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State/Territory Name: Alaska

State Plan Amendment (SPA) #: 24-0007

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



August 13, 2024

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

Re: Alaska State Plan Amendment (SPA) 24-0007

Dear Commissioner Hedberg:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0007. This amendment temporarily extends the public health emergency provision approved under transmittal number (TN) 23-0008 with a modification to establish new interim pharmacy professional dispensing fee rates from May 12, 2024, to June 30, 2025.

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 24-0007 is approved with an effective date of May 12, 2024.

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

Sincerely,

Courtney L. Miller
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 0 7

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

May 12, 2024

5. FEDERAL STATUTE/REGULATION CITATION

~~Section 1135 of the SSA~~ **P&I Title XIX**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 24 \$ 6,000,000
b. FFY 25 \$ 6,000,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 7.4-D, page 2~~ **Attachment 7.4.C, page 2 P&I**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

~~Supersedes Attachment 7.4-B, page 2~~ **P&I strike**

9. SUBJECT OF AMENDMENT

This SPA seeks a continuation of the public health emergency flexibility to implement temporary, interim pharmacy dispensing fee rates from ~~May 14, 2024~~ to June 30, 2025, with modifications. The flexibility was first approved under disaster SPA AK 20-0003, via SP **May 12, 2024 P&I**

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

12. TYPED NAME
Emily Ricci

13. TITLE
Deputy Commissioner & Medicaid Director

14. DATE SUBMITTED
June 28, 2024

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 28, 2024

17. DATE APPROVED
August 13, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
May 12, 2024

19. SIGNATURE OF APPROVING

20. TYPED NAME OF APPROVING OFFICIAL
Courtney L. Miller

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

22. REMARKS

7/25/24 State authorized P&I changes to Box 5 - updating citation; Box 7 correction to page reference; Box 8 removing supersedes reference; and BOX 9 updating the dates to begin on 5/12/24

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

Effective May 12, 2024, until June 30, 2025, the Medicaid agency temporarily extends the following elections (s) in Section 7.4 (approved on July 14, 2023, in SPA 23-0008), 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. The professional dispensing fee is based on the results of the surveys of in-state pharmacies' costs of dispensing prescriptions. For each pharmacy, the professional dispensing fee will be determined using the following schedule:
- a. For non-tribal pharmacy located on the road system, the dispensing fee is \$15.03;
 - b. For a non-tribal pharmacy not located on the road system, the dispensing fee is \$26.94;
 - c. For an in-state tribal pharmacy, the dispensing fee is \$28.21.
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: