

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-.01

Rule Title: Eye Care Services - General

_____ 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: 5/22/2018

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-17-.01 – Eye Care Services - General

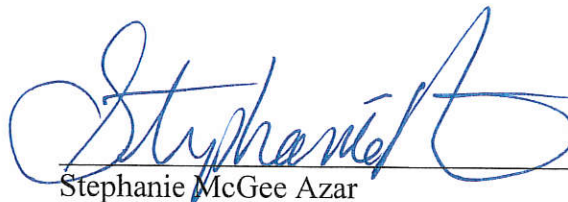
INTENDED ACTION: Amend 560-X-17-.01

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to remove subsections: (a), (b), (c), (d), (e), and insert (a) Certain services require prior authorization. Refer to Chapter 15 of the Alabama Medicaid Provider Manual.

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 July 5, 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-17-.01 Eye Care Services - General

The information contained herein sets forth policies and procedures for providing eye care services under the Alabama Medicaid Program.

(1) Participation. Only in-state and borderline out-of-state eye care services providers (within a 30-mile radius of the state line) who meet enrollment requirements are eligible to participate in the Alabama Medicaid Program. The following information must be included in a written enrollment request to Medicaid's Fiscal Agent, Provider Enrollment Division:

1. Name
2. Address
3. Specialty Provider Type
4. Social Security Number
5. Tax Identification Number
6. Medical or Business License Number, as applicable

(2) Patient Identification

It is most important that a provider verify a Medicaid recipient's identity and eligibility, since claims submitted on ineligible persons cannot be paid by the Alabama Medicaid Agency (Medicaid). Refer to Chapter 1, General, of this Code for information about identification of Medicaid recipients.

(3) Prior Authorization

~~(a) Special exceptions for optometric items not authorized in this regulation may be made in unusual circumstances when deemed medically necessary by the provider and approved by Medicaid.~~ (a) Certain services require prior authorization. Refer to Chapter 15 of the Alabama Medicaid Provider Manual.

~~(b) All requests for prior authorization will be submitted in writing to Alabama Medicaid Agency, P.O. Box 5624, Montgomery, Alabama 36103-5624, and must include the following information:~~

- ~~1. Recipient's name~~
- ~~2. Recipient's Medicaid number (thirteen (13) digits)~~
- ~~3. Current prescription data (complete for both eyes)~~
- ~~4. Exception requested~~
- ~~5. Reason for exception~~
- ~~6. Signature of provider~~
- ~~7. Address of provider~~

~~(c) A prior authorization number will be assigned by Medicaid.~~

~~(d) The number will be reflected on an approval letter for use in completing the appropriate billing form to the fiscal agent.~~

~~(e) A copy of the approval letter from Medicaid bearing the prior authorization number must be provided to the central Medicaid source if eyeglasses are being obtained from the central source.~~

Author: Calvin Binion, Associate Director, State Agency, Vision, & Clinic Services

Statutory Authority: State Plan; Title XIX, Social Security Act; 42 C.F.R. § 401, et seq.

History: Rule effective October 1, 1982. Amended May 9, 1984; January 13, 1988; January 13, 1993; March 13, 1993. Amended: Filed January 18, 2012; effective February 22, 2012.

Amended: Filed May 22, 2018.