

MatSu District Office  
855 W Commercial Drive  
Wasilla, Alaska 99654

**DIVISION OF PUBLIC ASSISTANCE<sup>9</sup>**  
**DEPARTMENT OF**  
**HEALTH AND SOCIAL SERVICES**

**Office Contact:** Phone: (907) 376-3903  
(800) 478-7778 Toll-Free  
Fax: (907) 373-1136

STATE OF ALASKA

Case Number: 30115212

  
1830 WILIKINA DR APT 411  
WAHIAWA, Hawaii 96786-1405



**Return Forms to the Return Address Indicated Above**  
If you have any questions, please call the number above.

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**STATE OF ALASKA**

[www.dhss.alaska.gov/dpa](http://www.dhss.alaska.gov/dpa)  
Benefit Information:  
907-269-5777  
1-888-804-6330

Case Number: 30115212

Case Name: [REDACTED]

Document #: 37122200

Date: 06/21/2018

[REDACTED]  
1830 WILIKINA DR APT 411  
WAHIAWA, Hawaii 96786-1405



## Eligibility Notice

Dear [REDACTED]:

This letter tells you about your benefits. The information in this letter affects your legal rights so please review it carefully. If you have a question, please contact the number listed above.

We have received a report of change for your household. This change resulted in the closure of your case effective 07/01/2018. Please see the boxes below for additional details.

Eligibility Results - [REDACTED]			
Date	Determination	Explanation	Federal/State Regulations that Support the Action
From 02/2018 to 06/2018	Eligible - Denali Care	Based on countable income of \$93.82.	42 CFR 435.603 and 7 AAC 100.018
Effective 07/2018	Ineligible - Denali Care	You asked to close your case. You may reapply at any time. If you think you are over income, please contact us. You may still be eligible for Medicaid.	42 CFR 435.913 and 7 AAC 100.012

Additional Information	

View notices online with your myAlaska account by accessing: <http://aries.alaska.gov> and selecting "View My Details".

# Medicaid Frequently Asked Questions

## Who do I call with questions?

Contact the Division of Public Assistance with Medicaid eligibility questions. Contact your medical provider or the state toll free Medicaid Recipient Helpline at 1-800-780-9972 with questions about Medicaid covered services.

## How do I use Medicaid?

You will receive your benefits in the mail. If you are age 18 or older, you may be asked to pay a small co-payment when you use them. Other than this co-payment, a Provider who accepts Medicaid for a service is accepting it as payment in full. If you have other insurance, your medical provider must bill the other insurance first. Medicaid will not reimburse you or pay for any bill that you or someone else has already paid.

## What if I have to travel to receive healthcare?

If you need to travel for non-emergency medical treatment, you must have your provider request authorization before you travel. If you are temporarily out of state and need medical treatment, the provider must enroll with the State of Alaska before services will be paid.

## What if I have a billing problem?

If you receive a bill from your provider for services you think Medicaid should cover, contact your medical provider. If they cannot help, call the Medicaid Recipient Helpline listed above.

## What if I suspect my provider is fraudulent?

If you suspect your Medicaid provider is fraudulent, please contact the Medicaid Fraud Hotline at (907)269-6279 or email your concerns to: [Medfraud@alaska.gov](mailto:Medfraud@alaska.gov). You can report fraud anonymously.

13 State of Alaska Department of Health and Social Services  
**NOTICE OF USE OF PRIVATE HEALTH CARE INFORMATION**

13

Effective Date April 14, 2003

Updated September 1, 2013

**FOR YOUR  
PROTECTION**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Your Health  
Care  
Information is  
Private**

We understand that information we collect about you and your health is personal. Keeping your health care information private is one of our most important responsibilities. We are required by law to maintain the privacy of protected health information and to provide notice of our legal duties and privacy practices with regard to your protected health information. We are committed to protecting your health care information and following all laws about its use, and we are required to abide by the terms of this notice. You have the right to discuss with the privacy officer your concerns about how your health care information is shared. The law says:

1. We must keep your health care information from others who do not need it.
2. You may ask us not to share certain health care information. Sometimes, we may not be able to agree to your request.

**Who Sees  
And Shares  
My Health  
Care  
Information?**

Your health caregivers, such as nurses, doctors, therapists and social workers may see, use and share your health care information to determine your plan of care. This use may cover health care services you had before now or may have later.

We review your health care information and bills (claims) to make sure that you get quality care and that all laws about providing and paying for your health care are being followed. We may also use your information to remind you about appointments or to tell you about treatment alternatives.

**How Is  
Payment  
Made**

We may share your health care information with health plans, insurance companies, tribal or government programs to help you get your benefits and so that we can be paid or pay for your health care services.

**May I See My  
Health Care  
Information?**

In most cases, you may see your health care information. There may be legal reasons or safety concerns that may limit the amount of information that you may see. You may ask in writing to receive a copy of your health care information.

We may charge a small amount for copying costs.

If you think some of your health care information is wrong, you may ask in writing that we correct or add to it. You may ask that the corrected or new information be sent to others who have received your health care information from us. You may ask us for a list of where we sent your health care information unless it was disclosed for treatment, payment or operations purposes.

**What If My  
Health Care  
Information  
Needs To Go  
Somewhere  
Else?**

You may ask to have your health care information sent to others. You will be asked to sign a separate form, called an authorization form, permitting your health care information to go to them.

The authorization form tells us what, where and to whom the information must be sent. You can stop or limit the amount of information sent at any time by letting us know in writing.

Note: If you are younger than 18 years old and, by law, you are able to give consent for your own health care, then your health care information is kept private from others unless you sign an authorization form.

