

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-23-.07 Calculation of Medicaid Prospective Payment Inpatient Rate for Out-of-State Hospitals

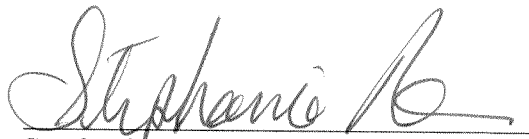
**INTENDED ACTION:** Amend

**SUBSTANCE OF PROPOSED ACTION** The above referenced rule of the Administrative Code is being amended to change the methodology of calculating out-of-state hospital reimbursement for inpatient hospital treatment to reflect the changes approved by CMS in the most recent SPA.

**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 September 4, 2013.

**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