TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 500 . Department or Agency: Alabama Medicaid Agency .
Rule No: 560-X-5209 (5)
Rule Title: Payment Methodology for Covered Services
New Rule;X_Amend;Repeal;Adoption by Reference
Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety?
Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare?
Is there another, less restrictive method of regulation available that could adequately protect the public?
Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree?
Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule?
Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? ***********************************
Does the proposed rule have any economic impact?
If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscanote prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975. ***********************************
Certification of Authorized Official
I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.
Signature of certifying officer: At Marie Lindsey
Date:
FOR APD USE ONLY
PUBLISHED IN VOLUME ISSUE NO
EDITED AND ADDROVED BY DOCUMENT NO

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-52-.09 – Payment Methodology for Covered Services.

INTENDED ACTION: Amend 560-X-52-.09 (5).

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to change the name of the HCFA 372 Report to the CMS 372 Report.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than June 4, 2014.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

Stephanie McGee Azar Acting Commissioner

Rule No. 560-X-52-.09 Payment Methodology for Covered Services

- (1) Actual reimbursement will be based on the rate in effect on the date of service.
- (2) Rates will be established and reported to the Alabama Medicaid Agency's fiscal agent for claims submitted for payment.
- (3) Payment will be based on the number of units of service reported for each HCPC code.
- (4) All claims for services must be submitted within one year from the date of service.
- (5) Accounting for actual cost and units of services provided during a waiver year must be captured on the <u>CMS HCFA 372</u> Report.

Author: Samantha McLeod, Associate Director, Long Term Care Specialized Waiver Programs.

Statutory Authority: Social Security Act §1915(c); 42 C.F.R. Section 441, Subpart G-Home and Community-Based Services: Waiver Requirements.

History: New Rule: Filed September 20, 2002; effective December 26, 2002.

Amended: Filed August 20, 2004; effective November 16, 2004. Amended: Filed April 21, 2014.