



Alaska Medical Assistance
Xerox State Healthcare, LLC
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: 02/24/2016

Run Length: 101 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:

Xerox 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).