person Remarks (print No remarks)</li> <li>Show File Documentation No notes</li> <li>Next Previous Save</li> </ul>	nted) Notes e & Exit					



# 14. Filing date – No leads: age alert

Consolidated Claims Experience			John Doe 🗸			
👚 Go To 👻						
T2/T18 Data						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only			
T2/T18 Data	• Age alert					
Applicant Information	Individual's current age is younger than 64 years and 8 months. Selecting the Next button may result in a CCE denial for Medicare Only benefits based on age. To process another type of claim, select the Save & Exit button and proceed to MCS to complete the claim.					
Person Information						
Filing Date	No additional lead(s) fou	nd.				
Contact Information	No leads currently exist in Er	eads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to				
Earnings Information	GIV 00204.010 FIDECLIVE FIL	ing for mormation about protective ming dates and				
Insured Status	Filing Date					
Lawful Presence						
Health Insurance	Indicates required information					
	Filing Date Options					
	* Protective filing date exists b If the answer is yes, protective	efore today filing date is required.				
	O Yes O No					
	✓ Show Person Remarks (prin	ted)				
	No remarks					
	<ul> <li>Show File Documentation Network</li> <li>No notes</li> </ul>	otes				
	Next Previous Save	& Exit				



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#### **15.** Contact Information – Default

Consolidated Claims Experience				John Doe 👻
🕋 Go To 🛛 🗸				
T2/T18 Data				
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	<b>Claimant Social</b> 123-45-6789	Security Number (SSN)	Claimant Type Medicare only
T2/T18 Data	Contact Information			
Applicant Information	Indicates required information	ation		
Person Information	Addresses on Record 2	More info		
S Filing Date				
Contact Information	Address	Purpose	Duration	Actions
Earnings Information	No records found.			
Insured Status	Add New Address			
Health Insurance				
	Primary Phone Number			
	O U.S. O Intern	ational		
	10-digit Number			
	Receive a message on th	is phone by one or more of the	following methods:	
	Select All Options			
	Receive text message	e		
	Receive voice messa	ge		
	Primary Phone Number R (250 characters maximum)	emarks		
	Characters remaining: 250		/	
	Alternate Phone Number			
	O U.S. O Intern	ational		
	10-digit Number			
		]		
	Receive a message on th	is phone by one or more of the	following methods:	
	Select All Options			
				perience Proven. Design. Solutions.

Receive voice message			
Alternate Phone Number Remark	5		
(250 characters maximum)			
		//	
Characters remaining: 250			
Email Address			
*Spoken Language Preference	_		
[	치		
*Written Language Preference			



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#### 16. Contact Information – Addresses on record: more info





#### **17.** Contact Information – Add New Address Modal with US Address

**Note:** The "Current T2/T18 Residence start date" will be displayed only when "T2/T18 Residence" option is selected.

Add New Address	
Indicates required information	
◆Address Country United States or U.S. Territor ✓ Street Address	Apartment, Suite, Building, Etc.
Line 3	Line 4
City/Town State/Te	rritory ZIP Code
	<b>~</b>
State and County Code	purposes
Select all	
✓ T2/T18 Mailing	
. Z/T18 Residence	
Current T2/T18 residence start date	
Save	



#### 18. Contact Information – Add New Address Modal with International Address

I	Add New Address	I
	<ul> <li>Indicates required information</li> </ul>	Π
	*Address	
е	Country	na
ər	Australia	ica
	Street Address Apartment, Suite, Building, Etc.	
ti		
ori	Line 3 Line 4	
d	City/Town State/Province/Region Postal Code	
		on
ľ	Consular Code	
	□ ▼	
	*Apply this address to all applicable purposes	I
	Select all	
מו In	Z T2/T18 Mailing	I
_	T2/T18 Residence	I
0		1
or	Save Cancel	
250	ADR2	



# 19. Contact Information – Multiple addresses on record

Consolidated Claims Experience				John Doe 👻		
👚 Go To 👻						
T2/T18 Data						
Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Numb	per (SSN)	Claimant Type		
123-45-6789	Jordan Wrangler	123-45-6789		Medicare only		
T2/T18 Data	Contact Information					
Applicant Information	Indicates required information					
Person Information	Addresses on Record @ More info					
Siling Date						
Contact Information	Address	Purpose	Duration	Actions		
Earnings Information	100 Main St, Baltimore, MD 21244	Most Recently Provided Mailing				
Insured Status	100 Main St, Baltimore, MD 21244	Electronic Service				
Health Insurance	100 Main St, Baltimore, MD 21244	T2/T18 Mailing		Edit		
	100 Main St, Baltimore, MD 21244	T2/T18 Residence	01/12/10 - Present	Edit View History		
	Primary Phone Number U.S. International U.G. International U.G. International U.G. International TU-digit Number It is phone by a	) one or more of the following met	hods:			
	Select All Options					
	Receive text message					
	Receive voice message					
	Primary Phone Number Remarks (250 characters maximum) Characters remaining: 250		11			

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•	O International				
10-digit Num	ber				
145-259-574	40				
	mber				
Receive a m	essage on this phone l	y one or more of the	e following me	thods:	
Select.	All Options				
Receive	e text message				
Receive	e voice message				
(250 charact	ers maximum)				
(250 charact	ers maximum) emaining: 250			11	
(250 charact Characters re Email Addre	ers maximum) emaining: 250			1	
(250 charact Characters re Email Addre	ers maximum) emaining: 250			1,	
(250 charact Characters re Email Addre	ers maximum) emaining: 250 ss				
(250 charact Characters re Email Addre *Spoken La	ers maximum) emaining: 250 ss nguage Preference			1	
(250 charact Characters re Email Addre *Spoken La	ers maximum) emaining: 250 ss nguage Preference			/i	
(250 charact Characters re Email Addre *Spoken La 	ers maximum) emaining: 250 ss nguage Preference v nguage Preference				
(250 characters re Email Addre *Spoken La 	ers maximum) emaining: 250 ss nguage Preference  rguage Preference			<i>Ii</i>	



# 20. Contact Information – Manage Addresses: default

	Manage Addresses	
	<ul> <li>Indicates required information</li> </ul>	
	Select one of the addresses below or enter a new address	
	O Add new address	
	O 300 Creek Dr, Columbia, MD 21043	
	O 400 Palm St, Pikesville, MD 21777	
)	Select all applicable address purposes	
	Select all	
	T2/T18 Mailing	T
	T2/T18 Residence	
		ory
		1
		1
by		_
	Save	



# 21. Contact Information – Manage Addresses: Add new address

Manage Addresses			
<ul> <li>Indicates required information</li> </ul>			
Select one of the addresses below or enter a new address			
<ul> <li>Add new address</li> </ul>			
O 300 Creek Dr, Columbia, MD 21043			
O 400 Palm St, Pikesville, MD 21777			
Address Country United States or U.S. Territor      ✓			
Street Address Apartment, Suite, Building, Etc.			
Line 3 Line 4			
City/Town State/Territory ZIP Code			
State and County Code			
Select all applicable address purposes			
Select all			
T2/T18 Mailing			
T2/T18 Residence			
Save Cancel			

#### 22. Contact Information – Manage Addresses: Select from existing address

	Manage Addresses								
	<ul> <li>Indicates required information</li> </ul>								
1a	Select one of the addresses below or enter a new address								
	O Add new address								
	<ul> <li>300 Creek Dr, Columbia, MD 21043</li> </ul>								
	O 400 Palm St, Pikesville, MD 21777								
	<ul> <li>Select all applicable address purposes</li> </ul>								
	Select all								
R	Z T2/T18 Mailing								
ro	✓ T2/T18 Residence								
18	*Current T2/T18 residence start date								
18	mm/dd/yyyy								
m	Save								



#### 23. Contact Information – Edit address

June 18, 2020

**Note:** The Address fields can be populated with the "222 Elm St..." address with a single click by clicking the "Use this address" button next to the address.

Similarly, to populate the address fields with the "333 Birch St..." address, the corresponding "Use this address button" must be clicked.

The user can also manually overwrite the address fields at any time.

icates required information	1			- 1
ddresses on Record		Actions		Ia
22 Elm St, Silver Spring, MD	21212	Use this a	address	a
33 Birch St, Odenton, MD 23	3344	Use this a	address	
ddress ountry United States or U.S. Territo treet Address 222 Elm St ne 3	Apartmen	t, Suite, Build	ing, Etc.	tio
ity/Town	State/Territory		ZIP Code	
Silver Spring	Maryland	~	21212	
rrent T2/T18 residence sta /01/2017	art date			Edit
Save				

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#### 24. Contact Information – T2/T18 prior residence up to 5 years requirement

consolidated Claims Experience				John Doe
🖌 Go To 🔻				
2/T18 Data				
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Numbe 123-45-6789	er (SSN)	Claimant Type Medicare only
T2/T18 Data	Continuous prior residence info	rmation is required back to <date s<="" td=""><td>supplied by CCE&gt;</td><td></td></date>	supplied by CCE>	
Applicant Information				
Person Information	Contact Information			
Filing Date	Indicates required information			
Contact Information	Addresses on Record @ More info			
Earnings Information				
Insured Status	Address	Purpose	Duration	Actions
Health Insurance	222 Elm St, Silver Spring, MD 21212	Most Recently Provided Mailing		
	222 Elm St, Silver Spring, MD 21212	Electronic Service		
	222 Elm St, Silver Spring, MD 21212	T2/T18 Mailing		Edit
	222 Elm St, Silver Spring, MD 21212	T2/T18 Residence	01/01/2020 - Present	Edit View History
	, , , , , , , , , , , , , , , , , , , ,			
	Manage Addresses			
	U.S. International U-digit Number 410-251-4752 TTY Number	]		
	Receive a message on this phone by	one or more of the following meth	ods:	
	Select All Options			
	Receive text message		_	
	Receive voice message			
	Primary Phone Number Remarks (250 characters maximum)			
	Characters remaining: 250		11	
			experien group	ce Proven. Design. Sol

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Alternate Phone	Number				
0 0.S.	) International				
TTY Numbe	r				
Receive a messa	ge on this phone by or	ne or more of the f	ollowing methods	:	
Select All C	ptions				
Receive text	message				
Receive voi	e message				
(250 characters r	aximum)			<i>"</i>	
Characters remain	ing: 250				
Email Address *Spoken Langua	ge Preference				
*Written Langua	ye Preference				
	~]				
Save	:el				



### 25. Contact Information – T2/T18 Residence history - Prior residence up to 5 years requirement

Consolidated Claims Experience				Jc	hn Doe 🚽					
🔗 Go To 🛛 👻										
T2/T18 Data										
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Soc 123-45-6789	ial Security Number (SSN)	Claimant Type Medicare only						
T2/T18 Data	Data Continuous prior residence information is required back to <date by="" cce="" supplied=""></date>									
Applicant Information										
Person Information	T2/T18 Residence His	story								
S Filing Date										
Contact Information	Residence Start Date	Residence End Date	Residence Country	Actions						
Earnings Information	01/01/2020	Present	United States or U.S Territory							
Insured Status	01/01/2018	12/31/2019	Australia	Edit Delete						
Health Insurance	01/01/2017	12/31/2017	United States or U.S Territory	Edit Delete						
	Add Period of Residence	]								



## 26. Contact Information – Add Period of residence

4	Add Period of Residence	nt e
*Ir	ndicates required information	
s <b>*</b> F	Residence start date	
l n	nm/dd/yyyy	
*F	Residence end date	
•		
n	nm/dd/yyyy	
*F	Residence country	
	<u> </u>	2
n (	Save Cancel	

group Proven. Design. Solutions.

