

Genevieve Sundet

Authorized Signature

Number: SPD-IM-07-032

Issue Date: 5/3/2007

Topic: Medical Benefits

Subject: Automatic Approval Notices

Applies to (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input type="checkbox"/> Other (please specify): |

Message: Effective immediately, the attached notices will be automatically generated when an OSIPM case is opened or the program-specific case descriptors are coded on CMS. The SPD programs included in this process are as follows:

Program	Notice number
OSIPM	3A
QMB	3B
SMB/SMF	3C
OSIPM-Presumptive	3D
OSIPM-EPD	3E

Each notice will include the hearing rights on the second page. The Spanish, Russian and Vietnamese versions will also be automatically generated.

The [SPD 0541](#), *Notice of Eligibility and Responsibility* may still be used, but it is not necessary. FS clients receive a notice informing them of FS eligibility and benefit amount whenever a new or recertification transaction is completed.

Clients will not receive an auto-generated notice related to service eligibility. Service notices will need to be sent manually.

If you have any questions about this information, contact:

Contact(s):	Jennifer de Jong		
Phone:	503.945.5856	Fax:	503.947.5357
E-mail:	Jennifer.d.dejong@state.or.us		

A. Medical benefits approved – OSIPM

Generated when a program 4, D4, 1, A1, 3, B3 is new, reopened or restored. Cases with the EPD case descriptor are excluded (see below).

Date of notice
XX/XX/XX

We have approved your application for medical benefits. Your case worker will determine the date you are eligible. Please contact your local office if you have any questions.

DHS may require you to sign up for a health insurance plan.

Oregon Administrative Rules: 410-120-1210 and 461-180-0090

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information.

B. Medical benefits approved – QMB

Generated when a QMB or QMM case descriptor is added to the case.

Date of notice
XX/XX/XX

We have approved your application for Qualified Medicare Beneficiary (QMB) medical benefits. Your case worker will determine the date you are eligible. Please contact your local office if you have any questions.

QMB pays for your Medicare Part A and Part B premiums as well as your Part A and Part B deductibles and coinsurance up to the Department's fee schedule. The process to pay the Medicare premiums can take from 3 to 5 months. Once completed you will be reimbursed for all premiums from the time eligibility started.

Oregon Administrative Rules: 461-135-0730, 461-155-0290, and 461-180-0090.

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information.

C. Medical benefits approved – SMB/SMF

Generated when a SMB or SMF case descriptor is added to the case.

Date of notice
XX/XX/XX

We have approved your application for either the SMB or SMF program benefits. SMB & SMF programs pay for your Medicare Part B premiums. The process to pay the Medicare premiums can take from 3 to 5 months. Once completed you will be reimbursed for all premiums from the time eligibility started.

Your case worker will determine the date you are eligible. Please contact your local office if you have any questions.

Oregon Administrative Rules: 461-135-0730, 461-155-0295, and 461-180-0090.

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information.

D. Presumptive OSIPM

Generated for program _5, Medical Program: OSP, Case Descriptors: OSP, PMA. Exclude cases with a 913 case descriptor.

Date of notice
XX/XX/XX

We have approved your application for medical benefits. Your case worker will determine the date you are eligible. Please contact your local office if you have any questions.

Oregon Administrative Rules: 461-125-0370, 410-120-1210

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information.

IMPORTANT NOTE:

Have you applied for Disability Benefits or SSI with Social Security? If you have and they deny you, you must appeal the denial. If you don't appeal, your medical benefits may stop or be reduced. Contact your worker for more information.

E. OSIPM-EPD

Generated when an EPD case descriptor is added to a case.

Date of notice
XX/XX/XX

We have approved your application for medical benefits under the Employed Persons with Disabilities Program. Your case worker will determine the date you are eligible. Please contact your local office if you have any questions.

In order to continue eligibility in this program, you may be responsible to pay a Client Contribution.

DHS may require you to sign up for a health insurance plan.

Oregon Administrative Rules: 410-120-1210, 461-180-0090, 461-160-0800, 461-160-0810, 461-160-0820 and 461-160-0850.

If you disagree with this action, you have the right to a hearing. Read Part 1 on the back of this form for more information.