

## FREQUENTLY ASKED QUESTIONS

MAIL OR FAX THE  
COMPLETED FAIR  
HEARING REQUEST  
FORM TO:

Mail

**Xerox  
Fair Hearing  
Representative  
P.O. Box 240808  
Anchorage, AK 99524**

Fax  
**907.644.8126  
Attention Fair  
Hearings**

**For questions about  
Medicaid call:  
907.644.6800 or  
800.770.5650**

### **What can I do if I think Medicaid has made a mistake?**

You can request a fair hearing. Requests must be made in writing to the address or fax number on this page. You may use the form on the inside of this brochure or you may submit your request in another written format.

### **What problems CANNOT be resolved at a fair hearing?**

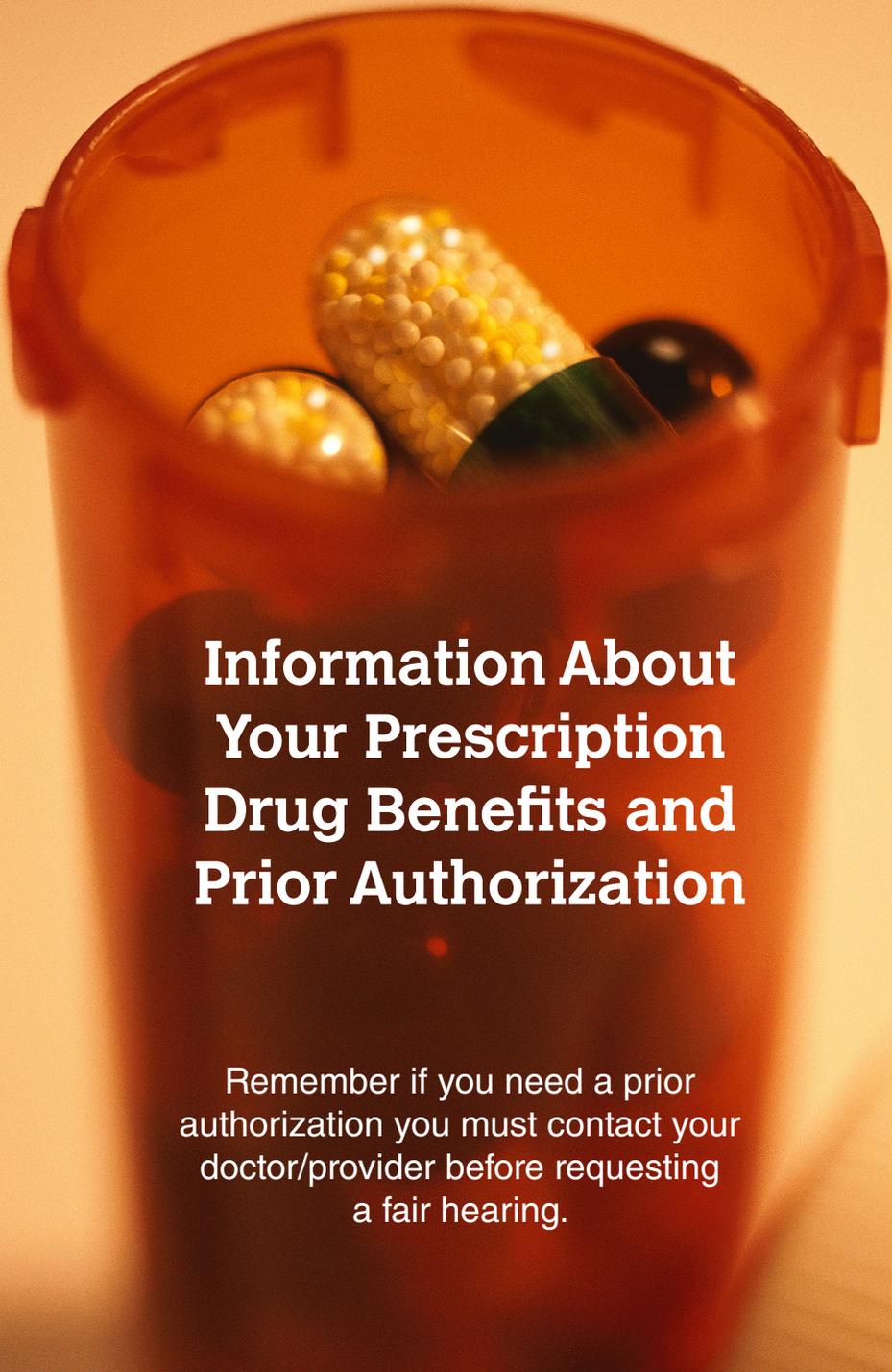
Problems caused by your provider (instead of Medicaid) cannot be resolved at a fair hearing.

- If your prescription requires prior authorization, you must make sure that your provider has tried to get prior authorization before requesting a fair hearing.
- If your prescription has a problem that only the provider can fix and the provider is refusing to fix it, a fair hearing will not help you.

### **If I ask for a fair hearing, can I get continuing benefits?**

Yes, if you request a fair hearing you can request continuing benefits during the pendency of your appeal. Please be aware that if you request continued benefits and you lose the appeal, you may be responsible for the cost of any medications that did not qualify for coverage.

## IMPORTANT!



## Information About Your Prescription Drug Benefits and Prior Authorization

Remember if you need a prior authorization you must contact your doctor/provider before requesting a fair hearing.

**You received this pamphlet because Medicaid determined that the prescription you are trying to fill requires prior authorization and you did not get prior authorization.**

**Medicaid will not pay for this prescription until you get prior authorization**

This pamphlet has important information about:

- What you or your provider must do to help you get the medicine you need under the Medicaid program
- How to request a fair hearing

If you still have questions not answered by this pamphlet, please call Alaska Medicaid at 907.644.6800 or 800.770.5650 or Alaska Legal Services Corporation at 907.272.9431 or 888.478.2572 (toll-free outside of Anchorage).

**Steps you can take to solve this problem:**

1. Ask your provider to either get prior authorization or change the prescribed medication. Only your provider/prescriber can get prior authorization.
2. If your provider requested prior authorization and the request was denied, you may appeal that decision. You will get a separate letter that tells you how to do this.
3. If you believe that there has been a mistake (e.g. your provider has already submitted a prior authorization request or you do not need to submit one for this prescription) you may request a fair hearing by submitting the form on the inside of this pamphlet.

# FAIR HEARING REQUEST FORM

On \_\_\_\_\_, 20\_\_\_\_ (date), Medicaid refused to pay for my prescription for: \_\_\_\_\_ (name of drug)

because Medicaid believes I do not have prior authorization for that prescription.

**Please check all that apply:**

- My provider did obtain prior authorization on \_\_\_\_\_  
Date
- I contacted my provider, who verified that he/she tried to get prior authorization but was unsuccessful.
- The drug I am requesting does not require prior authorization.
- Other. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Based upon the above, I am requesting a fair hearing.**

\_\_\_\_\_  
Name of recipient or authorized representative

\_\_\_\_\_  
Date of request

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City, State, Zip

( \_\_\_\_\_ ) \_\_\_\_\_  
Phone number

I want ongoing coverage of the prescription until my appeal is decided.

- Yes  No

I understand that I may be responsible for the cost of this ongoing coverage if my appeal is denied.

Download additional forms here:

<http://manuals.medicaidalaska.com/docs/pharmacy.htm>

**See reverse side for mailing instructions.**