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#### 27. Contact Information – T2/T18 Residence History – Warning – Gaps in residence information

Consolidated Claims Experience				John					
👚 Go To 🛛 👻									
2/T18 Data									
2. The Bala									
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	<b>Claimant So</b> 123-45-6789	cial Security Number (SSN)	Claimant Type Medicare only					
T2/T18 Data	Gaps are present in th	e periods of residence inf	ormation.						
Applicant Information									
Person Information     T2/T18 Residence History									
S Filing Date									
Contact Information	Residence Start Date	Residence End Date	Residence Country	Actions					
Earnings Information	01/01/2020	Present	United States or U.S Territory						
Insured Status	01/01/2018	12/31/2019	Australia	Edit Delete					
Health Insurance	01/01/2016	12/31/2016	United States or U.S Territory	Edit Delete					
	Add Period of Residence	•							
	Sava								
	Calicer								



#### 28. Contact Information – T2/T18 Residence History – Error - Overlapping periods of residence

Consolidated Claims Experience				Jo	hn Doe  👻
🕋 Go To 🛛 👻					
T2/T18 Data					
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Soc 123-45-6789	cial Security Number (SSN)	Claimant Type Medicare only	
T2/T18 Data	Overlapping periods of	residence information. P	lease make the appropriate cha	nges.	
Applicant Information					
Person Information	T2/T18 Residence His	story			
S Filing Date					
Contact Information	Residence Start Date	Residence End Date	Residence Country	Actions	
Earnings Information	01/01/2020	Present	United States or U.S Territory		
Insured Status	01/01/2018	12/31/2019	Australia	Edit Delete	
Health Insurance	01/01/2017	12/31/2019	United States or U.S Territory	Edit Delete	
	Add Period of Residence	]			



# 29. Earnings Information – Yes" to all

Consolidated Claims Experience

#### T2/T18 Data

Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only						
T2/T18 Data	Earnings Information	ı							
Applicant Information	*Indicates required information	*Indicates required information							
Person Information	<b>()</b> Earnings alerts found. Please review the following alerts and make corrections.								
Second Se	Alarte: Employer age found the estraines reported for amployer is 1907								
Contact Information	Alerts. Employer gap								
Earnings Information	<b>Alerts:</b> Earnings discr	SDI earnings less than maximum in 1997							
Insured Status	Computational Yearly Earnings QCs = Quarters of Coverage, C = Covered, N = Non Covered, L = LAG, M = Military, R = Railroad, F = MQGE Show more info								
Lawful Presence									
Health Insurance									
	Taxed Social Taxed	Taxed Social Taxed	Taxed Social Taxed						

Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019			
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020			
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	CCCC				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	CCCC	2003	\$35,000.00	\$0.00	CCCC				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	CCCC	2008	\$40,000.00	\$0.00	CCCC				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	CCCC	2013	\$40,000.00	\$0.00	CCCC				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	CCCC				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				

John Doe 🗸
# \* Agreed with the computational yearly earnings If the answer is no, please explain

 Yes O No

#### \*Worked under any other Social Security Number (SSN)

<ul> <li>Yes</li> </ul>	O No
-------------------------	------

#### Other Social Security Numbers

At least one SSN entry required	
Social Security Number (SSN)	Action
	Delete

#### \*Worked last year or any time this year @ More info

If the answer is yes, at least one earnings year is required. Yes O No

#### Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
V	\$	🗸

#### Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
🗸	\$	🗸

() Recalculate Earnings. A change has been indicated that requires the earnngs to be re-calculated

**Recalculate Earnings** 

#### ✓ Show Person Remarks (printed)

No remarks

➤ Show File Documentation Notes No notes

Next Previous Save & Exit



#### Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
 Wagos	\$	🗸
Self employment	\$	🗸

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
🗸	\$	🗸

Note: This is the drop list for "Type of work" from last year total earnings.

Last Year Total Earnings (2019)	
Indicate type of work and amount earned below.	

Type of work	Amount	Proof
🗸	· \$	
•	\$	No proof provided
		Development pending

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
🗸	\$	🗸

Note: This is the drop list for "Proof" from last year total earnings.



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#### Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
🗸	\$	🗸

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
	\$	🗸
Self employment	\$	🗸

Note: This is the drop list for "Type of work" from current year total earnings.

Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
🗸	\$	🗸
	\$	🗸

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
	\$	 Dreef and ideal
	\$	No proof provided
		Development pending

**Note**: This is the drop list for "Proof" from current year total earnings.



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# 30. Earnings Information – "No" to all

#### **^**

Consolidated Claims Experience

#### T2/T18 Data

Claim Social Security Number (SSN) 123-45-6789	Claimant N Jordan Wra	l <b>ame</b> ngler	<b>Clai</b> 123-	mant So 45-6789	cial Se	curity Numbe	r (SSN)		Claim Medica	<b>Type</b> are Only		
T2/T18 Data	Earnir	ngs Inform	ation									
Applicant Information	* Indicat	es required infe	ormation									
Person Information	1 Ea	rnings alerts	found. Plea	ise revie	w the fo	llowing alerts a	and make co	rrections	-			
Siling Date												
Contact Information		erts: Employe	r gap found	- no eari	nings rep	ported for emp	loyer in 199	7				
Earnings Information		erts: Earnings	s discrepanc	y found	posted	medicare ear	nings with to	tal OASE	)I earnin	igs less than r	naximum in 1	1997
Insured Status	Comp	utational Ye	early Earni	inas								
Lawful Presence	QCs = (	Quarters of Co	overage, C =	Covered	d, N = N	on Covered, L	= LAG, M =	Military,	R = Rail	lroad, F = MQ	GE	
Health Insurance	♦ One	w more into										
	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
	1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC

Year	Security Earnings	Medicare Earnings	QC's	Year	Security Earnings	Medicare Earnings	QC's	Year	Security Earnings	Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019			
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020			
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	CCCC				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	CCCC	2003	\$35,000.00	\$0.00	CCCC				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	CCCC	2008	\$40,000.00	\$0.00	CCCC				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	CCCC	2013	\$40,000.00	\$0.00	CCCC				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	CCCC				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				



John Doe 🔻

-	⊙ No	
Reason		
500 characte	's maximum	
	~	
Characters r	maining: 500	
*Worked und	er any other Social Security Number (SSN)	
O Yes	⊙ No	
*Worked last	year or any time this year <b>?</b> More info is yes, at least one earnings year is required.	
O Yes	⊙ No	
*Stopped wo	king since	
06/05/2018	Never worked	
mm/dd/yyyy		
<ol> <li>Recalcul</li> </ol>	ate Earnings. A change has been indicated that requires the earnngs to be re-calcu	lated
Deceleulete	Farriera	
Recalculate	Earnings	
✓ Show Perse	n Remarks (printed)	
<ul> <li>Show Person</li> <li>No remarks</li> </ul>	n Remarks (printed)	
<ul> <li>Show Person</li> <li>No remarks</li> <li>Show File I</li> </ul>	n Remarks (printed) ocumentation Notes	



## 31. Insured Status

Consolidated Claims Experience								·
希 Go To 🛛 🛨								
T2/T18 Data								
Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	(	<b>Claimant S</b> 123-45-678	ocial Secur	ity Number	(SSN)	<b>Claim</b> Medica	<b>Type</b> are Only
T2/T18 Data	Insured Stat	us						
Applicant Information	Periods of Insure	d Status						
Person Information	✓ Show More Info							
S Filing Date	Type	Date First	t Insured	Date Las	t Insured			
Contact Information	Retrement	01/01/202	.0					
Earnings Information	Insured Status Show More Info							
Insured Status	Insured Status	Insured	Total Qu Require	larters d	Quarters E	Earned	Additional Quarte	ers MQGE Quarters Used
Lawful Presence	Fully Insured Non-Exclusion	Yes	40		40		0	2
Health Insurance	Fully Insured Exclusion	Yes	40		40		0	2
	Novt		/it					
	Pleviou							



## 32. Lawful Presence – Default View





# **33.** Lawful Presence – Add new lawful presence: LAPR status, "Yes" to status ended.

Consolidated Claims Experie	ence		John Doe 🔫
T2/T18 Data			
Claim Number 123-45-6789	Claimant Name Jordan Wrangler	New Lawful Presence Status	
		* Indicates required information	
T2/T18 Data	Lawful Prese	*Lawful Presence Status	
Applicant Information	*Indicates required in	Lawfully Admitted for Permanent Residence (LAPR) V	
Person Information	*Lawful Presence At least one entry is r	* Start Date	
Section 2015 Filing Date	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information fo	* Selected Status Ended	
Earnings Information		Yes O No	
Insured Status	Add New Lawful F	Stop Date	
Lawful Presence	Show Person Re	mm/dd/yyyy	
Health Insurance	✓ Show File Docum	*Proof	
	No notes		
	Nort	Save	
	Next Previous		





Note: This is the drop list for "Lawful Presence Status".

*	Proof	
	Proof provided No proof provided Development pending	

Note: This is the drop list for "Proof".



