



Alaska Medical Assistance

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Toll-free: 800.770.5650
<http://medicaidalaska.com>

Remittance Advice (RA) Message

Title: **All Changes to Enrollment Information Must Be Reported Within 30 Days of Change**

Issue Date: 11/01/2017

Run Length: 6 weeks

Provider Type(s): All

Message: Providers must report all changes to their enrollment information within 30 days of the change. Notifications of enrollment changes must be made in writing and an original signature is required; changes will not be made based on oral requests. Use the Update Provider Information Request Form available at <http://manuals.medicaidalaska.com/docs/forms.htm> to report any change in the following:

- Ownership
- Licensure, certification, or registration status
- Federal tax identification number
- Type of service or area of specialty
- Additions, deletions, or replacements in group membership
- Mailing address or phone number
- Medicare provider identification number

Questions? Contact Provider Enrollment at 907.644.6800 (option 2), or 800.770.5650 (option 1, 3).