ADDITIONAL REGULATION NOTICE INFORMATION

(AS 44.62.190(d))

1.	Adopting agency: Department of Health & Social Services			
2.	General subject of regulation: <u>Medicaid Outpatient Hospital Observation Services Coverage</u> , <u>specifically</u> , 7 AAC 140.310 Medicaid Coverage; Facility and Facility-Based Services. Covered <u>hospital services</u> .			
3.	Citation of regulation (may be grouped): 7 AAC 140			
4.	Department of Law file number, if any: 2020200499			
5.	Reason for the proposed action: () Compliance with federal law or action (identify):			
6.	Appropriation/Allocation: <u>Department of Health and Social Services/Health Care Services/Medical Assistance Administration</u>			
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 Operating Cost	state agency and Initial Year FY \$	Years	
	Capital Cost	\$	\$	
	1002 Federal receipts 1003 General fund match 1004 General fund 1005 General fund/	\$ \$ \$	\$ \$ \$	

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

Name: Ms. Susan Miller Dunkin
Title: Medicaid Program Specialist IV

program
Other (identify)

	Address: 4501 Business Park Blvd., Bldg. L, Anchorage, AK 99503. Telephone: (907) 269-3638 or (907) 310-2769 E-mail address: susan.dunkin@alaska.gov			
10.	The origin of the proposed action: X Staff of state agency Federal government General public Petition for regulation change ⁷ Other (identify):			
11.	Date & Prepared by:			
	[signature]			
	Name (printed): Susan Miller Dunkin			
	Title (printed): Medicaid Program Specialist IV			

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