



Fair Hearings
 Alaska Medicaid
 PO Box 240808
 Anchorage, AK 99524
 FairHearings@conduent.com
 Phone: 907.644.6800
 800.770.5650
 Fax: 907.644.8126

Department of Health and Social Services

Notice of Recipient Fair Hearing Rights

If you disagree with the enclosed decision by the Department of Health and Social Services, you have the right to request a fair hearing, including a request for an expedited fair hearing. If you have questions or concerns regarding the enclosed notice, please call the **Recipient Helpline** at **800.780.9972** for assistance.

How to Request a Fair Hearing

You may submit your fair hearing request via mail, fax, or email. If requested, Department of Health and Social Services staff will help you submit a fair hearing request.

Mailing Address	Fax	Email
Conduent Fair Hearing Representative P.O. Box 240808 Anchorage, AK 99524	Attention: Fair Hearings 907.644.8126	FairHearings@conduent.com

Timeline to Request a Fair Hearing

If you disagree with the enclosed decision in this notice and you would like to request a fair hearing, you must submit your request **in writing within 30 days of the date of this enclosed notice** (7 AAC 49.030). Generally, if you request a fair hearing, a decision on your appeal is due within 90 days of the date you requested your fair hearing.

Legal Counsel

At the hearing you may represent yourself or you may be represented by legal counsel, a relative, a friend, or other spokesperson. Free legal assistance may be available through Alaska Legal Services at 888.478.2572 (toll-free outside Anchorage) or 907.272.9431 (in Anchorage), or through the Disability Law Center at 800.478.1234 (toll-free in Alaska) or akpa@dlcak.org. Prior to the hearing, you will be provided a copy of all documents that the Department relied upon to make the decision in the enclosed notice.

Continuation of Benefits

If you are currently receiving benefits and you request a fair hearing, your benefits may be automatically continued while you wait for the fair hearing decision. If you do not want to continue to receive benefits while your fair hearing is pending, you must inform the Conduent Fair Hearing Representative 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; 7 AAC 49.190; and 7 AAC 49.200.