# 34. Lawful Presence – Add new lawful presence: LAPR status, "No" to status ended.

Consolidated Claims Experie	nce		John Doe 🔻
T2/T18 Data			
Olaim Number	Claimant Nama		_
123-45-6789	Jordan Wrangler	New Lawful Presence Status	
		* Indicates required information	
T2/T18 Data	Lawful Prese	*Lawful Presence Status	
Applicant Information	*Indicates required in	Lawfully Admitted for Permanent Residence (LAPR) 🗸	
Person Information	*Lawful Presence	* Start Date	
S Filing Date	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information for	*Selected Status Ended	
Earnings Information		O Yes O No	
Insured Status	Add New Lawful P		
Lawful Presence	✓ Show Person Rei No romarks	r	
Health Insurance	Show File Docum	*Proof	
	No notes		
		Save Cancel	
	Next		



## 35. Lawful Presence – Add new lawful presence: does not need reverification (other than LAPR)

Consolidated Claims Experier	nce		John Doe 🔻
Go To	•		
T2/T18 Data			
<b>Claim Number</b> 123-45-6789	Claimant Name Jordan Wrangler	New Lawful Presence Status	
		* Indicates required information	
T2/T18 Data	Lawful Prese	*Lawful Presence Status	
Applicant Information	*Indicates required in	Does not need reverification (other than LAPR)	
Person Information	*Lawful Presence At least one entry is re	* Start Date	
Second Se	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information for	* Selected Status Ended	
Earnings Information		O Yes O No	
Insured Status	Add New Lawful P		
Lawful Presence	✓ Show Person Rep No remarks		
Health Insurance	Show File Docum	Proof     Proof provided	
	No notes		
	Next Previous	Save Cancel	



## 36. Lawful Presence – Add new lawful presence: needs reverification (other than LAPR)

Consolidated Claims Experience			John Doe 🔫
T2/T18 Data			
Claim NumberClaiman123-45-6789Jordan W	<b>t Name</b> Vrangler	New Lawful Presence Status	
	_	* Indicates required information	
T2/T18 Data	Lawful Prese	*Lawful Presence Status	
Applicant Information	*Indicates required in	Needs reverification (other than LAPR)	
Person Information	*Lawful Presence At least one entry is re	* Start Date	
♥ Filing Date	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information fou	* Selected Status Ended	
Earnings Information		O Yes O No	
Insured Status	Add New Lawful Pi		
Lawful Presence	✓ Show Person Rer No remarks		
Health Insurance	✓ Show File Docum	Proof     Proof     Proof     Proof	
	NO HOLES		
	Next Previous	Save Cancel	



# **37.** Lawful Presence – Add new lawful presence: not lawfully present, "Yes" to physically present in the U.S.

Consolidated Claims Experience			John Doe 🔫
🖀 Go To 🝷			
T2/T18 Data			
Claim Number Clair 123-45-6789 Jord	<b>mant Name</b> Ian Wrangler	New Lawful Presence Status	
		* Indicates required information	
T2/T18 Data	Lawful Presei	*Lawful Presence Status	
Applicant Information	*Indicates required in	Not lawfully present	
Person Information	*Lawful Presence At least one entry is re	* Start Date	
Second Se	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information fou	* Selected Status Ended	
Searnings Information		• Yes O No	
Insured Status	Add New Lawful Pi	Stop Date	
Lawful Presence	Show Person Rer No remarks	mm/dd/yyyy	
Health Insurance	✓ Show File Docum	Physically Present in the U.S.	
	No notes		
	Next Previous	Save	

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# 38. Lawful Presence – Add new lawful presence: not lawfully present, "No" to physically present in the U.S.

Consolidated Claims Experience	e		John Doe <del>-</del>
T2/T18 Data			
Claim Number	Claimant Name		
123-45-6789	Jordan Wrangler	New Lawful Presence Status	
		* Indicates required information	
T2/T18 Data	Lawful Presei	*Lawful Presence Status	
Applicant Information	*Indicates required in	Not lawfully present	
Person Information	*Lawful Presence At least one entry is re	* Start Date	
Second Se	Lawful Presence	mm/dd/yyyy	nt Actions
Contact Information	No information for	* Selected Status Ended	
Earnings Information		O Yes O No	
Insured Status	Add New Lawful P		
Lawful Presence	<ul> <li>Show Person Ren No remarks</li> </ul>		
Health Insurance	Show File Docum	<ul> <li>Physically Present in the U.S.</li> <li>Yes O No</li> </ul>	
	Next Previous	Save	



## **39.** Lawful Presence – Two rows

Consolidated Claims Experience						John Doe 🗸
👚 Go To 🗸						
T2/T18 Data						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant So 123-45-6789	cial Security Nur	nber (SSN)	Claim Type Medicare Only	
T2/T18 Data	Lawful Presence					
Applicant Information	*Indicates required information					
Person Information	*Lawful Presence At least one entry is required					
S Filing Date	Lawful Presence Status	Start Date	Stop Date	Proof	Physically Present	Actions
Contact Information	Legally Admitted Permanent Resident (LAPR)	01/01/2016	01/30/2020	Proof provided		Select Delete
Earnings Information	Legally Admitted Permanent Resident (LAPR)	05/05/2020	Continuing	Proof provided		Select Delete
Insured Status						
Lawful Presence	Add Another					
Health Insurance	Next Previous Save	& Exit				



## 40. Lawful Presence – Three rows

Consolidated Claims Experience						John Doe 🗸
🕋 Go To 👻						
T2/T18 Data						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant So 123-45-6789	cial Security Nur	nber (SSN)	Claim Type Medicare Only	
T2/T18 Data	Lawful Presence					
Applicant Information	*Indicates required information					
Person Information	*Lawful Presence At least one entry is required					
Second Se	Lawful Presence Status	Start Date	Stop Date	Proof	Physically Present	Actions
Contact Information	Not Lawfully Present	03/31/2012	03/01/2013	Proof provided	Yes	Select Delete
Earnings Information	Needs Reverification (Other than LAPR)	03/02/2013	11/29/2018	Proof provided		Select Delete
Insured Status	Legally Admitted Permanent Resident (LAPR)	11/30/2018	Continuing	Proof provided		Select Delete
Lawful Presence						
Health Insurance	Add Another					
	Next Previous Save	& Exit				



#### 41. Health Insurance – Default View



Show Person Remarks (printed)	
No remarks	
Show File Documentation Notes	
No notes	



## 42. Health Insurance – Enroll SMI, "Yes" to all



	~	<u> </u>				
Receiving Medic	aid O More Info					
• Yes • •	۹o					
Benefits						
Type of Assista	nce Case # or S	SN State	Eligibility Start	Eligibility End	Verified	Actions
No information f	ound		montar	Month		
Add New Bene	fit					
Receiving an anr of Personnel Mar	nuity under the Fe nagement	deral Civil S	ervice Retiremen	t Act or other law	administere	d by the Office
• Yes • •	٧o					
Claimant wishes	to have SMI prem	iums withhe	eld from OPM ann	uity		
O Yes O M	No					
Civil Service Apr						
Annuitant		, î				
	-					
Civil Service Ann	nuity Number	ired for claim	processing when r	romium doduction	ic involved	
UNU Service Anni	iliv number is redu	red for claim	nnneessing when r		is involved	
	ing number is requ			remum deduction	is involved.	
Group Health Pla	an coverage throu HP or LGHP Cover	gh the claim	nown ant or spouse's a n Current Employn	ctive employmen	t on or after	attainment of a
Group Health Pla C Evidence of G CMS Form L-5 O Yes	an coverage throu HP or LGHP Cover 564	gh the claim	nown ant or spouse's a	ictive employmen nent Status	t on or after	attainment of a
Group Health Pla C Evidence of G C CMS Form L-5 O Yes O N Group Health Pla	an coverage throu HP or LGHP Cover 664 No	igh the claim	nown aant or spouse's a	nent Status	t on or after	attainment of a
Group Health Pla C Evidence of G C CMS Form L-5 Yes O M Group Health Pla Plan Type	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date	Coverage Stop Date	nown aant or spouse's a n Current Employn Employmen Start Date	net Status	t on or after Verified	attainment of a
Group Health Pla C Evidence of G CMS Form L-5 O Yes Group Health Pla Plan Type No information f	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date	Coverage Stop Date	nown aant or spouse's a n Current Employn Employmen Start Date	net Status	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G CMS Form L-5 O Yes O N Group Health Pla Plan Type No information f	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date	Coverage Stop Date	e Start Date	nent Status	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G CMS Form L-5 Yes Group Health Pla Plan Type No information f Add New Cover	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date	Coverage Stop Date	nown aant or spouse's a n Current Employn Employmen Start Date	net Status	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G C MS Form L-5 O Yes O N Group Health Pla Plan Type No information f Add New Cover Medicare Part B	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date Tound (SMI) start month	Coverage Stop Date	nown nant or spouse's a n Current Employn Employmen Start Date	net Status	t on or after Verified	attainment of a Actions
Group Health Pla Group Health Pla C Evidence of G C CMS Form L-5 O Yes O N Group Health Pla Plan Type No information f Add New Cover Medicare Part B [012020	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date found (SMI) start month	Coverage Stop Date	aant or spouse's a nown n Current Employn Employmen Start Date	nt Employment Stop Date	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G C MS Form L-5 C Yes From L-5 C Yes From L-5 C MS Form L-5 C MS FOR L-5 C MS FO	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date iound (SMI) start month	Coverage Stop Date	e Start Date	nt Employment Stop Date	t on or after Verified	Actions
Group Health Pla Group Health Pla C Evidence of G C CMS Form L-5 O Yes O N Group Health Pla Plan Type No information f Add New Cover Medicare Part B 012020 Technician Usi	an coverage throu HP or LGHP Cover 664 No an Coverage Coverage Start Date iound (SMI) start month	Coverage Stop Date	aant or spouse's a nown n Current Employn Employmen Start Date	net Status	t on or after Verified	attainment of a Actions
Group Health Pla Group Health Pla Carlos CMS Form L-5 CMS Form L-5 Carlos CMS Form L-5 Carlos Carlos Carlos Group Health Pla Plan Type No information f Add New Cover Medicare Part B 012020 Technician Usy These developme	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date ound age (SMI) start month	Coverage Stop Date	e application.	nt Employment Stop Date	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G C MS Form L-5 C MS FOR C MS F	an coverage throu HP or LGHP Cover 664 No an Coverage Coverage Start Date iound (SMI) start month e Only intal questions are a Help conversati	Coverage Stop Date	e application.	net Status	t on or after Verified	attainment of a Actions
Group Health Pla Group Health Pla Carlos Construction Group Health Pla Oregan States Group Health Pla Plan Type No information f Add New Cover Medicare Part B 012020 Technician Usy These developme Outcome of Extra O Claimant is of	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date ound age (SMI) start month cound age (SMI) start month cound age	Coverage Stop Date	e application.	net Status	t on or after Verified	attainment of a Actions
Group Health Pla C Evidence of G CMS Form L-5 C MS Form L-5 C	an coverage throu HP or LGHP Cover 564 No an Coverage Coverage Start Date found (SMI) start month e Only intal questions are a Help conversation deemed eligible for aries who are autor	Coverage Stop Date	e application.	net Status nt Employment Stop Date	t on or after Verified	Actions

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Date of Error, Misinformation, or inaction of Government Agent/Employee         mm/yyyyy         Equitable Relief Granted         Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espisabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement         More Info         Deemed Initial Enrollment Period Date of Birth @ More Info         Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during initial enrollment period (IEP)         mm/dd/yyyy         Show Person Remarks (printed)         No remarks         Show File Documentation Notes         No notes	Possible M	lisinformation, Error or inaction of Government Agent/Employee
<ul> <li>mm/yyyyy</li> <li>Equitable Relief Granted</li> <li>Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espisabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement</li> <li>More Info</li> <li>Deemed Initial Enrollment Period Date of Birth  More Info</li> <li>Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during initial enrollment period (IEP)</li> <li>mm/dd/yyyy</li> <li>Show Person Remarks (printed)</li> <li>No remarks</li> <li>Show File Documentation Notes</li> <li>No notes</li> </ul>	Date of Error, N	lisinformation, or inaction of Government Agent/Employee
mm/yyyy         Imm/yyyy         Imm/yyyyy         Imm/yyyyy <th></th> <th></th>		
<ul> <li>Equitable Relief Granted</li> <li>Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., esp sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement</li> <li>More Info</li> <li>Deemed Initial Enrollment Period Date of Birth  More Info</li> <li>Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during initial enrollment period (IEP)</li> <li>mm/dd/yyyy</li> <li>Show Person Remarks (printed)</li> <li>No remarks</li> <li>Show File Documentation Notes</li> <li>No notes</li> </ul>	mm/yyyy	
<ul> <li>Equitable Relief Or anted</li> <li>Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., esp sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement</li> <li>More Info</li> <li>Deemed Initial Enrollment Period Date of Birth  More Info</li> <li>Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during nitial enrollment period (IEP)</li> <li>mm/dd/yyyy</li> <li>Show Person Remarks (printed)</li> <li>No remarks</li> <li>Show File Documentation Notes</li> <li>No notes</li> </ul>	Rouitable F	2aliaf Granted
<ul> <li>Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., esp sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement</li> <li>More Info</li> <li>Deemed Initial Enrollment Period Date of Birth  More Info</li> <li>Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during nitial enrollment period (IEP)</li> <li>Show Person Remarks (printed)</li> <li>No remarks</li> <li>Show File Documentation Notes</li> <li>Ko notes</li> </ul>		
sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement More Info Deemed Initial Enrollment Period Date of Birth More Info Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during nitial enrollment period (IEP) mm/dd/yyyy Show Person Remarks (printed) No remarks Show File Documentation Notes No notes	Health Inst	urance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espic
Deemed Initial Enrollment Period Date of Birth  More Info Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during nitial enrollment period (IEP) mm/dd/yyyy Show Person Remarks (printed) Io remarks Show File Documentation Notes Io notes	sabotage,	treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement
<ul> <li>Deemed Initial Enrollment Period Date of Birth  More Info</li> <li>Inter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during itial enrollment period (IEP)</li> <li>m/dd/yyyy</li> <li>Show Person Remarks (printed)</li> <li>o remarks</li> <li>Show File Documentation Notes</li> <li>o notes</li> </ul>		
Inter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during initial enrollment period (IEP) im/dd/yyyy Show Person Remarks (printed) Io remarks Show File Documentation Notes Io notes	Deemed In	itial Enrollment Period Date of Birth 3 More Info
nter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during itial enrollment period (IEP) m/dd/yyyy • Show Person Remarks (printed) o remarks • Show File Documentation Notes o notes		
Show Person Remarks (printed) Io remarks Show File Documentation Notes Io notes		
<ul> <li>show Person Remarks (printed)</li> <li>o remarks</li> <li>Show File Documentation Notes</li> <li>o notes</li> </ul>	nter the allege	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the period (IEP)
mm/dd/yyyy ✓ Show Person Remarks (printed) No remarks ✓ Show File Documentation Notes No notes	Enter the allege initial enrollme	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the term of term of terms of term of terms of term of terms of term
<ul> <li>✓ Show Person Remarks (printed)</li> <li>No remarks</li> <li>✓ Show File Documentation Notes</li> <li>No notes</li> </ul>	Enter the allege initial enrollme	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the term of (IEP)
No remarks ✓ Show File Documentation Notes No notes	Enter the allege initial enrollmen mm/dd/yyyy	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the terriod (IEP)
✓ Show File Documentation Notes No notes	Enter the allege nitial enrollmen mm/dd/yyyy	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the terriod (IEP)
lo notes	Inter the allege nitial enrollmen nm/dd/yyyy Show Person	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the the period (IEP)
No notes	Enter the allege nitial enrollmen mm/dd/yyyy Show Person No remarks	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during t nt period (IEP) Remarks (printed)
	Enter the allege nitial enrollmen mm/dd/yyyy Show Person No remarks Show File Do	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during t int period (IEP) Remarks (printed) cumentation Notes
	Enter the allege initial enrollment mm/dd/yyyy Show Person No remarks Show File Doo No notes	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during the terriod (IEP)
xt Previous Save & Exit	Inter the allege initial enrollment am/dd/yyyy Show Person Io remarks Show File Down Io notes	ed birth date that caused the person to mistakenly believe that he/she was under age 65 during t nt period (IEP) Remarks (printed) cumentation Notes IS Save & Exit



Note: This is the drop list for "SMI Enrollment Options".

# \*Civil Service Annuity Type



Note: This is the drop list for "Civil Service Annuity Type".



More Infor	rmation	×
For Alert State Refer to chart Medicaid cove See HI 00815	es and Non-SSI recipients in Auto-Accrete States: t in Section HI 00815.009 to determine whether the type of erage alleged is included in State's buy-in agreement. 5.030.C for additional information.	
Close		

Note: This is a more info pop-up for "Receiving Medicaid" question.

Equitable Relief
Equitable Relief is the way of undoing harm caused to an individual by the Government's actions, failure to act, or misinformation. Equitable relief applies to SMI and Premium- HI. It never applies to premium-free HI.
<ul> <li>Grant Equitable Relief when the following elements are present:</li> <li>Government error, misrepresentation, or inaction;</li> <li>Prejudice to the individual's SMI or Premium-HI rights; and</li> <li>Evidence of the error (see HI 00805.175).</li> </ul>
Do not grant Equitable Relief merely because of hardship or "good cause" for failure to enroll.
Example: An individual writes SSA to inquire about SMI enrollment in January. SSA responds to the inquiry in late March, the end of the General Enrollment Period. Failing to provide the information promptly prevented the individual from taking timely action to enroll for SMI.
For more information on Equitable Relief, refer to HI 00805.170 - HI 00805.190.
Close
Possible Misinformation Error or inaction of Government Agent/Employee 🛛 😢 More Into 🛛

Note: This is the pop-up more info for "Equitable Relief".



Crimes Against the U.S.
An individual who is convicted of a crime against the U.S. is not eligible for SMI.
Crimes against the U.S. include:
<ul> <li>Espionage: the practice of spying or of using spies, typically by governments to obtain political and military information</li> </ul>
<ul> <li>Sabotage: deliberately destroy, damage, or obstruct (something), especially for political or military advantage</li> </ul>
<ul> <li>Treason: the crime of betraying one's country, especially by attempting to kill the sovereign or overthrow the government</li> </ul>
<ul> <li>Sedition - conduct or speech inciting people to rebel against the authority of a state or government</li> </ul>
<ul> <li>Subversive activities - Anyone lending aid, comfort, and moral support to individuals, groups or organizations that advocate the overthrow of incumbent governments by force and violence is subversive and is engaged in subversive activity</li> </ul>
For more information on of crimes against the U.S. preclusions, refer to HI 00801.086.
Close

Note: This is the pop-up more info for "Crimes Against the U.S.".



## 43. Health Insurance – Enroll SMI, "No" to all

#### Consolidated Claims Experience John Doe -Go To T2/T18 Data Claim Social Security Number (SSN) **Claimant Name** Claim Type Claimant Social Security Number (SSN) Medicare Only 123-45-6789 Jordan Wrangler 123-45-6789 T2/T18 Health Insurance Person Information \*Indicates required information Application Information Hospital Insurance (HI) Supplemental Medical **Enrollment Period Receiving SSI** Status Insurance (SMI) Status Initial (IEP) No Protective Filing No HI data located No SMI data located Contact Information **Birth Date Enrollment Period End** Attainment of Age 65 Date 12/25/2020 12/26/1955 Earnings Information 03/2021 Insured Status G Medicare Part B Talking Points Lawful Presence Signing up for Medicare Part B when you are first eligible (such as when you turn 65) makes sure that you have coverage when you need it. You have until the end of IEP to enroll into Part B during your Initial Enrollment Health Insurance Period. Show more Part C, Part D, and Part D Extra Help Talking Points · Medicare Advantage Plans, sometimes called "Part C" or "MA plans" are private plans approved by Medicare that include Part A, Part B and usually Part D and offers extra benefits, like vision, hearing, dental, and more. ✓ Show more \* SMI Enrollment Options Enroll ~ \*Receiving Medicaid @ More Info O Yes No \*Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management O Yes No \* Spouse receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management No O Yes \* Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65 C Evidence of GHP or LGHP Coverage Based on Current Employment Status CMS Form L-564 O Yes No

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#### Technician Use Only

These developmental questions are not part of the application.

#### \*Outcome of Extra Help conversation

0	Claimant is	deemed	eligible f	or Extra	Help	and no	application	necessary.
---	-------------	--------	------------	----------	------	--------	-------------	------------

C Beneficiaries who are automatically eligible for Extra Help.

