

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-16-.06 Reimbursement for Covered Drugs and Services.

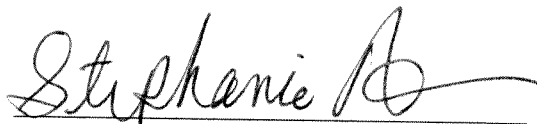
**INTENDED ACTION:** Amend Rule: 560-X-16-.06 (8) (9)

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to comply with Act No. 2011-615, amending Alabama Code (1975) , §40-26B-70, et seq. The above referenced rule of the Administrative Code is being amended to delete items (8) and (9) since 340 B entities apply to several different provider types other than pharmacy. All 340 B Entity information will be included in Chapter 1, the General Chapter of the Administrative Code.

**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 December 5, 2012.

**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