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State/Territory Name: Alabama

State Plan Amendment (SPA)#: 25-0001

This file contains the following documents in the order listed:

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

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

March 31, 2025

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

Re: Alabama State Plan Amendment (SPA) 25-0001

Dear Ms. Azar:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 25-0001. This amendment waives the requirement of issuing trauma code mailers for all ICD-9 and ICD-10 trauma codes to recipients when used on claims submitted with the agency that signify an accident may have occurred.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 433.138. This letter informs you that Alabama's Medicaid SPA TN 25-0001 was approved on March 31, 2025, effective January 1, 2025.

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

If you have any questions, please contact Kia Carter-Anderson at (404) 562-7431 or via email at Kia.Carter-Anderson@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Ruth A. Hughes.

Ruth A. Hughes
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Lauren Ray
Stephanie Lindsay

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

2. STATE

AL

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

42 C.F.R. 433.138

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0

b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.22-A Page 1
Attachment 4.22-A Page 2 (NEW)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.22-A Page 1 (AL-90-7)

9. SUBJECT OF AMENDMENT

This amendment will waive the requirement of issuing trauma code mailers for all ICD-9 and ICD-10 trauma codes to recipients when used on claims submitted with the agency that signify an accident may have occurred.

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

12. TYPED NAME

Stephanie McGee Azar

13. TITLE

Commissioner

14. DATE SUBMITTED

February 3, 2025

15. RETURN TO

Stephanie McGee Azar

Commissioner

Alabama Medicaid Agency

501 Dexter Avenue

Post Office Box 5624

Montgomery, Alabama 36103-5624

FOR CMS USE ONLY

16. DATE RECEIVED

February 3, 2025

17. DATE APPROVED

March 31, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF ALABAMA

REQUIREMENTS FOR THIRD PARTY LIABILITY –
IDENTIFYING LIABLE RESOURCES

- A. The State Medicaid Agency meets the requirements of 42 CFR 433.138 and 433.139.
- B. The State Medicaid Agency meets the requirements for identifying liable third party resources in the following way(s):
 - 1. For the data exchanges required in 42 CFR 433.138(d)(1), (d)(3), (d)(4), and (f) and the diagnosis and trauma code edits required in §433.138(e):
 - a. The State Medicaid Agency obtains wage and earning information through a data exchange with the Alabama Department of Industrial Relations (SWICA and Workmen's Compensation) and the Department of Public Safety (Motor Vehicle). Employment data identified thru the SSA Wage and Earnings File and by the IV-A is referred to the Third Party Liability (TPL) Section by the certifying agency for Medicaid upon identification of same.
 - b. TPL data received as a result of SWICA and SSA and IV-A data exchanges is incorporated into the Eligibility File and TPL database within thirty days of receipt of verification of coverage. Health insurance information identified by Medicaid certifying agencies during application and redetermination is incorporated into the Eligibility File and TPL database by the TPL Division within sixty days of receipt of verification of coverage.
 - c. The data exchange with the Alabama Department of Public Safety identifies drivers and pedestrians only if a trauma code is listed on the accident report. The data exchange produces a listing of matches which TPL submits to the Department of Public Safety with a request for copies of each accident report. The accident reports are reviewed by the TPL staff within thirty days of receipt. If potential TPL is identified, a case file is established within thirty days of identification of TPL. Pertinent insurance information is documented in the TPL database if there is a reasonable expectation that the carrier will pay future related medical expenses.
 - d. The State Medicaid Agency monitors diagnosis and trauma codes through internal reports. See 42 CFR 433.138(c). These reports determine which codes yield the highest return on TPL payments. This process is undertaken on a daily basis. Using these reports, TPL staff will ensure subrogation interest/assignment is identified and determined.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF ALABAMA

REQUIREMENTS FOR THIRD PARTY LIABILITY –
IDENTIFYING LIABLE RESOURCES

1. For the follow-up measures for identifying third party liability resources required in 42 CFR 433.138(g)(1) and (g)(2), the State Medicaid Agency implements these follow-up mechanisms to identify legally liable third party resources:
 - a. The State Medicaid Agency requests that members provide TPL information when applying for Medicaid. The Medicaid Agency accepts TPL information directly from members, providers, Social Security Administration (SSA) local offices, and others.
 - b. The State Medicaid Agency conducts a daily, weekly, and monthly match to identify members who also have commercial insurance. The State Medicaid Agency conducts regular matches with CMS's Territory & States Beneficiary Query (TBQ) and SSA's State Verification and Exchange System (SVES) files to identify members who are eligible for Medicare. The State Medicaid Agency conducts regular matches with the Defense Enrollment Reporting System (DEERS) to identify members who are eligible for Tricare. The State Medicaid Agency uses the Public Assistance Reporting Information System (PARIS) to identify individuals who may be enrolled in another state Medicaid program. See 42 CFR 433.138(g)(2).