

ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))¹

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid coverage & payment rates for end-stage renal disease (facility enrollment requirements and facility payment rate).
3. Citation of regulation (may be grouped): 7 AAC 140.700; 7 AAC 145.607.
4. Department of Law file number, if any: 2018200267

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
- (X) Other (identify): Rates must be adjusted for the service to remain within federal upper payment limit requirements.

6. Appropriation/Allocation: Medicaid Services/Health Care Medicaid Services

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

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):

	Initial Year FY <u>2019</u>	Subsequent Years
Operating Cost	<u>\$ 0</u>	<u>\$</u>
Capital Cost	<u>\$ 0</u>	<u>\$</u>
1002 Federal receipts	<u>\$</u>	<u>\$</u>
1003 General fund match	<u>\$</u>	<u>\$</u>
1004 General fund	<u>\$</u>	<u>\$</u>
1005 General fund/ program	<u>\$</u>	<u>\$</u>
Other (identify)	<u>\$</u>	<u>\$</u>

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

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Title: Executive Director

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10. The origin of the proposed action:

 X Staff of state agency

 Federal government


 General public

 Petition for regulation change

 Other (identify): _____

- 11.

Date: 6/13/18

Prepared by: 
[signature]

Name (printed): Donna Steward

Title (printed): Executive Director

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