

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

1. TRANSMITTAL NUMBER:  
AL-13-001

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, 2013

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 Section 435.520(3), 441.30 (a)(b).

7. FEDERAL BUDGET IMPACT:  
a. FFY 13 39,683,816  
b. FFY 14 40,080,654

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
  
N/A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
  
Attachment 4.19-B Page \_\_\_\_\_

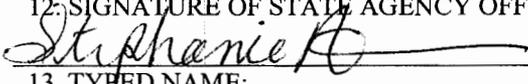
10. SUBJECT OF AMENDMENT:

To allow eligible primary care physicians that practice in family medicine, general internal medicine, and pediatric medicine to receive increased payment for certain primary care services and vaccine administration codes in calendar years 2013 and 2014.

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:  
Stephanie McGee Azar

14. TITLE:  
Acting Commissioner

15. DATE SUBMITTED:  
1-14-2013

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**

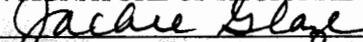
17. DATE RECEIVED: 04/26/13

18. DATE APPROVED: 05/29/13

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/13

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 item 7a , 7b, 8 and 9 as authorized by State Agency e-mails dated 04/04/13 and 05/28/13:  
  
Block # 7a Changed to read: FFY13 \$49,909,925 and 7b FFY14 \$50,409,024.  
  
Block # 8 Changed to read: Atch 4.19-B pages 2c, 2d and 2e; Block # 9 Changed to read: Atch 4.19-B pages 2c, 2d and 2e (new)