In accordance with Section 43-13-116 of the Mississippi Code of 1972, as amended, and 42 CFR 431.200 et. seq., the Division of Medicaid (DOM) provides beneficiaries the opportunity to request a fair hearing in order to appeal decisions of denial, termination, suspension or reduction of Medicaid covered services.

If a decision is made to reduce, deny, suspend or terminate covered services provided to a Medicaid beneficiary, and the beneficiary disagrees with the decision, the beneficiary and/or his/her legal representative must request a hearing in writing within thirty (30) days of the notice of adverse action. Appeal requests should be sent to:

Division of Medicaid
Attn: Appeals Department
Suite 1000
550 High Street
Jackson, MS 39201

DOM is not required to grant an administrative hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all beneficiaries.

When an ongoing course of treatment is at issue, services will be maintained at the previous level during the appeals process.

The DOM may deny or dismiss a request for a hearing if the beneficiary and/or legal representative withdraws the request in writing or fails to appear at a scheduled hearing without good cause.

The case shall be heard by an impartial hearing officer employed by or on contract with the DOM. Hearing officers will be individuals with appropriate expertise and who have not been involved in any way with the action or decision on appeal in the case.

When feasible the case will be evaluated by an appropriate independent review professional in the same or a similar specialty as would typically manage the case being reviewed, or another healthcare professional. In no case shall the review professional have been involved in the initial adverse determination.

Before the hearing, the beneficiary and/or his or her legal representative will be provided a copy of the case file that will be used at the hearing in support of the adverse decision.

The hearing will be held by telephone unless valid reason is provided by the beneficiary for an in-person hearing. The decision to hold an in-person hearing is at the discretion of the hearing officer.

The final hearing decision shall be rendered by the Executive Director of the Division of Medicaid based solely on the evidence produced at the hearing and the case record. DOM must take final administrative action on a hearing within ninety (90) days from the date the initial appeal request was received.