

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-41-.08

Rule Title: Payment

_____ 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: 11-18-20

REC'D & FILED

NOV 18 2020

LEGISLATIVE SVC AGENCY

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-41-.08 Payment

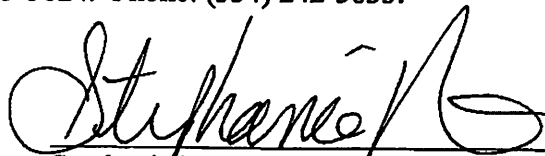
INTENDED ACTION: Amend 560-X-41-.08

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to correct the acronym for a psychiatric residential treatment facility (PRTF) as defined in CFR 483.352.

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 January 4, 2021.

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-41-.08 Payment

(1) Payment for inpatient services provided by psychiatric hospitals shall be the per diem rate established by Medicaid for the hospital which is based on the Medicaid cost report and provisions of Chapter 23 of the Alabama Medicaid Administrative Code.

(2) Providers are required to file a complete uniform Medicaid cost report for each fiscal year. One copy of this report must be received by Medicaid within three months after the Medicaid cost report year-end.

(3) Hospitals that terminate participation in the Medicaid program must provide a final cost report within 120 days of the date of termination of participation.

(4) If a complete uniform cost report is not filed by the due date, the hospital shall be charged a penalty of \$100.00 per day for each calendar day after the due date.

(5) Medicaid pays for residential treatment services provided by PRTFs according to the per diem rate established in the placement agreement between the PRTF and the contracting state agency (DHR, DYS, DMH, DCA).

(6) Providers should not send recipients bills or statements for covered services once that recipient has been accepted as a Medicaid patient. Providers may send a notice to the recipient stating their claim is still outstanding if the notice indicates in bold print, **“THIS IS NOT A BILL.”** Providers are responsible for follow-up with the fiscal agent or Medicaid on any billing problems or unpaid claims. Providers may not bill the recipient for the difference between charges billed and the amount paid by Medicaid. Providers agree to accept the amount paid by Medicaid as payment in full. Providers may bill recipients only for the allowable copay amount, for services not covered by Medicaid, or when benefits have been exhausted.

Author: Solomon Williams, Associate Director, Institutional Services

Statutory Authority: State Plan, Attachment 4.19-A, 42 CFR, Section 413.

History: Rule effective October 1, 1988. Amended: November 1, 1988; February 9, 1989; and September 13, 1989. Amended: Filed September 21, 2001; effective December 14, 2001.

Amended: Filed: March 21, 2005; effective June 16, 2005. Amended: Filed November 18, 2020;