

**Attachment 5**  
**(10/14/2010)**

NOTICE: N161

EFFECTIVE DATE FROM: 101410 EFFECTIVE DATE TO: 999999

TITLE: MS – LMB 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.@@

>>

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 Low Income Medicare Beneficiary (LMB) program effective %%%%%%%%%%. This program only pays for your Medicare Part B premiums.@@

>>

The following people are eligible for Low Income Beneficiary (LMB):@@  
%%%%%%%%%.@@

>>

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

>>

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 2672 #####.@@

>>

**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.@@

>>

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.@@

>>

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

>>

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

>>

Other: