

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-7-.27

Rule Title: Split Billing (Inpatient Claims)

_____ New; _____ Amend; X 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 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 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-7-.27 - Split Billing (Inpatient Claims)

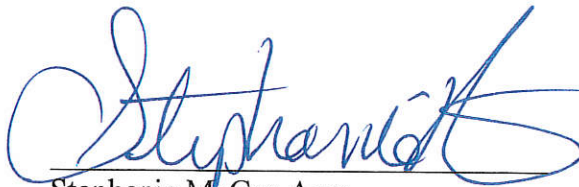
INTENDED ACTION: Repeal 560-X-7-.27

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being repealed to remove outdated information.

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-7-.27 Split Billing (Inpatient Claims) - REPEALED

(1) Due to the reimbursement methodology described in Chapter 23 for inpatient hospital benefits on a calendar year basis, it shall be necessary for each hospital to "split bill" for inpatient services (each year) as of December 31.

Author: Jerri Jackson, Associate Director, Institutional Services

Authority: State Plan, 419A; Title XIX, Social Security Act; 42 C.F.R. Section 401, et seq.

History: Rule effective October 1, 1982. Amended November 10, 1983. Emergency rule effective July 1, 1987. Amended September 9, 1987. Effective date of this amendment is April 11, 1997.

Emergency Rule: Filed and effective September 2, 2010. **Amended:** Filed September 20, 2010; effective December 17, 2010. **Repealed:** Filed May 22, 2018.