

Fiscal Note

State of Alaska
2018 Legislative Session

Bill Version: HB 176
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB176CS(HSS)-DHSS-MAA-2-15-18
Title: GROUND EMER. MEDICAL TRANSPORT
PAYMENTS
Sponsor: WOOL
Requester: House FIN

Department: Department of Health and Social Services
Appropriation: Health Care Services
Allocation: Medical Assistance Administration
OMB Component Number: 242

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below.

(Thousands of Dollars)

| | FY2019 Appropriation Requested | Included in Governor's FY2019 Request | Out-Year Cost Estimates | | | | |
|------------------------|--------------------------------------|--|-------------------------|--------------|--------------|--------------|--------------|
| OPERATING EXPENDITURES | FY 2019 | FY 2019 | FY 2020 | FY 2021 | FY 2022 | FY 2023 | FY 2024 |
| Personal Services | | | 97.6 | 97.6 | 97.6 | 97.6 | 97.6 |
| Travel | | | | | | | |
| Services | | | 9.4 | 9.4 | 9.4 | 9.4 | 9.4 |
| Commodities | | | 9.6 | 2.0 | 2.0 | 2.0 | 2.0 |
| Capital Outlay | | | | | | | |
| Grants & Benefits | | | | | | | |
| Miscellaneous | | | | | | | |
| Total Operating | 0.0 | 0.0 | 116.6 | 109.0 | 109.0 | 109.0 | 109.0 |

Fund Source (Operating Only)

| | | | | | | | |
|------------------------|------------|------------|--------------|--------------|--------------|--------------|--------------|
| 1007 I/A Rcpts (Other) | | | 116.6 | 109.0 | 109.0 | 109.0 | 109.0 |
| Total | 0.0 | 0.0 | 116.6 | 109.0 | 109.0 | 109.0 | 109.0 |

Positions

| | | | | | | | |
|-----------|--|--|-----|-----|-----|-----|-----|
| Full-time | | | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

Change in Revenues

| | | | | | | | |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None | | | | | | | |
| Total | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Estimated SUPPLEMENTAL (FY2018) cost: 0.0 (separate supplemental appropriation required)
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2019) cost: 0.0 (separate capital appropriation required)
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/19

Why this fiscal note differs from previous version/comments:

Refreshed to SLA2018 form; added reference to air transportation per committee substitute.

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Agency: Health and Social Services

Phone: (907)334-2520
Date: 02/15/2018 01:30 PM
Date: 02/15/18

**REPORTED OUT OF
HFC 03/01/2018**

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2018 LEGISLATIVE SESSION

BILL NO. CSHB176(HSS)

Analysis

HB176 directs the department to develop a program to provide supplemental reimbursement to eligible ground, air and water emergency medical transportation service providers for the cost of providing services to medical assistance recipients. The amount of the supplemental reimbursement must be equal to the amount of the federal financial participation that the department receives as reimbursement for the provider's cost for the emergency medical transportation services, less any administrative expenses.

HB176 allows the department to charge an administrative fee to a provider who participates in the program to cover the department's costs for administering the program. This fee is capped at 20 percent of a provider's costs for providing emergency medical transportation services.

Development and approval of a Medicaid State Plan amendment and subsequent regulations development is anticipated to be lengthy. Thus, implementation and associated costs are not anticipated until FY2020. Starting in FY2020, to administer the supplemental reimbursement program for emergency medical transportation, the Division of Health Care Services has determined that it needs one full-time Medical Assistance Administrator II. This position will be funded from fees collected from providers who participate in the program. The cost of the position is shown below:

One full-time Medical Assistance Administrator II (including benefits): Range 18, Anchorage: \$97.6 annually

Services: Office space, phone, reimbursable service agreements for position support costs: \$9.4 annually

Commodities: Office supplies: \$2.0 annually

One-Time Commodities Cost: Computer, software, and office equipment: \$7.6

All of the fees to support this program will be collected in the Health Care Medicaid Services component. The funds to support this position will be transferred from the Health Care Medicaid Services component to the Medical Assistance Administration component via a reimbursable services agreement.