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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 23-0008

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



July 14, 2023

Heidi Hedberg
Commissioner
Department of Health
3601 C Street, Suite 902,
Anchorage, Alaska 99503-5923

Re: Alaska State Plan Amendment (SPA) 23-0008

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0008. This amendment proposes to temporarily extend the increased pharmacy dispensing fee rates approved under the COVID-19 Public Health Emergency (approved SPA AK-23-0003) for one year after the end of the COVID-19 Public Health Emergency (PHE). This SPA supersedes the six-month extension originally approved in Disaster Relief SPA 22-0015 with the following modifications to allow for a professional dispensing fee to be reimbursed no more than every 22-days per individual medication strength.

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 Transmittal Number 23-0008 is approved effective May 12, 2023.

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

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.07.14
08 05:18 -04'00'

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

Enclosures

cc: Emily Ricci, Deputy Commissioner,
Emily Beaulieu, State Plan Coordinator,

emily.ricci@alaska.gov
emily.beaulieu@alaska.gov

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 0 8 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
P&I 5/12/23

5. FEDERAL STATUTE/REGULATION CITATION
~~Section 1135 of the SSA~~ P&I Title XIX

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 1,252,350
b. FFY 2024 \$ 1,286,393

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 7.4-C, page 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supersedes Attachment 7.4-B, page 2

9. SUBJECT OF AMENDMENT **P&I this SPA reverts supply days from 14 days to 22 days supply & the updated reference to "individual" to read "individual medication strength"**
Extends dSPA AK-23-0003 pharmacy dispensing fee rates after the end of the COVID-19 Public Health Emergency, through May 11, 2024. This SPA supersedes the six month extension approved under SPA AK-22-015.

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

STATE AGENCY OFFICIAL
12. TYPED NAME
Emily Ricci
13. TITLE
Deputy Commissioner & Medicaid Director
14. DATE SUBMITTED
June 26, 2023

15. RETURN TO
Dept of Health Commissioner's Office
c/o Emily Beaulieu
3601 C Street, Suite 902
Anchorage, AK 99503

FOR CMS USE ONLY

16. DATE RECEIVED
June 26, 2023

17. DATE APPROVED
July 14, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2023

19. SIGNATURE OF APPROVING OFFICIAL
Alissa M Deboy -S
Digitally signed by Alissa M Deboy
Date: 2023.07.14 08:05:36 -04'00'

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
7/10/23 P&I change to Box 4 - adding effective date and Box 5 adding title XIX & removing 1135 authority.
6/29/23 P&I authorized additional clarification to BOX 9 for additional modification

7.4.C – Temporary Policies in effect following the COVID-19 National Emergency

Effective the day after the end of the PHE until May 11, 2024, the Medicaid agency temporarily extends the following election(s) in 7.4 (approved on April 19, 2023 in SPA 23-0003) of the state plan, superseding section 7.4-B, page 2 (approved December 16, 2022, in SPA 22-0015), with modifications.

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 22-days per individual medication strength 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.

9. X The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

10. X Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

- a. X The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
- b. Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset: