

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #:15-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 22, 2015

Ms. Stephanie Azar, Commissioner
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624

Re: Title XIX State Plan Amendment, AL #15-0010

Dear Ms. Azar:

We have reviewed the proposed amendment to the Alabama Medicaid State Plan #15-0010 Primary Care Physician Enhanced Payments (PCP Bump) that was received in the Regional Office on October 15, 2015. This state plan amendment continues to allow eligible primary care physicians that practice in family medicine, general internal medicine or pediatric medicine to receive enhanced payments for certain specified procedure codes for evaluation and management (E&M) services and certain Vaccines for Children (VFC) vaccine administration codes. The State is extending the PCP Bump payments from October 1, 2015 through September 30, 2016.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment AL -15-0010. This SPA was approved on December 22, 2015. The effective date of this amendment is October 1, 2015. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions, please contact Joseph Raymundo at 404-562-7406.

Sincerely,

//s//

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: AL-15-0010	2. STATE Alabama
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2015	

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. PTS 438,441, and 447	7. FEDERAL BUDGET IMPACT: FFY 2016 \$38,151,786
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B page 2d	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B page 2d

10. SUBJECT OF AMENDMENT:
To continue to allow eligible primary care physicians that practice in family medicine, general internal medicine or pediatric medicine to receive enhanced rates for certain specified procedure codes for evaluation and management services and certain VFC administration codes.

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: //s//	16. RETURN TO: Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
13. TYPED NAME: Stephanie McGee Azar	
14. TITLE: Commissioner	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 10-15-15	18. DATE APPROVED: 12-22-15

PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10-01-15	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Jackie Glaze	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns

23. REMARKS: Approved with following change to block# 8 and 9 as authorized by the state on email dated 12 – 18- 15 .

Block# 8 changed read: Attachment 4.19-B pages 2c and 2d.

Block# 9 changed read: Attachment 4J 9-Hpages 2c and 2d. . .

Physician Services

Attachment 4.19-B: Physician Services

The state will continue to reimburse for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 C.F.R. § 447.400 remain in effect. The rates will be those in effect for these services and providers during CY 2014. State of Alabama, general fund fiscal year 2015 appropriations allow for enhanced payments with dates of service October 1, 2015 through September 30, 2016. A provider must meet one of the following requirements listed below to qualify for the Alabama Medicaid Physicians Primary Care Enhanced Rates “Bump” Program.

- a. A provider must be Board certified with a specialty or subspecialty designation in family medicine, general internal medicine, or pediatrics that is recognized by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA), and must actually practice in their specialty.
- b. A NON-board certified provider who practices in the field of family medicine, general internal medicine, or pediatrics or a subspecialty under one of these specialties, is eligible if he/she can attest that sixty percent of their paid Medicaid procedures billed are for certain specified procedure codes for evaluation and management (E&M) services and certain Vaccines for Children (VFC) vaccine administration codes during the most recently completed CY or, for newly eligible physicians, the prior month.

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

Primary Care Services Affected by this Payment Methodology

This payment applies to Evaluation and Management (E&M) billing codes 99201 through 99499 that are considered reimbursable by Alabama Medicaid. A list of codes and current rates are published and maintained on the agency’s website

at http://medicaid.alabama.gov/documents/6.0_Providers/6.6_Fee_Schedules/6.6_Physician_ACA%20Primary_Care_Fee_Schedule_Revised_3-1-14.pdf

Physician Services – Vaccine Administration

The state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 C.F.R. § 447.400(a) at the regional maximum administration fee set by the Vaccines for children program.

The Alabama Medicaid Agency requires VFC administration fees to be billed using the specific product code (vaccine codes).

The following single product (vaccine) codes have been billed in lieu of vaccine administration codes since the inception for the VFC Program in Alabama.

90633 90636 90645 90647 90648 90649 90650 90655 90656 90657 90658 90660
90669 90670 90680 90681 90696 90698 90700 90702 90707 90710 90713 90714
90715 90716 90718 90721 90723 90732 90733 90734 90744 90748.

These codes will be cross walked to procedure 90460 for vaccine administration for eligible providers under 42 C.F.R. § 447.400.

Effective Date of Payment

This reimbursement methodology applies to services delivered between October 1, 2015 and September 30, 2016. All rates are published at (www.medicaid.alabama.gov).

Vaccine Administration

This reimbursement methodology applies to services delivered between October 1, 2015 and September 30, 2016. All rates are published at (www.medicaid.alabama.gov).

Supersedes Page: None