



Pennsylvania Medical Assistance

How to Qualify and Apply for Medicaid



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AGENDA

- [Pennsylvania's State Health Insurance](#)
- [What might health care coverage include?](#)
- [How will I know if members of my family, including myself, are eligible?](#)
- [What if someone in my family has a disability or a special care need?](#)
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- [How to apply](#)



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Español

PA State Insurance

Medicaid



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Medical Assistance (MA), also known as Medicaid, pays for health care services for eligible individuals. Medicaid provides health coverage to millions of Americans, including children, pregnant women, parents, seniors and individuals with disabilities.

Applications are completed online at
<https://www.compass.state.pa.us/compass.web/Public/CMPHome>



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What Health Care Coverage Includes

Coverage and Benefits



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MA will provide

- Breast and Cervical Cancer Screening and Treatment
- Dental Services
- Home and Community-Based Services
- Limited English and Interpreters
- Medical Assistance Transportation Program (MATP)
- Mental Health and Substance Abuse
- Prescription Drug Coverage
- Reproductive Health



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Additional Services- Family Planning

The Family Planning Services program provides for family planning and certain family planning-related services, pharmaceuticals and supplies to men and women, who are not otherwise eligible for MA and meet both of the following:

- Office visits
- Pregnancy Counseling
- Pharmaceutical coverage for family planning drugs, IUDs, HPV vaccine and antibiotics for family planning-related conditions such as genito-urinary infections and Sexually Transmitted Diseases (STD)
- Laboratory services
- HIV and STD testing and treatment
- Genetic counseling and testing
- Male and female sterilization
- Breast, reproductive and testicular cancer screening and education
- Smoking Cessation Counseling



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Who is Eligible?



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How to know you qualify

- Medicaid is typically based on income.
 - income is based on family size
- However families and children with disabilities may also qualify for medicaid based on wider parameters

<https://www.compass.state.pa.us/Compass.Web/Screening/DoIQualify#/SelectBenefits>



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Income Based

You must meet income, resources (in some cases), and other eligibility requirements in order to be eligible for Medical Assistance. Medical Assistance eligibility is grouped by:

- Modified Adjusted Gross Income (MAGI)
 - Children aged 18 and under
 - Pregnant women
 - Parents and caretakers of children under 21
 - Adults ages 19-64 with incomes at or below 133 percent of the Federal Income Poverty Guidelines (FPIG)



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What if someone in my family has a disability or a special care need?

Medicaid based on
Disability



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Medical Need

- Individuals ages 65 and older
- Individuals who are blind and/or disabled
- Qualifying chronic medical needs
- Individuals receiving long-term care (LTC) or home and community-based services (HCBS)



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Qualifying medical needs

- Cardiovascular System
- Digestive System
- Genitourinary Disorders
- Hematological Disorders
- Skin Disorders
- Endocrine Disorders
- Congenital Disorders that Affect Multiple Body Systems
- Low Birth Weight and Failure to Thrive
- Musculoskeletal Disorders
- Special Senses and Speech
- Respiratory Disorders
- Neurological Disorders
- Mental Disorders
- Cancer (Malignant Neoplastic Diseases)
- Immune System Disorders



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My family is a temporary resident or undocumented?

Emergency coverage



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Families without documentation or temporary status may only receive Medical Assistance to cover an emergency medical condition. An emergency medical condition that without medical attention, may result in:

- the patient's health being placed in serious jeopardy;
- serious impairment to bodily functions; or
- serious dysfunction of any body organ or part.

An emergency medical condition may include labor and delivery services for a pregnant woman.



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How to Apply

Step by step guide



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Compass

<https://www.compass.state.pa.us/Compass.Web/Public/CMPHome>

This is the website used to apply for county assistance programs including

- medical assistance programs
- food stamps
- cash assistance
- free or reduced lunch
- child care



