

**Medicaid Approval Letter
Qualifying Individual Medicare Part B Premium Assistance**

South Carolina Healthy Connections
PO Box 100101
Columbia, SC 29202-3101

Date: _____
BG#: _____
HH#: _____

Name: _____
Address: _____

You have been approved for Medicaid to pay your monthly Medicare Part B Premium. This also means that Social Security will stop taking the amount of the Part B premium out of your Social Security check.

Beneficiary Name

Beneficiary ID#

Begin date

You are eligible for this benefit only through December 31 of this year.

- To be eligible for this benefit next year, you must reapply. We will mail you an application in October.

The federal government only gives Medicaid a limited amount of money to help people in this program; therefore we process applications on a first come first served basis.

- Please allow 90 – 120 days for this benefit to start. At that time, you will receive a refund check from the Social Security Administration for the months you paid for the premium out of your check while eligible for this benefit.
- Please call 1-888-549-0820 (TTY 1-888-842-3620) if your address changes or if you have a question about this letter.

Notice of Non-Discrimination

The South Carolina Department of Health and Human Services (SCDHHS) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. SCDHHS does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

SCDHHS provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, please contact the Americans with Disabilities Act (ADA)/Civil Rights Official by mail at: PO Box 8206, Columbia, SC 29202-8206, by phone at: 1-888-549-0820 (TTY: 1-888-842-3620), or by email at: civilrights@scdhhs.gov.

If you believe SCDHHS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Official using the contact information provided above. You can file a grievance in person, by mail, or via email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368- 1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>