

APA-1

TRANSMITTAL SHEET FOR NOTICE
OF INTENDED ACTION

Control: 560

Department or Agency: Alabama Medicaid Agency

Rule No.: 560-X-16-.13

Rule Title: Claim Form Acquisition

Intended Action Repeal

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? No

To what degree?: N/A

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

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

.....
Does the proposed rule have an 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 Services Agency.

Signature of certifying officer

Stephanie Lindsay
Stephanie Lindsay

Date

Wednesday, March 20, 2024

REC'D & FILED
MAR 20, 2024
LEGISLATIVE SVC AGENCY

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Medicaid Agency

RULE NO. & TITLE: 560-X-16-.13 Claim Form Acquisition

INTENDED ACTION: Repeal

SUBSTANCE OF PROPOSED ACTION:

The above referenced rule is being repealed.

TIME, PLACE AND 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:

Friday, May 3, 2024

CONTACT PERSON AT AGENCY:

Stephanie Lindsay,
Administrative Secretary
Alabama Medicaid Agency
501 Dexter Avenue
Post Office Box 5624
Montgomery, Alabama 36103-5624
Phone: (334) 353-3781

Stephanie McGee Azar

Stephanie McGee Azar

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

560-X-16-.13

Claim Form Acquisition (Repealed 7/15/2024).

~~The Medicaid fiscal agent will furnish claim forms upon request.~~
(Repealed)

Author:

Statutory Authority: The Alabama Medicaid Agency Contract with Fiscal Agent for payment of claims.

History: Rule effective October 1, 1982. Repealed: Published
; effective .