

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-13-.03.(1)

Rule Title: Supplies and Appliances

 New Rule; X Amend; Repeal; Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? yes

Is there another, less restrictive method of regulation available that could adequately protect the public? no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? yes

Does the proposed rule have any economic impact? no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie A

Date: 3-16-12

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-13-.03 (1) – Supplies and Appliances

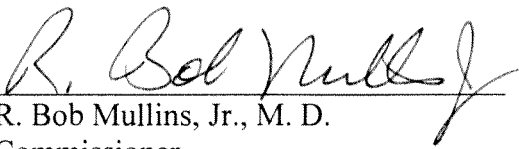
INTENDED ACTION: Amend 560-X-13-.03 (1)

SUBSTANCE OF PROPOSED ACTION: The above-mentioned rule is being amended to direct providers to Agency requirements regarding acceptable formats of provider signatures.

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, 334-242-5833. 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 May 4, 2012.

CONTACT PERSON AT AGENCY: Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.


R. Bob Mullins, Jr., M. D.
Commissioner

Rule No. 560-X-13-.03. Supplies and Appliances.

(1) A written order or a signed prescription by the attending physician to a participating supplier determines medical necessity for needed covered items of supplies and appliances. For acceptable formats of provider signature, refer to Medicaid Administrative Code, Rule 560-X-1-.18.

(2) A prescription is considered to be outdated by Medicaid when it is presented to the DME Provider/Medicaid's fiscal agent past ninety days from the date it was written.

(3) Medicaid considers a prescription to be valid for the dispensing of supplies for a period of twelve months. After the twelve month period of time, the recipient must be reevaluated by the physician to determine medical necessity for continued dispensing of medical supplies.

(4) Certain supplies and appliances require prior authorization by Alabama Medicaid Agency.

(5) Procedures for requesting and dispensing medical supplies and appliances for Medicaid recipients living at home are as follows:

(a) It is the responsibility of the recipient or authorized representative to obtain the prescription from the attending physician and take to a participating supplier.

(b) Upon receipt of the prescription, the supplier will:

1. verify Medicaid eligibility by checking the recipient's Medicaid number and verifying that number using AVRS or the Provider Assistance Center at Medicaid's fiscal agent. Recipient's eligibility must be verified on a monthly basis. Alabama Medicaid will not reimburse providers for items supplied to recipients in months where recipients have no eligibility;

2. obtain necessary managed care referrals and prior authorizations;

3. furnish the covered item(s) as prescribed;

4. collect the appropriate co-payment amount;

5. retain the prescription on file; and

6. submit the proper claim form to Medicaid's fiscal agent.

(6) Prescriptions are retained in patient's record or record file.

Author: Vivian Bristow, Administrator, Pharmacy/ DME Unit

Statutory Authority: State Plan Attachment 3.1-A; 42 CFR Section 440.70; and Title XIX, Social Security Act.

History: Rule effective October 1, 1982. **Amended:** November 11, 1985. Effective date of this amendment January 13, 1993. **Amended:** Filed October 20, 2008; effective January 16, 2009.

Amended: Filed March 20, 2012; effective June 15, 2012