

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-13-.10 – Reimbursement

INTENDED ACTION: Amend 560-X-13-.10(1), (2), (4)(a)-(b).

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to accurately describe reimbursement requirements for Durable Medical Equipment to be consistent with the Provider Manual and the name of the responsible Unit.

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 December 5, 2008.

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