

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: 10-020	2. STATE Alabama
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 31, 2010
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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:  Section 1902(a)(42)(B)(i) of the Social Security Act	7. FEDERAL BUDGET IMPACT: a. FFY 11                      \$3,899,000 b. FFY 12                      \$4,237,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Preprint 4.5 General Program Administration	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  N/A - New
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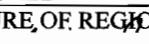
10. SUBJECT OF AMENDMENT:  
This amendment will allow the Alabama Medicaid Agency to comply with the federal requirement to establish a program under which the state will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's designee on file  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Robert D. Church, Jr., CPA Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Robert D. Church, Jr., CPA	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 12-21-10	

<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED:	18. DATE APPROVED: 02-18-11

<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/10	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health Opns

23. REMARKS:

Approved with following changes as authorized by State Agency on email dated 01/12/11:

Block #5 **Changed to read:** Amendment; Block # 7 **Changed to read:** 7a FFY 11 \$0 and 7b FFY 12 \$0;  
Block #8 **Changed to read:** Preprint pages 36.1 and 36.2.