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Department of Health

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STATE OF ALASKA

PRESS RELEASE

FOR IMMEDIATE RELEASE

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Alaska restarts requirement for annual renewal process to receive Medicaid benefits
Learn more at April 4 UAA ECHO webinar & [MedicaidRenewals.alaska.gov](https://www.medicaidrenewals.alaska.gov)

March 31, 2023, ANCHORAGE — The Division of Public Assistance has an important message for households that receive health coverage through Medicaid (including DenaliCare or Denali KidCare): Make sure your contact information is up to date.

The federally required Medicaid annual renewal process — which was paused during the pandemic — is restarting April 1. Over the next 12 months, the Division will be reaching out to households to verify certain information necessary to renew your Medicaid coverage. And when it is your turn to renew, it is important that the Division has the right contact information to reach you to avoid any gaps in your health coverage.

Background: What are Medicaid renewals and why are they restarting?

Medicaid renewals are a yearly review process required by the federal government. This is how the Division redetermines whether recipients meet the federal guidelines. The process is in place to make sure that people with Medicaid benefits are still eligible to receive them.

During the COVID-19 pandemic, the federal government put protections in place that allowed Medicaid recipients to continue receiving benefits without having to go through the standard renewal process.

That means that some Alaskans may be covered by Medicaid, even if they are not typically eligible.

Beginning April 1, these pandemic-related protections are ending. All states, including Alaska, are required to re-initiate annual renewals. This does not mean that your Medicaid coverage will end on April 1. This means that, beginning in April, the Division will be contacting a certain number of Alaskans per month who cannot be automatically re-enrolled in Medicaid, to determine if they are still eligible. This will be spaced out over a 12-month period and must be completed by June 1, 2024, according to federal requirements in place at this time.

How recipients can be ready for renewals:

Update contact information using the **Medicaid Information Update Hotline: 1-833-441-1870**. This is a separate phone line, with staff dedicated only to processing contact information changes. This line

was established to reduce wait times on the Virtual Contact Center line, whose staffers provide other services.

Check mail regularly and respond quickly if you receive a renewal form requesting information. These forms will only be sent to individuals when we need more information. Quickly returning the information requested is necessary to determine your eligibility. Providing it when requested will help avoid gaps in coverage.

Visit medicaidrenewals.alaska.gov for renewal information, to sign up for email updates and to get connected to other resources.

Educational webinar

UAA Project ECHO Pop-Up: Medicaid Renewals

Tuesday, April 4, Noon-1 p.m.

This will be an excellent opportunity for Medicaid recipients, providers, advocacy groups, Tribal entities and media to learn more about the Medicaid renewal process, engage in two-way conversation with Division of Public Assistance leadership, and ask questions about eligibility. The webinar will be hosted by UAA Project ECHO, and a recording will be available after the event. ([Webinar Registration](#))

How the state has readied for renewals:

Since about one out of every three Alaskans is enrolled to receive Medicaid benefits, the Division is planning to process 260,000 renewals in 12 months. To meet this target while not further overburdening systems or staff, the state is implementing several solution-based steps:

- **We're starting slowly.**
The Division plans to start with a smaller monthly caseload and then ramp up, as follows:
 - April-June: about 11,000 renewals per month
 - July-August: about 21,000 renewals in July and 23,000 renewals in August
 - September 2023-May 2024: just under 27,000 renewals per month
- **We've got "All hands on deck!"**
The Division has hired and trained new staff to review cases — and engaged additional Department support:
 - 35 new hires on the way.
 - Public Health staff will assist in answering our Medicaid Information Update Hotline.
- **We've updated our system & procedures to minimize staff time on routine tasks.**
The Division's computer system and processes will support faster renewals:
 - Our system can renew some recipients automatically, by comparing information in databases to requirements. (This is allowed by federal law as an "ex parte process.")
 - This will allow trained staff to focus time on renewals requiring additional information.
 - The system has performed successfully and been refined over months of testing.
 - We have learned from the backlog experience. We will continue to audit progress closely and can change workflows as needed.

If recipients no longer qualify

Recipients who are determined to be ineligible for Medicaid coverage at the end of the process will receive notification by mail at least 10 days before their coverage ends. The notice will include the end date and information about how to buy other low-cost health coverage. Most people who are no longer eligible will be referred to HealthCare.gov. Plan premiums vary by age and income level; many Alaskans will qualify for plans with monthly premiums of \$10 or less.

Losing Medicaid coverage qualifies consumers to enroll in a Marketplace plan without waiting for the annual enrollment period. Alaskans needing assistance with this process can find a free navigator or insurance agent by choosing "find local help" on the Marketplace, or by dialing 2-1-1.

Fair Hearing Rights provide those who are disenrolled the opportunity to appeal. Requests must be made within 30 days from the date of a disenrollment notice.

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