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**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 20-0007**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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February 17, 2021

Adam Crum, Commissioner  
Department of Health and Social Services  
3601 C Street, Suite 902  
Anchorage, AK 99503-7167

RE: Alaska State Plan Amendment (SPA) Transmittal Number 20-0007

Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Alaska's State Plan Amendment (SPA) Transmittal Number 20-0007. This amendment updates the plan to expand coverage and reimbursement for vaccine administration in accordance with authorizations provided under the Public Readiness and Emergency Preparedness (PREP) Act declaration. Further, it clarifies the reimbursement methodology for medically necessary vaccines products; expands the list of practitioners able to order Home Health services; clarifies the administrative vaccine rate for children eligible under the Vaccine for Children (VFC) Program; and, incorporates reimbursement for administration of vaccinations to the adult population.

We conducted our review of your submittal according to the statutory requirements of 1905(a)(1) and 1905(a)(3) of the Social Security Act. This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 20-0007 is approved effective October 1, 2020. Please find the CMS 179 form and amended pages attached.

If there are additional questions, please contact me or your staff may contact Maria Garza at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov) or at (206) 615-2542.

Sincerely,

 Signed by  
ghes  
1.02.17  
06'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

cc:

Albert Wall, Deputy Commissioner, Medicaid & Health Care Policy

CC: emails

Albert Wall, Deputy Commissioner, Medicaid & Health Care Policy - [a.wall@alaska.gov](mailto:a.wall@alaska.gov)

Courtney King, SPA Coordinator - [courtney.king@alaska.gov](mailto:courtney.king@alaska.gov)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 20-0007	2. STATE AK
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2020	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Title XIX of the SSA; 42 CFR § 430.12	7. FEDERAL BUDGET IMPACT: a. FFY 21 <b>FFY21: \$390,113.36</b> <del>\$-42,008.46-</del> b. FFY 22 <b>FFY22: \$391,567.84</b> <del>\$-43,462.94-</del>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attached Sheet to Attachment 3.1-A, pages 2 & 4.4  Attachment 4.19-B, pages 13 & P&I <del>66b</del> <b>General Administration pg 66b</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attached Sheet to Attachment 3.1-A, pages 2 & 4.4  Attachment 4.19-B, pages 13 & <del>66b</del> <b>General Administration pg 66b</b>

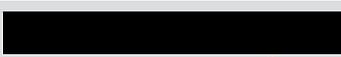
10. SUBJECT OF AMENDMENT:  
This SPA updates the state plan coverage and reimbursement of vaccine administration and products.--and adds nurse practitioners and physician assistants as ordering providers for Home Health Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Does not wish to comment  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/	16. RETURN TO: Courtney O'Byrne King Department of Health & Social Services 3601 C Street, Suite 902 Anchorage, AK 99503
13. TYPED NAME: Albert E. Wall	
14. TITLE: Deputy Commissioner of DHSS – Medicaid Director	
15. DATE SUBMITTED: November 19, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: November 19, 2020	18. DATE APPROVED: February 17, 2021
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2020	20. SIGNATURE  ly signed by Ruth A. Hughes 021.02.17 16:46:17 -06'00'
21. TYPED NAME: Ruth A. Hughes	22. TITLE: Acting Director, Division of Program Operations

23. REMARKS:

11/25/20 P&I change, boxes 8 & 9 to reflect correct SPA section General Administration not 4.19B

2/4/21 P&I changes to Box 10 and Box 7

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Citation(s)		
4.19	(m)	<u>Medicaid Reimbursement for Administration of Vaccine under the Pediatric Immunization Program</u>
1928(c)(2)(C)(ii) of the Act	(i)	A provider may impose a charge for the administration of a qualified pediatric vaccine, as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.
	(ii)	The State:
		<hr style="width: 10%; margin-left: 0;"/> sets a payment rate at the level of the regional maximum established by the DHSS secretary.
		<hr style="width: 10%; margin-left: 0;"/> is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with state law.
		<hr style="width: 10%; margin-left: 0;"/> sets a payment rate below the level of the regional maximum established by the DHSS Secretary.
		<hr style="width: 10%; margin-left: 0;"/> X is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.
		The state pays the following rate for the administration of a vaccine:  \$21.08
1926 of the Act	(iii)	Medicaid beneficiary access to immunizations is assured through the following methodology.  Access is ensured by paying for vaccine administration using the RBRVS reimbursement methodology outlined under physician services in 4.19-B.

