

MAPS – Appeals Input Screen (APIS)

MAPS VALIDATION		Wednesday, June 28, 2023	MAPS Help • PolicyNet • CSR Query APIS
Applicant Name: [REDACTED]		Applicant SSN: [REDACTED]	Applicant SNO: No Special Notice Option Selected
Phone Number: [REDACTED]		Languages: Not Yet Answered(S)-Not Yet Answered(W)	
Appeal of Determination for Help with Medicare Prescription Drug Plan Costs			
Court Remand Indicator <input type="checkbox"/>			
Late filing reason:		Other, Please See Text <input type="button" value="v"/>	
Claimant's Statement Explaining Good Cause for Late Filing of Appeal		Test only	
Applicant's Name [REDACTED]			
Applicant's Social Security Number/ID# [REDACTED]			
Applicant's MBI [REDACTED]			
Please explain why you disagree with our decision		Test only	
Do you have additional information to support your appeal?		<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered	
Do you want a hearing? If you have a hearing, it will be by telephone.		<input type="radio"/> Yes. You will receive a notice with the date and time of the hearing <input checked="" type="radio"/> No. You will receive a decision based on the information available and any additional information provided <input type="radio"/> Not Yet Answered	
<input type="button" value="Continue"/> <input type="button" value="Quit"/>			

MAPS – Appeals Other Information (APOI)

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Applicant Name: Applicant SSN: Applicant SNO: No Special Notice Option Selected
Phone Number: Languages: Not Yet Answered(S)-Not Yet Answered(W)

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

To give you time to prepare for the hearing, we must allow at least 20 days between the date of your request and the date we schedule the hearing.

Do you want a hearing sooner if scheduling allows?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered
Do you need an interpreter?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered
If YES, please select one of the following languages	<input type="text" value="Not Yet Answered"/>
Are you hearing impaired?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered
Will you have other people at the hearing?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered
If YES, will you and the other people need to talk to us from more than one telephone number?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered

Section A

Home Address

Street Address

Apartment No.

Address Line 3

Address Line 4

City State Zip -

Phone Number () -

Address Source:

Section B

If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.

Contact Person's Name First M.I. Last Suffix

Contact Person's Phone Number () -

Section C

Third Party Application Help Not Applicable
 Family Member
 Friend
 Attorney
 Agency
 Advocate
 Social Worker
 Other Specify

Third Party Name First M.I. Last Suffix

Third Party Address

Street Address

Apartment No.

Address Line 3

Address Line 4

City State Zip -

Phone Number () -

Appeals Unit 113

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MAPS – Appeals Results Screen (APRS)

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APRS

Appeal of Determination for Help with Medicare Prescription Drug Plan Costs

Summary

Applicant Name	[REDACTED]
Applicant SSN	[REDACTED]
Applicant MBI	[REDACTED]
Who is Filing an Appeal	Only you are appealing
Claimant's Statement Explaining Good Cause for Late Filing of Appeal	Test only
Why do You Disagree	Test only
Additional Information	No
Telephone Hearing	Yes
Schedule Hearing Sooner	No
Interpreter	No
Hearing Impaired	No
Other People at the Hearing	No

Save and [Return](#)

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