ADDITIONAL REGULATION NOTICE INFORMATION (AS 44.62.190(d))

- 1. Adopting agency: <u>Department of Health.</u>
- 2. General subject of regulation: Medicaid Inpatient Diagnosis Related Group (DRG) Reimbursement.
- 3. Citation of regulation (may be grouped): <u>7 AAC 100, 105, 140, 145, 150, 160.</u>
- 4. Department of Law file number, if any: 2023200066.
- 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): <u>Change regulations on the Medicaid inpatient hospital reimbursement methodology</u> from a cost-based per diem reimbursement to a diagnosis related group (DRG) payment methodology. The DRG payment methodology will support implementation of policies and practices that promote quality, are patient centered, fair to providers, and fiscally responsible.
- 6. Appropriation/Allocation: <u>Medicaid Services/Medicaid Services; OMB Component Number: 3234.</u>
- 7. Estimated annual cost to comply with the proposed action to: A private person: <u>\$0.</u> Another state agency: <u>\$0.</u> A municipality: <u>\$0.</u>
- 8. Cost of implementation to the state agency and available funding (in thousands of dollars): <u>\$0.</u>

·	Initial Year	Subsequent
	FY	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: Name: <u>Ms. Marcey Bish</u> Title: <u>Executive Director</u> Address: <u>State of Alaska, Department of Health, Office of Rate Review, 3601 C St., Suite 902, Anchorage, <u>AK 99503.</u> Telephone: <u>(907) 444-9318.</u> E-mail address: <u>marcey.bish@alaska.gov</u>
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- 10. The origin of the proposed action:
 - __X__ Staff of state agency
 - _____ Federal government
 - General public
 - _____ Petition for regulation change⁷
 - Other (identify):
- 11. Date & DOH Division Project Lead:_

[e-signature] Name (printed): <u>Marcey Bish</u> Title (printed): <u>Executive Director</u> Telephone: <u>(907) 444-9318</u>