

Rule No. 560-X-52-.09 Payment Methodology for Covered Services

- (1) Actual reimbursement will be based on the rate in effect on the date of service.
- (2) Rates will be established and reported to the Alabama Medicaid Agency's fiscal agent for claims submitted for payment.
- (3) Payment will be based on the number of units of service reported for each HCPC code.
- (4) All claims for services must be submitted within one year from the date of service.
- (5) Accounting for actual cost and units of services provided during a waiver year must be captured on the ~~CMS HCFA~~-372 Report.

Author: Samantha McLeod, Associate Director, Long Term Care Specialized Waiver Programs.

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

History: New Rule: Filed September 20, 2002; effective December 26, 2002.

Amended: Filed August 20, 2004; effective November 16, 2004. **Amended:** Filed April 21, 2014.