



COMMUNITY LEGAL SERVICES  
OF PHILADELPHIA

**INFORMATION REGARDING MEDICAL ASSISTANCE  
RAPID REINSTATEMENT PROJECT**

Philadelphia Rapid Reinstatement Hotline Number: 267-765-6494

**Please join us for a webinar to learn more!**

Date: Friday October 26<sup>th</sup>, 2012

Time: 2:00 pm

Sign up here: <https://morganlewis.webex.com/morganlewis/onstage/g.php?d=667478078&t=a>

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**GENERAL INFORMATION**

In July 2011, the Department of Public Welfare (DPW) announced that it would be sending out redetermination packets to thousands of individuals who were overdue for a redetermination. From July 2011 until approximately January 2012, legal services and community agencies saw a significant increase in individuals losing Medical Assistance (MA) due to failure to return required verification. Approximately 90,000 children lost their MA during this time period.

Because of the concerns shared by our agency as well as many organizations across the Commonwealth about this sharp decline in enrollment, Community Legal Services and our law firm partner Morgan, Lewis & Bockius LLP began discussions with DPW to find a mutually agreeable solution. This is where you come in!

**Starting in late October or early November 2012, DPW will send a letter on blue paper to approximately 100,000 individuals who were terminated from Medical Assistance in the past year**, advising them how they may seek expedited reinstatement of their benefits. Enclosed with this letter will be a very simple 2-page form to fill out.

Individuals have **30 days** to fill out the form and send it back to DPW. Along with the form, individuals should also provide:

- Pay stubs if anyone in the household works
- Unpaid medical bills from the time they didn't have Medical Assistance OR receipts from medical bills paid while they didn't have Medical Assistance.

The form or supporting documentation should **NOT** be returned to a local County Assistance Office because all reinstatement forms will be reviewed in a central location. Instead, the form should be returned in the envelope provided. **Decisions on eligibility will be made within 30 days unless more information is needed.**

**County specific legal aid phone numbers were listed on the blue letters. Legal aid offices can expect to receive phone calls from individuals who have questions or concerns about this process.** Other advocacy organizations can expect to see individuals coming to them with questions about the process.

## INFORMATION FOR LEGAL AID ORGANIZATIONS AND COMMUNITY GROUPS

If you receive questions, please do the following:

- If the individual has general questions about filling out the forms, please answer the questions based on the information provided above. A sample blue letter and reinstatement form is included in this packet. Please do NOT provide these documents to individuals who do not receive them in the mail from DPW.
- If the individual sent in the blue reinstatement form and then was denied Medical Assistance, evaluate whether you can represent them in an appeal or refer them as needed. Appeals should be sent to the central office administering this process.
- If the individual is experiencing any of the following problems, try to resolve them with DPW **AND** contact CLS (Justine Elliot, 215-981-3721). We would like to keep track of any problems with this process. Possible problems with this rapid reinstatement process include:
  - Difficulty reaching the 800 number listed on the blue letter
  - Difficulty receiving reimbursement for paid medical bills or receiving payment for unpaid medical bills
  - Problems with lost paperwork
  - Problems with receiving an eligibility decision within 30 days (unless more information is needed, in which case a decision should be made within 45 days)
  - Appeals not being properly processed or resolved
- **In Philadelphia, you can also refer general questions and problems to our helpline dedicated to this initiative. The helpline number is 267-765-6494.**

If your office begins to receive numerous calls about the “blue letter” process, even if just for general questions, please let Justine Elliot or Richard Weishaupt at Community Legal Services know. It is very important that we track how this process goes across the state.

Look for the final version of the blue letter and reinstatement form as well as project updates on our website at [www.clsphila.org/News.aspx](http://www.clsphila.org/News.aspx).

Thank you in advance for your help with this process.

