

APA-1

TRANSMITTAL SHEET FOR NOTICE  
OF INTENDED ACTION

Control: 560

Department or Agency: Alabama Medicaid Agency

Rule No.: 560-X-16-.22

Rule Title: Signature Requirement For Manual Pharmacy Claim Form

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

**ALABAMA MEDICAID AGENCY**

**NOTICE OF INTENDED ACTION**

**AGENCY NAME:** Alabama Medicaid Agency

**RULE NO. & TITLE:** 560-X-16-.22 Signature Requirement For Manual  
Pharmacy Claim Form

**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The above referenced rule is being repealed.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*

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Stephanie McGee Azar

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

560-X-16-.22

**Signature Requirement For Manual Pharmacy  
Claim Form (Repealed 7/15/2024).**

~~For recipient and provider signature requirements, please refer to Rule 560-X-1-.18. (Repealed)~~

**Author:** Janet B. Young; Larry A. Tatum

**Statutory Authority:** State Plan, Attachments 3.1A, 4.18B; Title XIX, Social Security Act; 42 C.F.R. §§401, et seq., 447.331; Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508).

**History:** Rule effective October 1, 1982. **Amended:** Effective November 10, 1987; April 14, 1992. Repealed: Published ;  
effective .