TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency:	Alabama Medicaid Agency .
Rule No: <u>560-X-109</u> .	
Rule Title: Recipient Identification Number New Rule; X Amend;	Repeal; Adoption by Reference
Would the absence of the proposed rule significate health, welfare, or safety?	antly harm or endanger the publicno
Is there a reasonable relationship between the st of the public health, safety, or welfare?	ate's police power and the protection
Is there another, less restrictive method of regular protect the public?	ation available that could adequatelyno
Does the proposed rule have the effect of directlor of any goods or services involved and, if so, to	
Is the increase in cost, if any, more harmful to the result from the absence of the proposed rule?	ne public than the harm that mightno
Are all facets of the rulemaking process designed they have, as their primary effect, the protection	
Does the proposed rule have any economic impa	
note prepared in accordance with subsection (f)	e proposed rule is required to be accompanied by a fiscal of Section 41-22-23, <u>Code of Alabama 1975.</u> ************************************
	n proposed in full compliance with the requirements of d that it conforms to all applicable filing requirements of egislative Reference Service.
Signature of certifying officer:	Lindsay
Date: 10/20/2014 ************************************	<i>\</i>
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-1.09 Recipient Identification Number

INTENDED ACTION: Amend 560-X-1-.09

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to add "530" prefix to the Medicaid eligible recipient's identification number.

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 December 5, 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-1-.09 Recipient Identification Number.

- (1) The identification number of Medicaid eligible recipients contains 13 digits. The first three will be "500" or "530".
- (2) The Medicaid identification number will be embossed on a plastic Medicaid eligibility card issued to each individual entitled to Medicaid.
- (3) Providers should question patients aged 65 or older about entitlement to Medicare.
- (a) Where a Medicare claim number has not been assigned for those aged 65 or older, the recipient should be referred to the local SSA office to make application for Medicare.
- (b) Claims for services covered by Medicare may not be submitted until a Medicare number has been assigned; then claim should be filed first with Medicare with the Medicaid number listed on the Medicare claim as "other insurance".
- (c) A Medicare claim number with a suffix "M" indicates there is no Medicare Part A (hospital insurance) entitlement. Hospital claims for this type number may be filed with Medicaid as regular Medicaid claims.

Author: Denise Banks, Medicaid Administrator I, Policy and Training Division.

Authority: State Plan for Medical Assistance.

History: Rule effective October 1, 1982. Amended: May 1, 1983; June 8, 1983 and November 10, 1987. Effective date of this amendment: January 13, 1993. Amended: Filed September 11, 2013; effective October 16, 2013. Amended: Filed October 20, 2014.