



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov
e-mail: almedicaid@medicaid.alabama.gov
Telecommunication for the Deaf: 1-800-253-0799
334-242-5000 1-800-362-1504



CAROL H. STECKEL, MPH
Commissioner

February 19, 2010

PN-10-02

PUBLIC NOTICE

SUBJECT: AMENDMENT TO ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

Effective May 14, 2010, the Alabama Medicaid Agency is proposing to amend Attachment 4.19-B, Page 10a of the Alabama State Plan for Medical Assistance.

The purpose of the amendment to Attachment 4.19-B, Page 10a is to change the ambulance transport reimbursement methodology for QMB eligibles. Medicaid will pay the Medicare Part B deductible and coinsurance to the extent of the lesser of the level of reimbursement under Medicare rules and allowances or total reimbursement allowed by Medicaid less Medicare payment. This change is expected to save the state \$489,710 in FY 2010 assuming ARRA matching rate remains the same all year and \$1,690,628 in FY 2011 assuming only the first quarter has the ARRA matching rate.

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.

A handwritten signature in cursive script, appearing to read "Carol H. Steckel".

Carol H. Steckel, Commissioner

CHS/ca