

**CMS-10831 DIRECT REIMBURSEMENT REQUEST FOR THE LIMITED INCOME NEWLY ELIGIBLE TRANSITION (LI NET) PROGRAM  
CROSSWALK**

Current LI NET Application Form	Location on Current Application Form	Revised Application Form	Type of Change	Reason for Change	Current Location
LINET ( <i>i.e., one word</i> )	Page 1, last bullet	LI NET ( <i>i.e., LI &lt;space&gt; NET</i> )	Rev	To correct typographical error to maintain consistency throughout document	Page 1, last bullet
		<p>IMPORTANT: Read and sign below</p> <ul style="list-style-type: none"> <li>• I must keep Hospital (Part A) or Medical (Part B) to stay in the LI NET program.</li> <li>• By joining the LI NET program, I acknowledge that LI NET will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see PRA Disclosure Statement above). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.</li> <li>• The information on this enrollment form is correct to the best of my knowledge.</li> </ul>	Add	42 CFR 423.32 require individuals completing the enrollment form to acknowledge certain disclosure and exchange of information statements.	Page 2, Section 1

		<ul style="list-style-type: none"> <li>• I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:             <ol style="list-style-type: none"> <li>1) This person is authorized under State law to complete this enrollment, and</li> <li>2) Documentation of this authority is available upon request by Medicare.</li> </ol> </li> </ul> <p>Signature: _____          Today's date: _____          If you're the authorized representative, sign above and fill out these fields:          Name: _____          Address: _____          Phone number: _____          Relationship to enrollee: _____</p>			
		<p>What is your gender? Select one.</p> <ul style="list-style-type: none"> <li>• Woman</li> <li>• Man</li> <li>• Non-binary</li> <li>• I use a different term: [free text]</li> <li>• I choose not to answer.</li> </ul>	Add	<p>CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.</p>	<p>Page 3, Section 2 (Optional)</p>

		<p>Which of the following best represents how you think of yourself? Select one.</p> <ul style="list-style-type: none"> <li>• Lesbian or gay</li> <li>• Straight, that is, not gay or lesbian</li> <li>• Bisexual</li> <li>• I use a different term: [free text]</li> <li>• I don't know.</li> <li>• I choose not to answer.</li> </ul>	Add	<p>CMS is prioritizing the integration of SOGI questions into enrollment forms. Collecting data about the LGBTQI+ population will allow CMS to better identify and address the community's needs in terms of health care access, outreach, and protections against discrimination.</p>	Page 3, Section 2 (Optional)
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Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.