

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-45-.10

Rule Title: High Risk Protocols

_____ 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-45-.10 – High Risk Protocols


INTENDED ACTION: Amend 560-X-45-.10

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to bring the present rule in line with the current program operation.

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-45-.10 High Risk Protocols

(1) High-risk care under the Maternity Care Program (MCP) shall be provided as outlined in the ~~Invitation to Bid~~ Contract documents and the Maternity Care Program Operational Manual.

(2) Each recipient entering the MCP shall be assessed for high-risk pregnancy status and referred to a Delivering Healthcare Professional (DHCP) qualified to provide high-risk care if the assessment reflects a condition that cannot be appropriately handled in routine prenatal care sites.

(3) Primary Contractors and their ~~Delivering Healthcare Professionals~~ DHCPs are responsible for identification and referral of high-risk recipients to the appropriate high-risk referral site or appropriate high-risk physician.

(4) A high-risk assessment tool approved by the Medicaid Agency shall be utilized in performing risk assessments.

(5) The reimbursement for high-risk care provided by a Teaching Physician (as defined in Section 4.19-B of the State Plan) is excluded from the global and may be billed fee-for-service.

(6) The reimbursement for high-risk care provided by a Medicaid Enrolled Board Certified or Board Eligible Perinatologist ~~Perinatologist~~ is excluded from the global and may be billed fee-for-service.

Author: Sylisa Lee-Jackson, Associate Director, Maternity Care Program.

Statutory Authority: Section 1932 of the Balanced Budget Act of 1997; Section 1905(t)(3) of the Social Security Act; 42 CFR Section 438; Alabama Medicaid Agency State Plan and approved 1915(b) Waiver.

History: New rule filed: February 19, 1999; effective May 1, 1999. **Amended:** Filed August 22, 2005; effective November 16, 2005. **Amended:** Filed May 22, 2018