

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-4-.02

Rule Title: Purpose

_____ New; X Amend; _____ Repeal; _____ Adopt 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 action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? _____

no

Does the proposed rule have an 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 Services Agency.

Signature of certifying officer: _____

Stephanie Lindsay

Date: 7-17-2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-4-.02 Purpose

INTENDED ACTION: Amend 560-X-4-.02

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to update terminology pertaining to Program Integrity to be more in line with terminology used by CMS.

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 September 4, 2018.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Phone: (334) 242-5833.


Stephanie McGee Azar
Commissioner

Rule No. 560-X-4-.02. Purpose.

The purpose of the Program Integrity Division is:

- (1) To guard against ~~abuse, fraud, and deliberate misuse~~ fraud, waste, and/or abuse of Medicaid program benefits by individual providers and recipients;
- (2) To assure that Medicaid recipients receive necessary medical care at a level of quality consistent with that available to the general population;
- (3) To exercise necessary fiscal control over federal and state tax dollars;
- (4) To assure provider and recipient compliance with federal and state Medicaid rules and regulations; and
- (5) To assist in the identification of claims processing procedures that may be in conflict with State policy.

Author: Jacqueline G. Thomas, Director, Program Integrity Division,

Authority: State Plan; Title XIX, Social Security Act, 42 C.F.R. Parts 431, 455, 456, 1000, 1001, 1002, State Medicaid Manual 11420.6M.

History: Rule effective October 1, 1982. Amended November 10, 1988. Effective date of this amendment March 15, 1994. **Amended:** Filed July 17, 2018.