



**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-44-.08. – Payment Methodology for Covered Services

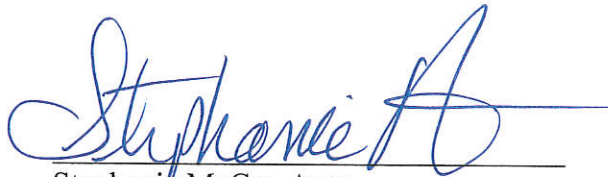
**INTENDED ACTION:** Amend 560-X-44-.08.

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to update claims payment methodology.

**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 May 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-44-.08. Payment Methodology for Covered Services**

(1) Payments made by the Alabama Medicaid Agency to providers will be on a fee-for-service basis. Each covered service is identified on a claim by a procedure code.

~~(2) For each recipient, the claim will allow span billing for a period up to one month. There may be multiple claims in a month; however no single claim can cover services performed in different months. For example, a claim with dates of service of May 15, 2011 to June 15, 2011 is not allowed. If the submitted claim covers any dates of service which were covered in a previously paid claim, the claim will be rejected.~~

~~(3) Payment will be based on the number of units of service reported on the claim for each procedure code.~~

(42) Accounting for actual cost and units of services provided during a waiver year must be captured on CMS Form 372. The following accounting definitions will be used to capture reporting data, and the audited figures used in establishing new interim fees:

(a) A waiver year consists of 12 consecutive months starting with the approval date specified in the approved waiver document.

(b) An expenditure occurs when cash or its equivalent is paid in a quarter by a state agency for waiver benefits. For a public/governmental provider, the expenditure is made whenever it is paid or recorded, whichever is earlier. Non-cash payments, such as depreciation, occur when transactions are recorded by the state agency.

(c) The services provided by a direct service provider agency is reported and paid by dates of service. Thus, all services provided during the 12 months of the waiver year will be attributed to that year.

**Author:** Ginger Wettingfeld, Director, LTC Healthcare Reform Division.

**Statutory Authority:** Social Security Act §1915(c); 42 CFR Section 441, Subpart G—Home and Community-Based Services: Waiver Requirements.

**History:** New Rule: Filed February 10, 2012; effective March 16, 2012. **Amended:** Filed March 21, 2018.