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State/Territory Name: Alabama

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 20, 2024

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

Re: Alabama State Plan Amendment (SPA) 24-0001

Dear Commissioner Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AL 24-0001. The purpose of these changes is to update the physician services benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.50. This letter is to inform you that Alabama's Medicaid SPA 24-0001 was approved on February 20, 2024, with an effective date of January 1, 2024.

Enclosed are copies of the CMS-179 Summary Form and approved SPA page to be incorporated into the Alabama State Plan.

If you have any questions, please contact Rita Nimmons at (404) 562-7415 or via email at Rita.Nimmons@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Stephanie Lindsay


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 4 — 0 0 0 1	2. STATE A L
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.50 and 42 CFR 440.130(d)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2023 2024 \$ 0 b. FFY 2024 2025 \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A Page 2.5	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A Page 2.5 (AL-23-0012)	

9. SUBJECT OF AMENDMENT
The purpose of these changes is to update the physician services benefit to remove references of Federally Qualified Health Centers and Rural Health Centers along with clarifying that each limit can be exceeded based upon medical necessity.

10. 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

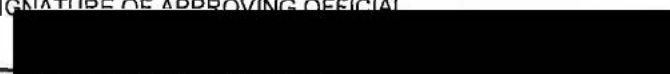
OTHER, AS SPECIFIED: Governor's designee on file via letter with CMS

	15. RETURN TO Stephanie McGee Azar Commissioner Alabama Medicaid Agency 501 Dexter Avenue Post Office Box 5624 Montgomery, Alabama 36103-5624
12. TYPED NAME Stephanie McGee Azar	
13. TITLE Commissioner	
14. DATE SUBMITTED 01/01/2024 01/02/2024	

FOR CMS USE ONLY

16. DATE RECEIVED January 2, 2024	17. DATE APPROVED February 20, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
State submitted new Form 179 (originally submitted on 1/2/24) with a cross out change is Block #5 on 2/12/24
State requested a p&i change to block #6 to change the FFY to 2024 and 2025 under a. and b. respectively along with a change in block #14 to read 01/02/2024 via email on 2/20/24.



5a. **Physician's services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere. All physician services that an optometrist is legally to perform are included in physicians' services under this plan and are whether furnished by a physician or an optometrist.**

1. Physician visits in offices, hospital outpatient settings, and nursing facilities. Within each calendar year each recipient is limited to no more than a total of 14 physician visits in offices, hospital outpatient settings, and nursing facilities. Visits counted under this quota will include, but not be limited to, visits for: prenatal care, postnatal care, family planning, second opinions, consultations, referrals, psychotherapy (individual, family, or group), and care by ophthalmologists for eye disease. Physician visits provided in a hospital outpatient setting that have been certified as an emergency do not count against the physician benefit limit of 14 per calendar year. Each limit can be exceeded based upon medical necessity.
2. Physician visits to hospital inpatients. In addition to the 14 physician visits referred to in paragraph a. above, Medicaid covers up to 16 inpatient dates of service per physician, per recipient, per calendar year. For purposes of this limitation, each specialty within a group or partnership is considered a single provider. Each limit can be exceeded based upon medical necessity.
3. Psychiatric evaluations or testing. These are covered services when medically necessary and given by a physician in person. Psychiatric evaluations or tests are limited to one per recipient, per physician, per calendar year. These visits are counted as part of the yearly quota of 14. Each limit can be exceeded based upon medical necessity.
4. Psychotherapy visits. These are covered services when medically necessary and given by a physician in person. These visits are counted as part of the yearly quota of 14. Each limit can be exceeded based upon medical necessity.