Requesting Reconsideration When Medical Assistance is Stopped:
A Guide for Consumers

When you submit your Medical Assistance (Medicaid) renewal, you may be asked to submit updated proof of income or resources. If the County Assistance Office (CAO) does not receive the documents in time, you will get a notice stopping your benefits because the CAO “did not receive the information you were asked to provide.”

If this happens, you can ask for **Reconsideration** to get your benefits back on. If you submit your missing documents within 90 days, the CAO will “reconsider” your eligibility, rather than requiring you to submit a new application. This guide outlines the steps to ask for Reconsideration when your Medical Assistance is stopped.

**Step 1: Request a Fair Hearing ASAP**

Request a Fair Hearing within 10 days of the date on the notice to keep your benefits in place while the appeal is going on. To request a Fair Hearing, complete the Fair Hearing Request Form included with your notice and send it by fax or certified mail. **You do not need to wait on the missing documents to request a Fair Hearing!** It is better to file your appeal to protect your benefits, then submit the documents later.

**Step 2: Identify Missing Documents**

Read your notice carefully to see what documents the CAO is missing. Once you’ve identified what the CAO needs, start gathering the documents in one place and request any bank statements or materials you don’t have.

If you think you already submitted documents the CAO says are missing, re-submit them anyway. If you no longer have the documents, make a list of the documents you already sent, when you sent them, and how you sent them. You will need this information for Step 3.

**Step 3: Submit Documents to the CAO within 90 days**

Fill out the cover sheet found at the end of this guide by listing all the documents you are sending to the CAO. If there are any documents you have already submitted and can’t
resubmit because you no longer have a copy, add information about those documents using the list you made in Step 2. hen, send the cover sheet and your documents to your CAO in any of the following ways:

- Upload to COMPASS (www.dhs.pa.gov/COMPASS) or the MyCOMPASS PA mobile app
- Mail to the CAO at the address listed on the termination notice
- Fax to the CAO at the number listed on the termination notice
- Drop off documents at the CAO

**Step 4: Wait for Eligibility Notice or Denial**

About one week after submitting your documents, call the Statewide Customer Service Center at 1-877-395-8930, in Philadelphia call 215-560-7226) to confirm your reconsideration request was received.

Once the CAO reviews your documents, you will get a notice in the mail stating that you are either eligible for Medicaid or no longer eligible based on your income and resources. If you get a denial notice and you disagree with the decision, appeal immediately and call PHLP’s Helpline at 1-800-274-3258.

**Step 5: Withdraw Your Fair Hearing (if Necessary)**

You will get a notice from the Bureau of Hearings and Appeals listing the date and time of your Fair Hearing. If you received notice that you qualify for Medical Assistance, the Fair Hearing is no longer necessary, and you can withdraw it using the form included with the scheduling notice. **Do not withdraw your Fair Hearing without an eligibility notice!**

**Where Can I Call for Help?**

You can call PHLP’s Helpline at 1-800-274-3258 for help if you run into any of the following problems:

- You asked for reconsideration and submitted documents more than 30 days ago, but your Medicaid is still not back on
- Your Medicaid was turned back on, but there is a gap in coverage
- You were found ineligible based on your income or resources and you want help with an appeal
Helpful Tips

- Send all documents to the CAO by certified mail or get a fax confirmation page wherever possible, so you can prove when you submitted your documents. If you bring your documents to the CAO in person, ask for a timestamped receipt.

- Never give the CAO your only copy of a document! Make yourself a copy before you mail it in, or ask the CAO to make you a copy if you bring materials into the CAO.

- When filling out paperwork for your renewal, you may be asked to provide your Record ID number. This number can be found on most correspondence from the CAO. If you don't know your Record ID number, you can find it by calling the Customer Service Center at 1-877-395-8930, in Philadelphia call 215-560-7226).

- When scanning documents for fax or COMPASS upload, don’t forget to scan both sides of the page!

- Your local library or state representative’s office may be able to help you fax documents for free.
REQUEST FOR RECONSIDERATION

Date: ______________________    To:  County Assistance Office

CAO Address or Fax #: ____________________________________________________

From: ______________________________________      Record ID: ________________

To Whom It May Concern:

I recently got a notice that Medical Assistance for (list name(s)) :____________________
________________________________________________________________________

is ending because the County did not get requested documents. I am writing to submit
the documents and ask for Reconsideration. Pursuant to the Medical Assistance
Eligibility Handbook Section 379.3, please reinstate Medical Assistance benefits for the
above-listed individuals retroactive to the date of closure.

☐ Please find attached the following documents:
   (List any materials you are sending in with this cover sheet. Attach more sheets if needed.)
   1. ______________________________________
   2. ______________________________________
   3. ______________________________________
   4. ______________________________________

☐ I already sent the following documents on __________ (date) and they were sent
   by (circle one):        Fax          Mail         COMPASS          Hand Delivery:
   1. ______________________________________
   2. ______________________________________
   3. ______________________________________
   4. ______________________________________

If you have any questions, please contact me at _______________.

Sincerely,

_______________________   _______________________
Signature     Print Name