4. c. FAMILY PLANNING SERVICES: Fertility services not covered.
  5. a. PHYSICIAN SERVICES: Physicians' services are provided in accordance with regulations at 42 CFR 440.50. A surgical procedure that could be considered experimental, investigative, or cosmetic is not covered unless that procedure is medically necessary in the course of treatment for injury or illness and has been prior authorized by the medical review section of the division or its designee. A licensed physician provides services directly and supervises direct services provided by physician assistants, advanced nurse practitioners, certified registered nurse anesthetists, certified behavioral health aides I, II, and III, certified behavioral health practitioners, certified community health aides I, II, III, or IV, and certified community health practitioners.
  6. b. OPTOMETRIST SERVICES: Vision services are provided to recipients experiencing significant difficulties or complaints related to vision or if an attending ophthalmologist or optometrist finds health reasons for a vision examination. A second vision exam in a 12-month period must be prior authorized by the division or its designee.
  6. d.1 DIRECT ENTRY MIDWIFE SERVICES: Direct entry midwife services are those services for the management of prenatal, intrapartum, and postpartum care that a direct-entry midwife is authorized to provide under the scope of practice of her state license.
  6. d.2 In accordance with 42 CFR § 440.60, licensed and qualified pharmacists acting within their scope of practice as defined in state law. Pharmacists, pharmacy interns, and pharmacy technicians are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations. Qualified pharmacy interns and qualified pharmacy technicians are working under the supervision of a licensed pharmacist.
  6. d.3 In accordance with 42 CFR § 440.60(a), the following licensed providers acting within their scope of practice as defined by state law: Licensed Psychologists, Licensed Clinical Social Workers, and Licensed Marriage and Family Therapists.
  7. a-d. HOME HEALTH SERVICES: Home health services are offered in accordance with 42 CFR 440.70. Home health services must be ordered by the attending physician, nurse practitioner, or physician assistant operating within their scope of practice and must be prior authorized by the State Medicaid Agency or its designee.
- c. Equipment and appliances that require prior authorization by the State Medicaid Agency or its designee are listed in the provider manual.

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**Description of Service Limitations**

- 13.c. Medically necessary vaccine products, not related to international travel, per ACIP guidelines\* if unavailable at no cost to the provider, are covered for Alaska Medicaid recipients.

\*<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

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**Methods and Standards for  
Establishing Payment Rates: Other Types of Care**

**Tobacco Cessation**

Pharmacies providing prescribed tobacco cessation medication therapy management through a qualified pharmacist to a recipient with a prescription will be paid the lesser of billed charges or the tobacco cessation counseling fee located at

[http://manuals.medicaidalaska.com/docs/dnld/Fees\\_Pharmacist\\_SFY2021.pdf](http://manuals.medicaidalaska.com/docs/dnld/Fees_Pharmacist_SFY2021.pdf).

**Vaccine Reimbursement**

State developed fee schedule rates for vaccine products and administration are the same for both public and private providers. The fee schedule and any annual/periodic adjustments to the fee schedule and its effective dates are published at

<http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

**1. Administration of Vaccinations**

- a. For Medicaid eligible individuals –under 19 years of age -

Administration of preventive vaccines to individuals under 19 years of age is reimbursed via an administration fee to participating/enrolled Alaska VFC providers under the Vaccines for Children (VFC) program. Information regarding the VFC Program is found on page 66(b) of Alaska’s Medicaid state plan.

- b. For Medicaid-eligible individuals aged 19 years and older –

Qualified, enrolled Medicaid providers acting within their scope of practice will be reimbursed an administration fee as follows:

- i. Physicians will be reimbursed in alignment with the Resource Based Relative Value Scale methodology used for physician services on page 6 of attachment 4.19-B.
- ii. Advanced practice registered nurses are reimbursed for vaccine administration in accordance with page 1 of Attachment 4.19-B.
- iii. Physicians assistants will be reimbursed for vaccine administration in accordance with page 5b of Attachment 4.19-B.
- iv. Pharmacists acting within their scope of practice will be reimbursed for vaccine administration at 85% of the physician reimbursement on page 6 Attachment 4.19-B
- v. Vaccine product administration in the tribal health system is reimbursed in accordance with federally established encounter rate reimbursement methodology.

**2. Vaccine Products**

When not otherwise available free of cost, the state Medicaid agency reimburses for covered medically necessary vaccine products at the lesser of billed charges, the Medicare Part B upper payment limit (if established), or the estimated acquisition cost.