

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-10-.07 – Review of Medicaid Residents

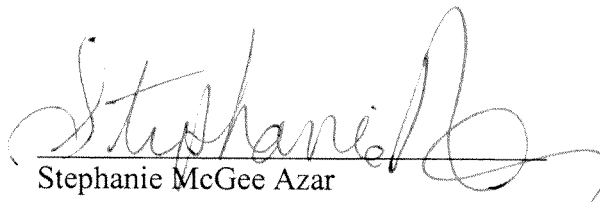
INTENDED ACTION: Amend 560-X-10-.07

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to change the process of notifying nursing homes and ICF/MR provider's retrospective review audit requests. The process is being amended from certified letter request to faxed letter requests.

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 November 2, 2012.

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



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-10-. 07. Review of Medicaid Residents.

(1) ~~— (1) —~~ The Alabama Medicaid Agency or its designated agent will perform a retrospective review of Medicaid nursing home or ICF/MR facility residents' records to determine appropriateness of admission.

(2) ~~— (2) —~~ A nursing facility provider that fails to provide the required documentation or additional information for audit reviews as requested by the Alabama Medicaid Agency Long Term Care Division or its designee within ten working days from receipt of the ~~certified~~series of faxed audit request letters shall be charged a penalty of one hundred dollars per recipient record per day for each calendar day after the established due date unless an extension request has been received and granted. The penalty will not be a reimbursable Medicaid cost. The ~~Long Term Care Division~~ Agency may approve an extension for good cause. Requests for an extension should be submitted in writing by the nursing facility Administrator to the ~~Long Term Care Division~~ Agency with supporting documentation.

Author: Robin Arrington, Administrator, LTC Provider/Recipient Services Unit.

Statutory Authority: State Plan; Title XIX, Social Security Act; 42 CFR Section 401, et seq., Section 435.1009 and Section 456.1.

History: Rule effective October 1, 1982. Emergency rule effective October 1, 1990. Amended February 13, 1991. **Amended:** Filed June 20, 2003; effective September 15, 2003. **Amended:** Filed August 21, 2006; effective December 13, 2006. **Amended:** Filed June 20, 2011; effective September 15, 2011. **Amended:** Filed September 20, 2012.