



**Anchorage**

3601 C Street, Suite 902  
Anchorage, Alaska 99503-5923  
Main: 907.269.7800  
Fax: 907.269.0060

**Juneau**

P.O. Box 110601  
350 Main Street, Suite 404  
Juneau, Alaska 99811-0601  
Main: 907.465.3030  
Fax: 907.465.3068

July 23, 2020

Dear Tribal Health Leaders

On behalf of the Department of Health and Social Services (the department) and in keeping with the responsibility to conduct tribal consultation, I am writing to inform you of a proposed Medicaid state plan amendment (SPA). *This letter offering the opportunity for tribal consultation is concurrent with the regulations process.*

**Purpose and content of the proposed amendment:**

The proposed SPA intends to update the existing state plan by revising the coverage and reimbursement of vaccination services, as described below.

*Coverage and reimbursement of medically necessary vaccine products and the administration of vaccines – Under 21 years of age -* When administered by a physician, advanced practice registered nurse, physician assistant, or pharmacist, the department will reimburse for a vaccine product for a recipient under 21 years of age if the product is not available without cost to the provider and will reimburse for the administration of a vaccine product to a recipient under 21 years of age.

*Coverage and reimbursement of medically necessary vaccine products and the administration of vaccines – 21 years of age and older -* When administered by a physician, advanced practice registered nurse, physician assistant, or pharmacist, the department will reimburse for a vaccine product listed below when the product is not available without cost to the provider and will reimburse for the administration of the vaccine product included in the approved vaccine list included below.

Hepatitis A; Hepatitis B; Herpes Zoster (shingles); Human Papillomavirus; Measles, Mumps, and Rubella (MMR); Meningococcal; Pneumococcal; seasonal influenza; Tetanus-Diphtheria (Td); Tetanus, Diphtheria, and Acellular Pertussis (Tdap); Varicella (Chickenpox); Haemophilus Influenzae Type B; post-exposure rabies vaccine or immune globulin; pandemic influenza; a vaccine, and administration of a vaccine, related to a federal or state-declared public health emergency.

*Vaccines excluded from Medicaid coverage* - The department will not reimburse for vaccine products and administration for the sole purpose of international travel or pre-exposure rabies vaccine product and administration.

*Reimbursement Methodology* – The proposed SPA changes reimbursement of vaccine products to the lesser of billed charges, Medicare rate, or Wholesale Acquisition Cost reference price. Vaccine administration reimbursement remains unchanged. The reimbursement revisions do not alter the IHS/federal encounter rate reimbursement methodology where applicable.

*Pharmacist Scope of Practice* – The proposed SPA recognizes pharmacists as independent practitioners in the administration of vaccines aiding access to care, likely leading to improved vaccination rates to prevent disease transmission.

### **Anticipated impact on Medicaid-eligible Alaska Native/American Indian beneficiaries:**

The department anticipates the proposed changes to the Medicaid State Plan to increase access to vaccination products and services for Medicaid-eligible Alaska Native and American Indian beneficiaries.

### **Anticipated impact on tribal health programs and the Indian Health Service:**

As the proposed changes to the Medicaid State Plan both increase the number of providers administering vaccines and add coverage for the rabies vaccine and immune globulin post-exposure, the department anticipates a resultant reduction in the need for utilization of non-Medicaid funding. Additionally, the state anticipates that the inclusion of coverage for vaccines related to declared public health emergencies will better mitigate the transmission of infectious pathogens.

### **Mechanism and timeline for comment**

Written comments or questions regarding the proposed amendment are due on September 4, 2020, by 5:00 PM. If a party would like to request an in-person meeting regarding the proposed changes, please provide a written request within 15-days of the date of this letter. Please direct all written correspondence to Courtney O’Byrne King, Alaska Department of Health and Social Services, 3601 C Street, Suite 902, Anchorage, AK 99503, or [courtney.king@alaska.gov](mailto:courtney.king@alaska.gov).

*Comments received in response to this communication are for consultation and not comment on the regulations. Comments on the regulations are not considered as comments for consultation on the SPA.*

***If a party wishes to provide comments for consideration in both the SPA consultation and the regulations public comment processes, it must occur separately.*** To locate the regulations, please refer to the State of Alaska, Department of Health and Social Services web page, at the “Public Notices” link

Sincerely,

/s/

Courtney O’Byrne King MS  
Medicaid Program Specialist IV