

Table of Contents

State/Territory Name: Alaska

State Plan Amendment (SPA) #: 22-0011

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



December 16, 2022

Heidi Hedberg, Acting Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, AK 99503-7167

Re: Alaska State Plan Amendment (SPA) Transmittal Number 22-0011

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0011. This amendment proposes to assure the state's coverage of COVID-19 vaccines and vaccine administration, testing and treatment as required by sections 1905(a)(4)(E) and 1905(a)(4)(F) of the Social Security Act.

Pursuant to section 1135(b)(5) of the Social Security Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Alaska's Medicaid SPA Transmittal Number 22-0011 is approved effective March 11, 2021.

If you have any questions, please contact Maria Garza at (425) 633-3394 or via email at maria.garza@cms.hhs.gov.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2022.12.16
08:20:41 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Emily Ricci, Deputy Commissioner, Dept of Health, emily.ricci@alaska.gov
Courtney King, AK State Plan Coordinator, Dept of Health, courtney.king@alaska.gov

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 1</u>	2. STATE <u>AK</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2022 P&I 3/11/21
--	--

5. FEDERAL STATUTE/REGULATION CITATION SSA sections 1905(a)(4)(E),(F) and 1135(g)(1)(B)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024 P&I 2023 \$ <u>99,230,700</u> b. FFY 2025 P&I 2024 \$ <u>49,615,350</u>
--	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.7-A, pages 1-3 Section 7.7-B, pages 1-2 Section 7.7-C, pages 1-3	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Not applicable - new pages
--	---

9. SUBJECT OF AMENDMENT
This SPA implements section 9811 of the American Rescue Plan Act. (The fiscal impact estimates represent a full year of expenditures for FFY24 and six months for FFY25. These estimates will vary depending on the end date of the PHE.)

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

AGENCY OFFICIAL	15. RETURN TO Dept of Health Commissioner's Office c/o Courtney O'Byrne King, MS 3601 C Street, Suite 902 Anchorage, AK 99503 courtney.king@alaska.gov
12. TYPED NAME Albert E. Wall	
13. TITLE Deputy Commissioner & Medicaid Director	
14. DATE SUBMITTED October 6, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED October 6, 2022	17. DATE APPROVED December 16, 2022
--------------------------------------	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL March 11, 2021	19. SIGNATURE OF APPROVING OFFICIAL Alissa M. Deboy -S Digitally signed by Alissa M. Deboy -S Date: 2022.12.16 08:21:06 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director Center for Medicaid and CHIP Services

22. REMARKS

10/19/22 - AK authorized the P&I change to update effective date to 3/11/21 with submission of 1135 waiver
11/4/22 - AK authorized P&I changes to box 6 - to reflect FFY 2023 & 2024

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

- The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹
- The state assures that such coverage:
 1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups, if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
 2. Is provided to beneficiaries without cost-sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost-sharing that would otherwise be applicable under the state plan.
- applies to the state's approved Alternative Benefit Plans, without any deduction, cost-sharing, or similar charge, pursuant to section 1937(b)(8)(A) of the Act.
- The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.
- The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver, and/or distribute COVID-19 vaccines.

Additional Information (Optional):

N/A

Reimbursement

- The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

Vaccine (Administration and Product) Reimbursement on page 13 of https://health.alaska.gov/Commissioner/Documents/medicaidstateplan/PDF_SP/SP_pgs/SP_att4.19b.pdf.

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

- The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.
 - The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:
 - Medicare national average, OR
 - Associated geographically adjusted rate.
 - The state is establishing a state-specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows, and the state's fee schedule is published in the following location:

N/A

- The state's fee schedule is the same for all governmental and private providers.
- The below-listed providers are paid differently from the above rate schedules, and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

N/A

- The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

N/A

- The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.
- The state's rate is as follows, and the state's fee schedule is published in the following location:

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

PRA

Disclosure Statement 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 # 75). The public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour 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.

COVID-19 Testing at Section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

- The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that such coverage:
 1. Includes all types of FDA-authorized COVID-19 tests;
 2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
 3. Is provided to the optional COVID-19 group if applicable; and
 4. Is provided to beneficiaries without cost-sharing pursuant to sections 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost-sharing that would otherwise be applicable under the state plan.

Please describe any limits on the amount, duration, or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

N/A

- applies to the state’s approved Alternative Benefit Plans, without any deduction, cost-sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.
- The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

N/A

Reimbursement

- The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

Laboratory Services – page 3 of
https://health.alaska.gov/Commissioner/Documents/medicaidstateplan/PDF_SP/SP_pgs/SP_att4.19b.pdf

- The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.
- The state’s rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:
- Medicare national average, OR
 - Associated geographically adjusted rate.
- The state is establishing a state-specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state’s rate is as follows, and the state’s fee schedule is published in the following location:

N/A

- The state’s fee schedule is the same for all governmental and private providers.
- The below-listed providers are paid differently from the above rate schedules, and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

N/A

Additional Information (Optional):

- The payment methodologies for COVID-19 testing for providers listed above are described below:

N/A

PRA Disclosure Statement 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 # 75). The public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour 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.

COVID-19 Treatment at Section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021, and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

The state assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act that is medically necessary for the treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration, or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost-sharing pursuant to sections 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost-sharing that would otherwise be applicable under the state plan.

applies to the state's approved Alternative Benefit Plans, without any deduction, cost-sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

N/A

Coverage for a Condition that May Seriously Complicate the Treatment of COVID

The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration, or scope limitations that would otherwise apply when covered for other purposes;

3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost-sharing pursuant to sections 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost-sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost-sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

N/A

Reimbursement

The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

Each section cited below is accessible from the Section 4.0 General Administration page - https://health.alaska.gov/Commissioner/Pages/MedicaidStatePlan/stateplan_sec_4.aspx

Section 4.19-A – Inpatient Hospital Services (pages 1-11)

Section 4.19-B – at the pages specified Advanced Nurse Practitioners (page 1), Federally Qualified Health Centers (pages 2a-2b), Durable Medical Equipment, Medical Supplies, and Prosthetic and Orthotic Devices (page 3), Home Health (page 3), Laboratory Services (page 3), Physician Assistants (page 5b), Physician Services (page 6), Prescribed Drugs (pages 7-8a), and Rural Health Clinic Services (pages 10-10a).

Section 4.19-C – Tribal-Specific Reimbursement (pages 2-2b)

The state is establishing rates or fee schedules for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

N/A

The state's rates or fee schedule is the same for all governmental and private providers.

- The below-listed providers are paid differently from the above rate schedules, and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

N/A

Additional Information (Optional):

N/A

PRA Disclosure Statement 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 # 75). The public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour 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.