

NOTICE: X037

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TITLE: DENALI CARE/KIDCARE RENEWAL DUE

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2 Your Medicaid benefits are due for renewal. There is an eligibility
3 renewal form and renewal appendix in this envelope. Please fill these
4 out with all requested information and return it to our office.@@

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6 Here is what you need to do:@@

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8 1. Read this form and make sure this information is correct.@@

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10 2. Cross out any old information and write in your new@@
11 information.@@

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13 3. If you have any questions about your benefits, please call@@
14 us at 1-888-804-6330 outside of Anchorage or 269-5777 in@@
15 Anchorage.@@

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17 You may be able to speed up this process by also providing proof of
18 money that your household receives.@@

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20 The renewal form and renewal appendix must be turned into our agency
21 by the 5th day of next month. If we get them after that date but
22 before the end of the month, your Medicaid benefits for the next month
23 may be delayed.@@

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25 If we do not get your renewal form by the last day of next month and
26 we do not have enough information to redetermine your eligibility,
27 your Medicaid benefits will end on that date.@@

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29 This action is supported by regulations at 42 CFR 435.916, 7 AAC
30 100.020, and Medical Assistance Manual Sections 5005-7, 5006-3, and
31 5007.@@

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