## ALABAMA MEDICAID AGENCY

## **NOTICE OF INTENDED ACTION**

RULE NO. & TITLE: 560-X-18-.18 – Reimbursement for Transportation

**INTENDED ACTION:** Amend Rule 560-X-18-.18(1), add 560-X-18-.18(2), and amend name of Rule.

<u>SUBSTANCE OF PROPOSED ACTION</u>: The above-referenced rule is being amended to clearly define the current reimbursement system. The name of the Rule is being changed from Reimbursement for Transportation to Reimbursement for NET.

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 August 4, 2010.

CONTACT PERSON AT AGENCY: Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

Carol H. Steckel Commissioner