

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-1-RB283
(DATE)

(NAME) ID#: 00000000000000
(ADDRESS) SSN#: 000-00-0000
(CITY, STATE, ZIP) SSI APPLICATION DATE: 00/00/0000

DIVISION OF MEDICAID

NOTICE OF APPROVAL AND RETROACTIVE MEDICAID

The Division of Medicaid has been informed by the Social Security Administration that you are eligible for Supplemental Security Income (SSI). Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for Medicaid begins **(DATE)**. You will receive a plastic Medicaid card soon. This card is good for each month you are eligible.

If you have medical bills in the three months prior to your application for SSI, or for the month(s) between your application for SSI and the month your SSI payment began, notify the regional office shown below and show them this letter to verify receipt of SSI/Medicaid. If you are found eligible for Medicaid during any of these months, some or all of your medical bills may be paid.

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

Your eligibility for Medicaid will continue as long as you remain eligible for SSI. It is important that you notify your local Social Security Office in **(LOCATION OF SSA OFFICE)** of any change in address or circumstances as soon as possible.

Enclosure: Medicaid Notice of Non-Discrimination

REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-2-RB284
(DATE)

(NAME) ID#: _____
(ADDRESS) SSN#: 000-00-0000
(CITY, STATE, ZIP) SSI APPLICATION DATE: (DATE)

DIVISION OF MEDICAID

NOTICE OF DENIAL AND RETROACTIVE MEDICAID

In Mississippi, individuals who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid. However, the Division of Medicaid has been advised by the Social Security Administration that your application for SSI (SSI APPLICATION DATE) has been denied. Therefore, you are not eligible for Medicaid as a SSI recipient.

If you disagree with the decision on your application for SSI and Medicaid, you should immediately contact your local Social Security Office as directed on the Supplemental Security Income notice of disapproved claim which you recently received. Your local Social Security Office is located in (LOCATION OF SSA OFFICE).

If you have medical bills in one or more of the 3 months before you applied for SSI and you believe you would have been eligible for SSI at the time, you should apply for Medicaid at the Medicaid Regional Office shown at the end of this notice.

Although you are not eligible for Medicaid as a recipient of SSI, you may be eligible for Medicaid under one of the following Medicaid-only groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have or can get Medicare Part A Hospital Insurance and your income does not exceed the federal poverty level for an individual or couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses under the Qualified Medicare Beneficiary (QMB) group.
2. You have Medicare Part A and your income does not exceed 135% of the federal poverty level for an individual or couple. There is no resource test for this group. Medicaid will pay your Medicare Part B premiums only under either the Specified Low Income Beneficiary (SLMB) or Qualified Individual (QI) groups.
3. You are a disabled child living at home and are age 18 or under and receiving medical care at home that would be provided in a medical institution.

4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below the Medicaid institutional limit. Your resources must not exceed \$4000 for an individual.
5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. A cost-of-living increase in Social Security.
 - b. Entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. Entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your gross monthly earned income cannot exceed 250% of the federal poverty level for an individual or couple. Your unearned income cannot exceed 135% of the federal poverty level for an individual or couple. Resources cannot exceed \$24,000 for an individual and \$26,000 for a couple. A monthly premium is payable for an individual or couple whose earnings exceed 150% of the poverty level for Working Disabled coverage.
7. You are disabled and not eligible for Medicare. Your income cannot exceed 135% of the federal poverty level for an individual or couple. Your resources must not exceed \$4000 for an individual or \$6000 for a couple for coverage in the Healthier Mississippi Waiver program.
8. You are a pregnant woman with household income that does not exceed 194% of the federal poverty limit.

The income limits referred to above can be found on the Division of Medicaid's website at www.medicaid.ms.gov under "see if you qualify for Mississippi Medicaid health benefits," or you may call the Regional Office to get income and other information about Medicaid coverage.

If you believe that you are eligible under one of the groups described above, you should contact:

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

or present this letter of denial to that office.

Enclosure: Medicaid Notice of Non-Discrimination

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-3 - RB285
(DATE)

(NAME)
(ADDRESS)
(CITY, STATE, ZIP)

ID#: 000000000000000000
SSN# 000-00-0000
SSI APPLICATION DATE: 00/00/0000

DIVISION OF MEDICAID

NOTICE OF DENIAL OF MEDICAID

In Mississippi, individuals who are eligible for Supplemental Security Income (SSI) are automatically eligible for Medicaid. However, the Division of Medicaid has been advised by the Social Security Administration that you failed to assign your third party medical payments to the Division of Medicaid. As a result, your Medicaid coverage has been denied.

If you disagree with the decision to deny your Medicaid based on the reason cited above, you may notify us immediately in writing to request a hearing in this matter.

Per Federal (P.L. 98-39, Section 2367) and State laws, it is mandatory that you assign your third party medical payments (medical insurance) to the Medicaid agency in order to be eligible for Medicaid benefits.

