

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-7-.25 Prior Authorization


INTENDED ACTION: Amend 560-X-7-.25(3)(b)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to better address the application of the Alabama Medicaid Agency Adult/Pediatric Inpatient SI/IS (Severity of Illness/Intensity of Services) Care Criteria in reviewing and approving coverage of additional days once an OB (obstetrical) recipient has exceeded the 16 inpatient days.

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 October 3, 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