

Table of Contents

State/Territory Name: Alabama

State Plan Amendment (SPA) #:15-0002

This file contains the following documents in the order listed:

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

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

April 13, 2015

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

Dear Ms. Azar:

We have reviewed the proposed Alabama state plan amendment (SPA) 15-0002, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on February 6, 2015. SPA 15-002 allows Medicaid to align with the requirements of the Alabama Board of Medical Examiner's Administrative Code for Qualifications and Limitations of Physician's and Physician Extenders (e.g. nurse practitioners, physician assistants).

Based on the information provided, the Medicaid State Plan Amendment AL 15-0002 was approved on April 13, 2015. The effective date of this amendment is March 1, 2015. Enclosed are the approved HCFA-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Alice Hogan at (404) 562-3697 or Maria.Drake@cms.hhs.gov.

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-15-002

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
March 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:
Code of Ala. 1975, 34-24-53, 34-21-83.

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 0
b. FFY 2016 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-F, Page 14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-F, Page 14

10. SUBJECT OF AMENDMENT:

Medicaid will align with the requirements of the Alabama Board of Medical Examiner's Administrative Code for Qualifications and Limitations of Physician's and Physician Extenders (e.g. nurse practitioners, physician assistants).

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

- OTHER, AS SPECIFIED:
Governor's designee on file
via letter with CMS

12. SIGNATURE OF STATE AGENCY OFFICIAL:

//s//

13. TYPED NAME:

Stephanie McGee Azar

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 02-06-15

18. DATE APPROVED: 04-13-15

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
03-01-15

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 the following changes to block #6 as authorized by state agency on e-mail dated 03/31/15.

Block #6 changed to read: 1932(a)(4), 42 CFR 438.50/Code of Alabama 1975,34-24-53, 34-21-83.

State: Alabama

Citation

Condition or Requirement

Each PMP FTE (defined as 40 hours per week on-site) is allowed 1200 patients. Physician extenders (e.g. nurse practitioners) can be used to extend the PMP's caseload by 400. Medicaid will align with the requirements of the Alabama Board of Medical Examiner's Administrative Code for Qualifications and Limitations of physicians collaborating with certified registered nurse practitioners (CRNPs) and physician assistants (PAs). Clinic provider caseloads are determined by the total number of FTE physicians and physician extenders. Providers who have historically seen a higher caseload of Medicaid patients may be authorized a caseload greater than allowed by this formula.

1932(a)(4)
42 CFR 438.50

3. As part of the state's discussion on the default enrollment process, include the following information:
 - i. The state will X /will not use a lock-in for managed care managed care.
 - ii. The time frame for recipients to choose a health plan before being auto-assigned will be 30 days.
 - iii. Describe the state's process for notifying Medicaid recipients of their auto-assignment. (*Example: state generated correspondence.*)

The Agency automatically assigns enrollees to PMPs based on proximity and the following algorithm: newborn, sibling, past PMP, historical claims and random. Recipients who are added to the Medicaid eligibility file are notified of their Patient 1st assignment by written correspondence
 - iv. Describe the state's process for notifying the Medicaid recipients who are auto-assigned of their right to disenroll without cause during the first 90 days of their enrollment. (*Examples: state generated correspondence, HMO enrollment packets etc.*)

TN No. AL-15-002
Supersedes
TN No. AL-13-005

Approval Date: 04-10-15

Effective Date 03/01/15