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 applicants who have been denied care under the Medicaid program because of eligibility standards. The procedures also settle formal complaints of providers who desire a fair hearing upon denial of claims for services, outdated claims, and non-renewal or termination of contracts.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 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 must be removed from the program for fraud or abuse.

(2) A complainant and/or their authorized representative may request a fair hearing in writing if he or she is not satisfied with the actions taken.

(3) A written request for a fair hearing or undue hardship, 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 fair hearings or undue hardship, if allowed by law, which are outside the 60-day limit. A request for an undue hardship, if allowed by law, will not toll the 60-day time limit to request a fair hearing.

(4) In a case in which Medicaid is terminating recipient eligibility, if a fair hearing request is received within 10 days of the date of the notice of action, benefits may be continued pending outcome of the fair hearing, unless there are unnecessary delays in finalizing the fair hearing caused by the recipient or their representative.

(5) In a case in which Medicaid is suspending or terminating a Medicaid provider, if a fair hearing request is received within 10 days of receipt of the notice of termination, the provider may continue to remain as a Medicaid provider pending outcome of the fair hearing, unless there are unnecessary delays in finalizing the fair hearing caused by the provider or their provider’s representative.

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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.