

ADDITIONAL REGULATION NOTICE INFORMATION
(AS 44.62.190(d))

1. Adopting agency: Department of Health & Social Services
2. General subject of regulation: Medicaid Payment Rates, FQHC Productivity Standards & Rate Setting, specifically, 7 AAC 145.710. Medicaid Payment Rates. Calculating total health clinic visits, and 7 AAC 145.739. Definitions.
3. Citation of regulation (may be grouped): 7 AAC 145.710, .739.
4. Department of Law file number, if any: 2020200639
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): Remove productivity standards that are currently applied to federally qualified health centers (FQHC) cost based rate calculations to align Alaska's cost based rate methodology with the Centers for Medicare & Medicaid Services' (CMS) rate methodology for FQHC facilities.
6. Appropriation/Allocation: Department Support Services/Rate Review
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 _____	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:
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Title: Executive Director
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10. The origin of the proposed action:
☒ Staff of state agency
☐ Federal government
☐ General public
☐ Petition for regulation change⁷
☐ Other (identify): _____

11. Date & Prepared by: _____
[signature]
Name (printed): Marcey Bish
Title (printed): Executive Director
Telephone: (907) 444-9318