

## .02 Local Office Hearing Request Procedures - Notifying the Office of Appeals

Send the Fair Hearing Request Notification Outlook e-mail template to the [Office of Appeals](#) within two work days from receipt of the hearing request. (See [Outlook Templates](#))

### EXCEPTION

When an appeal is filed on an eligibility decision completed at an [FAA MA Only local office](#), notify the hospital fair hearing specialist via e-mail.

Include the following information on the Fair Hearing Request Notification Outlook e-mail:

- Appellant's name (Last, First)
- Appellant's address
- Appellant's Social Security Number
- Appellant's case number
- Appellant's representative's name (when known)
- Representative's address (when known)
- Local office site code
- [PCN\(g\)](#) of the EI that completed the action
- Application date
- Date of decision notice on which the request is filed
- Date the hearing request was filed
- Date FAA received the hearing request
- Effective date of [adverse action](#)
- Programs for which the hearing is requested
- Medical Assistance, as follows:  
Indicate the MA category from the CAT field on CLPR.  
Indicate a Hospital Code when the participant was a hospitalized participant.

- Reason for the request that includes, but is not limited to, the following:  
Denial (indicate specific program or ALL) or Closure Reason Code used to deny the application  
Overpayment of benefits  
Months  
Amount  
Withholding  
FAA inaction  
Replacement of benefits  
Benefits stopped (indicate specific program or ALL)
- Special requirements, such as whether an interpreter is needed, the language spoken, and whether an alternative form of communication is needed. The Office of Appeals is responsible for obtaining interpreters when needed.
- Comments, including, but not limited to, the following:  
Any pertinent information not already keyed  
Explanation of multiple request reasons by program  
For MA fair hearings, include the following:  
Multiple MA categories in one case.  
When the appeal is from a participant that was treated and released.

When the request involves an overpayment issue, send the following to [OARC site code](#) within two work days of receipt:

- Copy of the hearing request.
- The envelope in which it was mailed.
- The Fair Hearing Request Notification Outlook e-mail template.

Place a copy of the Hearing Request (FA-503) form in the [case file\(g\)](#) and send it to the appropriate [hearing contact](#). The Office of Appeals schedules the hearing and notifies all interested parties of the date, time, and location of the hearing.

**NOTE** The Office of Appeals notifies the local office when additional information regarding the hearing request is needed.