

APA-1

TRANSMITTAL SHEET FOR  
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency .

Rule No: 560-X-45-.10 .

Rule Title: High Risk Protocol .  
\_\_\_\_\_ 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: 2-19-15

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PUBLISHED IN VOLUME \_\_\_\_\_ ISSUE NO. \_\_\_\_\_

EDITED AND APPROVED BY \_\_\_\_\_ DOCUMENT NO. \_\_\_\_\_

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-45-.10 High Risk Protocols

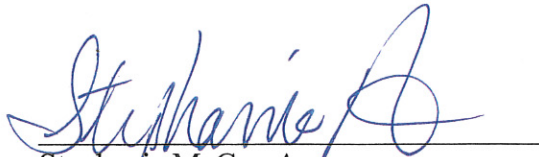
**INTENDED ACTION:** Amend 560-X-45-.10

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to update language in the Administrative Code to reflect program changes in the Maternity Care Program regarding High Risk Protocols. High risk care under the Maternity Care Program shall be provided as outlined in the Invitation to Bid and the Maternity Care Operational Manual.

**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 3, 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-45-.10 High Risk Protocols**

(1) High risk care under the Maternity Care Program (MCP) shall be provided as outlined in the Invitation to Bid and the Maternity Care Operational Manual.

(12) Each recipient entering the MCP shall be assessed for high risk pregnancy status and referred to a Delivering Healthcare Professional qualified to provide high-risk care if the assessment reflects a condition that cannot be appropriately handled in routine prenatal care sites.

~~and if indicated referred to a Delivering Health Care Professional qualified to provide high risk care. The recipient may be exempted from the MCP if it is determined that she will require high risk care throughout antepartum and delivery. Reimbursement shall be fee for service if the recipient is exempted from the MCP.~~

(3) Primary Contractors and their Delivering Healthcare Professionals are responsible for identification and referral of high risk recipients to the appropriate high risk referral site or appropriate high risk physician.

(234)— A high-risk assessment tool approved by the Medicaid Agency shall be utilized in performing risk assessments.

(5) The reimbursement for high risk care provided by a Teaching Physician (as defined in Section 4.19-B of the State Plan) is excluded from the global and may be billed fee-for-service.

(6) The reimbursement for high risk care provided by a Medicaid Enrolled Board Certified Perinatologist is excluded from the global and may be billed fee-for-service.

~~(2)—A high risk assessment tool approved by the Medicaid Agency shall be utilized in performing risk assessments.~~

**Author:** Yulonda Morris, Program Coordinator and QA/QI Nurse, Maternity Care Program.

**Statutory Authority:** Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan and approved 1915(b) Waiver.

**History:** New rule filed: February 19, 1999; effective May 1, 1999. **Amended:** Filed August 22, 2005; effective November 16, 2005. **Amended:** Filed February 19, 2015.