Send your request for a hearing to:

Office of Eligibility
Mississippi Division of Medicaid
550 High Street
Suite 1000
Jackson, MS 39201-1399

Enclosure: Medicaid Notice of Non-Discrimination

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-4-RB286
(DATE)

(NAME) ID#: 0000000000000
(ADDRESS) SSN#: 000-00-0000
(CITY, STATE, ZIP) SSI APPLICATION DATE: (DATE)

DIVISION OF MEDICAID

NOTICE OF TERMINATION OF MEDICAID

The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective **(DATE)**.

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in **(LOCATION OF SSA OFFICE)** as directed in the Supplemental Security Income notice of change which you recently received.

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have or can get Medicare Part A Hospital Insurance and your income does not exceed the federal poverty level for an individual or couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses under the Qualified Medicare Beneficiary (QMB) group.
2. You have Medicare Part A and your income does not exceed 135% of the federal poverty level for an individual or couple. There is no resource test for this group. Medicaid will pay your Medicare Part B premiums only under either the Specified Low Income Beneficiary (SLMB) or Qualified Individual (QI) groups.
3. You are a disabled child living at home and are age 18 or under and receiving medical care at home that would ordinarily be provided in a medical institution.

4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below the Medicaid institutional limit. Your resources must not exceed \$4000 for an individual.
5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. A cost-of-living increase in Social Security.
 - b. Entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. Entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your gross monthly earned income cannot exceed 250% of the federal poverty level for an individual or couple. Your unearned income cannot exceed 135% of the federal poverty level for an individual or couple. Resources cannot exceed \$24,000 for an individual and \$26,000 for a couple. A monthly premium is payable for an individual or couple whose earnings exceed 150% of the poverty level for Working Disabled coverage.
7. You are disabled and not eligible for Medicare. Your income cannot exceed 135% of the federal poverty level for an individual or couple. Your resources must not exceed \$4000 for an individual or \$6000 for a couple for coverage in the Healthier Mississippi Waiver program.
8. You are a pregnant woman with household income that does not exceed 194% of the federal poverty limit.

The income limits referred to above can be found on the Division of Medicaid's website at www.medicaid.ms.gov under "see if you qualify for Mississippi Medicaid health benefits," or you may call the Regional Office to get income and other information about Medicaid coverage.

If you believe that you are eligible under one of the groups described above, you should contact:

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

within thirty (30) days for a redetermination of your eligibility.

Enclosure: Medicaid Notice of Non-Discrimination

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-5-RB287
(DATE)

(NAME)
(ADDRESS)
(CITY, STATE, ZIP)

ID#: 0000000000000000
SSN: 000-00-0000

DIVISION OF MEDICAID

NOTICE OF TERMINATION OF MEDICAID

The Mississippi Division of Medicaid has been notified by the Social Security Administration that you failed to cooperate in assigning your third party medical payments to the Division of Medicaid. As a result, your Medicaid benefits will be terminated effective (DATE).

If you disagree with the decision made to terminate your Medicaid based on the reason cited above, you may notify us in writing to request a hearing in this matter. We must be notified within ten (10) days of the date of this notice in order for your Medicaid benefits to continue through the hearing process.

Per Federal (P.L. 98-39, Section 2367) and State laws, it is mandatory that you assign your third party medical payments (medical insurance) to the Medicaid agency in order to remain eligible for Medicaid benefits.

Send your written request for a hearing to:

Office of Eligibility
Division of Medicaid
550 High Street
Suite 1000
Jackson, MS 39201-1399

Enclosure: Medicaid Notice of Non-Discrimination

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-6-RB 291
(DATE)

(NAME) ID#: 0000000000000
(ADDRESS) SSN#: 000-00-0000
(CITY, STATE, ZIP) SSI APPLICATION DATE: 00/00/0000

DIVISION OF MEDICAID

NOTICE OF APPROVAL OF RETROACTIVE SSI-RELATED MEDICAID

The Division of Medicaid has been informed by the Social Security Administration that you were eligible for Supplemental Security Income (SSI) in the past. Individuals who are eligible for SSI are also eligible for Medicaid. Your eligibility for SSI Medicaid begins **(DATE)** and ends **(DATE)**. You will not receive a Medicaid card for this prior period so you will need to show this notice to any providers of medical services, such as doctors or hospitals, if you have medical bills from this period of time. Your Medicaid ID# for this period is shown above.

If you have medical bills in the three months prior to your application for SSI, notify the regional office shown below and show them this letter to verify receipt of medical assistance. If you are found eligible for medical assistance during any of those three months, some or all of your medical bills may be paid.

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have or can get Medicare Part A Hospital Insurance and your income does not exceed the federal poverty level for an individual or couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses under the Qualified Medicare Beneficiary (QMB) group.
2. You have Medicare Part A and your income does not exceed 135% of the federal poverty level for an individual or couple. There is no resource test for this group. Medicaid will pay your Medicare Part B premiums only under either the Specified Low Income Beneficiary (SLMB) or Qualified Individual (QI) groups.