O Extra Help application filed or appointment established.

O Extra Help application not filed and no appointment established.

#### **Optional Questions**

 Possible Misinformation, Error or inaction of Government Agent/Employee Ø More Info

Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espionage, sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement Ø More Info

Deemed Initial Enrollment Period Date of Birth @ More Info

✓ Show Person Remarks (printed)

No remarks

#### ✓ Show File Documentation Notes

No notes

Previous Next Save & Exit



#### 44. Health Insurance – Refuse SMI



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	Possible Misinformation, Error or inaction of Government Agent/Employee O More Info
	Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., es sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement More Info
	Deemed Initial Enrollment Period Date of Birth <b>2</b> More Info
✓ SI	now Person Remarks (printed)
lo r	emarks
✓ SI	now File Documentation Notes
do n	otes



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# 45. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, "Yes" to all

ar	Add New Benefit
h	*Indicates required information
	* Type of Assistance for Buy-in Purposes
	Medicaid - Cash benefits (From the -
	*Welfare Case Number/SSN
	If the Welfare Case number is not available, you may enter the SSN
fc	
L	* State
L	□ ▼ ]
0	* Eligibility Start Month
1	
1	mm/yyyy
L	* Eligibility Ended
e	• Yes • No
L	*Eligibility End Month
L	
ır	mm/yyyy
0	* Verified for State Buy-in Eligibility
	Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is received.
	O Yes
	O No



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*Location of Public Assistance	Office
* Agency Contact Enter name or agency title	
Agency Contact Method	
Save	
optional quotiono	



Note: This is the drop list for "Type of Assistance".



The valued in the dropdown are:

- 50 U.S. states
- District of Columbia
- Guam



- Northern Mariana Islands ٠
- Virgin Islands •

#### **Contact Method**



Note: This is the drop list for "Contact Method".



46. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, "Yes" to all, verified through SSA system

Add New Benefit
*Indicates required information
* Type of Assistance for Buy-in Purposes
Medicaid - Cash benefits (From the -
*Welfare Case Number/SSN
If the Welfare Case number is not available, you may enter the SSN
* State
<b>v</b>
*Eligibility Start Month
mm/yyyy
* Eligibility Ended
Yes O No
*Eligibility End Month
mm/yyyy
* Verified for State Buy in Eligibility
Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is received.
Yes
O No
Verified through SSA system
Save Cancel
or appointment established.



# 47. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, "No" to all

WC	more	
	Add <sup>I</sup> New Benefit	
nt	*Indicates required information	
	* Type of Assistance for Buy-in Purposes	
di	Medicaid - Cash benefits (From the -	
	*Welfare Case Number/SSN	
	If the Welfare Case number is not available, you may enter the SSN	. 1
st		s
on	* State	- 1
	□	
ene		
	*Eligibility Start Month	
ar		C
IVIé		
D	ШПГЛУЎУУУ	
	* Eligibility Ended	
Pl	O Yes O No	∍r
or C		
	* Verified for State Buy-in Eligibility	
C	Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is	
	O Yes	
U٤	O No	. 1
m		. 1
xt		
i je	Save Cancel	
fici	aries who are automatically eligible for Extra Help	
anch	and and all allothalleally eligible for Extra Help.	



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## 48. Health Insurance – Enroll SMI, Add new benefits pop-up window, Medicaid-cash SSI

Add New Benefit
ii *Indicates required information
* Type of Assistance for Buy-in Purposes
Medicaid - Cash (SSI)
tz Claimant is not currently receiving SSI
n Select one of the other two options in the dropdown.
Save Cancel
an Aanagement



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## 49. Health Insurance - Enroll SMI, Add new benefits pop-up window, Medicaid only

Add New Benefit
*Indicates required information
* Type of Assistance for Buy-in Purposes
Medicaid Only
*Welfare Case Number/SSN
If the Welfare Case number is not available, you may enter the SSN
+ State
<b>v</b>
*Eligibility Start Month
mm/vvvv
*Eligibility End Month
11110 99999
* Verified
Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is
• Yes
O No
Verified through SSA system
*Location of Public Assistance Office
* Agency Contact
Enter name or agency title
Contact Mathed
Save

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## 50. Health Insurance – Enroll SMI, Add new coverage pop-up, Group health plan, Yes to all

Add New Coverage		
*Indicates required information		
*Plan Type		
Group Health Plan		
*Coverage Start Date		
mm/yyyy		
*Coverage Ended		
• Yes • No		
*Coverage Stop Date		
mm/yyyy		
* Employment Start Date		
mm/yyyy		
* Employment Ended		
V Yes V NO		
*Employment Stop Date		
mm/yyyy		
<ul> <li>Verified</li> <li>Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Employment Dates.</li> </ul>		
• Yes		
O No		
Save		



Note: This is the drop list for "Plan Type".


#### 51. Health Insurance – Enroll SMI, Civil Service Annuity, Yes to Claimant



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Receiving an annuity under th of Personnel Management	e Federal Civil Service Retirement Act or other law administered by the Office
O Yes O No	
Spouse receiving an annuity u of Personnel Management	under the Federal Civil Service Retirement Act or other law administered by the Offic
• Yes • No	
Claimant wishes to have SMI	premiums withheld from spouse's OPM annuity
• Yes O No	
Civil Service Annuity Type	
Annuitant	▼
Civil Service Annuity Number	required for claim processing when promium deduction is involved
	Unknown
CSA	
CSA	
CSA	
CSA Spouse enrolled in SMI	



#### 53. Health Insurance – Receiving Medicaid table with row filled

Yes     No	More Info					
Type of Assistance	Case # or SSN	State	Eligibility Start Month	Eligibility End Month	Verified	Actions
Medicaid	W12135687	MD	01/2001	Continuing	Yes	Select Delete



#### 54. Health Insurance – Group Health Plan table with row filled

\*Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65 Evidence of GHP or LGHP Coverage Based on Current Employment Status CMS Form L-564



#### Group Health Plan Coverage

Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date	Verified	Actions
Group Health Plan	04/2001	Continuing	04/2001	Continuing	Yes	Select Delete
Add Another						
SMI start month						
	~	]				



#### 55. Health Insurance – Enroll SMI, Add new coverage pop-up, Group health plan, "No" to all

Add New Coverage
*Indicates required information
*Plan Type
Group Health Plan
*Coverage Start Date
mm/yyyy
*Coverage Ended
O Yes O No
* Employment Start Date
mm/yyyy
* Employment Ended
O Yes O No
* Verified
Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Employment Dates.
• Yes
O No
Save Cancel



#### 56. Health Insurance – Enroll SMI, Group health plan for volunteer service – Yes



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No informat			Ended	Service Start Date	Service Stop Date	Service Ended	ed	Actions
	tion found							
Add New Co	overage							
Medicare Part	t B (SMI) sta	rt month						
Fechnician These develop Dutcome of F	Use Only omental quest	tions are not p	part of the appl	lication.				
O Claimant C Bene	t is deemed e eficiaries who	ligible for Extr are automatic	a Help and no ally eligible fo	application nece r Extra Help.	essary.			
O Extra He	papplication	filed or appoi	intment establi	ished.				
Optional Que	stions							
Equitable	e Relief reque	ested by the H	ealth Insuranc	ce applicant 🛛 M	ore Information			
<ul> <li>Health In sabotage</li> <li>More</li> </ul>	nsurance clair e, treason, se Information	mant convicte dition, or subv	d of a crime ag versive activitie	gainst the U.S. re es), prior to meet	ferred to in secting the other req	on 202(u) of the uirements for er	e Act (e.g ntitlemen	., espionag t
Deemed	Initial Enrolln	nent Period D	ate of Birth 🔞	More Informatio	n			
Show Perso	on Remarks (	printed)						
No remarks								
Show File E No notes	Documentatio	n Notes						



#### 57. Health Insurance – Enroll SMI, Group health plan for volunteer service – Yes

Add New Coverage
*Indicates required information
*Plan Type
Non-Profit Group Health Plan
*Coverage Start Date
mm/yyyy
*Coverage ended
O Yes O No
* Volunteer Service Outside U.S. Start Date
mm/yyyy
* Volunteer Service Outside U.S. Ended
O Yes O No
* Verified Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Volunteer Service Dates.
• Yes
O No
Save



## 58. Edits and Alerts

Consolidated Claims Experience				John Doe 🗸
👚 Go To 🛛 👻				
T2/T18 Data				
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Security Number (SSN) 123-45-6789	Claim Type Medicare Only	
T2/T18 Data	<sup>G</sup> Individual Edits and a	Alert Messages		
Applicant Information	Correct the following discret	pancies. You must resolve all edits and review all alerts t	pefore you continue.	
Person Information	• Possible incompletes 1	978 1986		
Second Se	Possible gaps 1995 199     Check BIC T - Verify bir	06 2002 2003 thdate proof code		
Contact Information	Alerts			
Earnings Information	• DIC 1 - SMI start based	on selected SMI start on HIGP screen		
Insured Status				
Lawful Presence				
Health Insurance	Novt Provious E	vit		
Edits and Alerts				



# 59. Pre-adjudicative Results

Image: State Security Number (SM)       Claimant Name Joacial Security Number (SM)       Claimant Social Security Number (SM)       Claimant Social Security Number (SM)       Claimant Social Security Number (SM)       Claima Type Joacia Use Security Number (S	Consolidated Claims Experience									John Doe 🗖
2113 Data       Claimant Name Jordant Wangjor       Claimant Social Security Number (153N)       Claim Type Medicare Only         T27/178 Data       Pre-adjudicative Results         Parion Information       Person Information       Emotionary Identification Code (BIC) Ledger Account File (LAF) Toroinare Period 100       Emotionary Identification Code (BIC) Ledger Account File (LAF) Toroinare Period 100       Emotionary Identification Code (BIC) Ledger Account File (LAF) Toroinare Period 100       Emotionary Identification Code (BIC) 100       Ledger Account File (LAF) Toroinare Period 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Ledger Account File (LAF) 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Ledger Account File (LAF) 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Emotionary Identification Code (BIC) 100       Ledger Account Period 100       Emotionary Identification Code (BIC) 100	🐪 Go To 🛛 🔫									
Claim Social Security Number (S3N)     Claim Type Medicatio Cnity     Claim Type Medicatio Cnity       123-45-8789     Pre-adjudicative Results     Pre-adjudicative Results       Parson Information     Pre-adjudicative Results     Enonicatin formation Code (BC) 10     Ledger Account File (LAF) Active Insured Status (U)     Enolment Period Intel (ICEP)     File Q 200 (Priod Internation Code (BC) 10     Pre-adjudicative Results       Parson Information     Servicing Office Code 10     Program Service Center (PSC) 10     Full Retirement Age (FRA) 0.0002021       Parson Information     Servicing Office Code 10     Program Service Center (PSC) 10     Full Retirement Age (FRA) 0.0002021       Parson Information     Servicing Office Code 10     Program Service Center (PSC) 10     Full Retirement Age (FRA) 0.0002021       Parson Information     Gender 10     Male     Jordan Wangler       Parson Information     Gordan Wangler     Jordan Wangler       Parson Information     Gender 10     Male     Jordan Wangler       Parson Information     Gender 10     Male     Jordan Wangler       Parson Information     Gender 10     Male     Jordan Wangler       Parson Information     Hame     Jordan Wangler     Jordan Wangler       Parson Information     Parson Information     Parson Information     Jordan Wangler       Parson Information     Jordan Wangler     Jordan Vangle	2/T18 Data									
T2T118 Data       Pre-adjudicative Results         Applicant Information       Beneficiary identification Code (BIO) Person Information       Ledger Account File (LAF) Active Insured Medication Only Clam (T) Active Insured Medication Only Clam (T) 1       Enrollence Period Infall (EFP) 0308/2021       Filing Date OverActive Context Hole (LAF) Infall (EFP)       Filing Date OverActive Context Hole (LAF) Infall (EFP)       Filing Date OverActive Context Hole (LAF) 0308/2021         Center (Hormation       OverActive Towards Malas Infall (EFP)       Filing Date OverActive Towards Infall Infall (EFP)       Filing Date OverActive Towards Infall Infall (EFP)       Filing Date OverActive Towards Infall Infall (EFP)       Filing Date OverActive Towa	Claim Social Security Number (SSN) 123-45-6789	<b>Claimant</b> Jordan W	Name rangler	<b>Claima</b> 123-45	nt Social Secu -6789	ity Nu	mber (SSN	)	Claim Type Medicare Only	
Applicant Information       Beneficiary Identification Code (BIC)       Ledger Account Flie (LAF)       Enrolment Period       Filing Date         Person Information       Servicing Office Code       Program Service Center (PSC)       Full Retirement Age (FRA)       04/04/2020         Context Information       Servicing Office Code       Program Service Center (PSC)       Full Retirement Age (FRA)       03/09/2021         Instand Status       Instand Status       Orden Wangler       Instand Status       Instand Status       Instand Status         Instand Status       Instand Address       Orden Wangler       Instand Status       Instand Status         Instand Status       Instand Address       Orden Wangler       Instand Status       Instand Status         Pre-adjudicative Results       Orden Vangler       Instand Status       Instand Status       Instand Status         Instand Status       Instand Status       Orden Vangler       Instand Status       Instand Status         Instand Presence       Instand Status       Orden Vangler       Instand Status       Instand Status         Instand Status       Orden Vangler       Instand Status       Instand Status       Instand Status       Instand Status         Instand Status       Instand Status       Orden Vangler       Instand Status       Instand Status       Inst	T2/T18 Data	Pre-adjud	icative Results							
Person information          Person information       Program Service Center (PSC)       Full Retirement Age (FRA)         Contact information       Category       Value       Unital (IEE)         Contact information       Category       Value       Unital (IEE)         Insured Status       Order       Male       Unital (IEE)       Full Retirement Age (FRA)         Insured Status       Order       Male       Order       Unital (IEE)         Per-adjuictative Results       Order       Male       Unital (IEE)       Order         Maling Address       123 Sesame Street, Baltmore, Maryland, 21208-3116 United States       Estimated Status       Order         Pre-adjuictative Results       Entitiement Dates       Insured Status (IDE)       Insured Status       Order         Full Retirement Dates       Insured Status       Order       XXX       Insured Status       Delay Reson         Procent Information       Insured (IDE)       Insured (IDE)       Insured (IDE)       Insured (IDE)       Insured (IDE)       Insured (IDE)         Insured Status       IDE       Insured (IDE)       IDE       IDE       IDE       IDE         Insured County Code       XXX       Prone Number       (410) 111/2020       Age 65       -       -         Supplemental Medica	Applicant Information	Beneficiary	dentification Code	(BIC)	Ledger Accou	nt File		Enrolln	nent Period	Filing Date
Fing Date       Servicing Office Code       Program Service Center (PS'D)       Full Retirement Age (FRA)         © contact Information       1       0308/2021         © contact Information       Category       Value         © tarrings Information       Category       Value         © contact Information       Maing Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         Resident County Code       XXX       Phone Number       (410) 111-2000         Phone Number       (410) 111-2000       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       0101/2020       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       0       0       0       -       -         Maiora Celligibility       0       0       0       -       -       -         Million Contact Insurance       Figiblio       0       0       -       <	Person Information	Insured Medie	care Only Claim (T)	(2.0)	Active Insured	Status	(U)	Initial (I	EP)	04/04/2020
Contact Information       Ice       Ice<	Filing Date	Servicing Of	fice Code	Program Service Center (PSC) Full Re				Full Re	tirement Age (FRA)	
Peron Indormation       Category       Value	Contact Information	100			1			03/06/2	021	
Category       Value         Insured Status       Name       Adrdan Wrangier         Lawful Presence       Binh Date       010/01/105         Pre-adjudicative Results       Death Date       -         Maing Address       123 Sesame Street, Baltmore, Maryland, 21208-3116 United States         Residence Address       123 Sesame Street, Baltmore, Maryland, 21208-3116 United States         Residence Address       123 Sesame Street, Baltmore, Maryland, 21208-3116 United States         State and County Code       XXX         Phone Number       (410) 111-2000         Entitiement Dates       State Date       remination/ Stop Date       Reside         Nencemental Medical Insurance (HI)       010/10220       -       Age 65       -         Hespital Insurance (HI)       01/01/2020       -       Age 65       -       -         Thrid Party       0       -       -       -       -         Stati Date       Stati Date       Stari Date       Reson       -       -         Non-Covered       Non-Covered       Non-Covered       Non-Covered       -       -       -         State and County Code       XX       -       -       -       -       -       -         Weintoret Thrid Party <td>S Farnings Information</td> <td>Person Infor</td> <td>mation</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	S Farnings Information	Person Infor	mation							
Insured Status       Name       Jordam Wrängler         Landul Presence       Gender       Male         Insurance       Birth Date       0108/1955         Birth Date Proof Type       Hospital Birth Racord       Death Date         Death Insurance       Death Date       -         Maling Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States       State and County Code         State and County Code       XXX       -       -         Phone Number       (410) 111-2000       -       Age 65       -       -         Insurance       Entitlement Date       Termination       Reson       Death Reson       -         Supplemental Medical Insurance (HI)       0101/2020       -       Age 65       -       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -       -         Supplemental Medical Insurance (SMI)       01/01/2020       -       Age 65       -       -       -         Supplemental Medical Insurance (SMI)       01/01/2020       -       Age 65       -       -       -         Supplemental Medical Insurance (SMI)       01/01/2021       -       Age 65       -       -       -	- Lamingo momadon	Category		Value						
I cender       Male         Pre-adjudicative Results       Binh Date       0108/1955         Pre-adjudicative Results       Hospital Binh Record       Hospital Binh Record         Maling Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         Residence Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         State and County Code       XXX         Phone Number       (410) 111-2000         Entitiement Date       Entitement Date         Insurance (HI)       01/01/2020       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       0       0       -       -       -         Supplemental Medical Insurance (SMI)       0/0       0       -       -       -         Mula Solo       0       0       0       -       -       -         Mula Solo       0       0       0       0       - <td>Insured Status</td> <td>Name</td> <td></td> <td>Jorda</td> <td>n Wrangler</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Insured Status	Name		Jorda	n Wrangler					
Preadjudicative Results Binh Date 010021955   Preadjudicative Results Binh Date ProoType Hospital Binh Record   Maling Address 123 Sesame Street, Baltmore, Maryland, 21208-3116 United States   State and County Code XXX   Phone Number (410) 111-2000   Entitiement Dates   Entitiement Dates   Premium Information   Moginal Binkmanne (HI) 01/01/2020   Supplemental Medical Insurance (Shi) 01/01/2020   Origo Date Age 65   Supplemental Medical Insurance (Shi) 01/01/2020   Third Party 0   Origo Date Age 65   Direct Remittance   Hili Free   0 - <td< td=""><td>Lawful Presence</td><td>Gender</td><td></td><td>Male</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Lawful Presence	Gender		Male						
Birth Date Proof Type       Hospital Birth Record         Death Date       -         Death Date       -         Mailing Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         Residence Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         State and County Code       XXX         Phone Number       (410) 111-2000         Entitiement Dates       Start Date       Start Date       Reason       Delay Reason         Hospital Insurance (Hi)       01/01/2020       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -         Premium Information       Surcharge Percentage       Surcharge Amount       Payment Method         Hi       Free       0       0       -       -         Stitl       S100       0       0       -       Direct Remittance         Mailment Age       01/07/2020       -       Age 65       -       -         Street Eligibility       0       0       Direct Remittance       -         Keitcare Eligibility       No       -       -       -         Keitcard Eligibility       No       -       - </td <td>Health Insurance</td> <td>Birth Date</td> <td></td> <td>01/08</td> <td>/1955</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Health Insurance	Birth Date		01/08	/1955					
Pre-adjudicative Results         Death Date         -           Malling Address         123 Sesame Street, Baltimore, Maryland, 21208-3116 United States           Residence Address         123 Sesame Street, Baltimore, Maryland, 21208-3116 United States           State and County Code         XXX           Phone Number         (410) 111-2000           Entitiement Dates           Entitiement County Code         XXX           Phone Number         Start Date         Start Date         Non-Covered Reason         Delay Reason           Hospital Insurance (HI)         01/01/2020          Age 65          -           Supplemental Medical Insurance (SMI)         07/01/2021          Age 65          -           Number         1010/2020          Age 65          -           Supplemental Medical Insurance (SMI)         07/01/2021          Age 65          -           Number         1010         0         -         0         -         -           Staft Bat         100         0         0         -         0         -           Staft Bat         100         0         0         0         -         0		Birth Date P	roof Type	Hospi	tal Birth Record					
Mailing Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         Residence Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         State and County Code       XXX         Phone Number       (410) 111-2000         Entitlement Dates       Start Date       Basis       Non-Covered Reason       Delay Reason         Hospital Insurance (HI)       01/01/2020       -       Age 65       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -         Freemun Information       Surcharge Percentage       Surcharge Amount       Payment Method       -       -         Insurance       Preeium Information       S100       0       0       -       Direct Remittance         Medicar Eligibility       Results       -       -       -       -       -         Category       Results       -       -       -       -       -       -         Altimment Age       01/07/2020       -       -       -       -       -       -         Medical Eligibility       No       -       -       -       -       -       -         Medical Isupoint       No       0	Pre-adjudicative Results	Death Date								
Residence Address       123 Sesame Street, Baltimore, Maryland, 21208-3116 United States         State and County Code       XXX         Phone Number       (410) 111-2000         Entitlement Dates         Entitlement Dates         Insurance (HI)       Start Date       Termination/ Stop Date       Reside       Non-Covered Reson       Delay Reason         Hospital Insurance (HI)       01/01/2020       -       Age 65       -       -         Supplemental Medical Insurance (HI)       01/01/2020       -       Age 65       -       -         Third Party       07/01/2021       -       Age 65       -       -       -         Freenium Information       Surcharge Percentage       Surcharge Amount       Payment Method       -       -         SMI       S100       0       0       0       -       -       -         Medicare Eligibility       Results       -		Mailing Addr	ess	123 Sesame Street, Baltimore, Maryland, 21208-3116 United States					116 United States	
State and County Code         XXX           Phone Number         (410) 111-2000           Entitlement Dates         Start Date         Termination/ Stop Date         Basis         Non-Covered Reason         Delay Reason           Hospital Insurance (HI)         01/01/2020         -         Age 65         -         -           Supplemental Medical Insurance (SMI)         07/01/2021         -         Age 65         -         -           Third Party         1010         20         -         Age 65         -         -           Premium Information         Surcharge Percentage         Surcharge Amount         Payment Method         -           HI         Free         0         0         -         0         -           SMI         \$100         0         0         -         -         -           SMI         \$100         0         0         -         0         -         -           SMI         \$100         0         0         0         Direct Remittance         0         -         -           Insurance         Results         01/07/2020         01/07/2020         01/07/2020         -         Direct Remittance         -           Grivi Service Annuitant		Residence A	ddress	123 S	esame Street, E	altimo	re, Maryland	l, 21208-3	116 United States	
Phone Number         (410) 111-2000           Entitlement Dates         Insurance         Start Date         Termination/ Stop Date         Basis         Non-Covered Reason         Delay Reason           Hospital Insurance (HI)         01/01/2020         -         Age 65         -         -           Supplemental         Medical Insurance (SMI)         07/01/2021         -         Age 65         -         -           Third Party         07/01/2021         -         Age 65         -         -         -           Premium Information         Surcharge Percentage         Surcharge Amount         Payment Method         -           HI         Free         0         0         -         -         -         -           SMI         \$100         0         0         -         -         -         -           Medicare Eligibility         0         0         0         -         -         -         -         -           Allowance         Eligible         -		State and Co	ounty Code	XXX (410) 111-2000						
Insurance       Start Date       Reasis       Non-Covered Reason       Delay Reason         Hospital Insurance (HI)       01/01/2020       -       Age 65       -       -       -         Supplemental Medical Insurance (SMI)       07/01/2021       -       Age 65       -       <		Phone Num	ber							
Insurance       Start Date       Termination/ Stop Date       Basis       Non-Covered Reason       Delay Reason         Hospital Insurance (HI)       01/01/2021       -       Age 65       -       -       -         Supplemettive Medical Insurance (SMI)       07/01/2021       -       Age 65       -       -       -         Third Party       1       07/01/2021       -       Age 65       -       -       -         Premium Insurance       Premium Amount       Surcharge Percentage       Surcharge Memount       Payment Method       -       -         HI       Free       0       0       0       0       -		Entitlement I	Dates							
Insurance (HI)         O1/01/2020          Age 65             Supplemental         Medical Insurance (SMI)         07/01/2021          Age 65             Third Party                 Premium Information           Insurance         Premium Amount         Surcharge Percentage         Surcharge Amount         Payment Method           H1         Free         0         0              SMI         \$100         0         0         0              Medicare Eligibility         \$100         0          0              Category         Results		Insurance	Insurance		Start Date Termination/		Basis Non-Covered	Delay Reason		
Nopital insurance (III) 010 1/2020 - Age 03   Supplemental Medical Insurance (SMI) 07/01/2021 - Age 05   Third Party   Premium Information   Insurance Premium Amount Surcharge Percentage Surcharge Amount Payment Method   HI Free 0 0 0   SMI \$100 0 0 0 Direct Remittance   Medicare Eligibility Category Results Allowance Eligible Allowance Katianment Age 01/07/2020 Civil Service Annuitant No No Criminal/Non-Criminal No		Hospital Insi	Irance (HI)		01/01/2020	510	Date	Age 65	Reason	-
Third Party   Premium Information   Insurance Premium Amount Surcharge Percentage Surcharge Amount Payment Method   HI Free   1 Free 0   SMI \$100 0 0 0 -   Medicare Eligibility   Category Results   Allowance Eligible   Attainment Age 01/07/2020   Civil Service Annuitant No   Medicaid Eligibility No   Medicaid Eligibility No		Supplement	al Medical Insurance	o (SMI)	07/01/2020			Age 65		
Instruction   Insurance Premium Amount Surcharge Percentage Surcharge Amount Payment Method   HI Free 0 0   SMI \$100 0 0 Direct Remittance   Medicare Eligibility Attainment Age O1/07/2020 Civil Service Annuitant No Medicaid Eligibility No Cirminal/Non-Criminal No		Third Party		c (Sivii)	0110112021	-		Age 00	-	
Premium InsurancePremium AmountSurcharge PercentageSurcharge AmountPayment MethodHIFree00SMIS100000Direct RemittanceMedicare ElisibilityCategoryResultsAllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoNo		Third Furty								
InsurancePremium AmountSurcharge PercentageSurcharge AmountPayment MethodHIFree00SMI\$10000Direct RemittanceMedicare ElisibilityCategoryResultsAllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligiblityNoNoCriminal/Non-CriminalNo		Premium Infe	ormation							
HIFree00SMI\$10000Direct RemittanceMedicare ElisibityEligibleAttainment Age01/07/2020Civil Service AnnuitantNoNoMedicaid ElisibilityNoCriminal/Nor-CriminalNo		Insurance	Premium Amount	t Su	rcharge Percen	tage	Surcharge	Amount	Payment Method	
SMI\$1000Direct RemittanceDirect RemittanceCategoryResultsAllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo		HI	Free	0			0			
Medicare EligibilityCategoryResultsAllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo		SMI	\$100	0			0		Direct Remittance	
CategoryResultsAllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo										
AllowanceEligibleAttainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo		Medicare Eli	gibility		Peculte					
Attainment Age01/07/2020Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo		Category			Fligible					
Civil Service AnnuitantNoMedicaid EligibilityNoCriminal/Non-CriminalNo		Attainment 4	lae							
Medicaid Eligibility No Criminal/Non-Criminal No		Civil Service	Annuitant		No					
Criminal/Non-Criminal No		Medicaid Eli	aibility		No					
		Criminal/Nor	a-Criminal		No					
		Chininai/NOI								
									group	Proven. Design. S

