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Governor

Alabama Medicaid Agency

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CAROL HERRMANN STECKEL, MPH
Commissioner

September 21, 2009

PN-09-06

PUBLIC NOTICE

SUBJECT: AMENDMENT TO ALABAMA STATE PLAN FOR MEDICAL ASSISTANCE

Effective September 30, 2009, the Alabama Medicaid Agency is proposing to amend Attachment 4.19-B of the Alabama State Plan for Medical Assistance.

The purpose of the amendment to Attachment 4.19-B is to change the qualification criteria for privately owned hospitals to receive enhanced outpatient payments.

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.

Carol H. Steckel, Commissioner

CHS:maj