

WGIUPD

GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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GIS 02 MA/020

TO: Local District Commissioners, Medicaid Directors, Third Party Supervisors

FROM: Betty Rice, Director
Division of Consumer and Local District Relations

SUBJECT: Revised Medicare Savings Program Application

EFFECTIVE DATE: April 1, 2002

CONTACT PERSON: Bureau of Local District Support:
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In GIS 02 MA/009 and GIS 02 MA/010 you were notified of changes to the Medicare Savings Program. As a result of these changes, we have revised the LDSS-4592, previously referred to as the "MEDICARE PREMIUM PAYMENT PROGRAM APPLICATION" and the "HOW TO FILL OUT THE MEDICARE PREMIUM PAYMENT PROGRAM APPLICATION" to reflect the recent changes. Copies are attached.

Local departments of social services should distribute the revised LDSS-4592 along with the revised "HOW TO FILL OUT THE MEDICARE SAVINGS PROGRAM APPLICATION" to individuals/couples who are applying for the Specified Low Income Medicare Beneficiary Program and the Qualified Individual-1 and Qualified Individual-2 programs.

The LDSS-4592 should be obtained through the normal forms ordering process. Should you need to provide the LDSS-4592 and the "HOW TO FILL OUT THE MEDICARE SAVINGS PROGRAM APPLICATION" before you receive your supply, you may photocopy the attached forms. We suggest that you copy the two-page application form as a one-page, two-sided document.