TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: <u>Alabama Medicaid Agency</u> .
Rule No:560-X-2801 (8)
Rule Title: FormsNew Rule; 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 fiscal note prepared in accordance with subsection (f) of Section 41-22-23, <u>Code of Alabama 1975</u> . ***********************************
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 My and C
Date: 3-16-1 **********************************
FOR APD USE ONLY
PUBLISHED IN VOLUME ISSUE NO
EDITED AND APPROVED BY DOCUMENT NO

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-28-.01 Forms

INTENDED ACTION: Amend 560-X-28-.01 (8)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to change the revision date for the Hysterectomy Consent Form PHY-81243.

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, 334-242-5833. 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 May 4, 2012.

<u>CONTACT PERSON AT AGENCY:</u> Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

R. Bob Mullins, Jr., MD

Commissioner

Rule No. 560-X-28-.01. Forms.

The following forms are presented as reference and to illustrate examples of each of the official forms referred to within the rules contained in the Alabama Medicaid Agency Administrative Code.

- (1) Plastic Identification Card.
- (2) Medicaid Monthly Eligibility Care (Social Security SSI Medicaid Certified Eligibles).
 - (3) Examples of Termination Notices.
 - (4) Alabama Medicaid RESTRICTED Eligibility Card.
 - (5) Alabama Medicaid Recipient Restriction-Provider Notice.
- (6) Alabama Medicaid Recipient Restriction (Medical Referral of Restricted Recipient).
 - (7) Certification and Documentation for Abortion.
 - (8) Hysterectomy Consent Form PHY-81243 (rev. 05/20/82 2-10-2010).
 - (9) Sterilization Consent Form.
 - (10) Form XIX-TPD-1-76, Medicaid Authorization Assignment.
 - (11) Form HEW-641 (5/77).
 - (12) Form HCFA-1561 (4/80).
 - (13) Form XIX-HHC-DME-1. (Rev. 09/84).
 - (14) Form XIX-SDT-3-72.
 - (15) HCFA-1500 (1-84).
 - (16) AlaMed 82-1, Revised 6-85, Appointment of Representative.
 - (17) AlaMed 82-2, Petition for a Declaratory Ruling.
 - (18) AlaMed 82-3, Petition for a Rule Change.
 - (19) Form LTC-2 (Revised 8/86).

- (20) Form XIX-LTC-3 Revised 6/92.
- (21) Form XIX-LTC-4 (rev. 82).
- (22) Form XIX-LTC-10 (Revised 4/94).
- (23) Form XIX-LTC-1 (rev. 82).
- (24) Form XIX-LTC-9 (rev. 2-84).
- (25) Reserved
- (26) AlaMed 82-4, Lien For Medical Payments Under Alabama Medicaid Program.
- (27) Referral and Treatment Plan, XIX-HHC-1-70 (Rev. 3/81).
- (28) Medicaid Home Health Start of Care Sheet, (SOC-1).
- (29) Medicaid Home Health Recertification, XIX-HHC-1-70-A (Rev. 10/81).
- (30) Medicaid Home Health Claim Form, MCD-6.
- (31) Medicaid Claim Inquiry.
- (32) Medicaid Monthly Eligibility Card for Recipients Enrolled in a Health Maintenance Organization.
 - (33) UB-82
 - (34) Eligibility Inquiry, MED-400.

Author: Desiree Nelson, Program Manager, Medical Support

Statutory Authority: Alabama Medicaid Agency Administrative Code.

History: Rule effective October 1, 1982. Amended effective January 8, 1986; December 18, 1986; April 14, 1987; July 10, 1987; September 9, 1987; February 9, 1988; May 10, 1988. Emergency rule effective June 17, 1988; October 7, 1988. Amended effective October 12, 1988; January 10, 1989; April 17, 1990; July 13, 1991; March 13, 1992; November 12, 1992; January 13, 1993; May 11, 1994; August 12, 1994. Amended: Filed March 20, 2012.