

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

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

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

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

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

<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: _____