

ADDITIONAL REGULATION NOTICE INFORMATION  
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Coverage & Payment, Telemedicine Services.
3. Citation of regulation (may be grouped): 7 AAC 110, 135, 145.
4. Department of Law file number, if any: 2019200392
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): \_\_\_\_\_

(X) Development of program standards

( ) Other (identify): \_\_\_\_\_
6. Appropriation/Allocation: N/A
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): None.

	Initial Year FY _____	Subsequent Years
Operating Cost	\$ _____	\$ _____
Capital Cost	\$ _____	\$ _____
1002 Federal receipts	\$ _____	\$ _____
1003 General fund match	\$ _____	\$ _____
1004 General fund	\$ _____	\$ _____
1005 General fund/ program	\$ _____	\$ _____
Other (identify)	\$ _____	\$ _____
9. The name of the contact person for the regulation:  
Name: Ms. Susan Dunkin  
Title: Medicaid Program Specialist III

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10. The origin of the proposed action:

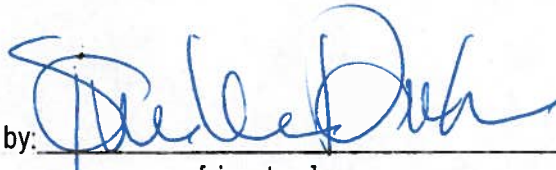
- ☒ Staff of state agency  
☐ Federal government  
☐ General public  
☐ Petition for regulation change<sup>7</sup>  
☐ Other (identify): \_\_\_\_\_

11.

Date:

07/17/19

Prepared by:



[signature]

Name (printed): Susan Dunkin

Title (printed): Medicaid Program Specialist III

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