DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION	•	•
TRANSMITTAL AND NOTICE OF APPROVAL OF		FORM APPROVED
STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-11-015	OMB NO. 0938-0193 2. STATE Alabama
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: T	TI E VIV OF The
TO: REGIONAL ADMINISTRATOR	SOCIAL SECURITY ACT (MEDIC	CAID)
HEALTH CAPE EDIANGE CO.	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH	September 1, 2011	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (CITY OF PLAN MATERIAL)	Oc+.	
5. TYPE OF PLAN MATERIAL (Check One):		
□ NEW STATE PLAN □ AMENDMENT TO DE		
COMPLETE DI COVIC CONTRICORDI CONTRI	CONSIDERED AS NEW PLAN	67
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 430 Subpart B	NDMENT C TO TEAN	
42 CFR 430 Subpart B	7. FEDERAL BUDGET IMPACT:	amendment)
in other too purpose to	THE DODGET IMPACT:	
8 PAGE MIMPER OF THE PLANT	1 777	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9 PAGE NUMBER OF	
	9. PAGE NUMBER OF THE SUPERS OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Supplement 1 to Attachment 4.19-A, page 1, pg 2	New	
Supplement 1 to Atlachment 4.19-B pgs 1 and 2	1 TOW	
THE PASTANAZ		
10. SUBJECT OF AMENDMENT:		
I ne primary numose for this and t		
during a hospital inpatient admission. Specifically, Hospital Association	hospitals for Hospital-Acquired Condition	ns that have occurred
during a hospital inpatient admission. Specifically, Hospital-Acquired Cor Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replaces well as wrong surgery on a patient.	nditions as identified by Medicare other the	an Deen Vein
	cement or hip replacement surgery in nedi	atric and observed
as well as wrong surgery on a patient, surgery on a wrong body part, and s 11. GOVERNOR'S REVIEW (Check One):	surgery on a wrong patient.	attic and obstetric patients
LJ GOVERNOR'S OFFICE REPORTED NO. CO. 12		
	OTHER, AS SPECI	ZIED.
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Governor's designee	TED:
	via letter with CMS	on me
12. SIGNATURE OF STATE AGENCY OFFICIAL:		
ACO TO	16. RETURN TO:	
13. TYPED NAME:	R. Bob Mullins, Jr., MD	
R Bob Multing X 1 and	Commissioner	
R. Bob Mullins, Jr., MD 14. TITLE:	Alabama Medicaid Agency	
14. 1131 H*		
C-	501 Dexter Avenue	
Commissioner	201 Dexter Avenue	
Commissioner 15. DATE SUBMITTED:	Post Office Box 5624	
Commissioner	201 Dexter Avenue	
Commissioner 15. DATE SUBMITTED: 8-31-11	Post Office Box 5624 Montgomery, Alabama 36103-5624	•
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