

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-23-.17 Calculation of Medicaid Prospective Payment Inpatient Rate for Out-of-State Hospitals

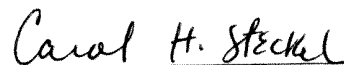
INTENDED ACTION: Repealing 560-X-23-.17

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being repealed as a result of a change in the method of reimbursement of hospitals for inpatient and outpatient treatment.

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 November 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