

**Georgia Department of Human Services
Division Of Family and Children Services
Medicare Savings Programs Request for Information**

_____ Date _____
_____ Case Worker Name _____
_____ Phone _____

IMPORTANT INFORMATION ABOUT HELP WITH YOUR MEDICARE COSTS

Client Name _____ Case # _____

You are receiving this letter because you applied for the **Extra Help with Medicare Prescription Drug Plan Costs**. You authorized the Social Security Administration (SSA) to share information with us to see if you qualify for help through the **Medicare Savings Programs**. The Medicare Savings Programs may assist you with your Medicare Part A and B premiums, and in some circumstances, your Medicare co-insurance and deductibles. See the enclosed Fact Sheet entitled “**MEDICARE Savings Programs**”.

We received the information from SSA and have started the process to see if you qualify. Because the **Georgia Division of Family and Children Services** needs additional information, we are enclosing some items for you to provide additional information we need. This information can also be used to determine if you qualify for other Medicaid programs.

The items enclosed are: _____ **Form 700** _____ **Verification Checklist**

Please complete the form or provide the requested verification as soon as possible, but no later than the deadline below. Submit the items to the Division of Family and Children Services (DFCS).

Deadline: _____

To prevent delays in determining if you qualify, please complete all questions and return all requested verification. If you need assistance in completing the form, please visit your local DFCS office, call the DFCS Customer Contact Center at 877-423-4746 or Georgia SHIP at 800-669-8387.

MEDICARE Savings Programs Fact Sheet

Qualified Medicare Beneficiary Program (QMB)

QMB provides a Medicare supplement to individuals who meet financial criteria based on the Federal Poverty Level (FPL).

QMB pays the following for the QMB eligible individual:

- The monthly premium for Part A Medicare for those individuals who must pay a premium
- The monthly premium for Part B Medicare
- All Medicare co-insurance payments (the 20% of covered charges that Medicare will not pay)
- All Medicare deductibles, such as the in-patient hospital deductible.

QMB will **not** cover any medical service that is not covered by Medicare.

Specified Low Income Medicare Beneficiary Program (SLMB)

SLMB pays the monthly premium for Medicare Supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal poverty level (FPL).

Qualified Individual-1 (QI-1)

QI-1 pays the monthly premium for Medicare supplemental Medical Insurance (Part B) for individuals who meet financial criteria based on a percentage of the Federal Poverty Level (FPL). Eligibility criteria are identical to SLMB except that the coverage is time limited depending on available State funds and the income limit is higher than the SLMB limit.

Qualified Disabled and Working Individual (QDWI)

QDWI provides payment of the monthly Part A Medicare premium for disabled working individuals.