



Fair Hearings

Alaska Medicaid
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Department of Health and Social Services Notice of Recipient Fair Hearing Rights

If you have questions or concerns regarding the enclosed notice, please call the **Conduent Recipient Helpline at 800.780.9972** to seek clarification. If you disagree with the enclosed decision, you have the right to appeal that decision. You may contact us to schedule a fair hearing via mail, facsimile, or email.

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

Timeline to Appeal and Legal Counsel:

If you wish to appeal the decision in this notice, you must request a fair hearing in writing within 30 days of the date of this enclosed notice, as provided in 7 AAC 49.030. At the hearing, you may either represent yourself, or use legal counsel, a relative, a friend, or other spokesperson. If requested, Department of Health and Social Services (DHSS) will help you submit a fair hearing request. Free legal representation 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 throughout Alaska) or by email at akpa@dlcak.org. Prior to the hearing, you will be provided a complete copy of all documents that the Department relied upon in coming to the decision in the enclosed notice.

Continuation of Benefits:

Please be advised that if you have been getting a service paid by Alaska Medicaid that is stopped, suspended, or reduced by an action taken by DHSS, that service will be **automatically continued** upon receipt of your fair hearing request. **If you do not want the benefits continued automatically, you must inform the Conduent Fair Hearing Representative about your decision to discontinue the services while making your request for the fair hearing.** Please be aware that if you continue to receive benefits, and the hearing authority determines DHSS was correct to stop, suspend, or reduce the services, DHSS may require you to repay the cost of those services according to 42 C.F.R. 431.230 (b), 7 AAC 49.190, and 7 AAC 49.200.