

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 22-0003**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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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April 13, 2022

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 22-0003


Dear Mr. Crum:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0003. This amendment adds a mandatory benefit at section 1905(a)(30) for routine patient costs for items and services furnished in connection with the participation by Medicaid beneficiaries in qualifying clinical trials, in accordance with Section 210 of the Consolidated Appropriations Act, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 435.733. This letter is to inform you that Alaska Medicaid SPA 22-0003 was approved with an effective date of January 1, 2022

If you have any questions, please contact Maria Garza at 206-615-2542 or via email at [maria.garza@cms.hhs.gov](mailto:maria.garza@cms.hhs.gov).

Sincerely,

 Digitally signed by Ruth  
Hughes -S  
2022.04.13  
14:40 -05'00'  
Ruth A. Hughes, Acting Director  
Division of Program Operations

cc: Al Wall, Deputy Commissioner, [a.wall@alaska.gov](mailto:a.wall@alaska.gov)  
Courtney King, SPA Coordinator, [courtney.king@alaska.gov](mailto:courtney.king@alaska.gov)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 3

2. STATE

AK

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

**January 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION

Section 210 of the Consolidated Appropriations Act as amending Section 1905(a) of the SSA (P&I) 42 CFR § 430.12

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0  
b. FFY 23 \$ 163,971

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A, page 25  
Attachment 4.19-B, page 1.1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, page 1.1

9. SUBJECT OF AMENDMENT

Implementation of Section 1905(a)(30) & 1905(gg)

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

/s/

12. TYPED NAME

Albert E. Wall

13. TITLE

AK DHSS Deputy Commissioner, Medicaid Director

14. DATE SUBMITTED

March 21, 2022

15. RETURN TO

Courtney O'Byrne King  
c/o DHSS Commissioner's Office  
3601 C Street, Suite 902  
Anchorage, AK 99503

**FOR CMS USE ONLY**

16. DATE RECEIVED

March 21, 2022

17. DATE APPROVED


April 13, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE

 Digitally signed by Ruth Hughes -S  
Date: 2022.04.13 14:56:13 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

4/4/22 P&I authorization to Box 5 to read "Section 210 of the Consolidated Appropriations Act as amending Section 1905(a) of the SSA"

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**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
CATEGORICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Costs in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:

General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

Coverage of routine patient costs for items and services as defined in section 1905(gg)(1) and furnished in connection with participation in a qualified clinical trial

**Qualifying Clinical Trial – Section 1905(gg)(2)**

A qualified clinical trial meets the definition in section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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

Chiropractic Services

Payment for manual manipulation to correct subluxation of the spine and x-rays is made at the lesser of billed charges, the Resource Based Relative Value Scale methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an RVU. State developed fee schedule rates are the same for both public and private providers. The fee schedule and its effective dates are published at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

Coverage of Routine Patient Costs in Qualifying Clinical Trials

The department reimburses routine patient costs in qualifying clinical trials in compliance with section 1905(gg) of the Act using the applicable approved reimbursement methodologies in the state plan.

Dental Services

Payment is made at the lesser of billed charges, the Resource Based Relative Value Scale (RBRVS) methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule and its effective dates are published at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

Direct Entry Midwife Services

Payment is made at the lesser of billed charges, 85 percent of the Resource Based Relative Value Scale (RBRVS) methodology used for physicians, the provider's lowest charge, or the state maximum allowable for procedures that do not have an established RVU. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule and its effective dates are published at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

EPSDT Screening Services

Payment is made at the lesser of billed charges, the Resource Based Relative Value Scale methodology for physicians or the provider's lowest charge. State developed fee schedule rates are the same for both public and private providers, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule and its effective dates are published at <http://manuals.medicaidalaska.com/medicaidalaska/providers/FeeSchedule.asp>

Freestanding Birthing Center Services

Facility rates for freestanding birthing centers are based on 75 percent of the weighted average of the Medicaid hospital inpatient rates paid to the general acute care hospitals in Anchorage, Fairbanks, Juneau, Palmer, and Soldotna with a one-day length of stay designated by a primary diagnosis code of 080 as described in the *International Classification of Diseases – 10th Revision, Clinical Modification* (ICD-10-CM, adopted by reference in 7 AAC 160.900; this amount is calculated each state fiscal year using the units of services from the most recent 12 month period starting at the beginning of the state fiscal year's fourth quarter and for which timely filing has already passed and the Medicaid hospital inpatient rates for each facility that are in effect at the start of the fourth quarter of the state fiscal year preceding the July 1 effective date. For SFY20, July 1, 2019, through June 30, 2020, the payment rate was 95% of the rate that would have been effective July 1, 2019.