

# 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 the enclosed 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:

**Please submit a copy of the benefit determination, completed hearing request below, and any relevant medical records. Also include appointing documents for any Legal Guardian(s) or Power of Attorney.**

You may submit your fair hearing request via:

Mailing Address	Fax	Email or Text	Telephone
Attn: Fair Hearings P.O. Box 240808 Anchorage, AK 99524	(907) 644-8126 Attn: Fair Hearings	<a href="mailto:fairhearings@gainwelltechnologies.com">fairhearings@gainwelltechnologies.com</a>	(907) 644-6800 or (800) 780-9972 Opt. 2, Opt. 3, Opt. 2

Name and relationship to Medicaid Member: \_\_\_\_\_

Member Name: \_\_\_\_\_ SSN or Medicaid ID#: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

What is the specific Alaska Medicaid program, service(s), or benefit determination this hearing request is for: \_\_\_\_\_

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**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, a Power of Attorney, or other spokesperson to attend with you to help you. Name, relationship, email or mailing address, and phone number of any other people who should receive your hearing and scheduling documents: \_\_\_\_\_

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**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:** If you think that the services (or lack of services) that you received from your medical or dental provider are unethical you may make a complaint to the Medical Board by calling (907) 465-2550. If you think that your provider is billing the Medicaid program for services that they have not provided you with or you wish to make a complaint about this provider's compliance with the Alaska Medicaid program or the manner in which they provide you with Medicaid covered services, please call (800) 256-0930.

**Legal Assistance:** You may obtain legal counsel if you wish. Free legal assistance may be available through Alaska Legal Services at (888) 478-2572, or through the Disability Law Center at (800) 478-1234.