

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act and 42 CFR 447.53. Cost sharing may not be imposed for the services, items, and populations specified at sections 1916(a)(2) and (j) of the Social Security Act and 42 CFR 447.53(b).

Service	Type Charge			Amount and Basis for Determination										
	Deduct.	Coins.	Copay.											
Prescribed Drugs (Eff. Date 7/1/13)			X	<p>Medicaid eligibles shall pay the following copayment based on the recipients costs for each prescription and refill received under the Medicaid Program:</p> <table border="0"> <tr> <td>Prescription Cost</td> <td>Copay</td> </tr> <tr> <td>\$10.00 or less</td> <td>\$.65</td> </tr> <tr> <td>10.01 to 25.00</td> <td>1.30</td> </tr> <tr> <td>25.01 to 50.00</td> <td>2.60</td> </tr> <tr> <td>50.01 or more</td> <td>3.90</td> </tr> </table>	Prescription Cost	Copay	\$10.00 or less	\$.65	10.01 to 25.00	1.30	25.01 to 50.00	2.60	50.01 or more	3.90
Prescription Cost	Copay													
\$10.00 or less	\$.65													
10.01 to 25.00	1.30													
25.01 to 50.00	2.60													
50.01 or more	3.90													
Inpatient Hospital Services including Crossover (Eff. Date 7/1/85)			X	<p>The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c). Medicaid eligibles shall pay a \$50.00 copayment for each inpatient hospital admission. This copayment is based on the average cost per day of care which is \$311.50. Crossover claims shall be assessed a \$50.00 copayment per claim. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).</p>										

TN No.: AL-13-010
Supersedes
TN No.: AL-10-015

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Outpatient Hospital Services including crossovers (Effective Date 7/1/13)			X	Medicaid eligibles using a hospital outpatient facility on a non-emergency basis shall pay a three dollar and ninety cents (\$3.90) copayment per visit. Crossovers are assessed a \$3.90 copayment per claim. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c)
Physician Services (office) including crossovers (Effective Date 7/1/13)			X	Copayment for physician office visits is applied based upon the allowed amount for each procedure code including crossover claims. —The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c). The copayment amounts for physician office visits are as follows: \$50.01 or more - \$3.90 per visit, \$25.01-\$50.00 -\$2.60 per visit, and \$10.01-\$25.00 - \$1.30 per visit
Durable Medical Equipment Including crossovers (Effective Date 7/1/13)			X	Copayment for DME is applied based upon the allowed amount for each procedure code. The Agency copay amounts are in accordance with 42 CFR 447.54 and 447.55. The copayment amounts for DME are as follows: \$50.01 or more - \$3.90 per item, \$25.01-\$50.00 -\$2.60 per item, and \$10.01-\$25.00 - \$1.30 per item

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TN No.: AL-08-006

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Medical Supplies including crossovers (Effective Date 7/1/13)			X	<p>Copayment for medical supplies is based upon the allowed amount for each procedure code. The Agency copay amounts are in accordance with 42 CFR 447.54 and 447.55.</p> <p>The copayment amounts for medical supplies are as follows: \$50.01 or more - \$3.90 per item, \$25.01-\$50.00 -\$2.60 per item, \$10.01-\$25.00 - \$1.30 per item, and \$10.00 or less - \$0.65 per item.</p>
Rural Health Clinic including crossovers (Effective Date 7/1/13)			X	<p>Medicaid eligibles shall pay a three dollar and ninety cents (\$3.90) copayment for each rural health encounter. Crossovers are assessed a \$3.90 copayment. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).</p>

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Optometric Services including crossovers (Effective Date 7/1/13)			X	Copayment for optometric services is applied based upon the allowed amount for each procedure code including crossover claims. The Agency copay amounts are in accordance with 42 CFR 447.54 (a) and 447.54 (c).
			X	The copayment amounts for optometric services are as follows: \$50.01 or more - \$3.90 per visit, \$25.01-\$50.00 -\$2.60 per visit, and \$10.01-\$25.00 - \$1.30 per visit
Ambulatory Surgical Center Services (Effective Date 7/1/13)				Medicaid eligible persons using an ambulatory surgical center shall pay a three dollar and ninety cents (\$3.90) copayment per visit. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(c).
				NOTE: No copayment authorized under this attachment 4.18-A shall exceed the maximum allowable charges as provided in Subpart A, 42 CFR 447.

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TN No.: AL-86-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALABAMA

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Federally Qualified Health Centers including crossovers (Effective Date 7/1/13)			X	Medicaid eligible persons shall pay a three dollar and ninety cents \$3.90 copayment for each medical clinic encounter. Crossovers are assessed a \$3.90 copayment. The Agency copay amounts are in accordance with 42 CFR 447.54 (a) and 447.54 (c).
Certified Nurse Practitioner Services (Effective Date 7/01/13)			X	<p>Copayment for nurse practitioner services is applied based upon the allowed amount for each procedure code including crossover claims. The Agency copay amounts are in accordance with 42 CFR 447.54(a) and 447.54(b).</p> <p>The copayment amounts for nurse practitioner services are as follows: \$50.01 or more - \$3.90 per visit, \$25.01-\$50.00 -\$2.60 per visit, and \$10.01-\$25.00 - \$1.30 per visit</p> <p>NOTE: No copayment authorized under this attachment 4.18-A shall exceed the maximum allowable charges as provided in Subpart A, 42 CFR 447.</p>

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TN No.: AL-90-28

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