

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-6-.01 Physician Program - General

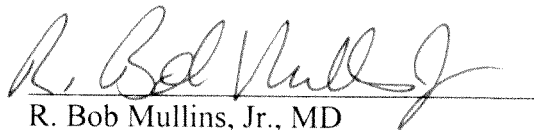
INTENDED ACTION: Amend 560-X-6-.01 (2), (3) (c) (d) (f), (8), (9)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to update the Fiscal Liaison's company name from EDS to HP Enterprise Services, update the Health Insurance Claim form name from HCFA 1500 to CMS-1500, and to remove the pseudo license number references due to policy changes that no longer require providers in a residency training program have a pseudo license number. Residency training providers must use the NPI or license number of the teaching, admitting, or supervising physician.

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 May 4, 2012.

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



R. Bob Mullins, Jr., MD
Commissioner