Rule No. 560-X-3-.03. Fair Hearing Procedures for Recipients and Providers.

(1) The procedures contained herein have been adopted by Medicaid to settle formal complaints of persons who are receiving care under the Medicaid program or <u>applicants</u> who have been denied care under <u>this the Medicaid</u> program because of eligibility standards.; <u>The procedures also settle formal complaints or</u> for providers who desire a fair hearing upon denial of <u>a</u>-claims for services, out-dated claims, and non-renewal or termination of <u>a</u>-contracts. At the request of a provider, the Commissioner may grant a fair hearing on any other matter pertinent to Medicaid except the following:

- a. When Medicaid suspends payments to **a** providers after Medicaid determines there is a credible allegation of fraud, pursuant to the requirements of 42 C.F.R. § 455.23, the providers shall not be entitled to a fair hearing regarding the suspension of payments; or
- b. When the Secretary of Health and Human Services determines that **a** provider<u>s</u> must be removed from the program for fraud or abuse.

(2) (3) A cC omplainants and/or their a Authorized Representative person may request a fFair hHearing in writing if he or she they are is not satisfied with the actions taken.

(3) (4)—A written request for a fFair hHearing or uUndue hHardship, if allowed by law, must be received by Medicaid within 60 days from the date the notice of action is mailed. Medicaid will not accept requests for fFair hHearings or uUnduehHardship, if allowed by law, which are outside the 60–day limit. A request for an uUndue hHardship, if allowed by law, will not toll the 60–day time limit to request a fFair hHearing.

(4) (5)—In a case in which Medicaid is terminating recipient eligibility, if a <u>Fair Hh</u>earing request is received within 10 days of the date of the notice of action, benefits may be continued pending outcome of the <u>Fair Hhearing</u>, unless there are unnecessary delays in finalizing the <u>Fair Hhearing</u> caused by the recipient<u>and</u> or their <u>Rr</u>ecipient's representative.

(5) (6) In a case in which Medicaid is suspending or terminating a-Medicaid providers, if a Fair Hhearing request is received within 10 days of receipt of the notice of termination, the providers may continue to remain as a-Medicaid providers pending outcome of the Fair Hhearing, unless there are unnecessary delays in finalizing the Fair Hhearing caused by the Pproviders and/or their provider's representatives.

Author: Stephanie Lindsay, Administrator, Administrative Procedures Office Statutory Authority: State Plan; Title XIX of the Social Security Act; 42 C.F.R. Part 431, Subpart E; and Ala. Code (1975) §§ 22-6-8, 41-22-12. History: Rule effective October 1, 1982. Amended: Filed April 11, 1985; Effective January 1, 1986. Amended: Filed May 9, 2013; Effective June 13, 2013. Amended: April 20, 2018.