

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))<sup>1</sup>

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Alaska Medicaid Electronic Health Record Incentive Program.
3. Citation of regulation (may be grouped): 7 AAC 165.
4. Department of Law file number, if any: JU2016200039
5. Reason for the proposed action:
  - (X) Compliance with federal law or action (identify): Federal law does not require submission of hard copy attestations; the proposed regulation changes will eliminate current duplicative work done by the providers/hospitals.
  - ( ) compliance with new or changed state statute
  - ( ) compliance with court order
  - (X) Development of program standards
  - ( ) Other (identify)

6. Appropriation/Allocation: Health Care Services/Medical Assistance Administration

7. Estimated annual cost to comply with the proposed action to:

A private person: \$0

Another state agency: \$0

A municipality: \$0

**Other:**

(1) Individual provider:

- \$250/per user per year for HIE query access; and/or
- To connect the provider's Electronic Health Record (EHR) solution: \$5,000 - \$30,000 depending on how many interfaces have to be set up; and/or
- Direct Secure Messaging: \$22 per user per year.

(2) Hospitals: Cost vary depending on the size of the hospitals; \$5,952 - \$187,776 annual

(3) Payers: \$1 per subscriber; example: *Premiera Blue Cross/Blue Shield of Alaska* would be ~\$125,000

8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY <u>17</u>	Subsequent Years
Operating Cost	\$0	\$0
Capital Cost	\$0	\$0
1002 Federal receipts	\$0	\$0
1003 General fund match	\$0	\$0
1004 General fund	\$0	\$0
1005 General fund/ program	\$0	\$0
Other (identify)	\$0	\$0

9. The name of the contact person for the regulation:

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Title: Medical Assistance Administrator III  
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10. The origin of the proposed action:

☒ Staff of state agency  
☒ Federal government  
☐ General public  
☐ Petition for regulation change  
☐ Other (identify): \_\_\_\_\_

11.

Date: 11/7/2014

Prepared by:

JoLynn Cagle

[signature]

Name (printed): JoLynn Cagle \_\_\_\_\_

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