

## Office of Administrative Hearings Case Referral Notice

| OAH USE ONLY           |  |
|------------------------|--|
| OAH No. ____-____-____ |  |
| Assigned ALJ _____     |  |
| Peer Rev. ALJ _____    |  |
| Rate _____             |  |
| DB Code _____          |  |

Referring Agency: \_\_Dept. of Health and Social Services\_\_ Referring Agency File No. \_\_\_\_\_

Date Hearing Request Filed with Referring Agency: February 15, 2006

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| <p style="text-align: center;"><b>Requestor (Appellant)</b></p> <p>Name: Providence Health System Alaska<br/>Address: P.O. Box 196604; Anchorage, AK;<br/>99519-6604<br/>Telephone: (907) 261-3037<br/>Facsimile: (907) 261-2884<br/>Email: <a href="mailto:lwolf@provak.org">lwolf@provak.org</a></p> <p style="text-align: center;"><b>Requestor's Attorney/Representative</b></p> <p>Name _____<br/>Address _____<br/>Telephone _____<br/>Facsimile _____<br/>Email _____</p> | <p style="text-align: center;"><b>Agency Party</b></p> <p>Name: Department of Health and Social Services<br/>Address: P.O. Box 110601; Juneau, 99811-0801<br/>Telephone: (907) 465-3030<br/>Facsimile: (907) 465-3068<br/>Email: <a href="mailto:anthony_lombardo@health.state.ak.us">anthony_lombardo@health.state.ak.us</a></p> <p style="text-align: center;"><b>Agency's Attorney/Representative</b></p> <p>Name: Stacie L. Kraly, AAG<br/>Address P.O. Box 110300; Juneau, 99811-0300<br/>Telephone: (907) 465-4164<br/>Facsimile: (907) 465-2539<br/>Email: <a href="mailto:stacie_kraly@law.state.ak.us">stacie_kraly@law.state.ak.us</a></p> |
| <p style="text-align: center;"><b>Other Party</b></p> <p>Name _____<br/>Address _____<br/>Telephone _____<br/>Facsimile _____<br/>Email _____</p>  | <p style="text-align: center;"><b>Other Party's Attorney/Representative</b></p> <p>Name _____<br/>Address _____<br/>Telephone _____<br/>Facsimile _____<br/>Email _____</p>  |

For additional parties, attach separate sheet containing the above information.

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| <b>Final Decisionmaker</b>   |
| <p>Name and Title of Individual or Entity<br/>With Final Decisionmaking Authority: Commissioner Karleen Jackson<br/>Address: P.O. Box 110601; Juneau, AK; 99811<br/>Telephone: (907) 465-3030 Facsimile: (907) 465-3068<br/>Does final decisionmaker wish to participate in hearing? _____ Yes ___X___ No _____ Unknown<br/>Is final decisionmaking authority delegated to the assigned ALJ? ___ Yes ___X___ No _____ Unknown<br/>Notes:</p> |

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| <b>Confidential Information</b>  |
| <p>Is information submitted with referral required by law to be kept confidential? _____ Yes ___X___ No<br/>If yes, cite the statute(s)/regulation(s) that require this.</p> |

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| <p>Special Notes: DHSS requests that the OAH accept this hearing pursuant to AS 44.64.030(b). The Commissioner is required to appoint a hearing officer pursuant to 7 AAC 07.080(a).</p> |
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Submitted by: AAG Stacie Kraly Signature: \_\_\_\_\_ Date: \_\_\_\_\_