*Note: Please make sure to review Administrative Procedure MS 108-2B for additional information you need to include in the notice in order to meet due process (i.e., if the reason for the denial is excess income, the notice must include what income was counted, who received the income, the source of income, and the calculation of the income).*

Your application for Medicaid benefits received on \_\_\_\_\_\_\_\_\_\_\_\_\_ is denied. Your application is denied for the reason in number(s)\_\_\_\_\_\_ below.

1. You did not prove that you are a resident of the State of Alaska or did not prove that all household members are living at the physical address you reported. This action is based on MAGI Medicaid manual sections 809 and 817; Aged/Disabled/LTC Medicaid Manual Section 513; and APA Manual Section 423.
2. You asked to withdraw your application. You may reapply at any time. This action is based on MAGI Medicaid manual sections 806 and 824; Aged/Disabled/LTC Medicaid Manual Section 520-A; and APA Manual Section 410-8.
3. You are getting benefits from another state. You may reapply when your benefits have stopped in the other state. This action is based on MAGI Medicaid manual section 809; Aged/Disabled/LTC Medicaid Manual Section 513; and APA Manual Section 423-3.
4. We cannot find you. You need to tell us when your address changes. This action is based on MAGI Medicaid manual sections 802 and 824; Aged/Disabled/LTC Medicaid Manual Section 520-F; and APA Manual Section 480-6.
5. You do not meet the eligibility criteria for Medicaid under the Affordable Care Act Federal Regulations at 42 CFR 435.603 and MAGI Medicaid manual section 816.
6. You are over the income standard for Family Medicaid and for the Affordable Care Act Medicaid. The income we counted is:

For health insurance please contact the Federally Facilitated Marketplace at [www.HealthCare.gov](http://www.HealthCare.gov) or 1-800-318-2596, 24 hours a day, 7 days a week. (TTY: 1-855-889-4325). They will determine what health care plans you and your family may be eligible for and whether you qualify for any tax credits to help you pay for your health care plan. This action is supported by MAGI Medicaid manual section 818 and federal and state regulations at 42 CFR 435.952 and 7 AAC 100.016.