3. You are a disabled child living at-home and are age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below the Medicaid institutional limit. Your resources must not exceed \$4000 for an individual.
5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. A cost-of-living increase in Social Security.
 - b. Entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. Entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your gross monthly earned income cannot exceed 250% of the federal poverty level for an individual or couple. Your unearned income cannot exceed 135% of the federal poverty level for an individual or couple. Resources cannot exceed \$24,000 for an individual and \$26,000 for a couple. A monthly premium is payable for an individual or couple whose earnings exceed 150% of the poverty level for Working Disabled coverage.
7. You are disabled and not eligible for Medicare. Your income cannot exceed 135% of the federal poverty level for an individual or couple. Your resources must not exceed \$4000 for an individual or \$6000 for a couple for coverage in the Healthier Mississippi Waiver program.
8. You are a pregnant woman with household income that does not exceed 194% of the federal poverty limit.

The income limits referred to above can be found on the Division of Medicaid's website at www.medicaid.ms.gov under "see if you qualify for Mississippi Medicaid health benefits," or you may call the Regional Office to get income and other information about Medicaid coverage.

If you believe that you may be eligible under one of the groups described above, you should contact:

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

within thirty (30) days for a redetermination of eligibility.

Enclosure: Medicaid Notice of Non-Discrimination

_____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

Appendix A-16-7-RB293
(DATE)

(NAME)
(ADDRESS)
(CITY, STATE, ZIP)

D#: 00000000000000
SSN#: 000-00-0000

DIVISION OF MEDICAID

NOTICE OF TERMINATION OF MEDICAID

The Division of Medicaid has been notified by the Social Security Administration that your Supplemental Security Income (SSI) payment has been terminated or suspended. Since the receipt of SSI was the basis of your entitlement to Medicaid, your Medicaid benefits will be terminated effective **(DATE)**.

If you disagree with the decision made to terminate your SSI check and Medicaid, you should immediately contact your local Social Security Office in **(LOCATION OF SSA OFFICE)** as directed in the Supplemental Security Income notice of change which you recently received.

Although you are no longer eligible for Medicaid as a recipient of SSI, you may continue to be eligible for Medicaid under one of the following groups if you have Medicare or you are disabled. Medicaid disability rules are the same as SSI and Social Security.

1. You have or can get Medicare Part A Hospital Insurance and your income does not exceed the federal poverty level for an individual or couple. There is no resource test for this coverage. Medicaid will pay Medicare cost-sharing expenses under the Qualified Medicare Beneficiary (QMB) group.
2. You have Medicare Part A and your income does not exceed 135% of the federal poverty level for an individual or couple. There is no resource test for this group. Medicaid will pay your Medicare Part B premiums only under either the Specified Low Income Beneficiary (SLMB) or Qualified Individual (QI) groups.
3. You are a disabled child living at home and are age 18 or under and receiving medical care at home that would be provided in a medical institution.
4. You are in a nursing home or hospital for 31 consecutive days or longer and your total income is below the Medicaid institutional limit. Your resources must not exceed \$4000 for an individual.

5. You once received SSI and were terminated for one of the following reasons but would still be eligible for SSI if we disregard the income that made you ineligible such as:
 - a. A cost-of-living increase in Social Security.
 - b. Entitlement to or an increase in Social Security disabled adult child benefits after July 1, 1987.
 - c. Entitlement to Social Security widow(er) benefits for those between age 50-65 who are not eligible for Medicare.
6. You are disabled and working at least 40 hours per month. Your gross monthly income cannot exceed 250% of the federal poverty level for an individual or couple. Your unearned income cannot exceed 135% of the federal poverty level for an individual or couple. Resources cannot exceed \$24,000 for an individual and \$26,000 for a couple. A monthly premium is payable for an individual or couple whose earnings exceed 150% of the poverty level for Working Disabled coverage.
7. You are disabled and not eligible for Medicare. Your income cannot exceed 135% of the federal poverty level for an individual or couple. Your resources must not exceed \$4000 for an individual or \$6000 for a couple for coverage in the Healthier MS Waiver program.
8. You are a pregnant woman with household income that does not exceed 194% of the federal poverty limit.

The income limits referred to above can be found on the Division of Medicaid's website at www.medicaid.ms.gov under "see if you qualify for Mississippi Medicaid health benefits," or you may call the Regional Office to get income and other information about Medicaid coverage.

If you believe that you may be eligible under one of the groups described above, you should contact:

ADDRESS: _____ REGIONAL OFFICE
DIVISION OF MEDICAID
(ADDRESS)
(CITY, STATE, ZIP)

TELEPHONE: _____

within ten (10) days for a redetermination of your eligibility.

FOR AGED AND DISABLED ONLY

If you believe that you would continue to be eligible for Medicaid under one of the Medicaid groups described above, complete the attached SSI Review Form and take or mail it in to the Medicaid Regional Office shown above within 10 days.

Enclosure: Medicaid Notice of Non-Discrimination
SSI Review Form