



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Letter Sent to Providers Requiring Enrollment Revalidation**

Issue Date: 02/12/2019

Run Length: 4 weeks

Provider Type(s): All

Message: All providers are required to revalidate enrollment with Alaska Medicaid a minimum of once every five years. During the week of February 11, 2019, providers that have not yet revalidated their enrollment will receive a letter containing enrollment revalidation instructions. The revalidation process includes address, ownership, and managing/directing verification and an exclusion and sanction questionnaire.

To maintain uninterrupted claims processing and payment, please complete the revalidation process within 30 days of the letter date.

Questions? Please contact Provider Enrollment at 907.644.5993 or 888.944.6877 (toll-free in Alaska).