

Department of Health

Notice of Recipient Fair Hearing Rights

You received a letter about a decision affecting your benefits from the Alaska Medicaid office at the Department of Health. If you have questions about this letter, please call the Recipient Helpline at (800) 780-9972 for assistance. If you disagree with the decision in this letter, you have the right to request a fair hearing. **You must submit your request within 30 days of the date on this letter** under the authority of 7 AAC 49.030. Per 42 CFR § 431.224 an expedited hearing may be requested if the time otherwise permitted for a hearing would jeopardize your life, health, or ability to attain, maintain, or regain maximum function.

How to Request a Hearing:

You may submit your fair hearing request via:

Mailing Address	Fax	Email or Text	Telephone
Fair Hearings P.O. Box 240808 Anchorage, AK 99524	Fair Hearings (907) 644-8126	fairhearings@gainwelltechnologies.com	(907) 644-6800 Option 2, Option 3, Option 2

Please send a copy of this notice and include the following information:

Name: _____ Phone Number(s): _____

Email Address if you wish to receive email correspondence: _____

Mailing Address: _____

Reason for requesting a hearing: _____

If an expedited hearing is requested, please indicate below how the time otherwise permitted for a hearing would jeopardize your life, health, or ability to attain, maintain, or regain maximum functioning.

Fair Hearings:

Prior to the hearing, you will receive a copy of all documents the Department relied on to make this decision. At the hearing you may represent yourself or you may ask a relative, a friend, or other spokesperson to attend with you to help you. You may obtain legal counsel if you wish. Free legal assistance may be available through Alaska Legal Services at (888) 478-2572 or (907) 272-9431, or through the Disability Law Center at (800) 478-1234 or via email at akpa@dlcak.org.

Continuation of Benefits:

If you are currently receiving benefits and you request a hearing, your benefits may be automatically continued while you wait for the hearing decision. If you do not want to continue to receive benefits while your hearing is pending, you must inform the Department that you would like your benefits to stop. If you continue to receive benefits and the hearing authority determines the Department was correct to stop or reduce your benefits, you may be required to repay the cost of those services under the authority of 42 C.F.R. 431.230 (b), 7 AAC 49.190, and 7 AAC 49.200.

Reporting Medical Providers:

To report concerns about medical providers please call the Alaska Medical Board at (907) 269-8160 or at <https://www.commerce.alaska.gov/web/cbpl/ComplaintFAQs.aspx>.

To report concerns about Medicaid medical provider fraud please call (907)269-6279.