

# DEPARTMENT OF HEALTH & SOCIAL SERVICES



## PROPOSED CHANGES TO REGULATIONS

### MEDICAID PHARMACIST REIMBURSEMENT- PUBLIC HEALTH EMERGENCY

#### 7 AAC 105. MEDICAID PROVIDER & RECIPIENT PARTICIPATION.

- 7 AAC 105.140. Covered services during declared public health emergency (New).



**PUBLIC REVIEW DRAFT**  
**July 31, 2020.**

**COMMENT PERIOD ENDS: September 15, 2020**

**Please see the public notice for details about how to  
comment on these proposed changes.**

**Notes to reader:**

1. Except as discussed in note 2, new text that amends an existing regulation is **bolded and underlined**.
2. If the lead-in line above the text of each section of the regulations states that a new section, subsection, paragraph, or subparagraph is being added, or that an existing section, subsection, paragraph, or subparagraph is being repealed and readopted (replaced), *the new or replaced text is not bolded or underlined*.
3. [ALL-CAPS TEXT WITHIN BRACKETS] indicates text that is to be deleted.
4. When the word “including” is used, Alaska Statutes provide that it means “including, but not limited to.”
5. Only the text that is being changed within a section of the current regulations is included in this draft. Refer to the text of that whole section, published in the current Alaska Administrative Code, to determine how a proposed change relates within the context of the whole section and the whole chapter.

**Title 7 Health and Social Services.****Chapter 105. Medicaid Provider and Recipient Participation.**

7 AAC 105 is amended by adding a new section to read:

**7 AAC 105.140. Covered services during declared public health emergency. (a)**

Notwithstanding the provisions of 7 AAC 105.610, 7 AAC 110.405, 7 AAC 120.112, 7 AAC 145.400, and 7 AAC 145.410, the department may make adjustments to covered services listed under (b) of this section for the length of a declared public health disaster emergency if

(1) the governor issues a public health emergency declaration for the state or a region within the state under AS 26.23.020;

(2) the federal government issues a related public health disaster declaration for the state or a region within the state under 42 U.S.C. sec. 5121 – 5206 (Stafford Disaster Relief and Emergency Assistance Act) and the Secretary of the United States Department of Health and Human Services invokes authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Social Security Act as a result of the public health emergency declaration; and

(3) the state either

(i) applies for and receives an approved Disaster Relief State Plan Amendment, authorized under section 1135 of the Social Security Act, based on the emergency declaration, to make the changes provided for in this section; or

(ii) has existing state plan authority from the Centers for Medicare and Medicaid Services to exercise the provisions during a declared public health disaster emergency.

(b) If the conditions listed in (a) of this section are met, the department may

(1) for covered outpatient drugs under 7 AAC 105 – 7 AAC 160:

(A) extend the fill duration authorization under 7 AAC 120.112(4) from a 34-day to 68-day supply;

(B) increase the professional dispensing fee rates for in-state claims under 7 AAC 145.410(a)(1) and (2) by up to \$2.50;

(C) increase the professional dispensing fee reimbursement frequency under 7 AAC 145.410(a)(1) and (2) to not more than once every 14 days;

(D) allow ingredient reimbursement at actual acquisition cost if the actual acquisition cost is above the lowest determined cost under the formula provided in 7 AAC 145.400 and the provider maintains proof of the actual acquisition cost of the drug consistent with 7 AAC 105.230, substantiated by an unaltered invoice under 7 AAC 105.240;

(E) waive the cost-sharing amounts eligible recipients are required to pay under 7 AAC 105.610(a)(4), if the service is related to screening for, diagnosing, or treating the condition at issue in the public health disaster declaration;

(F) waive the requirement under 7 AAC 145.400(j) that a provider return covered outpatient drugs dispensed in unit doses to a recipient in a long-term care facility, if the public health emergency includes a risk of infection control;

(2) for vaccines authorized by the Federal Drug Administration in response to the public health emergency, reimburse providers under 7 AAC 110.405, consistent with 7 AAC 145.020;

(3) reimburse a registered pharmacist acting within the scope of the person's practice under 12 AAC 52 for services consistent with 7 AAC 105 – 7 AAC 160 and the public health emergency, including providing testing and other services authorized by a standing order of the chief medical officer when not explicitly defined within scope of practice.

(c) Reimbursements provided for under this section may be requested or disbursed after a declaration of emergency has expired, within standard timely filing under 7 AAC 145.005, for services provided during the emergency.

(Eff. \_\_\_\_/\_\_\_\_/\_\_\_\_, Register\_\_\_\_)

**Authority:** AS 26.23.020