

Have you been turned down for a Medicaid service?

Have your Medicaid services been reduced or stopped?

If so, you may have the right to a **Medicaid Fair Hearing**.

If you receive care through regular Medicaid or are enrolled in a health or dental plan, Medicaid Fair Hearings are available to you.



AGENCY FOR HEALTH CARE ADMINISTRATION
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V092018

AGENCY FOR HEALTH CARE ADMINISTRATION

MEDICAID FAIR HEARINGS



HOW YOU ASK FOR A FAIR HEARING

You can ask for a Fair Hearing by contacting the Agency for Health Care Administration, Office of Fair Hearings, using any of the following ways:

PHONE

1-877-254-1055

MAIL

Agency for Health Care Administration
Medicaid Hearing Unit
P.O. Box 7237
Tallahassee, Florida 32314-7237

EMAIL

MedicaidHearingUnit
@ahca.myflorida.com

FAX

239-338-2642

Include your name, the name of who the hearing is for and their Medicaid ID number, phone number, mailing address, email (if available), and some details about the services that were denied, reduced or stopped.

When the Office of Fair Hearings receives your Fair Hearing request, they will send you a letter giving you more information.

WHAT IS A FAIR HEARING

A Fair Hearing allows you to tell your story to a hearing officer. You may ask for a Fair Hearing when you do not agree with a change or denial in your Medicaid services.

You may ask for a Fair Hearing if you receive a Good Cause denial for a request to change your health or dental plan.

If you are denied your medicine at the pharmacy, you should first get the Fair Hearing Request Form pamphlet from the pharmacy and work with an Ombudsman to try to fix the issue. The telephone number to call the Ombudsman will be on the form you get from the pharmacy.

If you are enrolled in a health or dental plan, you must go through the plan's complaint and appeal process before you can have a Medicaid Fair Hearing. Call your health or dental plan for information on their complaint and appeal process.

If you have questions about Medicaid Fair Hearings, or if you need help finding contact information for your health or dental plan, call our Medicaid Helpline at **1-877-254-1055**.

AUTHORIZED REPRESENTATIVE

You may have a family member or friend ask for a Fair Hearing for you, or attend a Fair Hearing for you. They are called an authorized representative. To do this, you must send a written approval signed by you to the Office of Fair Hearings allowing an authorized representative to act for you.

WHO MAY BE AT MY FAIR HEARING

Since your information is private, the only people who will be at your Fair Hearing are you or your authorized representative, any witnesses you want to bring to help explain your story, the Medicaid, health or dental plan representative and their witnesses, and a hearing officer.

PREPARING FOR YOUR FAIR HEARING

No later than **10 days** before the date of your Fair Hearing, you should send to the hearing officer at the Office of Fair Hearings all papers that you plan to talk about at your hearing to help explain your story. You should also plan for people to come talk who have information that may help you. Look at your Fair Hearing letter for more information.

INTERPRETER SERVICES

To help you understand information talked about during the Fair Hearing, you may ask to have a person who can speak in your primary language. These services are free.

WHAT TO EXPECT AT THE FAIR HEARING

The hearing officers do not take sides. They are in charge of the Fair Hearing

to make sure it is run correctly, timely, and follows all the rules. You and the Medicaid, health or dental plan representative will each have a chance to tell why you think the change

made in your Medicaid services was right or wrong. Both of you can include any witnesses or papers to help explain your side, and can ask questions and look at written evidence presented by the other side.

FINAL ORDER

The hearing officer will review all the information they get at the Fair Hearing. He or she will make a decision based on Medicaid rules. They will write a Final Order stating the outcome of the issue and send it to you, Medicaid and the health or dental plan.

RIGHT TO APPEAL A FINAL ORDER

You have a right to appeal the final decision but Medicaid and the health plans cannot. You have **30 days** from the date on the Final Order to send in an appeal. This appeal of a Final Order goes through the District Court of Appeals. The Final Order has instructions for this appeal process.

