

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-7-.27 Split Billing (Inpatient Claims)

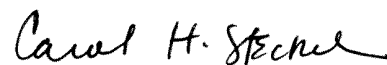
**INTENDED ACTION:** 560-X-7-.27(1) and (2), delete item (1), amend and renumber item (2)

**SUBSTANCE OF PROPOSED ACTION:** The above-referenced rule is being amended to implement the hospital assessment plan as described in the State Plan. The above-referenced rule change is being amended in order to clarify 'split billing' guidelines for inpatient hospital providers. 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