

# Renewal Process Flowchart

- Division of Public Assistance Responsibility
- Medicaid Recipient Responsibility



**Automatic Process:** Beginning April 2023, the Division of Public Assistance will attempt an automatic Medicaid renewal using electronic data sources 60 days before the end of a household's certification period.



**Automatically renewed:** Households will receive an approval notice and new Medicaid card in the mail. Check your mail for important information about your coverage.



**Not automatically renewed:** We will mail a renewal form to your household 45 days prior to the end of your certification period.



**Receive Renewal Form:** Households must submit their completed renewal form by the last day of the month in which it is due, or their case will close. Requested information can be returned by mail, email, fax, or in person at any Public Assistance office.



**Alaska Reviews Household Eligibility:** Once the requested information is received, we will review your case and determine eligibility within 45 days.



**If your Medicaid coverage continues:** Households will receive an approval notice and new Medicaid card in the mail.



**If your Medicaid coverage does not continue:** Households will receive a closure notice in the mail. This notice will include instructions to apply for coverage through the Federally Facilitated Marketplace at [healthcare.gov](https://www.healthcare.gov). Households have 90 days from date of closure to turn in requested information and we will redetermine eligibility back to the date of closure without requiring a new application.



**Fair Hearing Rights:** If you think we made a mistake, you may request a fair hearing within 30 days from the date of the notice. Fair hearing requests may be made in person, by telephone, or in writing. A form is included in the closure notice for your convenience.



Questions? Call the Virtual Contact Center at 800-478-7778 or visit [medicaidrenewals.alaska.gov](https://www.medicaidrenewals.alaska.gov) for more information about Alaska Medicaid Equal opportunity program provider. Accommodation available upon request. TDD: Alaska Relay 7-1-1