

Expedited Medical Assistance Appeal Expedited Information Sheet

DATE	APPEAL FILED DATE	CIS CASE NUMBER	APPEAL NUMBER
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Appellant Expedited Hearing Contact

APPLICANT/APPELLANT LAST NAME		FIRST NAME	
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER

Appellant's Representative Expedited Hearing Contact

LAST NAME		FIRST NAME	
ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER

CAO / Program Office / Agency Information - WHO WILL BHA CONTACT for the Expedited Hearing?

CAO / PROGRAM OFFICE / AGENCY		DISTRICT OFFICE	
HEARING REPRESENTATIVE LAST NAME		FIRST NAME	
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE NUMBER		EMAIL	

Expedited Appeal – Requested by (check one): Appellant Representative CAO / Program Office / Agency

TYPE OF APPEAL: Is the appeal from a notice regarding program eligibility or from a notice regarding benefits and services?

ELIGIBILITY
 BENEFITS AND SERVICES

HAVE BENEFITS BEEN CONTINUED PENDING APPEAL?
 YES NO

LEP Assessment – Are language services needed?

<input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGE	INITIALS OF PERSON MAKING ASSESSMENT
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Attach this form to the BHA Appeal, along with the BHA Coverheet. Mail it to the appropriate BHA Region.

WESTERN REGION - 2 Gateway Center, 603 Stanwix Street, Suite 1125, Pittsburgh, PA 15222
CENTRAL REGION - 2330 Vartan Way, 2nd Floor, Suite 250, Harrisburg, PA 17110
SOUTHEAST REGION - 801 Market Street, 5th Floor, Suite 5005, Philadelphia, PA 19107

Send the ORIGINAL APPEAL request and all documentation to BHA following your normal appeal submission procedures within:

- 2 business days for appeals involving eligibility.
- 1 business day for appeals involving benefits and services.

BHA DATE RECEIVED STAMP

BHA ONLY:			
	SENT TO ADMIN DATE	SENT BY	PERFECTOR CHECK
SCHD. BY	HRG. DATE	HRG. TIME	ALJ
APL.T. HRG. PHONE		CAO HRG. PHONE	

INSTRUCTIONS

This form is only to be used for Medical Assistance Appeals where a request is made for an expedited hearing pursuant to 42 C.F.R. § 431.224 and 42 C.F.R. § 431.244(f).

This form is NOT to be used for non-MA appeals, or for MA appeals where the appellant is not requesting an expedited hearing. Please follow normal appeal procedures when sending BHA non-expedited appeals.

An expedited hearing is granted when it is determined that the normal time for review of an appeal (90 days) would “jeopardize the individual’s life, health or ability to attain, maintain, or regain maximum function.” 42 C.F.R. § 431.224(a)(1).

The information on this expedited information sheet is necessary to assist BHA to schedule and conduct a hearing: (1) to determine if an expedited hearing is necessary, and (2) the merits of the appeal if an expedited hearing is necessary. Please fill out the front of this form as completely as possible.

Appellant: This information is for the appellant/applicant: the person who requested MA benefits and whose benefits were denied. Check the box on the right if the appellant/applicant is the primary contact person for the expedited hearing.

Appellant’s Representative: If the appellant/applicant has a representative (including a legal representative), complete this section. If there is no representative, leave this area blank. Check the box on the right if the representative is the primary contact person for the expedited hearing.

CAO / Program Office / Agency Information: BHA will contact the CAO/Program Office/Agency with the expedited hearing date and time by telephone and email to the contact information listed on the information sheet. The CAO/Program Office/Agency may provide additional contact information prior to the scheduled hearing. However, if no additional contact information is submitted, BHA will contact the CAO/Program Office/Agency at the telephone number listed on the information sheet.

REGARDING TELEPHONE NUMBERS – BHA needs a contact phone number for the Appellant, the Appellant’s Representative, and the representative for the CAO / Program Office / Agency. In order to properly schedule the expedited hearing in the most expeditious manner possible.

Expedited Appeal – Request and Type: Indicate the party requesting that the appeal be expedited: Appellant, the Representative, or the CAO. Also indicate whether the action appealed involves eligibility (or non-eligibility) or benefits and services. Finally, indicate whether MA benefits have been continued pending the outcome of Appellant’s appeal.

LEP Assessment: Indicate whether the Appellant or his/her representative will require Limited English Proficiency (LEP) services, and indicate the language.

The completed front of this sheet, the BHA Appeal Cover sheet, the original appeal request, adverse notice, appellant’s appeal documentation, and any other documentation, must be mailed to the appropriate BHA region within:

2 business days for appeals involving eligibility

1 business day for appeals involving benefits and services

WESTERN REGION – 2 Gateway center, 603 Stanwix Street, Suite 1125, Pittsburgh, PA 15222

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