

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))¹

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid audit and review of medical assistance providers.
3. Citation of regulation (may be grouped): 7 AAC 105, 120, & 160.
4. Department of Law file number, if any: JU2017200285
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 cost to comply with the proposed action to: None
A private person: \$0
Another state agency: \$0
A municipality: \$0
8. Cost of implementation to the state agency and available funding (in thousands of dollars): None

	Initial Year FY <u>2018</u>	Subsequent Years
Operating Cost	<u>\$0</u>	<u>\$0</u>
Capital Cost	<u>\$0</u>	<u>\$0</u>
1002 Federal receipts	<u>\$0</u>	<u>\$0</u>
1003 General fund match	<u>\$0</u>	<u>\$0</u>
1004 General fund	<u>\$0</u>	<u>\$0</u>
1005 General fund/ program	<u>\$0</u>	<u>\$0</u>
Other (identify)	<u>\$0</u>	<u>\$0</u>

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

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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:

7/3/17

Prepared by:

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