



<<Project Address>> | <<Project City, State ZIP>> | Telephone <<Project Phone>> | Fax <<Project Fax>>

<<Date>>

<<Contact_First_Name>> <<Contact_Last_Name>>
<<Org_Name_1>>
<<Contact_Address_1>>
<<Contact_Address_2>>
<<Contact_City>> <<Contact_State>> <<Contact_ZIP>>

RE: Estate of: << Recipient Name>>
Date of Death: <<DOD>>
MERP Case #: <<CaseID>>

<<Contact_First_Name>> <<Contact_Last_Name>>:

On behalf of the Alabama Medicaid Agency, we would like to express our sincere condolences for your recent loss. We recognize that this is a difficult time for you. We are required by law, however, to ask you for some information at this time.

Medicaid Estate Recovery

Alabama Medicaid is required by federal and state law to recover, or be repaid, from the estates of certain Medicaid recipients for services or care that Medicaid paid for. Alabama Medicaid has contracted with Health Management Systems, Inc., to recover these funds.

Our records show the person named above received Medicaid services, the cost of which is due to Medicaid. As of the date of this letter, the total amount that Medicaid paid is \$<<Total Lien>>. These costs may only be recovered from the estate of the person named above. Also, the amount paid to Medicaid cannot be more than the total value of the estate’s assets. This amount is not final and may change.

Please note the State’s claim is against the estate of the decedent and not the personal representative, family members, or heirs.

Exemptions

In some cases, the law allows Alabama Medicaid to postpone or release its claim on the estate if there is a surviving spouse or an exempt child. To find out if this applies to this estate, please fill out and return the attached form within two weeks from the date on this letter. **The form must be completely filled out and sent to the address or fax number above.**

Hardship Waiver

If an heir can show that collection of the state’s claim would result in an undue hardship, Alabama Medicaid may waive or release the claim. To apply for a hardship waiver, please call our office for an application. Applications must be turned in to our office **no later than 60 days** from the date of this notice. Applications received after the 60-day period will not be reviewed. If no exemptions or approved hardship conditions exist, the State will pursue collection.

Undue hardship does not include the inability of any of the beneficiaries to maintain a pre-existing lifestyle, or if the alleged hardship is the result of Medicaid or estate planning methods involving disposal of assets.

Please know that you received this notice because our records show you as the primary, and perhaps only, contact for the person listed above. If this is not correct, please contact our office to give us the name and contact information of the person(s) in charge of the estate. We would appreciate you telling any family members or heirs who may be affected by this claim.

Please call us if you have any questions regarding this claim.

Sincerely,

HMS - Recovery Unit
Contractor for Alabama Medicaid Agency

Enclosure

For more information about Alabama Medicaid Estate Recovery, go to
http://medicaid.alabama.gov/CONTENT/6.0_Providers/6.1_Benefit_Coordination.aspx

MEDICAID ESTATE RECOVERY PROGRAM
QUESTIONNAIRE

1. MEDICAID MEMBER'S INFORMATION:

Name: «Recipient_First_Name» «Recipient_Last_Name»
Date of Death: «DOD»
MERP Case #: <<HMS Case Number>>

2. CLAIM EXEMPTIONS:

If any of the following apply, please check the corresponding box and provide the requested information.

Is there a surviving spouse? If yes, please provide the below information along with a copy of the Deceased Member's Death Certificate. YES NO

Surviving Spouse Name: _____
Surviving Spouse Address: _____
Surviving Spouse City, State, Zip _____
Surviving Spouse SSN: _____

Is there a child under the age of 21, or surviving child of any age who became blind or permanently and totally disabled? If yes, please provide the below information along with proof of age, relationship, and disability (Birth Certificate and Benefit Award Letter). YES NO

Individual's Name: _____
Individual's Address: _____
Individual's SSN: _____ Individual's DOB: _____

3. ASSET INFORMATION:

Did the decedent own a home or other real property at the time of death? If yes, please complete the asset information questions. You should attach additional pages if needed. YES NO

Property Address	Approximate Fair Market Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Did the deceased have a bank account or other financial account? If yes, please complete the below and send a copy of a recent account statement. YES NO

Bank/Financial Institution Name	Account Number	Balance/Value if known
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

4. ESTATE ADMINISTRATION

Did the decedent have a will? If yes and no statutory exemptions exist, please enclose a **COPY** of the will when you return this questionnaire. YES NO

Has there been or do you anticipate any third party lawsuits filed on behalf of this Estate? YES NO

Has there been (or will there be) a petition for probate of the estate filed? YES NO

Has there been or do you anticipate any filings affecting the decedent’s estate by affidavit or other estate proceedings? YES NO

If yes to any of the above, please complete the following information:

Case Number _____ Date filed: _____ County Court: _____

5. OTHER INFORMATION

If there are additional circumstances and/or information related to this claim, please include this information in the following section or provide attachments:

6. CONTACT INFORMATION: Attorney Personal Representative Guardian Other

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

7. PREPARER’S INFORMATION (If different than question 6):

Preparer Name: _____

Preparer Signature: _____

Date Prepared: _____ Phone: _____

Please complete and return this form to:

HMS AL MERP Recovery Unit

<<Project Address1>>

<<Project Address2>>

<<Project City, State ZIP>>

Telephone <<Project Phone>> Fax <<Project Fax>>

<< Bar Code >>