

**Attachment 4**  
**(10/14/2010)**

NOTICE: N160

EFFECTIVE DATE FROM: 101410 EFFECTIVE DATE TO: 999999

TITLE: MS – QMB APPROVAL - MIPPA

>>

When you applied for Extra Help paying for your prescription drugs with Social Security under the Medicare Prescription Drug program, you also asked for help with other Medicare costs under the Medicare Savings Programs.@@

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Social Security sent our agency information from your application to see if we can help you. A decision was made based on the information we received.@@

>>

We have approved your application for medical benefits under the Qualified Medicare Beneficiary (QMB) program effective %%%%%%%%%%. You are not eligible for the Qualified Medicare Beneficiary (QMB) program for prior months.@@

>>

This program will pay for your Medicare premium. It will also pay deductible and co-insurance cost on Medicare-covered services.@@

>>

Please allow 60 – 90 days for your Medicare part B premium to be credited back to your Social Security/Railroad Retirement check.@@

>>

The following people will receive a QMB medical card:@@

%%%%%%%%%%.@@

>>

You will get a plastic medical card in a few days unless you already have one. If you do not get a card and you do not have your old one, call 1-800-766-9012 and ask for a new one. Show your card to all Medicare service providers. If you do not show your medical card, you may have to pay the bill.@@

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Your coverage ends &&MSLSTREV&&. You must reapply for coverage each year. We will tell you when it is time to reapply.@@

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This action is based on KEESM Section 2671 #####.@@

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MEDICAL ASSISTANCE REPORTING REQUIREMENTS@@

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For your medical benefits, you must tell us about the following changes within 10 days of the time you learn of the change.@@

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1. Changes in the source of earned or unearned income.@@

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2. Changes in the amount of earned or unearned income.@@

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3. If anyone moves in or out of your home, including a new marriage, separation or divorce.@@

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4. If you move, your new address.@@

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5. If you go into the hospital or other institution.@@

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6. If your household's total cash, savings, or other resources goes over \$%%%%%.@@

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7. If you are disabled and the Social Security Administration decides that you are no longer disabled.@@

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8. If you have changes in your Medicare coverage or health insurance plans.@@

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9. If you have health insurance and the amount of your premium goes down.@@

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10. If you transfer resources or income, including a trust.@@

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We want you to get the correct amount of benefits. Please help us by remembering to report changes to SRS as explained in this letter.@@

>>

Please read the back of this letter. It has important information.

It tells about your right to a fair hearing.@@

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If you have questions, call %%%%%%%%%% at %%%%%%%%%% between the hours of %%%%%%%%%%.@@

>>

Copies sent from local office to: #####.@@

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Other: