TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: <u>560</u> Department or Agency	y: Alabama Medicaid Agenc	У
Rule No: <u>560-X-725</u>		
Rule Title: Prior Authorization		
New Rule;XAmend	; Repeal;	_ Adoption by Reference
Would the absence of the proposed rule health, welfare, or safety?	significantly harm or endange	er the publicno
Is there a reasonable relationship between of the public health, safety, or welfare?	en the state's police power and	d the protectionyes
Is there another, less restrictive method oprotect the public?	of regulation available that co	ould adequately no
Does the proposed rule have the effect of any goods or services involved and, it		sing the costsno
Is the increase in cost, if any, more harm result from the absence of the proposed		m that mightno
Are all facets of the rulemaking process they have, as their primary effect, the pr ************************************	otection of the public?	<u>yes</u> **********
Does the proposed rule have any economic im- If the proposed rule has an economic im- note prepared in accordance with subsec- ************************************	apact, the proposed rule is requestion (f) of Section 41-22-23,	uired to be accompanied by a fiscal Code of Alabama 1975.
I certify that the attached proposed rule Chapter 22, Title 41, Code of Alabama the Administrative Procedure Division of the Administrative Division of the Administrative Division of the Division of th	1975 and that it conforms to a of the Legislative Reference S	all applicable filing requirements of
Signature of certifying officer:	rance trivally	·
Date: 4 2015 ************************************	*******	******
FOR APD USE ONLY		
PUBLISHED IN VOLUME	ISSUE NO	
EDITED AND APPROVED BY	DOC	UMENT NO

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-7-.25 Prior Authorization

INTENDED ACTION: Amend 560-X-7-25

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

<u>TIME, PLACE, MANNER OF PRESENTING VIEWS:</u> 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.

<u>FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE</u>: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than June 4, 2015.

<u>CONTACT PERSON AT AGENCY:</u> 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-.25 Prior Authorization

- (1) Out-of-State Referrals Prior authorization will be required for organ transplants and select surgical procedures. (Refer to Rule No. 560-X-1-.27 and Rule No. 560-X-6-.13 respectively).
 - (2) Dental Hospitalization See Chapter 15, Dental Services, for details.

Author: Solomon Williams, Associate Director, Institutional Services.

Authority: State Plan, Attachment 3.1A; Title XIX, Social Security Act; 42 C.F.R. Section 431.25.

History: Rule effective October 1, 1982. Amended July 8, October 1, November 10, 1983; May 9, 1984; June 9, October 11, 1986; April 1, 1988 and October 12, 1988. Emergency Rule effective January 1, 1989. Amended March 14, 1989; April 17, 1990; January 15, 1991; October 12, 1991, and October 13, 1992. Effective date of this amendment is April 11, 1997. Emergency Rule: Filed and effective September 2, 2010. Amended: Filed September 20, 2010; effective December 17, 2010. Amended: Filed April 20, 2015.