

How will I know my child's Medicaid has been denied?



1

You'll receive a letter in the mail that tells you about the denial, disenrollment or cancellation.

2

You'll learn your card is no longer active when you try to use Medicaid at the doctor, pharmacy, hospital, etc.

3

You can check your eligibility status if you log into the state Medicaid, Managed Care Organization, or other state Medicaid agency portal.

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What does it mean to have a fair hearing for a Medicaid appeal?

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- 1 The appeal hearing should be held at a time, date and place that work for the person making the appeal.
- 2 The appeal hearing is conducted by an impartial hearing officer.
- 3 The appeal hearing should be translated into the preferred language of the person making the appeal.

What should I know about my Medicaid hearing decision?



1

The decision is based only on legal rules and evidence presented at the hearing.

2

You should receive the decision in writing within 90 days of the hearing request.

3

The decision letter will summarize the facts and regulations that support the decision

4

The letter will tell you about options to have the decision reviewed.

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How can I get ready for my Medicaid appeal hearing?

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1

Review all policies and documents listed in the denial letter.

2

Request and review your case file from the state Medicaid agency.

3

Ask for an interpreter if your preferred language is not English. You can also request all documents in your preferred language.

4

Prepare your reasons for why you should continue to receive Medicaid coverage.

What happens at my Medicaid appeal hearing?



You will be allowed to bring witnesses, establish pertinent facts, present your arguments without interference, and question any witnesses who support the denial.

Make sure to come prepared with documentation of for all the reason you think you should keep your coverage.

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How do I keep my coverage during the Medicaid unwinding?



1

Keep your contact information up to date with your state Medicaid or CHIP agency.

2

Watch your mail. Watch for a letter about your Medicaid coverage. The letter will include a renewal or redetermination date with instructions on the next steps.

3

Return completed paperwork as soon as possible, before it is due. Save a copy of everything.

4

Send your paperwork using certified mail or get a fax confirmation page, if possible.

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What can my local Medicaid agency help me with?



- Medicaid Eligibility
- Coverage and Services
- Liens and Third Party Liability (other insurance)
- Provider Enrollment
- Medicaid Claims
- Lost Medicaid Card/ Replacement
- Finding a Medicaid/CHIP Provider
- Status of a Medicaid/CHIP Application

Find their contact information on the Medicaid.gov website.

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What if I miss the deadline to appeal the Medicaid denial?



You can request an extension of time to file if there is a “good cause” for why you did not appeal during the required time.

Ask your local organization for more information and support. Find their contact information at [medicaid.gov/about-us/beneficiary-resources/index.html](https://www.medicaid.gov/about-us/beneficiary-resources/index.html)

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What if I didn't get a notice about Medicaid coverage?



This can happen if you've moved and didn't update your address.

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1

Get a copy of the notice that was sent.

2

If no notice was sent, benefits should be reinstated immediately back to date of termination.

3

Treat the notice as "defective" and ask for it to be rescinded (taken back) and for them to reissue the notice.

4

You can also ask that Medicaid be reinstated back to the date it was canceled (retroactively) while you wait for a fair hearing.