
Alaska Medicaid Provider Remittance Advice (RA) Message

Issue Date 01/21/2026

Run Length 4 weeks

Provider Type(s) Personal Care Assistant (094), Personal Care Agency (095), and Home Health Agencies (060)

Message **PCA and PCA/HHA Application Addendum**

A new addendum has been added for individual [personal care assistant applications](#), [personal care agency and home health agency applications](#).

The addendums include the requirement to comply with electronic visit verification when providing services, submitting claims, and reporting changes.

The forms have been included in the DocuSign packets for new applications and are located online on the [provider enrollment forms page](#).

If you have any questions, please contact Provider Enrollment at 907.644.6800 or 800.770.5650, option 1,2 for either number, or email ak-enrollment@gainwelltechnologies.com

