ALABAMA MEDICAID AGENCY
ADMINISTRATIVE CODE

CHAPTER 560-X-3
FAIR HEARINGS

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560-X-3-.01 Fair Hearings-General.

(1) The State Plan provides that the office of the Governor acting through Medicaid, will be responsible for fulfillment of hearing provisions for all matters pertaining to the Medical Assistance Program under Title XIX. An opportunity for a fair hearing shall be granted to any individual or provider of services requesting a hearing because a claim for medical assistance or payment for services provided a recipient is denied or is not acted upon with reasonable promptness, or because the party is aggrieved by any other agency action regarding receipt of medical assistance or payment for services, or by an agency policy as it affects the situation, except as noted in paragraphs 3 and 4 below.

(2) The Hearing Authority for all recipient and provider fair hearings for Alabama Medicaid Agency is the Commissioner, who shall appoint one or more Hearing Officers, to conduct fair hearings and submit findings and recommendations to the Commissioner for final decision on each case. The Hearing Officer must not have been involved in any way with the action in question.

(3) In general, eligibility for Medicaid is based on eligibility for certain public assistance programs administered by the Department of Pensions and Security, and the Social Security Administration. Complaints concerning eligibility matters shall be referred to the appropriate agency which made the eligibility determination for a hearing. Procedures shall be set by the hearing agency.

(4) Matters pertaining to hospital or nursing home decertification for both Title XVIII and XIX will be referred to the Federal Health and Human Services Director for Health Standards and Quality in Region IV. His office is responsible for making final decisions on joint program decertification.
Author: John H. Ziegler
Statutory Authority: State Plan; Title XIX, Social Security Act.
History: Rule effective October 1, 1982. Amended effective June 23, 1983.

560-X-3-.02 Fair Hearings-Definitions.

(1) A fair hearing is a face-to-face hearing by an impartial State Hearing Officer at a time and place reasonably convenient for the complainant and attended by the complainant or his authorized representatives who may call witnesses or examine witnesses called by others.

(2) A documentary hearing is one in which all the evidence for both the complainant and the agency is presented to the hearing officer in written form. He then makes his recommendations based on the evidence presented. Recommendations and decisions in documentary hearings have the same authority as those rendered in a face-to-face hearing.
Author: Robert R. Crumpler; William O. Butler.
Statutory Authority: § 1902(a)(3), Title XIX, Social Security Act; 42 C.F.R. §§ 431.200 - 431.245; § 41-22-12, Alabama Administrative Procedure Act.
History: Rule effective October 1, 1982. Amended effective August 9, 1984; January 1, 1986; August 10, 1987.

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 for 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, 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 providers must be removed from the program for fraud or abuse.

(2) Complainants, and/or their Authorized Representative may request a Fair Hearing in writing if they are not satisfied with the actions taken.

(3) Unless a different timeframe is prescribed elsewhere by rule, waiver, or statute, 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, received outside the allotted timeframe. 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 and/or their Recipient's representative.

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

Author: Lauren Ray, 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 effective April 11, 1985; January 1, 1986. **Amended:** Filed May 9, 2013; effective June 13, 2013. **Amended:** Published May 29, 2026; effective July 13, 2026.

560-X-3-.04 Fair Hearing Procedures.

(1) A hearing shall be impartially conducted and held at a time and place which is reasonably convenient for the parties, and written notice of such time and place shall be given by the Director, Hearings, or the designated Hearing Officer, at least ten (10) calendar days before the hearing is to be held. This written notice will also contain information explaining the complainant's rights and procedures regarding a hearing.

(2) A complainant may be represented or assisted by legal counsel at his own expense; he may have a friend or relative present his case; or he may present his case himself.

(3) A complainant or his representative must attend his hearing unless he is given written permission by appropriate authority to be absent. His failure to attend shall leave the Hearing Officer with no alternative but to proceed with the hearing and render a conclusion and recommendation in his absence based upon evidence presented by the Alabama Medicaid Agency representatives.

(4) The complainant and/or his authorized representative may call witnesses, and may examine witnesses called by others.
Author: Robert R. Crumpler
Statutory Authority: § 1902(a)(3), Title XIX, Social Security Act; 42 C.F.R. §§ 431.200 - 431.245; § 41-22-12, Alabama Administrative Procedure Act.
History: Rule effective October 1, 1982. Amended effective August 9, 1984.

560-X-3-.05 Documentary Hearing Procedures.

(1) Documentary Hearings are based solely upon the written or printed evidence presented to the Hearing Officer by both the complainant and the agency. Complainants should therefore submit complete records of all claims filed, correspondence, rejections, forms and attachments at the time the original written request for a hearing is forwarded to the agency.
Author: William O. Butler.
Statutory Authority: State Plan, Title XIX, Social Security Act; 42 C.F.R. §§ 401, et seq.
History: Rule effective August 10, 1987.

