

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

1. TRANSMITTAL NUMBER:  
11-022

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  
January 1, 2012

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 CFR 447.204

7. FEDERAL BUDGET IMPACT:  
a. FFY 11 Cost to Agency      \$ .00  
b. FFY 12 Cost to Agency      \$15,679,057.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
State Plan Amendment 4.19-B page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
State Plan Amendment 4.19-B page 2

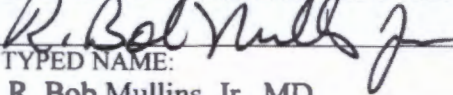
10. SUBJECT OF AMENDMENT:

This amendment is to change physician access payments to teaching facilities to include general practice, family practice and general pediatrics.

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:



13. TYPED NAME:

R. Bob Mullins, Jr., MD

14. TITLE:

Commissioner

15. DATE SUBMITTED:

11/4/2011

16. RETURN TO:

R. Bob Mullins, Jr., MD  
Commissioner  
Alabama Medicaid Agency  
501 Dexter Avenue  
Post Office Box 5624  
Montgomery, Alabama 36103-5624

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 11/04/11

18. DATE APPROVED: 05/21/13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/12

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Jackie Glaze

22. TITLE: Associate Regional Administrator  
Division of Medicaid & Children Health Opns

23. REMARKS:

Approved with the following changes to block 8 and 9 as authorized by the state agency letter dated 10/30/12 and 5/20/13; items 7a and 7b as authorized by State Agency e-mail dated 01/19/13:

Block # 7a changed to read FFY 12 \$19,366,046 and 7b FFY 13 \$19,366,046.

Block #8 changed to read - Attachment 4.19-B pages 2, 2a and 2b. Block #9 changed to read - Attachment 4.19-B pages 2, 2a and 2b.