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### Could My Health Care Information Be Released Without My Authorization?

We follow laws that tell us when we have to share health care information, even if you do not sign an authorization form. We always report:

1. contagious diseases, birth defects and cancer;
2. firearm injuries and other trauma events;
3. reactions to problems with medicines or defective medical equipment;
4. to the police when required by law;
5. when the court orders us to;
6. to the government to review how our programs are working;
7. to a provider or insurance company who needs to know if you are enrolled in one of our programs;
8. to Workers Compensation for work-related injuries;
9. birth, death and immunization information;
10. to the federal government when they are investigating something important to protect our country, the President and other government workers;
11. abuse, neglect and domestic violence, if related to child protection or vulnerable adults.

We may also share health care information for permitted research purposes, for matters concerning organ donations and for serious threats to public health or safety.

Other uses and disclosures of your health care information will be made only with your written authorization, which you may revoke at any time.

To revoke an authorization please use form 06-5872 (Revocation of Authorization For Release of Information). This form may be obtained by contacting the Department Privacy Officer. Contact information for the Privacy Officer is located at the bottom of this notice.

Most uses and disclosures of psychotherapy notes require an authorization.

### Additional Rights

You have the following rights with respect to your protected health information:

1. to receive confidential communications;
2. to receive notification of a breach of your protected health information; and
3. to request that we restrict a disclosure to a health plan when you pay in full for a covered service.

### May I Have A Copy Of This Notice

This notice is yours. You may ask for a copy at any time. We reserve the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that we maintain. If there are important changes to this notice, you will get a new one within 60 days if you are enrolled in a health plan, such as Medicaid. An electronic version of this notice is available at:

[http://dhss.alaska.gov/Documents/Pdfs/DHSS\\_Note\\_of\\_Privacy\\_Practices.pdf](http://dhss.alaska.gov/Documents/Pdfs/DHSS_Note_of_Privacy_Practices.pdf)

### Questions Or Complaints

If you have questions or feel your privacy rights have been violated you can contact the Department Privacy Official by calling 907-465-2150, or by writing to State of Alaska, DHSS Privacy Official, PO Box 110650, Juneau, AK 99811-0650, or by emailing [PrivacyOfficial@alaska.gov](mailto:PrivacyOfficial@alaska.gov). You will not be retaliated against for filing a complaint with DHSS or the Secretary of Health and Human Services.

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the Department Privacy Official, Secretary of Health and Human Services or Office of Civil Rights.

**YOUR RIGHTS AND RESPONSIBILITIES**

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker's supervisor

**Fair Hearings**

If you disagree with an action taken by the Division of Public Assistance that affects the benefits or services you receive, you can ask for a fair hearing. For the Medicaid program, you may request a fair hearing by phone, in person, or in writing by contacting anyone in Public Assistance office. You must ask for a fair hearing within 30 days from the date of the agency notice. At the hearing you may represent yourself or be represented by a legal representative, friend, or relative. You may qualify for free legal advice and representation by contacting the Alaska Legal Services Corporation. You may continue to receive Medicaid program benefits until a hearing decision is made.

**Fair Hearing Request**

You may request a hearing by filling out the following information and delivering or mailing it to the address on the front of this notice. **Please fill this out if you want to request a fair hearing.**

Reason for Fair Hearing Request:

You may be eligible for continued benefits pending the outcome of your fair hearing. However, if the hearing decision is not in your favor, you are responsible for paying back any extra benefits you receive while waiting for a hearing decision. Please check a box to let us know if you wish or decline to receive continued benefits while waiting for the outcome of your hearing:

☐ Continue my benefits at the level received before this notice until the hearing decision is made. I understand that if the hearing decision is not in my favor, I am responsible for paying back any extra benefits I receive while waiting for the hearing decision.

☐ Do not continue my benefits at the level received before this notice. I accept the amount stated in this notice, knowing that if the hearing decision is in my favor I will be paid for any benefits wrongly denied me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Change Reporting****REPORTING CHANGES IN YOUR HOUSEHOLD CIRCUMSTANCES**

You must report changes in your household within 10 days of when you know of the change. You may do this by contacting the Public Assistance office by phone, in person, in writing or online.

Please read the information below and contact your local Public Assistance office if you have any questions about what changes you need to report.

**Medicaid: You must report the following changes.**

- Changes in employment status, starting or stopping a job, change in wage rate, change from part-time to full-time or full-time to part-time
- Changes in the source of unearned income,
- You move or get a new mailing address.
- Changes in medical insurance
- Changes in state residency status
- When someone moves into or out of your household.
- Pregnancy Changes.

**Civil Rights**

The Civil Rights Act of 1974 states, "No person in the United States, on the grounds of race, color, age, sex, handicap, religious creed, political beliefs or national origin shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal assistance." If you feel you have been discriminated against, a complaint requesting a hearing on the matter may be filed with the Division of Public Assistance, PO Box 110640, Juneau, Alaska 99811-0640.

**Your SSN**

Your Social Security Number will be used to obtain information from various state and federal agencies through computer matching. This information may be used to determine your eligibility. You are not required to provide a Social Security Number (SSN) or citizenship information for anyone in your household who will not receive benefits from a public assistance program.

**Well Child Checkups**

Medicaid pays for well child checkups, dental care, and other services for children through their 21st birthday. Ask your local Public Health Nurse, clinic, or health care provider for more information.

**Family Planning Services**

If Medicaid coverage ends and you need help finding low cost or free family planning services, call your local Public Health Center or AK Info at 1 800-478-2221.

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Read and keep this page (Rights and Responsibilities).

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