Alabama Medicaid Agency



501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624

www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov

Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504



PUBLIC NOTICE

SUBJECT: <u>AMENDMENT TO THE ALABAMA STATE PLAN FOR MEDICAL</u> ASSISTANCE

The Alabama Medicaid Agency is proposing to amend its State Plan for Medical Assistance. This State Plan Amendment will allow the Alabama Medicaid Agency to apply the reimbursement basis for inpatient and outpatient hospital services for State fiscal year 2024 (Medicare and cost, respectively) used in fiscal year 2023.

The effective dates of this State Plan Amendment will be October 1, 2023 through September 30, 2024. The increase in state share for this State Plan Amendment is estimated to be \$52,000,000.

A copy of the proposed changes will be made available upon request for public review at each county office of the Department of Human Resources and the State Office of the Alabama Medicaid Agency.

Written comments concerning these changes are welcome and should be mailed to Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, P. O. Box 5624, Montgomery, Alabama 36103-5624. All written comments will be available for review by the public during normal business hours at the above address.

Stephanie McGee Azar Commissioner

REC'D & FILED

SEP 19, 2023

LEGISLATIVE SVC AGENCY