



Alaska Medical Assistance

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Remittance Advice (RA) Message

Title: **Providers Authorizing EFT Actions or Billing Address Changes Must Provide a Copy of Their Corresponding Government-issued ID**

Issue Date: 11/01/2021

Run Length: 8 weeks

Provider Type(s): All

Message: **Effective immediately**, a provider that receives Medicaid reimbursement via paper check and requests an update to their billing address must submit a copy of their government-issued ID with the signed Update Provider Information Request form.

Already in effect: A provider or authorized representative requesting a new electronic funds transfer (EFT) enrollment or making changes to an existing EFT enrollment must submit a copy of their government-issued ID with the signed EFT form. This is an added security measure and is required for both initial EFT enrollment and any updates to EFT information. Failure to comply with this requirement will result in a denied request.

Questions? Contact Provider Enrollment at 907.644.6800, option 2, or toll-free in Alaska at 800.770.5650, option 1, 3.