#### Periods of Insured Status

Туре	Date First Insured
Medicare	01/01/2020

#### Insured Status

Fully Insured	Total Quarters of Coverage Earned	MQGE Quarters
Yes	40	Yes

#### Group Health Plan

Plan Type	Coverage	Coverage	Employment	Employment
	Start Date	Stop Date	Start Date	Stop Date
Group Health Plan	09/2019	Continuing	09/2019	Continuing

#### Computational Yearly Earnings

QCs = Quarters of Coverage, C = Covered, N = Non Covered, L = LAG, M = Military, R = Railroad, F = MQGE

✓ Show more info

Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019			
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020			
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	cccc				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	cccc	2003	\$35,000.00	\$0.00	cccc				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	cccc	2008	\$40,000.00	\$0.00	cccc				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	cccc	2013	\$40,000.00	\$0.00	cccc				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	cccc				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				

Next Previous Exit



# 60. Attestation and Printing – No previous record

Consolidated Claims Experience						John Doe 🔻
🐴 Go To 🛛 👻						
Development						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Socia 123-45-6789	al Security Numbe	r (SSN)		
Development	Attestation and Print	ting				
Attestation and Printing	* Indicates required information	n				
Development Worksheet	Must select "Add Signature an	d Attestation" belov	v to complete the si	gnature and attestat	ion process	
Person Statement	Claim Type	Signature Type	Signature Date	Attestation Date	Attested By	
Report of Contact	Medicare					
	Add Signature and Attestation	n				



# 61. Attestation and Printing – No previous record: add oral signature

Add Attestation
* Indicates required information
Claims
Claim Type
Medicare
* Signature Type
Oral
() End of the Interview - Review of printed output. You will receive a printed summary copy of the information being used to process your/or name of child(ren)'s application to retain for your records. Do you understand that you must review all of this information carefully and let us know right away if anything needs to be corrected OR if any of the information changes?"
Claimant' affirmation of intent to file and understanding of penalty clause
*Do you understand that the information you provided will be used to process your application for benefits?
Yes
*Do you declare under penalty of perjury that this information is true and correct and to the best of your knowledge?
Yes
Individual signature date for applicant 01/30/2020
Employee Attestation
V I hearby declare that individual signed the application.
Save Cancel



# 62. Attestation and Printing – Oral signature added

Co	nsolidated Claims Experience						John Doe 🗸
4	So To 👻						
D	evelopment						
	Claim Social Security Number (SSN) 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	Claimant Socia 123-45-6789	al Security Numbe	r (SSN)		
ſ	Development	Attestation and Prir	nting				
•	Attestation and Printing	Attestation Must select "Add Signature a	and Attestation" below	v to complete the s	ignature and attestat	tion process	
	Development Worksheet	Claim Type	Signature Type	Signature Date	Attestation Date	Attested By	
	Person Statement	Medicare	Oral	01/30/2020	01/30/2020	Packer, S	
	Report of Contact						
		Documents to be printe All the documents listed belo	ed ow must be printed.				
		Documents		Stor	ed Date		
		Application Summary (sign	ed)				
		Receipt					
		Reporting Responsibility					
		1 Print. Clicking "Next" w	vill preview document	ts to be printed			
		Next Previous E	Exit				

experience group Proven. Design. Solutions.

