

# Fiscal Note

State of Alaska  
2015 Legislative Session

|                     |           |
|---------------------|-----------|
| Bill Version:       | HB 148    |
| Fiscal Note Number: | 11        |
| (H) Publish Date:   | 3/18/2015 |

Identifier: 0055-DHSS-RR-03-16-15  
Title: MEDICAL ASSISTANCE COVERAGE; REFORM  
Sponsor: RLS BY REQUEST OF THE GOVERNOR  
Requester: Governor

Department: Department of Health and Social Services  
Appropriation: Health Care Services  
Allocation: Rate Review  
OMB Component Number: 2696

## Expenditures/Revenues

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

(Thousands of Dollars)

|                        | FY2016<br>Appropriation<br>Requested | Included in<br>Governor's<br>FY2016<br>Request | Out-Year Cost Estimates |            |            |            |            |
|------------------------|--------------------------------------|------------------------------------------------|-------------------------|------------|------------|------------|------------|
| OPERATING EXPENDITURES | FY 2016                              | FY 2016                                        | FY 2017                 | FY 2018    | FY 2019    | FY 2020    | FY 2021    |
| Personal Services      |                                      |                                                |                         |            |            |            |            |
| Travel                 | 4.5                                  |                                                |                         |            |            |            |            |
| Services               |                                      |                                                |                         |            |            |            |            |
| Commodities            |                                      |                                                |                         |            |            |            |            |
| Capital Outlay         |                                      |                                                |                         |            |            |            |            |
| Grants & Benefits      |                                      |                                                |                         |            |            |            |            |
| Miscellaneous          |                                      |                                                |                         |            |            |            |            |
| <b>Total Operating</b> | <b>4.5</b>                           | <b>0.0</b>                                     | <b>0.0</b>              | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

## Fund Source (Operating Only)

|                |            |            |            |            |            |            |            |
|----------------|------------|------------|------------|------------|------------|------------|------------|
| 1002 Fed Rcpts | 2.3        |            |            |            |            |            |            |
| 1003 G/F Match | 2.2        |            |            |            |            |            |            |
| <b>Total</b>   | <b>4.5</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> | <b>0.0</b> |

## Positions

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

## Change in Revenues

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

**Estimated SUPPLEMENTAL (FY2015) cost:** 0.0 (separate supplemental appropriation required)  
(discuss reasons and fund source(s) in analysis section)

**Estimated CAPITAL (FY2016) 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? No  
If yes, by what date are the regulations to be adopted, amended or repealed? N/A

## Why this fiscal note differs from previous version:

Not applicable, initial version.

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Agency: Health & Social Services

Phone: (907)334-2520  
Date: 03/14/2015 12:00 PM  
Date: 03/16/15

## FISCAL NOTE ANALYSIS

STATE OF ALASKA  
2015 LEGISLATIVE SESSION

## Analysis

The Department's Office of Rate Review, which sets and reviews reimbursement rates for Alaska's Medicaid program, will lead the evaluation and proposal of a provider tax. The evaluation will involve significant stakeholder input that will be provided through at least three face-to-face public meetings (Juneau, Fairbanks, and Anchorage), one statewide public webinar, and numerous informal meetings with provider associations. The Office of Rate Review will develop findings that will be used to draft legislation for introduction in the 2016 session. The only fiscal impact comes from costs associated with the face-to-face meetings in Juneau and Fairbanks. This would be a one-time, estimated expenditure for staff to travel to meetings in Fairbanks and Juneau. No travel expense is necessary for the meeting in Anchorage.

|                       |                |
|-----------------------|----------------|
| Public Meeting Juneau | <u>\$2,590</u> |
| Flight for 5 Staff    | \$1,715        |
| 1 Night Lodging       | \$675          |
| Meeting Room          | \$200          |

|                          |                |
|--------------------------|----------------|
| Public Meeting Fairbanks | <u>\$1,920</u> |
| Flight for 5 Staff       | \$1,000        |
| 1 Night Lodging          | \$720          |
| Meeting Room             | \$200          |