

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**RULE NO. & TITLE:** 560-X-7-.01 Hospital Program - General

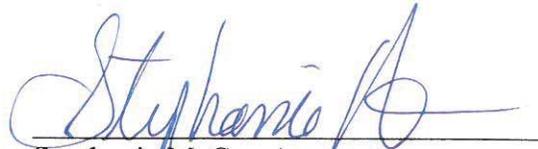
**INTENDED ACTION:** Amend 560-X-7-.01

**SUBSTANCE OF PROPOSED ACTION:** The above referenced rule is being amended to remove the 16 day inpatient hospital reimbursement limitation in accordance with State Plan Amendment 13-016.

**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 June 4, 2015.

**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  
Acting Commissioner

**Rule No. 560-X-7-.01 Hospital Program – General**

(1) The Title XIX (Medicaid) Plan for Alabama provides for inpatient care for adults and children in accordance with 42 C.F.R. § 440.10 and for preventive, diagnostic, therapeutic, rehabilitative, or palliative outpatient services ~~under certain conditions which are enumerated in detail in the Plan in accordance with 42 C.F.R. § 440.20.~~

~~Except for children under the age of one, or under the age of six who are receiving medically necessary inpatient services in a hospital which has been designated by Medicaid as a disproportionate share hospital, or additional inpatient days that have been authorized for deliveries or children who have been referred for treatment as a result of an EPSDT screening, the first 16 days in a calendar year. Inpatient hospital days are unlimited and will be reimbursed on an established per diem rate. Subsequent days will be factored into the establishment of cost as described in Chapter 23, Hospital Reimbursement.~~

~~(2) Refer to Chapter 1 and Chapter 11 for details on benefit limits for medically necessary services which are provided as a result of an EPSDT screening referral.~~

**Author:** Solomon Williams, Associate Director, Institutional Services.

**Statutory Authority:** State Plan; Attachment 3.1-A, pp 1 and 1.1; 42 C.F.R. Sections 440.10, 440.20, 441.57; Omnibus Budget Reconciliation Act of 1985 (COBRA, Public Law 99-272). Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360) Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508).

**History:** Rule effective October 1, 1982. Amended July 8, 1983; February 8, March 12, June 8, October 9, 1984; June 8, September 9, 1985; October 11, 1986; September 9, 1987; July 1, 1988; October 12, 1988; January 1, 1989; March 14, 1989; July 1, 1989; January 12, 1990; October 1, 1990; January 15, 1991; July 1, 1991; January 14, 1992; and April 11, 1997. **Amended:** Emergency Rule filed and effective April 9, 2004. **Amended:** Filed April 21, 2004; effective July 16, 2004. **Emergency Rule:** Filed and effective September 2, 2010. **Amended:** Filed September 20, 2010; effective December 17, 2010. **Amended:** Filed April 20, 2015.