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Alabama Medicaid Agency

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R. BOB MULLINS, JR., MD
Commissioner

PN-11-15

PUBLIC NOTICE

SUBJECT: AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

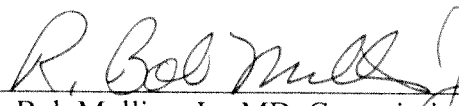
Effective September 1, 2011, the Alabama Medicaid Agency is proposing to amend Supplement 1 to Attachment 4.19-A, of the Alabama State Plan for Medical Assistance.

The purpose of the amendment is for Alabama Medicaid not to allow reimbursement to hospitals for Hospital Acquired Conditions that have occurred during a hospital inpatient admission.

Specifically, Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients. Other Provider-Preventable Conditions that hospitals will receive non-payment from Medicaid are wrong surgery on a patient, surgery on a wrong body part, and surgery on a wrong patient.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning this change are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P.O. Box 5624, Montgomery, AL 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.



R. Bob Mullins, Jr., MD, Commissioner