

## **Table of Contents**

**State/Territory Name: Alaska**

**State Plan Amendment (SPA) #: 22-0015**

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) AK-22-0015

Dear Ms. Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AK-22-0015. This amendment proposes to temporarily extend existing pharmacy dispensing fees originally approved in Disaster Relief SPA AK-20-0003, through September 30, 2023.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Alaska's Medicaid SPA TN 22-00015 is approved with effective date of the day after end of the PHE.

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,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.12.16  
08 23:46 -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, Department of Health  
Courtney King, State Plan Coordinator

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

1. TRANSMITTAL NUMBER 2 2 — 0 0 1 5 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 **day after end of PHE**  
October 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
Section 1135 and Title XIX of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 1,252,350  
b. FFY 2024 \$ 125,235

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
(new) Section 7.4-B page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  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

9. SUBJECT OF AMENDMENT  
Extends dSPA pharmacy dispensing fee flexibility through September 30, 2023.

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:

12. TYPED NAME  
Emily Ricci

13. TITLE  
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED  
November 30, 2022

15. RETURN TO  
Dept of Health Commissioner's Office  
c/o Courtney O'Byrne King, MS  
3601 C Street, Suite 902  
Anchorage, AK 99503

**FOR CMS USE ONLY**

16. DATE RECEIVED  
November 30, 2022

17. DATE APPROVED  
December 16, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
day after end of PHE

19. SIGNATURE OF APPROVING OFFICIAL  
Alyssa M. Deboy -S  
Date: 2022.12.16 08:24:02 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Alyssa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL  
On Behalf of Anne Maria Costello, Deputy Director, CMCS

22. REMARKS  
12/13/22: P&I authorization to Box 4 adding unwinding language "day after end of PHE"

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**7.4.B – Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency**

Effective the day after the end of the PHE until October 1, 2023, the Medicaid agency temporarily extends the following election(s) in section 7.4 (approved on May 7, 2020, in SPA 20-0003) of the state plan:

Drug Benefit

8.  The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

(1) Temporarily revise state plan provisions at Attachment 4.19-B, page 8 (K&L) to allow for a professional dispensing fee to be reimbursed no more than every 14-days per individual at \$15.86 for pharmacies located on the road system and \$23.78 for pharmacies not located on the road system. Shipping will be reimbursed regardless of the location of the pharmacy or beneficiary.