

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-7-.22 Claim Filing Guidelines _____

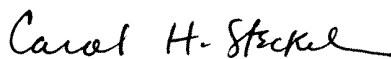
INTENDED ACTION: 560-X-7-.22, Amended item (1), Deleted items (2-3),
renumbered item (4)

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended in order to clarify claims filing guidelines for inpatient and outpatient payment methodology as defined in the State Plan 419A and 419B. This payment methodology will be implemented beginning October 1, 2009 through September 30, 2011.

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