

HI/SMI ENTITLEMENT PROBLEM REFERRAL

DO NOT USE FOR ANY PREMIUM, MANAGED CARE, PART D, MSP, OR BUY-IN PROBLEMS

1. Date (MM/DD/YYYY)	2. Check Appropriate Box Below that Referral is going TO :	
<input type="checkbox"/> Social Security Administration <i>(Attn: Module Contract Specialist)</i> <input type="checkbox"/> NEPSC <input type="checkbox"/> MATPSC <input type="checkbox"/> SEPSC <input type="checkbox"/> GLPSC <input type="checkbox"/> WNPSC <input type="checkbox"/> MAMPSC <input type="checkbox"/> ODO <input type="checkbox"/> OIO	<input type="checkbox"/> CMS Regional Office (RO) <i>(Attn: Beneficiary Services Branch, BOS)</i> <input type="checkbox"/> NY <input type="checkbox"/> PHI <input type="checkbox"/> ATL <input type="checkbox"/> CHI <input type="checkbox"/> DAL <input type="checkbox"/> KC <input type="checkbox"/> DEN <input type="checkbox"/> SF <input type="checkbox"/> SEA	<input type="checkbox"/> CMS Central Office (CO) <i>(Attn: CM, MEAG, DMEC)</i> C4-14-15 7500 Security Blvd. Baltimore, MD 21244-1850

3. FROM: Social Security Administration <i>(Fill out completely)</i>	TSC Code	FO Code
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Contact	Unit	Phone Number and Extension <i>(if applicable)</i>
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FO Address

Check appropriate PSC:

NEPSC MATPSC SEPSC GLPSC WNPSC MAMPSC ODO OIO MOD _____

4. Beneficiary's Name	5. Beneficiary's Phone Number
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6. Claim Number	7. Cross Reference Number
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8. Original Request Followup *(Also check box in 9A, 9B, or 9C indicating number of days)* Reply Requested: YES NO

9.A. Reason for Referral to PSC <i>(MBR and HIQR Incorrect)</i> <input type="checkbox"/> Incorrect HI/SMI Entitlement <input type="checkbox"/> Name Problem <input type="checkbox"/> Beneficiary Not Deceased <input type="checkbox"/> Incorrect Date of Death (DOD) / Proven DOD <input type="checkbox"/> Incorrect Sex Code <input type="checkbox"/> Initial Enrollment for HI/SMI Not Processed <input type="checkbox"/> Incorrect Address <input type="checkbox"/> Cross Reference Problem <input type="checkbox"/> SMI Enrollment Not Processed <input type="checkbox"/> SMI Refusal Not Processed <input type="checkbox"/> Other <i>(Explain Below)</i> <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days	B. Reason for Referral to CMS RO <i>(HIQR Only Incorrect)</i> <input type="checkbox"/> Incorrect HI/SMI Entitlement <input type="checkbox"/> Name Problem <input type="checkbox"/> Beneficiary Not Deceased <input type="checkbox"/> Incorrect Date of Death (DOD) / Proven DOD <input type="checkbox"/> Incorrect Sex Code <input type="checkbox"/> No HI Record (HIQR has no data) <input type="checkbox"/> Incorrect Address <input type="checkbox"/> Cross Reference Problem <input type="checkbox"/> Non-receipt of Medicare Card Issue Date on HIQR Shows _____ <input type="checkbox"/> Other <i>(Explain Below)</i> <input type="checkbox"/> 30 Days <input type="checkbox"/> 45 Days (To CMS CO)	C. Reason for Referral to CMS CO <input type="checkbox"/> Incorrect Date of Birth on HIQR Record Only <i>(This means MBR DOB is correct and only HIQR is incorrect. Verify MBR DOB, not the Numident DOB, and if MBR DOB is incorrect SSA must correct. DO NOT SEND TO CMS.)</i> <input type="checkbox"/> Beneficiaries with Same Name Cross Referred to Each Other <input type="checkbox"/> DOD Alert or DOD Correction where the HIQR Shows Only Skeletal Information <input type="checkbox"/> Other <i>(Explain Below—DO NOT USE FOR ANY PREMIUM, MANAGED CARE, PART D, MSP, OR BUY-IN PROBLEMS)</i> <input type="checkbox"/> 30 Days
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10. Explain Problem and/or Correction Needed

11. CMS or PSC Reply