Ed. Note: Previous Rule No. 560-X-3-.05 entitled "Hearing on the Record Procedures" effective October 1, 1982. Amended effective April 11, 1985. Repealed effective January 1, 1986.

560-X-3-.06 Action By Agency On Hearing.

(1) Prompt, definitive, and final administrative action will be taken within sixty (60) days between the request for a hearing and the rendering of the decision, unless there are extenuating circumstances that require additional time. If the hearing is not completed within 60 days, the recipient or provider will be notified of the reason for the delay. In any event, final administrative action will be taken within ninety (90) days from the date of request for a hearing. The complainant will receive written notification of the decision.

(2) Recommendations of the Hearing Officer shall be based exclusively on evidence and other material introduced at the hearing. A verbatim transcript of testimony and exhibits, or an official report by the Hearing Officer containing the substance of what transpired at the hearing, together with all papers and requests filed in the proceeding and the Hearing Officer's recommendations, shall constitute the exclusive record for decision on a live hearing and shall be available to the complainant at any reasonable time. The storage, proper maintenance and security of such records shall be the responsibility of the Director, Hearings, Alabama Medicaid Agency.

(3) Adverse decisions approved by the Commissioner, as the hearing authority, shall contain a statement that rehearing and/or judicial review of this decision is available pursuant to the provisions of the Alabama Administrative Procedure Act. The Commissioner shall notify the requestor, in writing regarding the hearing decision.
Author: Robert R. Crumpler; William O. Butler.
Statutory Authority: § 1902 (a)(3), Title XIX, Social Security Act; 42 C.F.R. § 431.200 - 431.245; § 41-22-17, Alabama Administrative Procedure Act.
History: Rule effective October 1, 1982. Amended effective August 9, 1984; January 1, 1986.

560-X-3-.07 Denial Of A Hearing.

(1) If the request tor a hearing, in the opinion of Medicaid legal counsel, presents only a legal issue, and the validity of the controlling law or regulation is not challenged in the hearing request, a fair hearing request may be denied.

(2) If eligibility of a provider or a recipient has been terminated because of a criminal conviction for Medicaid fraud or abuse, or if a provider has been terminated because of loss of required licensure, then no fair hearing need be given. A certified copy of the judgement of conviction or of the decision to revoke or suspend a provider's license shall be conclusive proof of ineligibility for further participation in the Medicaid Program. The pendency of an appeal for any such conviction or license revocation or suspension shall not abate the termination of Medicaid eligibility. If a conviction, or license revocation or suspension is reversed on appeal, the recipient or provider may apply for reinstatement to the Medicaid program. However, the reasons for the reversal will be scrutinized by Medicaid and reinstatement will be at the sole discretion of the Commissioner.
Author:
Statutory Authority: State Plan, Title XIX, Social Security Act; 42 C.F.R. §§ 401, et seq.
History: Rule effective October 1, 1982.

560-X-3-.08 Fair Hearing Requests Form and Delivery.

(1) Any request for a Fair Hearing or Undue Hardship exemption, if allowed by law, must include the name of the complainant (the individual adverse action has been taken against) and the name of the individual requesting the fair hearing, if different from the complainant. To expedite processing, the request should be accompanied by the action letter being appealed, a statement specifying the issue(s) being appealed, and, for individual's requesting hearing on behalf of a complainant, documentation demonstrating authority to act on the complainant's behalf.

(2) Any request for a Fair Hearing or Undue Hardship exemption, if allowed by law, may only be submitted by the following methods:

(a) Mail: requests may be sent to either the district office handling the complainant's case or the Medicaid central office at the following address: Alabama Medicaid Agency, Attn: Fair Hearings Coordinator, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Requests received by mail will be deemed received the date the request is delivered to the district or central office.

(b) E-Mail: requests may be sent by e-mail to the agency at FairHearings@medicaid.alabama.gov. Requests received by e-mail will be deemed received the date the e-mail is delivered to the agency inbox. In the event of documented service outages affecting the State's e-mail delivery system, the e-mail will be deemed received the date the e-mail was sent.

(c) Phone: requests may be made by phone by contacting the complainant's Medicaid case worker or by contacting the Fair Hearings Coordinator at 334-353-5210. Requests made by phone will be deemed received the date the request is documented by the case worker or the Fair Hearings Coordinator. Requests will not be accepted by voicemail.

Author: Lauren Ray, 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) § 41-22-1, et. seq.
History: **New Rule:** Published May 29, 2026; effective July 13, 2026.