

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-55-.05

Rule Title: Payment for 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?          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

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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.

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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: 2/20/2014

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**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-55-.05. Payment for Services

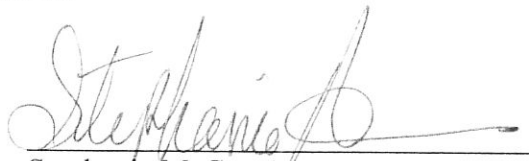
**INTENDED ACTION:** Amend 560-X-55-.05.

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to revise the procedures for payment of services under this program.

**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 April 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-55-.05. Payment for Services**

~~———— (1) ——— The Department of Public Health will be reimbursed their costs of for providing these services as specified in the contract Alabama Infant Mortality and Morbidity Memorandum of Understanding with the Medicaid Agency Agreement.~~

~~(2) ——— Skilled medical and professional costs will include the salary of perinatal coordinators, travel required in the performance of these duties, and any training required to effectively discharge their duties. This also includes clerical support. Administrative costs for services performed by perinatal coordinators and clerical support will also be reimbursed at a percentage appropriate to the type of services provided.~~

~~———— (3) ——— All invoices must be submitted by Public Health in accordance with guidelines established by Medicaid. Public Health agrees to accept as payment in full the amount paid by Medicaid for a covered item(s) and will make no additional charge or charges for a covered item(s) to a recipient/sponsor or family thereof.~~

**Author:** Sylisa Lee-Jackson, Associate Director, Maternity, Plan First and Nurse Midwife programs.

**Authority:** 42 CFR, - 431.615, State Plan, Attachment 4.16-A.

**History:** Effective date of this rule is January 14, 1992. **Amended:** Filed February 20, 2014.