

Rule No. 560-X-1-.29 Managed Care - REPEALED

Medicaid services offered by Managed Care Plans will be available for Medicaid recipients residing in areas of the State targeted for managed care implementation. The Managed Care Plan must cover all services as specified in the contract between the Agency and the Plan and shall not be less in amount, duration and scope, than those available to other Alabama Medicaid eligibles, as specified in the Alabama State Plan for medical assistance.

If an enrollee utilized a Plan's non-contract provider for in-plan services, other than emergency services, family planning services, and services provided by an FQHC, the Plan shall not be liable for the cost of such utilization unless the Plan referred the enrollee to the non-contract provider or authorized the out of Plan utilization. Payment by the referring Plan for properly documented claims shall not exceed the maximum fee-for-service rates applicable for that provider for similar services rendered under the Alabama Medicaid Program, unless otherwise agreed upon by the Plan and the Plan's non-contract provider. No reimbursement shall be available directly from Medicaid for in-plan services provided by the Plan's non-contract providers.

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Authority: 42 C.F.R. Section 447.15.

History: Effective date of this amendment: August 12, 1994. **Repealed:** Filed July 17, 2018.