

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-7-.01

Rule Title: Hospital Program – General

_____ 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? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

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? _____ no

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? _____ no

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? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note 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: Stephanie Lindsay

Date: 4/20/15

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EDITED AND APPROVED BY _____ DOCUMENT NO. _____

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-7-.01 Hospital Program - General

INTENDED ACTION: Amend 560-X-7-.01

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to remove the 16 day inpatient hospital reimbursement limitation in accordance with State Plan Amendment 13-016.

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, 2015.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.


Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-7-.01 Hospital Program – General

(1) The Title XIX (Medicaid) Plan for Alabama provides for inpatient care for adults and children in accordance with 42 C.F.R. § 440.10 and for preventive, diagnostic, therapeutic, rehabilitative, or palliative outpatient services ~~under certain conditions which are enumerated in detail in the Plan~~ in accordance with 42 C.F.R. § 440.20.

~~Except for children under the age of one, or under the age of six who are receiving medically necessary inpatient services in a hospital which has been designated by Medicaid as a disproportionate share hospital, or additional inpatient days that have been authorized for deliveries or children who have been referred for treatment as a result of an EPSDT screening, the first 16 days in a calendar year~~ Inpatient hospital days are unlimited and will be reimbursed on an established per diem rate. ~~Subsequent days will be factored into the establishment of cost as described in Chapter 23, Hospital Reimbursement.~~

~~(2) Refer to Chapter 1 and Chapter 11 for details on benefit limits for medically necessary services which are provided as a result of an EPSDT screening referral.~~

Author: Solomon Williams, Associate Director, Institutional Services.

Statutory Authority: State Plan; Attachment 3.1-A, pp 1 and 1.1; 42 C.F.R. Sections 440.10, 440.20, 441.57; Omnibus Budget Reconciliation Act of 1985 (COBRA, Public Law 99-272). Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360) Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508).

History: Rule effective October 1, 1982. Amended July 8, 1983; February 8, March 12, June 8, October 9, 1984; June 8, September 9, 1985; October 11, 1986; September 9, 1987; July 1, 1988; October 12, 1988; January 1, 1989; March 14, 1989; July 1, 1989; January 12, 1990; October 1, 1990; January 15, 1991; July 1, 1991; January 14, 1992; and April 11, 1997. **Amended:** Emergency Rule filed and effective April 9, 2004. **Amended:** Filed April 21, 2004; effective July 16, 2004. **Emergency Rule:** Filed and effective September 2, 2010. **Amended:** Filed September 20, 2010; effective December 17, 2010. **Amended:** Filed April 20, 2015.