

GEN 149



# DenaliCare

DenaliCare &

Renewal Notice



**KidCare**  
*Insuring Alaska's Children  
and our Future*

## It's Time to Renew Your DenaliCare/Denali KidCare

Here is what you need to do:

1. Read this form and make sure this information is correct.
2. Cross out any old information and write in your new information.
3. If you have any questions about your benefits, please call us at 1-888-804-6330 outside of Anchorage or 269-5777 in Anchorage.



Your new Denali Care/Denali KidCare card may be delayed if the completed renewal form is not received before your Denali Care/Denali KidCare coverage ends.



Medical Assistance Manual Section 5005-7  
supports this action.



DenaliCare/





## Rights and Responsibilities

### Social Security Number

Social Security Numbers (SSN) are required, in accordance with 42 CFR 435.910, only for those who will be receiving coverage through Denali Care/Denali KidCare. Social Security Numbers are matched with the records of other agencies such as the Social Security Administration, Internal Revenue Service, Department of Labor etc., to verify eligibility.

### Citizenship

Citizenship information is required only for those who will be receiving Denali Care/Denali KidCare.

### I understand that:

- I must report the following changes within 10 days: changes in physical and mailing addresses; a household member moves into or out of the home; change in state residency; anyone starts or stops a job, has a change in rate of pay or their employment status; change in health insurance coverage; change in unearned income; and change in pregnancy.
- I can request a fair hearing if I do not agree with the decision made on this renewal form. I can make this request in person to any State of Alaska Public Assistance office. I understand that I may be required to repay the state for the value of any continued benefits I received while waiting for a fair hearing decision if the hearing decision is not in my favor.
- Denali Care/Denali KidCare eligibility will not be affected by race, color, age, religious creed, national origin, sex, disability or political belief.
- I may have to prove eligibility for Denali Care/Denali KidCare and that my situation is subject to verification by the Department and other state or federal agencies.
- By applying for and receiving Denali Care/Denali KidCare coverage, I assign to the State of Alaska all rights to any medical support or other third party payment for medical care.
- It is my responsibility to cooperate with Child Support Services Division in obtaining medical support and establishing paternity for each child who has a parent absent from the home unless it is determined by the State that I do not need to cooperate.
- My records will be kept confidential and will not be used for unauthorized purposes.
- I may be restricted to one physician, dentist and pharmacy if Denali Care/Denali KidCare coverage is misused.
- I must not knowingly withhold information or give false information in order to obtain Denali Care/Denali KidCare coverage and that in doing so I may be prosecuted for unsworn falsification and/or fraud.
- I may also be liable for repaying in cash the value of the benefits received.
- I must cooperate in obtaining and providing information regarding third party health insurance coverage.
- When I sign the renewal form for health coverage and use Denali Care/Denali KidCare, I consent to release medical records and information about myself and other people upon whose behalf I am applying to the Department of Health and Social Services or its designee. Upon request, any person who has medical records and information or the custody of such records shall release those records to the Department or its designee.

### Statement of Truth and Authorization for Release of Information

I authorize the release of information requested by the Department of Health and Social Services or its agents. The requested information will be used solely in the administration of Denali Care/Denali KidCare and will not be released to any other person or agency outside the Department of Health and Social Services. Under penalty of perjury or unsworn falsification, I certify that the statements made on this renewal form regarding the persons in my home for whom I am applying for Denali Care/Denali KidCare coverage, including income, citizenship, and all other items that pertain to eligibility are true and complete to the best of my knowledge. I have read or have had read to me and understand my rights and responsibilities.

**SIGN**  
 **HERE**

SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE  
DATE  
SIGNATURE OF WITNESS, IF SIGNED WITH AN X  
DATE

SIGNATURE OF OTHER ADULT IN HOUSEHOLD  
DATE  
SIGNATURE OF WITNESS, IF SIGNED WITH AN X  
DATE

### Authorized Representative (Optional): If signing as authorized representative, please complete section below.

An authorized representative is someone you name in writing who may act on behalf of your household. This person must be age 18 or older. Even though an authorized representative may sign and submit this renewal form on your behalf, please review the renewal form yourself.

The following person is acting as an authorized representative on behalf of the applicant:

NAME OF PERSON (PLEASE PRINT)

DAYTIME OR MESSAGE PHONE NUMBER OF PERSON

**STOP**

Please review this renewal form very carefully and be sure that all required information has been included. If you are self-employed, you may send a copy of your most recent federal income tax form and/or business records.

If you are not sure what to send or if you have questions regarding this renewal form, please call your local Public Assistance office at the number located on page 2 of this renewal form.



**Denali Care & Denali KidCare**

Questions about your coverage? Please call the  
Medicaid Recipient Hotline at 1-800-780-9972

**State of Alaska, Department of Health and Social Services**

The State of Alaska does not discriminate against any person on the basis of race, color, national origin, religious creed, political belief, disability or age in admission to or participation in its programs.

