

ADDITIONAL REGULATIONS NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health and Social Services
2. General subject of regulation: Durable Medical Equipment Prosthetics & Orthotics & Supplies (DMEPOS) SFY2017 Fee Schedule- Medicaid coverage & payment (Medicaid Coverage; Prescription Drugs & Medical Supplies; Durable Medical Equipment; Transportation Services; Medicaid Payment Rates; Medicaid Program).
3. Citation of regulation (may be grouped): 7 AAC 120, 145, 160; 7 AAC 160.900
4. Department of Law file number, if any: JU2016200858
5. Reason for the proposed action:
 - ☐ Compliance with federal law or action (identify): _____
 - ☐ Compliance with new or changed state statute
 - ☐ Compliance with Federal or state court decision (identify) _____
 - ☒ Development of program standards
 - ☐ Other (identify): _____
6. Appropriation/Allocation: Medicaid Services/Health Care Medicaid Services
7. Estimated annual costs in the aggregate to comply with the proposed action to:
 - Private Persons: \$0
 - Other State Agencies: \$0
 - Municipalities: \$0
8. Cost of implementation to the state agency and available funding (in thousands of dollars):

	Initial Year FY 2017	Subsequent Years
Operating Cost	\$ <u>300</u>	\$ <u>400</u>
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ <u>150</u>	\$ <u>200</u>
1003 General fund match	\$ <u>150</u>	\$ <u>200</u>
1004 General fund	\$ _____	\$ _____
1005 General fund/prgm	\$ _____	\$ _____
1037 General fund/ mental health	\$ _____	\$ _____
Other	\$ _____	\$ _____

9. The name of the contact person for the regulations:
 - Name: Erin Narus
 - Title: Lead Pharmacist, Pharmacy & Ancillary Service Manager
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10. The origin of the proposed action:

☒ Staff of state agency

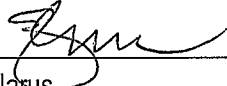
Federal government

☐ General public

☐ Petition for regulation change

☒ Other (identify) Enrolled Medicaid providers

11. Date: 12.16.16

Prepared by: 

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