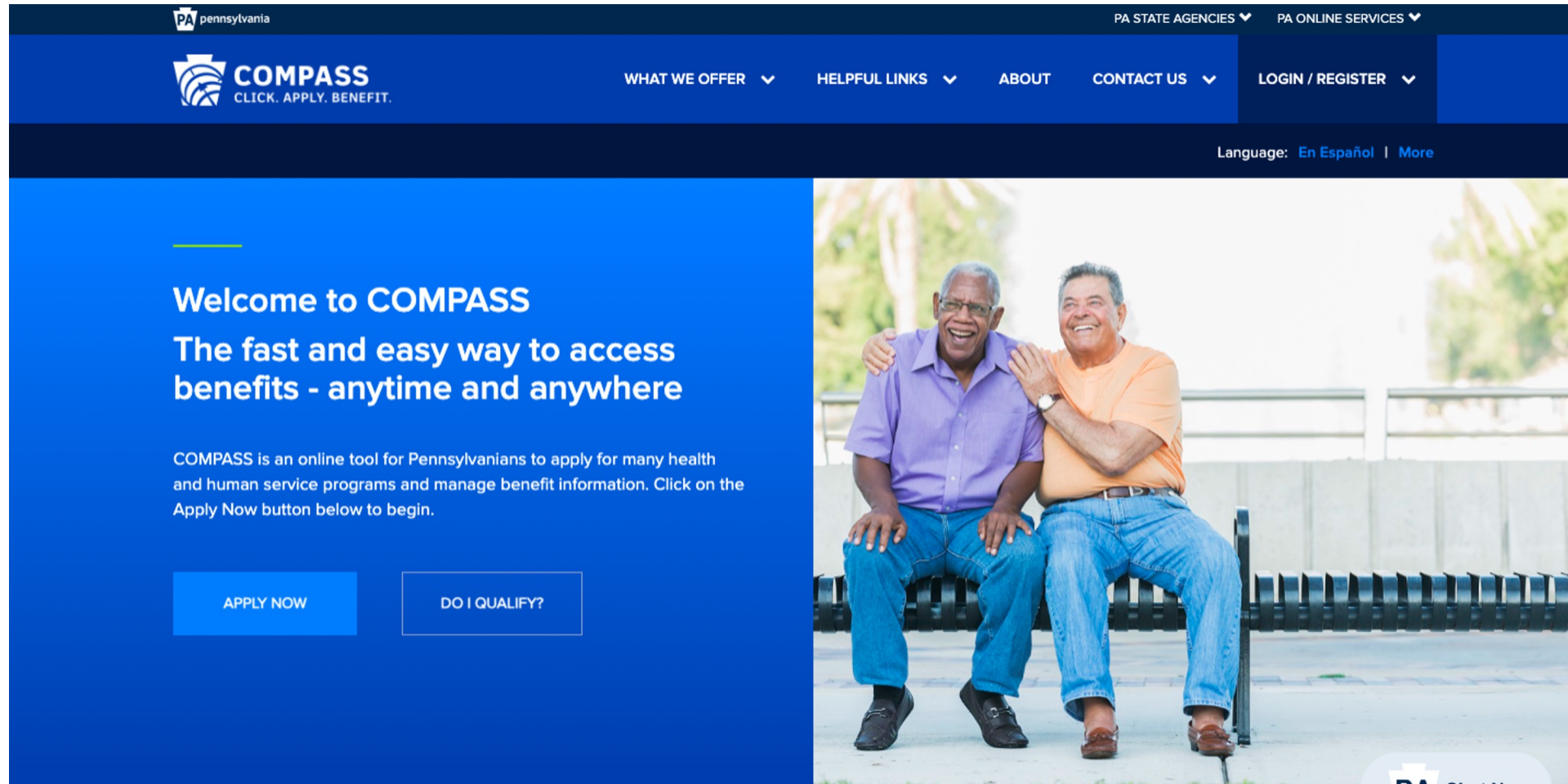
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Main Website



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Starting the application

On the main website you will select apply now. This should take you to the first page of the application

Getting Started

Apply

Next Steps

Submit

Confirmation

[What To Expect](#) [Setup](#) [Returning Users](#) [Password](#) [Warning](#)

Privacy & Use of Your Information



We will keep your information private as required by law. Everything you enter in this application will be kept confidential and will be used to administer benefits only.

As part of the application process, we may need to retrieve information about you from third party electronic data sources. We will use the information provided by you and the electronic data sources to check your eligibility for benefits only.

- For more information on the security and confidentiality of this website, please read the [Privacy Policy](#).
- For more information on the privacy of protected health information, please read the [HIPAA Notice of Privacy Practices](#).
- For more information on data we receive and what you're required to provide and report, please read the [Rights and Responsibilities](#). You may print a copy of your Rights and Responsibilities at the end of your application.

What information do I need to complete this application?

[NEXT](#) **PA** Chat Now

Starting the application

The first page is an outline of the rights, responsibilities and privacy. To proceed you must click on next. These rights will be provided again at the end of the application to be printed and reviewed.