CCE Medicare Only Screen Package V 3.0 June 18, 2020

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#### 63. Attestation and Printing – Print unsigned application (Ink signature)

Add Attestation		
* Indicates required information		
Claims		
Claim Type		
Medicare		
*Signature Type Oral Ink		
By clicking Save, you will print	the unsigned Medicare Only application to the local printer.	
Save		



#### 64. Attestation and Printing – View after printing unsigned application

С	onso	lidated Claims Experience	9						John Doe 🗸
ł	*	Go To	-						
D	)ev	elopment							
	<b>Cla</b> 123	im Social Security Numl 8-45-6789	ber (SSN)	Claimant Name Jordan Wrangler	<b>Claimant Socia</b> 123-45-6789	al Security Number	r (SSN)		
	De	velopment		Attestation and F	Printing				
	A	ttestation and Printing		Attestation	ire and Attestation" holes	u ta complete the ci	anoturo and attactor	ion process	
	D	evelopment Worksheet				v to complete the si		ion process	
	P	erson Statement		Claim Type	Signature Type	Signature Date	Attestation Date	Attested By	_
	R	eport of Contact		Medicare	ШК				
				Edit Signature and Attes	station				
				Documents		Stored Date	)		
				Medicare Application (u	insigned)	01/25/2020			
				Next Previous	Exit				



# 65. Attestation and Printing – Edit ink signature

Add Attestation	
* Indicates required information	
Claims	
Claim Type	
Medicare	
* Signature Type	
O Oral	
⊙ Ink	
*Date SSA received signed application	
1/30/2020	
mm/dd/yyyy	
Employee Attestation	
✓*I hearby declare that individual signed the application.	
Save Cancel	



#### 66. Attestation and Printing – View after Ink signature is added

Consolidated Claims Experience						John Doe 🔻
🖀 Go To 🛛 👻						
Development						
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Socia 123-45-6789	al Security Numbe	er (SSN)		
Development	Attestation and P	Printing				
Attestation and Printing	Attestation				r	
Development Worksheet	Must select "Add Signatu	Signature Type	Signature Date	Attestation Date	Attested By	
Person Statement	Medicare		01/30/2020	01/30/2020	Packer S	
Report of Contact	modicaro		01100/2020	0110012020		
	Document printed					
	Documents		Sto	ored Date		
	Medicare Only Applicati	ion (unsigned)	01/	25/2020		
	Documents to be pr All the documents below	inted must be printed.				
	Documents		Stor	ed Date		
	Application Summary (s	signed)				
	Receipt					
	Reporting Responsibilit	у				
	1 Print. Clicking "Nex	t" will preview document	is to be printed			
	Next Previous	Exit				



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#### 67. Attestation and Printing – Query mode: Oral signature



#### 68. Attestation and Printing – Query mode: Ink signature



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## 69. Attestation and Printing (Amended Application) – Default View





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#### 70. Attestation and Printing (Amended Application) – Add oral signature & Attestation

Add Attestation
* Indicates required information
Claims
Claim Type
Amended Medicare Statement
*Signature Type
Oral
O Ink
() End of the Interview - Review of printed output. You will receive a printed summary copy of the information being used to process your/or name of child(ren)'s application to retain for your records. Do you understand that you must review all of this information carefully and let us know right away if anything needs to be corrected OR if any of the information changes?"
Claimant' affirmation of intent to file and understanding of penalty clause
* Do you understand that the information you provided will be used to process your application for benefits? Ves
* Do you declare under penalty of perjury that this information is true and correct and to the best of your knowledge?
Ves
Individual signature date for applicant 01/27/2020
Employee Attestation
✓*I hearby declare that individual signed the application.
Save Cancel



# 71. Attestation and Printing (Amended Application) – View after Oral Signature and Attestation

Consolidated Claims Experience					
👚 Go To 👻					
Development					
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Sec 123-45-6789	curity Number (SSN	)	
Development	Attestation and Printin	ng			
Attestation and Printing					
Oevelopment Worksheet	Attestation				
Person Statement	Must select "Add Signature and	Attestation" below to c	omplete the signatur	e and attestation pro	Attested By
Report of Contact	Amended Medicare Statement	Oral	01/27/2020	01/27/2020	Lee, A
	Medicare	Oral	01/25/2020	01/25/2020	Holt, A
	Medicare	Oral	01/19/2020	01/19/2020	Last, B
	Documents to be printed All the documents listed below	must be printed.			
	Documents		Stored Dat	e	
	Amended Medicare Statement	(signed)			
	1 Print. Clicking "Next" will p	review amendment to	be printed.		
	Novt Provious Evit				



# 72. Attestation and Printing (Amended Application) – Add ink signature and Printing

Add Attestation
* Indicates required information
Claims
Claim Type
Amended Medicare Statement
<ul> <li>Signature Type</li> <li>Oral</li> <li>Ink</li> <li>By clicking Save, you will print the unsigned Medicare Only application to the local printer.</li> </ul>
Save Cancel



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# 73. Attestation and Printing (Amended Application) – View after printing unsigned Amended Medicare Statement

consolidated Claims Experience					J
🐣 Go To 🛛 👻					
Development					
Claim Social Security Number (SSN) 123-45-6789	Claimant Name Jordan Wrangler	Claimant Social Sec 123-45-6789	curity Number (SSN	)	
Development	Attestation and Printin	g			
Attestation and Printing					
Development Worksheet	Amended claim found				
	Amenaca ciaini iouna				
Person Statement	System has found an amer and employee attestation	nded claim. Select 'E	dit Signature and At	testation' button to re	cord Individual's sign
Person Statement Report of Contact	System has found an amer and employee attestation.	nded claim. Select 'E	dit Signature and At	testation' button to re	cord Individual's sign
Person Statement Report of Contact	System has found an amer and employee attestation. Attestation Must select "Add Signature and A	nded claim. Select 'E	dit Signature and At	testation' button to re	cord Individual's sign
Person Statement Report of Contact	Attestation Must select "Add Signature and A	nded claim. Select 'E ttestation" below to c <b>Signature Type</b>	idit Signature and At omplete the signatur Signature Date	testation' button to re e and attestation pro Attestation Date	cord Individual's sign cess Attested By
Person Statement Report of Contact	Attestation Must select "Add Signature and A Claim Amended Medicare Statement	nded claim. Select 'E ttestation" below to c <b>Signature Type</b> Ink	dit Signature and At omplete the signatur Signature Date	e and attestation pro Attestation Date	cord Individual's sign cess Attested By
Person Statement Report of Contact	Attestation Must select "Add Signature and A Claim Amended Medicare Statement Medicare	ttestation" below to c Signature Type Ink Oral	idit Signature and At omplete the signatur Signature Date  01/25/2020	e and attestation pro Attestation Date 01/25/2020	cess Attested By Holt, T
Person Statement Report of Contact	Attestation Must select "Add Signature and A Claim Amended Medicare Statement Medicare Medicare	ttestation" below to c <b>Signature Type</b> Ink Oral Oral	dit Signature and At signature Date  01/25/2020 01/19/2020	testation' button to re       and attestation pro       Attestation Date       01/25/2020       01/19/2020	Cess Attested By Holt, T Last, B
Person Statement Report of Contact	Attestation Must select "Add Signature and A Claim Amended Medicare Statement Medicare Medicare Edit Signature and Attestation	ttestation" below to c <b>Signature Type</b> Ink Oral Oral	dit Signature and At Signature Date  01/25/2020 01/19/2020	testation' button to re       and attestation pro       Attestation Date       01/25/2020       01/19/2020	cess Attested By Holt, T Last, B
Person Statement Report of Contact	Attestation Must select "Add Signature and A Claim Amended Medicare Statement Medicare Medicare Edit Signature and Attestation Documents to be printed	ttestation" below to c <b>Signature Type</b> Ink Oral Oral	dit Signature and At Signature Date 01/25/2020 01/19/2020	e and attestation pro Attestation Date 01/25/2020 01/19/2020	cess Attested By  Holt, T Last, B
Person Statement Report of Contact	Attestation System has found an amer and employee attestation. Attestation Must select "Add Signature and A Claim Amended Medicare Statement Medicare Medicare Edit Signature and Attestation Documents to be printed Documents	nded claim. Select 'E ttestation" below to c <b>Signature Type</b> Ink Oral Oral	dit Signature and At Signature Date 01/25/2020 01/19/2020 Stored Date	e and attestation pro Attestation Date 01/25/2020 01/19/2020	cess Attested By Holt, T Last, B



# 74. Attestation and Printing (Amended Application) – Edit signed ink signature

Automation and Enhang
Add Attestation
* Indicates required information
Claims
Claim Type
Amended Medicare Statement
* Signature Type
O Oral
⊙ Ink
* Data SSA received explication
mm/dd/yyyyy
Employee Attestation
✓*I hearby declare that individual signed the application.
Save Cancel



#### 75. Attestation and Printing (Amended Application) – View after receiving ink signature





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## 76. Attestation and Printing (Amended Application) – Query mode (Oral signature)

Consolidated Claims Experience						John Do
👚 Go To 👻						
Development						
Claim Social Security Number (SSN) 123-45-6789	Claimant NameClaimant Social Security Number (SSN)Jordan Wrangler123-45-6789					
Development	Attestation and Printin	ng				
Attestation and Printing	Attestation					
Development Worksheet	Must select "Add Signature and Attestation" below to complete the signature and attestation process					
Person Statement	Claim	Signature Type	Signature Date	Attestation Date	Attested By	
Report of Contact	Amended Medicare Statement	Oral	01/27/2020	01/27/2020	Lee, A	
	Medicare	Oral	01/25/2020	01/25/2020	Holt, A	
	Medicare	Oral	01/19/2020	01/19/2020	Last, B	
	Documents printed					
	<b>1</b> View only. Please go to ORS to re-print documents.					
	Documents					
	Amended Medicare Application (signed)		01/27/2020			
		_				
	Next Previous Exit					



## 77. Attestation and Printing (Amended Application) – Query mode (Ink signature)





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