



Alaska Medical Assistance

PO Box 240808  
Anchorage, AK 99524-0808  
Phone: 907.644.6800  
Toll-free: 800.770.5650  
<http://medicaidalaska.com>

### Remittance Advice (RA) Message

Title: **Provider Acknowledgement and Repayment of Payment Errors**

Issue Date: 09/10/2018

Run Length: 6 weeks

Provider Type(s): All

Message: Providers should closely review each remittance advice (RA) to ensure it reflects accurate payment for all billed services, including correct member details and services provided. In accordance with 7 AAC 105.220(e), Alaska Medicaid providers have 30 days from the time of payment to notify the department in writing of a payment error. Federal law (42 U.S.C. 1320(d)) requires repayment of overpayments to the department within 60 days of identifying the overpayment. Mail the written overpayment notification and a copy of the RA page detailing the overpayment to the address below:

**Conduent State Healthcare, LLC**

P.O. Box 240807

Anchorage, Alaska 99524-0807

Questions? Please contact Provider Inquiry at 907.644.6800, option 1, 1, or 800.770.5650, option 1, 1, 1 (toll-free in Alaska).