

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
10-002

2. STATE  
Alabama

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
May 14, 2010

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 C.F.R. §431.625

7. FEDERAL BUDGET IMPACT: savings  
a. FFY 10      \$(1,689,683)  
b. FFY 11      \$(4,121,087)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 10a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, page 10a

10. SUBJECT OF AMENDMENT:

This amendment is intended to change 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.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
Governor's designee on file via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Carol H. Steckel

14. TITLE:

Commissioner

15. DATE SUBMITTED:

2/18/10

16. RETURN TO:

Carol H. Steckel  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 02/18/10

18. DATE APPROVED: 04/22/10

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

05/14/10

21. TYPED NAME:

Jackie Glaze

23. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:



22. TITLE:

Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Opns