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July 11, 2022

Dear Tribal Health Leaders,

On behalf of the Department of Health (the department) and in keeping with the responsibility to conduct tribal consultation, I am writing to inform you of a proposed future Medicaid state plan amendment (SPA) and a corresponding amendment to the Alternative Benefit Plan (ABP).

Purpose and content of the proposed amendment:

The department intends to submit a (mandatory) SPA implementing time-limited provisions in section 9811 of the American Rescue Plan Act (ARPA). The SPA contains new sections 7.7-A, 7.7-B, and 7.7-C, using Centers for Medicare and Medicaid Services (CMS) pre-print templates.

Specifically, section 9811 of ARPA, as implemented in Sections 1905(a)(4)(E) – (F), requires the submission of a SPA reflecting the inclusion of the following (effective retroactive to March 11, 2021, through the last day of the first quarter beginning one year after the last day of the PHE) –

Section 7.7-A – Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

1. **(Coverage)** Requires the following assurances from the state
 - a. The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹
 - b. Such coverage -
 - > includes 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, except for the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums;
 - > is provided to beneficiaries without cost-sharing under 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; and
 - > applies to the state's approved Alternative Benefit Plans, without any deduction, cost-sharing, or similar charge, under section 1937(b)(8)(A) of the Act.
 - c. The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 subject to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act; and
 - d. The state complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, concerning the providers that are considered qualified to prescribe, dispense, administer, deliver, and/or distribute COVID-19 vaccines.

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

2. **(Reimbursement)** – Requires the following assurances from the state
 - a. The state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers according to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act; *(including a list of where in the state plan this reimbursement is defined for each applicable Medicaid benefit)*; and
 - b. the state’s fee schedule is the same for all governmental and private providers.

Section 7.7-B – COVID-19 Testing as Section 1905(a)(4)(F) of the Social Security Act

1. **(Coverage)** – Requires the following assurances from the state
 - a. 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;
 - b. Such coverage –
 - > includes all types of FDA-authorized COVID-19 tests;
 - > is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
 - > is provided to beneficiaries without cost-sharing according to sections 1916(a)(2)(l) 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, according to section 1937(b)(8)(B) of the Act; and
 - > complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.
2. **(Reimbursement)** – Requires the following assurance from the state
 - a. The state 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; *(including a list of where in the state plan this reimbursement is defined for each applicable Medicaid benefit)*; and
 - b. the state’s fee schedule is the same for all governmental and private providers.

Section 7.7-C – COVID-19 Treatment at Section 1905(a)(4)(F) of the Social Security Act

1. **(Coverage for the Treatment and Prevention of COVID-19)** – Requires the following assurance from the state
 - a. The state assures coverage of COVID-19 treatment includes specialized equipment and therapies (including preventive therapies).
 - b. Such coverage
 - > 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;
 - > 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;
 - > is provided without amount, duration, or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
 - > is provided to all categorically needy eligibility groups covered by the state that receive full

Medicaid benefits;

- > is provided to beneficiaries without cost-sharing according 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, according to section 1937(b)(8)(B) of the Act; and
- > complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

2. **(Coverage for a Condition that May Seriously Complicate the Treatment of COVID-19)** – Requires the following assurance from the state

- a. 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.
- b. Such coverage
 - > includes items and services, including drugs, covered by the state as of March 11, 2021;
 - > is provided without amount, duration, or scope limitations that would otherwise apply when covered for other purposes;
 - > is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
 - > is provided to beneficiaries without cost-sharing according 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, according to section 1937(b)(8)(B) of the Act; and
 - > complies with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

3. **(Reimbursement)** – Requires the following assurance from the state

- a. The state has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) (including the state plan payment methodologies describing the rates for COVID-19 treatment for each applicable Medicaid benefit).

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

The department anticipates the federally required changes to facilitate access to COVID-19 vaccination, diagnosis, and treatment for the Medicaid population. It does not anticipate any adverse impact on Medicaid-eligible Alaska Native/American Indian beneficiaries.

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

The department does not anticipate any adverse impact on tribal health programs or the Indian Health Service.

Mechanism and timeline for comment:

Written comments or questions regarding the proposed amendment are due no later than the close of business, August 25, 2022. If seeking 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 correspondence to Courtney O'Byrne King, Alaska Department of Health, 3601 C Street, Suite 902, Anchorage, AK 99503, or courtney.king@alaska.gov.

Sincerely,

/s/

Courtney O'Byrne King, MS
Medicaid State Plan Coordinator