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Please choose one of the following

- ☒ I am applying for myself, for a family member, for someone in my household, and/or for a non-family member.
- ☐ I am enrolled with DHS as a MA or non-MA provider and I am applying on behalf of a client (I can provide a valid MA or non-MA provider number).
- ☐ I am a community based organization, applying on behalf of a client (I do not have a valid MA or non-MA provider number).

Do you have an existing My COMPASS Account? ☐ Yes ☐ No

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Starting the application

The next section will ask you to select who is applying for services. In most cases you will select the first option.



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Personal Information for Head of Household/Payment Name

This is the person your notices are sent to:

First Name *

Last Name *

Date of Birth *

Email Address

Confirm Email Address

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Starting the application

Basic information will be asked about the head of household. The head of household is any person who is the main tax filer, or responsible for the care of the applicant.



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Create a Username and Password (Keystone Key)

IMPORTANT: The same username and password you create for COMPASS will also work for other Commonwealth services, including Pennsylvania Child Welfare Information Solution, PA Disaster Training Registration, PA Child Support Program, and JobGateway. We call this username and password combination your Keystone Key. Please write down and memorize your Keystone Key (username and password) to make sure you can easily access all services!

Choose a Username *

 ?

☐ Use email as User ID

Choose a Password *

 ?

Re-enter Password *

The questions and answers below will be used in case you lost or forget your password. The questions and answers should be personal and something not known to many people.

You must select 3 unique questions in order to continue.

Hint Question *

 v

Hint Answer *

Hint Question *

 v

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Starting the application

A username and password will have to be created. This will create an account where the user can view and renew their benefits. This is also where the user can upload any required documents.



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Household

Household

First Name: *

Middle Initial:

Last Name: *

Suffix:

--Please Select--

Birth Date: *

Sex *

☐ Male ☐ Female

MM/DD/YYYY

☐ This person does not live in the same household as applicants, but is included on the household tax return

Remove

ADD ANOTHER PERSON

If there is anyone else in the household, please click the 'Add Another Person' button.

Helpful Information

Please tell us about everyone that lives in the household. Be sure to include people who are temporarily away from home.

For health care applicants, we need to know about everyone on your federal income tax return. You can still apply even if you don't file a federal income tax return.

The Head of Household could be:

- The person who is applying for everyone in the household including themselves.
- The person in charge of the bills.
- The person to whom mail is

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The following sections will ask basic information about each member of the household

To add a new member you will need to select “add another person” in the blue box

Anyone who lives in the home more than part time is considered a member of the household



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- ☐  **Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Pennsylvania's Health Insurance Marketplace (Pennie))** 

Includes Medical Assistance, Children's Health Insurance Program and Pennsylvania's Health Insurance Marketplace (Pennie).

- ☐  **Supplemental Nutrition Assistance Program (Food Stamps)** 

If you are applying for only SNAP (Food Stamps) benefits, you only need to submit your name, address and signature to start your application. At any point in the application, you can go to the end by clicking Summary on the left hand side of the screen. Please note: Completing as much information as possible on this application may assist the County Assistance Office in completing your application more quickly.

- ☐  **Free or Reduced Price School Meals** 

Provides low-cost or free school lunches to eligible children

Note: Please click on the help button to see this program privacy act statement.

- ☐  **Cash Assistance** 

Series of programs that provide cash to individuals or families in need

- ☐  **Child Care Works** 

Provides child care financial assistance for eligible families

- ☐  **Long Term Living Services - Home and Community Based** 

Please use this section to apply for Home and Community Based Services through the Office of Long Term Living. The Office of Long Term Living provides services to older adults and individuals with disabilities (over the age of 18), including those with Traumatic Brain Injury (TBI). These services help individuals to live independently in their home and community.



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Applying for Medicaid

- The next section will ask you to select the program you are applying for
- More than one program can be selected
- If you are unsure of what the program is and if you would qualify there is a blue question mark next to each program that will answer basic questions



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Household

General

Has anyone in the household ever applied for benefits with a different name or social security number? *

☐ Yes ☐ No

Contact Information

Main Contact Number:

() -

☐ Check here if this is a mobile number

Second Contact Number:

() -

☐ Check here if this is a mobile number

Other Contact Number:

() -

☐ Check here if this is a mobile number

E-mail Address:

When is the best time to call?



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Applying for Medicaid

The following sections will continue to ask basic information such as contact information.

It is important to include reliable and accurate information on this page because this is how the county will contact you.



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General

Voter Registration

Please provide some details about

What is your citizenship status? *

--Please Select--



Does anyone have a representative, power of attorney, or additional contact person? ?

☐ Yes ☐ No

Has anyone applied for any benefits that they have not received yet? ?

☐ Yes ☐ No

What is your marital status? *

--Please Select--



Is anyone pregnant? *

☐ Yes ☐ No

Providing an SSN is optional for persons not applying for health care coverage, but providing it can speed up the application process.

What is your Social Security Number?

____-____-____

Please enter Driver's License or State ID information:

State or Territory:

--Please Select--



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Applying for Medicaid

- This section will ask questions about citizenship, pregnancy, marital status and social security numbers.
- This information is private and not shared.
- Not every question is required to be answered, the required questions are indicated by a red asterisk next to each question



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Additional Details

 Household

Household

General

Does anyone have a medical condition (including a disability), a chronic condition (such as arthritis), or an ongoing special health care need? *

☐ Yes ☐ No

Does anyone applying have a medical condition that requires health sustaining medication? *

☐ Yes ☐ No

Has anyone received Supplemental Security Income in the past? * ?

☐ Yes ☐ No

Does anyone have any paid or unpaid medical bills that have a date of service that occurred this month or within the past 3 months? * ?

☐ Yes ☐ No

Has anyone in the household lost their job or had their work hours reduced through no fault of their own within the past year?

☐ Yes ☐ No

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Applying for Medicaid

If applying for medical assistance based on disability it is important to answer yes to questions about disability, ongoing medical conditions, and medication (if applicable).



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Household

General

Please answer the following questions regarding the household's current and past sources of income.

If you want to remove an existing employment on file for these individual(s), click the NEXT button to view these employment records and click the 'Remove This' button.

Current or Future Employment

Does anyone currently have income from one or more jobs, or will anyone start a job in the next 30 days (not including Self-Employment)? * ?

☒ Yes ☐ No

Who has current employment?

☒ []

Other Income

Does anyone have income from Self-Employment, or receive money from one or more sources other than a job? * ?

☐ Yes ☒ No

Other Income - examples include: Self-Employment, Social Security Disability, Social Security Retirement, Survivors or Disability Income (RSDI), Supplemental Security Income (SSI), Pension/Retirement, Worker Compensation, Unemployment Benefits, Dividends/Interest, Child Support, Alimony, Cash Assistance, Rental Income, Veterans Benefit, VA Aid and Attendance, Annuity, Payments from a Trust, Railroad Retirement, Black Lung, Lottery and Gambling Winnings

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Applying for Medicaid

The next section will ask about income for any employed member of the household.

Even if you are applying for medicaid based on disability and NOT based on income you will have to provide information on your employer and report your income.



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Employer 1



Employer Name: *

Employer Street Address:

Street Address (2):

City:

State: *

--Please Select--

Zip:

Employer Phone Number:

() -

When did Damian Wheeler begin working at this job? * ?



Applying for Medicaid

This page will ask for your basic information about your employer including name and address. The only required information for the address is the city and state.



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Getting Started

Apply

Next Steps

Submit

Confirmation

e-Form #

PRINT

CANCEL

SAVE & FINISH LATER

Insurance

Household

Damian (32)

Household

General

Employer Insurance

Does anyone have health (or medical) insurance (including Medicare or Long Term Living Services - Nursing Home and Related Facilities Insurance)? *

Yes

No

Has anyone lost health insurance in the last 90 days? *

Yes

No

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Applying for Medicaid

The next section will ask about any current insurance

This includes insurance offered by employers that is not accepted

Having insurance or not accepting an employers insurance will not automatically disqualify a family for medicaid



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e-Form #

 PRINT

 CANCEL

 SAVE & FINISH LATER

Benefits

 **Household**  Damian (32)

From what you told us on this application, we think you and/or someone in your household may qualify for additional benefits. These benefits are listed below. If it is a benefit(s) that can be applied for through COMPASS, you can add it to your current application. If it is a benefit(s) that is not available through COMPASS, you can click on the 'Learn More' link(s) for information on how to apply.

To add a benefit(s) that can be applied for through COMPASS to your application, select the benefit(s) you wish to add and choose the person(s) who are applying for each benefit. Then, click the Next button. If you wish to add benefit(s) to your application, you may be asked additional questions.

If you do not want to add these benefit(s) to your application, do not check any boxes and click the Next button.

☐  **Supplemental Nutrition Assistance Program (Food Stamps)** 

If you are applying for only SNAP (Food Stamps) benefits, you only need to submit your name, address and signature to start your application. At any point in the application, you can go to the end by clicking Summary on the left hand side of the screen. Please note: Completing as much information as possible on this application may assist the County Assistance Office in completing your application more quickly.

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Finishing the application

Based on your answers, other programs may be suggested for your family.

You are not required to apply for these programs, you can simply not select the option and continue with the application.

If you would like to apply to the program, additional information may be required



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You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Your answers to the following questions WILL NOT affect your eligibility for Health and Human Services.

What language do the applicants most easily understand? *

--Select--

If other, please be specific:

If an interview is necessary, do you want an interpreter? *

☐ Yes ☐ No

Do you have any additional comments?

☐ Yes ☐ No

The following questions are optional and WILL NOT affect your eligibility for Health and Human Services.

Renewal of coverage in future years:

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow Pennie to use my income data, including information from tax returns. Pennie will send me a notice, let me make any changes, and I can opt out at any time.

Renew my eligibility automatically for the next:

--Select--

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Finishing the application

Before submitting the application the user will have to answer questions about the home language, or if they would like to have an interpreter for interviews.



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Notification Preferences ?

Language Preferences	Language Status: English ▼
Please indicate if you would like to receive your notifications in English or Spanish ☒ English ☐ Spanish	
Text Messaging Preferences	Text Messaging Status: Not Enrolled ▼
Would you like to receive Text Message Notifications? ☒ Yes ☐ No	
Please select which type of text message notifications you would like to receive:	
Renewal Reminders: ? ☒ Yes ☐ No	
Verification Reminders: ? ☒ Yes ☐ No	
Child Care Notifications: ? ☐ Yes ☐ No	
I have read and reviewed the Text Messaging Terms and Conditions ? ☒ Yes ☐ No	
Please provide your mobile phone number in the field below:	
Mobile Phone Number:	(+1) (xxx)- xxx - xxxx
☐ Checking this box will update the "Main Contact" number on your COMPASS application to match the Text Messaging number entered above. This phone number will also be used as the primary phone number on your case record.	
Email Notification Preferences	Email Status: Not Enrolled ▼

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Finishing the application

There is an option to receive text updates, email notifications and language preference.



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Signature Options

Rights & Responsibilities

Identity Verification

Certification / Authorization

Submit

Confirmation

You are not quite finished! To complete this application, review all information shown below, click on Next at the bottom of the screen, and go through all of the remaining screens in the application.

Would you like to e-Sign for these programs? (An e-signature is the same thing as signing your name with a pen at the bottom of a paper form.)

 Health Care Coverage (CHIP, Medical Assistance, Medicaid for Former Foster Care Youth, Mental Health/Substance Abuse, Pennsylvania's Health Insurance Marketplace (Pennie)) [Learn More](#)

- ☐ Yes I would like to e-Sign
No eligible eSigner is available. Please print and return the signature page.
- ☒ No, I DO NOT want to e-Sign my application.
If you select this option, you will have to print, sign, and mail the signature page. If you are unable to print the page, one will be mailed to you.

Please note: You must be an adult and have a social security number to e-Sign.

RETURN TO SUMMARY

PREVIOUS

Next

 Chat Now

Finishing the application

To complete the application there is an option to e-sign or print to documents and submit them by mail.

When e-signing the user will be asked to review the application, e-sign with the last four digits of your social security number and the date.

If submitting by mail the application will be sent to the local county assistance office.



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Documents and Summary

In the final page of the application a summary of documents required will be provided. This documents typically include a copy of the child's social security number, proof of address, employer information and pay stubs and if applicable medical diagnosis.

The documents can be submitted initially after filing the application, through the compass app or mail to the local county assistance office.



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Submitting the application

Once the application is submitted you should receive confirmation via email, text or mail. Another summary will be provided with the required documentation. The telephone number for the county is provided. This is where you can call to speak to a case manager.

The application process can take several weeks to complete, however the county will provide a deadline of when documents need to be submitted.



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If you do not qualify

A notice of your approval or denial will be sent via email or mail depending on the preferences selected.

If denied an appeal will be included in the letter. Before filing an appeal there is a small time period that the case manager still access the application. It is encouraged to call the county assistance office to discuss the denial.



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If you do not qualify

- If you apply first to Medical Assistance, but are not eligible, the application will be sent to the CHIP program to see if you are eligible.
- If you apply for CHIP, but are not eligible, the application will be sent to the County Assistance Office to see if you are eligible for Medical Assistance.
- In either case, you will get a letter telling you what has happened to the application and what to expect.