



Alaska Medical Assistance

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<http://medicaidalaska.com>

Remittance Advice (RA) Message

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

Issue Date: 08/12/2020

Run Length: 4 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. 42 U.S.C. 1320(d) requires repayment of overpayments to the department within 60 days of identifying the overpayment. When an overpayment is identified, complete an Adjustment/Void (AK-05) form and a copy of the RA page detailing the overpayment to the address indicated on the form

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