

## Requesting a State Fair Hearing

**If you disagree with Medicaid’s denial, reduction, suspension, or termination of service, you may request a fair hearing.** A fair hearing allows you and Medicaid to give information about your situation to a Hearing Officer. The Hearing Officer is a neutral party who makes a decision on your appeal. There is no charge for a fair hearing.

**You may request an expedited fair hearing** if your medical records show a standard fair hearing could risk your life or cause you to lose bodily function. You must supply information to support this request or it will be processed within the standard fair hearing timeframe, 90 days.

**Medicaid must receive your request within 90 calendar days from the Notice Date.**

**You may represent yourself or have the help of another adult.** The adult can be a friend, family member, or lawyer. Medicaid has provided the names of some agencies that may be able to help you. (See below.)

**The request for a fair hearing must include:**

1. Your name, address, and phone number
2. Your Medicaid number
3. If an adult is helping you, the name, phone number, and address of the adult who is helping you. Also known as your “authorized representative.”

You must sign the request unless you are unable to do so because of your disability.

**You may use the enclosed form to request a fair hearing.**

If you want your services to stay the same during the fair hearing process, you must:

1. Ask for a hearing no more than 10 calendar days after the Date of Action. This date is on the Notice of Decision.
2. Ask that your services stay the same. If approved, your services will be continued during the fair hearing process.

**You may use the enclosed form to do this.**

**Medicaid may ask you to pay back the cost of the continued services if you lose your appeal.**

**After you have requested a fair hearing, Medicaid will contact you within 10 days to arrange a Hearing Preparation Meeting (HPM).** The meeting will be by phone. The goal of this meeting is to try to resolve your appeal. Medicaid will explain its decision and give you the chance to provide more information. If you and Medicaid can’t agree, you may go to a fair hearing. **A Hearing Preparation Meeting (HPM) is optional.** You don’t have to take part in a HPM. You can let Medicaid know you want to go directly to a fair hearing and have a Hearing Officer decide your appeal.

**To find out more about Medicaid appeals**, you may go to <https://dhcfnv.gov> — the Nevada Department of Health and Human Services, Division of Health Care, Financing and Policy’s Medicaid Service Manual Chapter 3100 — Hearings.

If you can’t afford legal counsel, one of the legal services programs listed below may be able to help.

Nevada Legal Services, Inc. (Reno) (Washoe County): **775-284-3491**

Nevada Legal Services, Inc. (Las Vegas) Clark, Lincoln, Nye, and Esmeralda counties: **702-386-0404** or **866-432-0404**

Nevada Legal Services, Inc. (Elko) Elko County: **775-753-5880**

Nevada Legal Services, Inc. (Carson City) Carson City and remaining counties: **775-883-0404** or **800-323-8666**

Senior Law Project (Las Vegas) Clark County (for residents age 60 and older): **702-229-6596** (TTY **702-386-9108**)

Washoe County Senior Law Project, Washoe County (for residents age 60 and older): **775-328-2592**

Nevada Disability Advocacy and Law Center (South) Disabled Persons and Families with Disabled Persons: **702-257-8150** or **888-349-3843** (TTY **702-257-8160**)

Nevada Disability Advocacy and Law Center (North): **775-333-7878** or **800-992-5715** (TTY **775-788-7824**)

## Fair Hearing Request form

**I am submitting this form to request a fair hearing. (Check all that apply and complete fields below.)**

I disagree with Nevada Medicaid's decision to reduce, terminate, or deny benefits.

I am requesting an expedited fair hearing because a standard hearing could risk my life or cause me to lose bodily function. I've attached documentation from my provider. (You must supply information to support this request or it will be processed within the standard fair hearing timeframe, 90 days.)

I am requesting a fair hearing based on the issue of reasonable promptness.

During the fair hearing process, I would like my benefits continued. I understand I may have to pay back the cost of services or items if I do not win the fair hearing.

Please send me a free copy of the regulations relevant to my case. This information is also available at <http://dhcfnv.gov/>.

Recipient name: \_\_\_\_\_ Phone: \_\_\_\_\_

Recipient mailing address: \_\_\_\_\_  
\_\_\_\_\_

Recipient ID number: \_\_\_\_\_

**Recipient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized representative name: \_\_\_\_\_ Phone: \_\_\_\_\_

Representative mailing address: \_\_\_\_\_  
\_\_\_\_\_

**Authorized Representative signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return this to:**

**Nevada Medicaid Hearings Unit  
1100 E. William St., Suite 101  
Carson City, NV 89701**

**Message Phone: (775) 684-3604**

**Fax: (775) 684-3610**

**Email: [dhcfnhearings@dhcfnv.gov](mailto:dhcfnhearings@dhcfnv.gov)**

Do you need help with your healthcare, talking with us, or reading what we send you? We provide our materials in other

languages and formats at no cost to you. Call us toll free at **844-396-2329 (TTY 711)**.

¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros, o leer lo que le enviamos? Proporcionamos nuestros materiales en otros idiomas y formatos sin costo alguno para usted. Llámenos a la línea gratuita al **844-396-2329 (TTY 711)**.

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