

Alaska Medicaid Provider Update

Provider Enrollment Changes in Information December 31, 2021

Dear Alaska Medicaid Provider,

The Division of Behavioral Health would like to issue a friendly reminder to report ANY changes in the information provided on your Alaska Medicaid enrollment application within 30 days of the change. As per your provider enrollment agreement, this includes but is not limited to, business name, ownership, servicing, billing, or mailing address, phone number, staffing, affiliations, credentials, etc. Please notify Conduent Provider Enrollment in writing of any changes to your enrollment information by filling out the Alaska Medical Assistance Update Provider Information form found here

https://manuals.medicaidalaska.com/docs/dnld/Form Update Provider Information.pdf

If you have any additional questions, please email the MPASSunit@alaska.gov.