

Rule No. 560-X-23-.08 Outpatient Services

(1) Non-certified emergency room visits will be restricted to three (3) per calendar year. Certified emergency room visits must be properly documented by the attending physician in the medical record. Hospitals shall not be paid more than three non-certified emergency room visits per year, but the costs of providing additional care shall be accounted for and reported to Alabama Medicaid as a cost of providing care to Medicaid eligible recipients.

(2) Outpatient Medicaid Base Payments.

~~(a) For State fiscal years 2012 and 2013, Medicaid shall pay each in-state hospital a base amount from approved rates based on procedure codes. The Agency's outpatient rates will be set using the fee schedule adopted by the Agency as of October 1, 2009, with a six percent (6%) inflation rate applied for each procedure code.~~

~~(b) Payment for all out-of-state outpatient hospital services will be from approved rates based on procedure codes. The fee schedule is published on the Alabama Medicaid Agency's website (http://www.medicaid.alabama.gov/billing/fee_schedules.aspx?tab=6). Outpatient Medicaid Base Payments will be calculated as described in the Alabama Medicaid Agency State Plan and amendments thereto as currently approved by the Hospital Services and Reimbursement Panel.~~

(3) Outpatient Access Payments.

~~For the period from October 1, 2011, through September 30, 2013, in addition to any other funds paid to hospitals for outpatient hospital services to Medicaid patients, each eligible hospital, except for hospitals as outlined in 4. below, shall receive outpatient hospital access payments each state fiscal year. The outpatient hospital access payment shall be calculated as follows:~~

~~(a) The Medicaid Agency shall identify the total Medicaid outpatient hospital payments to hospitals for state fiscal year 2012 and 2013.~~

~~(b) The Medicaid Agency shall estimate the amount that would have been paid for the services identified in step (a) using Medicare principles consistent with the upper payment limit (UPL) requirements set forth in 42 CFR 417.321.~~

~~(1.) The Agency shall subtract step (a) from step (b) to determine the aggregate outpatient hospital access payment amount.~~

~~(2.) Each eligible hospital, excluding private free-standing psychiatric hospitals, shall annually receive outpatient access payments equal to the difference between the hospital's allowable cost of providing Medicaid outpatient hospital services for state fiscal year 2009 and base payments for the current fiscal year.~~

~~(c) Outpatient hospital access payments shall be made on a quarterly basis to private hospitals, non-state government owned and operated hospitals, and state owned or operated hospitals.~~

~~(1.) If during state fiscal year 2012 or 2013 there is an extraordinary change in a hospital's cost related to a known and measurable change which increases a hospital's upper payment limit, a determination, by the Agency, as to whether the upper payment limit could be recalculated will be made. The upper payment limit calculation methodology will remain the same for all private hospitals, unless exemption is granted by the Centers for Medicare & Medicaid Services (CMS), and will not vary based on one hospital's change in cost. Based on modified methodology, additional payments may be made to qualifying hospitals. An~~

extraordinary known and measurable event is one that results in at least a fifty percent (50%) increase in capital costs and the hospital has at least a fifteen percent (15%) Medicaid inpatient rate.

~~(1) Privately owned acute care hospitals, that meet the criteria in (a) and (b) below, shall be paid an enhanced payment not to exceed in the aggregate, the upper payment limit (UPL) as described in 42 CFR 447.324.~~

~~(a) The hospital must be located in a county with a population greater than 200,000 (according to the latest U.S. census), and~~

~~(b) The hospital must participate in the county's largest city's outpatient/emergency room assistance program. The enhanced payment to privately owned acute care hospitals, that meet the criteria in (a) and (b) above, excluding hospitals which predominately treat children under the age of 18 years, will be determined on an annual basis by Medicaid and divided evenly among qualified hospitals.~~

Outpatient Access Payments will be calculated as described in the Alabama Medicaid Agency State Plan and amendments thereto as currently approved by the Hospital Services and Reimbursement Panel.

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

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