

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-64-.17.

Rule Title: ICN Covered Services.

X New Rule; Amend; Repeal; Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

Does the proposed rule have any economic impact? no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 8/21/2017

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-64-.17 - ICN Covered Services

INTENDED ACTION: Add New Rule 560-X-64-.17

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being created pursuant to Section 22-6-220(5) to establish which services shall be covered by an Integrated Care Network.

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 October 5, 2017.

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
Commissioner

Rule No. 560-X-64-.17 ICN Covered Services – NEW RULE

(1) In accordance with § 22-6-220(5) of the Alabama Code, the following services must be covered for Medicaid recipients who are enrolled in an integrated care network (ICN):

- (a) Ambulatory Surgical Center Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-38-.04;
- (b) Durable Medical Equipment, Medical Equipment, Supplies, Appliances, Prosthetics, Orthotics, and Pedorthics in accordance with Alabama Medicaid Administrative Code Rule 560-X-13-.01;
- (c) Eye Care Services in accordance with Alabama Medicaid Administrative Code Rules 560-X-17-.02 through 560-X-17-.04;
- (d) Family Planning Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-14-.03;
- (e) Federally Qualified Health Center Services in accordance with Alabama Medicaid Administrative Code Chapter 560-X-48;
- (f) Home and Community-Based Services for the Alabama Community Transition (ACT) Waiver in accordance with Alabama Medicaid Administrative Code Rule 560-X-44-.04;
- (g) Home and Community-Based Services for the Elderly and Disabled in accordance with Alabama Medicaid Administrative Code Rule 560-X-36-.04;
- (h) Hospice Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-51-.09;
- (i) Hospital Services in accordance with Alabama Medicaid Administrative Code Rules 560-X-7-.03 through 560-X-17-.17;
- (j) Independent Laboratory Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-9-.02;
- (k) Independent Radiology Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-34-.02;
- (l) Independent Rural Health Clinic Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-8-.01;
- (m) Nursing facility services in accordance with Alabama Medicaid Administrative Code Rule 560-X-10-.04(1);

(n) Physician and Certified Physician Assistant Services in accordance with Alabama Medicaid Administrative Code Rule 560-X-6-.12 and 560-X-6-.13;

(o) Transportation Services in accordance with Alabama Medicaid Administrative Code Chapter 560-X-18, with the exception of the non-emergency transportation program described in Rule No. 560-X-18-.16.

(2) Only those services identified in subparagraph (1) above will be used in calculating an ICN's capitation payment amount; however, nothing in this rule shall preclude an ICN from providing services not identified in subparagraph (1) subject to the approval of the Medicaid Agency at its own expense.

Author: Stephanie Lindsay, Administrator, Administrative Procedures Office.

Statutory Authority: Code of Alabama, 1975 Section 22-6-220 *et seq*; 42 CFR Part 438.

History: New Rule: Filed August 21, 2017.