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.

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