### **Questions or concerns? Please contact us at:**

**Justine M. Elliot**  
Staff Attorney  
Community Legal Services, Inc.  
1424 Chestnut Street  
Philadelphia, PA 19102  
Ph: 215-981-3721  
Fax: 267-765-6481  
Email: [Jelliot@clsphila.org](mailto:Jelliot@clsphila.org)

**Richard P. Weishaupt**  
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## **WAS YOUR MEDICAL ASSISTANCE CUT OFF?**

### **THIS IS YOUR CHANCE TO GET YOUR MEDICAL ASSISTANCE BACK!**

#### **What do you have to do to get your Medical Assistance back?**

You have **30 days** from the date on this letter to do the following. Please don't wait!

- (1) Fill out the Medical Assistance Reinstatement Form that came with this letter and sign at the bottom;
- (2) Make a copy for your records; and
- (3) Mail the form in the envelope that came with this blue letter OR fax it to -----.  
Include recent pay stubs (if you work), and if possible, medical bills, AND receipts for medical bills you paid since losing your Medical Assistance.

We will let you know if you are eligible for Medical Assistance within 30 days of when we receive this form.

We will contact you for more information if we need it.

#### **What if you have questions?**

If you have any questions, please call -----

If you need a copy of this letter in a language other than English, call DPW at -----

If you need free legal help with your Medical Assistance, call -----

#### **NOTE FROM CLS:**

This is a draft copy. A final version with phone numbers will be circulated and available at [www.clsphila.org/News.aspx](http://www.clsphila.org/News.aspx)

Please do NOT distribute this to individuals who do not receive it in the mail.

**Medical Assistance Reinstatement Form**

Please fill out this form. Sign it at the bottom.

Your case will be looked at and you may be able to get your Medical Assistance back.

If we need more information, we will contact you.

**Tell us about you and your family**

Your Full Name:

Date of Birth:	Social Security Number (SSN) or Record #:	Phone:	Other Phone:
Street Address:	City:	State:	Zip Code:

**Names and Social Security Numbers (SSN) of all members of your household:**

Full Name:	SSN:
Full Name:	SSN:
Full Name:	SSN:
Full Name:	SSN:

You can add more family members on a separate piece of paper.

**Your Income**

Does anyone in your household have any income? ☐ Yes ☐ No

If yes, please list all sources of income below:

Full Name	Type/Source of Income	How much?	How often?

NOTE FROM CLS:

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## Your Resources or Assets

*If there is a child under 21 in your family, you can skip this section.*

Resources or assets are things like bank accounts, cars, retirement funds or cash.  
Please tell us about your resources or assets.

Whose asset is this?	What is it? (bank accounts, cars, retirement funds, cash, other)	How much is it worth?

## Medical Bills

During the time when you did not have Medical Assistance:

Did you receive medical services?

☐ Yes

☐ No

Did you already pay for the medical services?

☐ Yes

☐ No

Did you receive medical bills you have not yet paid?

☐ Yes

☐ No

*If yes, please send us copies of all of the medical bills and receipts with this form.  
You may be able to get paid back for what you spent or get bills paid.*

## Sign Here

I certify that, subject to penalties provided by law, that the information I gave is true, correct, and complete to the best of my knowledge.

Sign here: \_\_\_\_\_ Date \_\_\_\_\_

### What to do next:

1. Send this form back to us in the envelope that came with the letter.
2. Send us copies of your pay stubs (if you work).
3. Send us copies of your unpaid medical bills or bills you paid for with receipts. If you don't have them now, you can send them to us later. Don't wait to return this form.
4. OR fax all of these items to -----

### What if I have questions?

Call us at ----- between 8 am and 4 pm Monday through Friday.

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# **GET YOUR MEDICAL ASSISTANCE BACK!**

Did your Medical Assistance stop in the past year?

In October 2012, the Department of Public Welfare will send a letter on blue paper to people who lost their Medical Assistance in the past year.

The letter will tell you how you might get your Medical Assistance back quickly! You might also be able to get your unpaid medical bills paid.

## **What Should You Do?**

If you get a blue letter in the mail, fill out the 2-page form that comes with the letter and send it back to the Department of Public Welfare in the envelope provided.

Do it right away -- you only have 30 days!

If you do not get a blue letter, and want to get Medical Assistance again, fill out a new application online ([www.compass.pa.us](http://www.compass.pa.us)) or at your local welfare office. If you go to the welfare office, make sure to get a receipt when you turn in your application.