TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Depar	tment or Agency:	Alab	<u>ama Medicai</u>	d Agency	***************************************	
Rule No: <u>560-X-1706</u>					Prising MANAGER days are a require	
Rule Title: <u>Professional Fe</u> New Rule;	ees Amend;	<u>X</u> _ I	Repeal;	Adopti	on by Reference	
Would the absence of the phealth, welfare, or safety?	roposed rule sign	ificantly	harm or enda	anger the pub	lic <u>no</u>	
Is there a reasonable relation of the public health, safety,	onship between the or welfare?	e state's ¡	police power	and the prote	ection <u>yes</u>	- On the Old April 100
Is there another, less restric protect the public?	tive method of re	gulation	available tha	t could adequ	ately <u>no</u>	********
Does the proposed rule hav of any goods or services in	e the effect of dir volved and, if so,	ectly or i to what	ndirectly inc degree?	reasing the co	osts <u>no</u>	
Is the increase in cost, if an result from the absence of	y, more harmful t the proposed rule	o the put?	olic than the l	narm that mig	tht <u>no</u>	-
Are all facets of the rulemathey have, as their primary	king process designers; the protect	gned sole	ely for the pu e public? ******	rpose of, and	so <u>yes</u>	
Does the proposed rule have	e any economic ir	npact? _	<u>no</u>			•
If the proposed rule has an enote prepared in accordance ************************************	e with subsection	(f) of Sec	ction 41-22-2	3 Code of A	lahama 1075	
I certify that the attached pr Chapter 22, Title 41, <u>Code of</u> the Administrative Procedur	of Alabama 1975	and that	it conforms t	o all applicab	ith the requirements of	of s of
Signature of certifying office Date: // / / // ****************************		<i>71</i> //	and			
FOR APD USE ONLY	eron over trop trop trop trop trop trop trop tro	r ጥ ጥ ጥ ጥ ች ች i	~ ~ ~ ~ ~ * * * * * *	******	*****	
PUBLISHED IN VOLUME			ISSUE N	O	To the control of the	
EDITED AND APPROVED) BY		DO	CUMENT NO	<u> </u>	

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-17-.06 Professional Fees

INTENDED ACTION: REPEAL

SUBSTANCE OF PROPOSED ACTION: This amendment is being repealed because it is no longer applicable.

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 January 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-17-.06. Professional Fees. REPEALED RESERVED

All eye care service providers shall be paid their usual and customary fees in accordance with Federal regulations for all services rendered, including examinations and the prescribing, procuring, and fitting and adjusting of eyeglasses, not to exceed the 75th percentile of the range of fees prevailing in the statewide profile.

Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. Section 401, Et seq. Rule effective October 1, 1982.