

---

## Alaska Medicaid Provider Remittance Advice (RA) Message

**Issue Date** 06/01/2025

**Run Length** 16 weeks

**Provider Type(s)** All Providers

**Message** **Change of Ownership Reporting Requirements**

A Medicaid provider is required by their provider agreement and by federal regulations to disclose changes in ownership and control interest in the disclosing entity at time of application, at time of revalidation, and within 35 days after any change in ownership of the disclosing entity.

For additional information please see the [Medicaid Provider Enrollment website](#), or email [ak-enrollment@gainwelltechnologies.com](mailto:ak-enrollment@gainwelltechnologies.com) .

