

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-57-.10 (3), (4), (6) Payment Methodology for Covered Services

INTENDED ACTION: Amend 560-X-57-.10 (3), (4), (6).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to clarify descriptive terminology.

TIME, PLACE, _____

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 March 7, 2007.

CONTACT PERSON AT AGENCY: William O. Butler, III,
Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue,
Post Office Box 5624, Montgomery, Alabama 36103-5624.



Carol H. Steckel
Commissioner