

REPORT OF APPROVAL/DENIAL OF LIS APPLICATION

Division of Medical Assistance
 Claims Analysis Unit 19
 2501 Mail Service Center
 Raleigh, NC 27699-2501

Caseworker Name: _____

Phone #: _____

LIS APPROVAL/DENIAL: An LIS application for the following client has been: approved denied

DATA FIELD	INSTRUCTIONS	ENTER DATA HERE: (Please Print Information)
HIC	RSDI Claim number	
HIC-RRB#	R=RRB, H=HIC	
First Name	First 12 letters	
Last Name	First 20 letters	
Middle Name	(first 15 letters)	
Suffix	(first 4 letters)	
Sex Gender	(F=Female, M=Male, 9=Unknown)	
Date of Birth	(MMDDCCYY)	
SSN	Beneficiary's own SSN	
Part D Subsidy Application Approval Code	Y=Yes, N=No, 9=N/A	
Part D Subsidy Approved/Disapproved Date	MMDDCCYY, 9=N/A	
Part D Subsidy Start Date	MMDDCCYY, 99999999=N/A (May not be earlier than 01/01/06)	
Part D Subsidy End Date	MMDDCCYY, 99999999=N/A. (For determinations through 2006, end date is 12/31/06)	
Part D % of FPL	Use the highest % for the income range used.	
Part D Subsidy Level	Enter: 100 for 135% 075 for 136-140% 050 for 141-145% 025 for 146-149% 000 for 150% +	
Income Used for Determination	1 = Individual, 2 = Couple, 9 = N/A	
Resource Level	1 = over limit, 2 = under limit, 9 = N/A	
Basis of Part D Subsidy Denial	1 = Not enrolled in Medicare Part A or Part B 2 = (reserved) 3 = Does not reside in USA/North Carolina 4 = Failure to cooperate 5 = Resources too high 9 = N/A	