

Agency Action: Amendments to the Title XIX Medicaid State Plan and the Alternative Benefit Plan

Pursuant to 42 CFR §§ 440.386 and 447.205, notice is hereby given that the Department of Health (the department) intends to seek approval from the Centers for Medicare and Medicaid Services (CMS) for amendments to the Alternative Benefit Plan (ABP) authorized under § 1937 of the Social Security Act for individuals 19 to 64 years of age who are eligible pursuant to § 1902(a) (10)(A)(i)(VIII) of the Social Security Act – the expansion population – and the Title XIX Medicaid State Plan (the state plan).

Subject of Amendments: Implementation of Section 9811 of the American Rescue Plan Act

Section 9811 of the American Rescue Plan Act (ARPA) requires that states amend traditional Medicaid and Alternative Benefit Plans by adding three new sections to be effective retroactive to March 11, 2021, through the last day of the first quarter beginning one year after the last day of the federal 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.
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;

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

- > 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. **(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, including 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).

EPSDT and ARRA/Tribal Consultation:

The proposed amendments will not affect how Alaska Medicaid provides or reimburses Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. The department follows the tribal consultation process established under the American Recovery and Reinvestment Act (ARRA) of 2009 and set forth in its approved state plan.

Public Comments:

The department is holding a public comment period relative to these amendments until 5 PM on August 25, 2022. Individuals may submit written comments via email to courtney.king@alaska.gov. Please submit electronic comments as an attached word document or text within the email body with the phrase “ARPA Section 9811” in the subject line. All submissions must include the sender’s full name and email address.

If you are a person with a disability needing a special accommodation to participate in this process, please contact Courtney O’Byrne King at courtney.king@alaska.gov or (907)334-2653 not later than August 1, 2022, to ensure the provision of any necessary accommodations.

Individuals unable to submit comments by email should submit written comments by the close of the comment period to:

Courtney O’Byrne King
c/o DoH – Commissioner’s Office
3601 C Street, Suite 902
Anchorage, AK 99503