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.

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