

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-28-.01 Forms

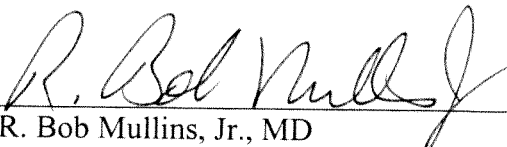
INTENDED ACTION: Amend 560-X-28-.01 (8)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to change the revision date for the Hysterectomy Consent Form PHY-81243.

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., MD
Commissioner

Rule No. 560-X-28-.01. Forms.

The following forms are presented as reference and to illustrate examples of each of the official forms referred to within the rules contained in the Alabama Medicaid Agency Administrative Code.

- (1) Plastic Identification Card.
- (2) Medicaid Monthly Eligibility Care (Social Security SSI Medicaid Certified Eligibles).
- (3) Examples of Termination Notices.
- (4) Alabama Medicaid RESTRICTED Eligibility Card.
- (5) Alabama Medicaid Recipient Restriction-Provider Notice.
- (6) Alabama Medicaid Recipient Restriction (Medical Referral of Restricted Recipient).
- (7) Certification and Documentation for Abortion.
- (8) Hysterectomy Consent Form PHY-81243 (rev. ~~05/20/82~~ 2-10-2010).
- (9) Sterilization Consent Form.
- (10) Form XIX-TPD-1-76, Medicaid Authorization Assignment.
- (11) Form HEW-641 (5/77).
- (12) Form HCFA-1561 (4/80).
- (13) Form XIX-HHC-DME-1. (Rev. 09/84).
- (14) Form XIX-SDT-3-72.
- (15) HCFA-1500 (1-84).
- (16) AlaMed 82-1, Revised 6-85, Appointment of Representative.
- (17) AlaMed 82-2, Petition for a Declaratory Ruling.
- (18) AlaMed 82-3, Petition for a Rule Change.
- (19) Form LTC-2 (Revised 8/86).

- (20) Form XIX-LTC-3 Revised 6/92.
- (21) Form XIX-LTC-4 (rev. 82).
- (22) Form XIX-LTC-10 (Revised 4/94).
- (23) Form XIX-LTC-1 (rev. 82).
- (24) Form XIX-LTC-9 (rev. 2-84).
- (25) Reserved
- (26) AlaMed 82-4, Lien For Medical Payments Under Alabama Medicaid Program.
- (27) Referral and Treatment Plan, XIX-HHC-1-70 (Rev. 3/81).
- (28) Medicaid Home Health Start of Care Sheet, (SOC-1).
- (29) Medicaid Home Health Recertification, XIX-HHC-1-70-A (Rev. 10/81).
- (30) Medicaid Home Health Claim Form, MCD-6.
- (31) Medicaid Claim Inquiry.
- (32) Medicaid Monthly Eligibility Card for Recipients Enrolled in a Health Maintenance Organization.
- (33) UB-82
- (34) Eligibility Inquiry, MED-400.

Author: Desiree Nelson, Program Manager, Medical Support

Statutory Authority: Alabama Medicaid Agency Administrative Code.

History: Rule effective October 1, 1982. **Amended** effective January 8, 1986; December 18, 1986; April 14, 1987; July 10, 1987; September 9, 1987; February 9, 1988; May 10, 1988.

Emergency rule effective June 17, 1988; October 7, 1988. **Amended** effective October 12, 1988; January 10, 1989; April 17, 1990; July 13, 1991; March 13, 1992; November 12, 1992; January 13, 1993; May 11, 1994; August 12, 1994. **Amended:** Filed March 20, 2012.