

1 SB459
2 160888-2
3 By Senators Reed, Bussman, Waggoner and Marsh
4 RFD: Health
5 First Read: 11-MAR-14

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4 ENGROSSED

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7 A BILL
8 TO BE ENTITLED
9 AN ACT

10
11 Relating to the Medicaid Agency; to amend Sections
12 22-6-151, 22-6-153, 22-6-155, 22-6-163, and 22-6-164, Code of
13 Alabama 1975; to revise the membership of and eligibility
14 requirements for the governing board of directors of a
15 regional care organization; to authorize the board of
16 directors of a regional care organization to appoint an
17 executive committee and other committees to take certain
18 authorized action; to provide for the membership of an
19 executive committee; to require each regional care
20 organization to create a provider standards committee to
21 review and develop performance standards and quality measures;
22 to provide for approval of the standards by the Medicaid
23 Quality Assurance Committee; to require the Medicaid Agency
24 to, by rule, establish the minimum reimbursement rate for
25 providers pursuant to certain methodologies; to provide for
26 the review of provider contracts by the Medicaid Agency; to
27 establish procedures for the review of contracts upon the

1 request of dissatisfied providers; to require the Medicaid
2 Agency to adopt rules regarding the review of agreements and
3 contracts by the contract dispute committee; to specify that
4 all agreements and contracts of regional care organizations
5 that have received probationary or final certification are
6 subject to review or approval by the Medicaid Agency; and to
7 further provide for the rulemaking authority of the Medicaid
8 Agency in the administration of the Alabama Medicaid Program.

9 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

10 Section 1. Sections 22-6-151, 22-6-153, 22-6-155,
11 22-6-163, and 22-6-164, Code of Alabama 1975, are amended to
12 read as follows:

13 "§22-6-151.

14 "(a) A regional care organization shall serve only
15 Medicaid beneficiaries in providing medical care and services.

16 "(b) Notwithstanding any other provision of law, a
17 regional care organization shall not be deemed an insurance
18 company under state law.

19 "(c) (1) A regional care organization and an
20 organization with probationary regional care organization
21 certification shall have a governing board of directors
22 composed of the following members:

23 "a. Twelve members shall be persons representing
24 risk-bearing participants in the regional care organization or
25 organization with probationary certification. A participant
26 bears risk by contributing cash, capital, or other assets to
27 the regional care organization. A participant also bears risk

1 by contracting with the regional care organization to treat
2 Medicaid beneficiaries at a capitated rate per beneficiary or
3 to treat Medicaid beneficiaries even if the regional care
4 organization does not reimburse the participant.

5 "b. Eight members shall be persons who do not
6 represent a risk-bearing participant in the regional care
7 organization. Of these eight members, five members shall be
8 medical professionals who provide care to Medicaid
9 beneficiaries in the region. Three of these members shall be
10 primary care physicians, one an optometrist, and one a
11 pharmacist. One primary care physician shall be from a
12 Federally Qualified Health Center appointed jointly by the
13 Alabama Primary Health Care Association and the Alabama
14 Chapter of the National Medical Association and the other two
15 primary care physicians shall be appointed by ~~a caucus of~~
16 ~~county boards of health in the region~~ the Medical Association
17 of the State of Alabama, or its successor organization. The
18 optometrist shall be appointed by the Alabama Optometric
19 Association, or its successor organization. The pharmacist
20 shall be appointed by the Alabama Pharmacy Association, or its
21 successor organization. All five medical professionals shall
22 work in the region served by the regional care organization.
23 None of these members shall be a risk-bearing participant in
24 the regional care organization or be an employee of a
25 risk-bearing participant, but these members may contract with
26 the regional care organization on a fee-for-service basis.

1 "c. Three of the eight members shall be community
2 representatives as follows: 1. The chair of the citizens'
3 advisory committee established pursuant to subsection (d). 2.
4 Another citizens' advisory committee member, elected by the
5 committee, who is a representative of an organization that is
6 part of the Disabilities Leadership Coalition of Alabama or
7 Alabama Arise, or their successor organizations. 3. A business
8 executive, nominated by a chamber of commerce in the region,
9 who works in the region. These members may not be risk-bearing
10 participants in the regional care organization or employees of
11 a risk-bearing participant.

12 "(2) A majority of the members of the board may not
13 represent a single ~~type of provider ; however, such as~~
14 ~~hospitals or doctors engaged in medical practice.~~ this shall
15 not apply to a regional care organization if only one entity
16 offers to be a risk-bearing participant as defined in
17 paragraph (c)(1)a. Any provider shall meet licensing
18 requirements set by law, shall have a valid Medicaid provider
19 number, and shall not otherwise be disqualified from
20 participating in Medicare or Medicaid.

21 "(3) The Medicaid Agency shall have the power to
22 approve the members of the governing board and the board's
23 structure, powers, bylaws, or other rules of procedure. No
24 organization shall be granted probationary regional care
25 organization certification or full regional care organization
26 certification without approval.

1 ~~"(4) The regional care organization, the caucus of~~
2 ~~county boards of health in the region, the citizens' advisory~~
3 ~~committee, and the optometric, and pharmacy associations shall~~
4 ~~promptly fill any vacancy on the board of directors. Any~~
5 ~~vacancy on the governing board of directors in connection with~~
6 ~~members appointed as described in paragraph (c)(1)b. or~~
7 ~~(c)(1)c. shall be filled by the appropriate authority as~~
8 ~~designated in that subsection. A vacancy in a board of~~
9 ~~directors' seat held by a representative of a risk-bearing~~
10 ~~participant as defined in paragraph (c)(1)a., shall be filled~~
11 ~~by the regional care organization. Notwithstanding other~~
12 ~~provisions of this subsection, the Medicaid Commissioner shall~~
13 ~~fill a board seat left vacant for at least three months.~~

14 ~~"(5) The governing board may not take any action~~
15 ~~unless at least one physician appointed by a caucus of county~~
16 ~~boards of health in the region, who does not represent a~~
17 ~~risk-bearing participant and who does not hold one of the~~
18 ~~three seats held by community representatives, votes on the~~
19 ~~prevailing side. The governing board may, by resolution~~
20 ~~adopted by a majority of the directors, appoint an executive~~
21 ~~committee, which shall consist of two or more directors, who~~
22 ~~may have such authority and take such action as authorized by~~
23 ~~the governing board and consistent with state law; provided,~~
24 ~~however, any at-risk provider type shall be represented on the~~
25 ~~executive committee. The governing board shall set policy and~~
26 ~~direction for the regional care organization and the executive~~
27 ~~committee shall execute the policies established by the~~

1 governing board. The governing board may also appoint such
2 other committees as are consistent with Alabama law. All
3 actions of the executive committee and all other committees
4 shall be reported to the governing board. At least one member
5 of an executive committee and any other committee shall be one
6 of the physicians appointed to the board by the Medical
7 Association of the State of Alabama pursuant to subsection
8 (c)(1)b.

9 "~~(6) The membership of the governing board of~~
10 ~~directors shall be inclusive and reflect the racial, gender,~~
11 ~~geographic, urban/rural, and economic diversity of the region~~
12 All appointing authorities for the governing board and the
13 executive committee shall coordinate their appointments so
14 that diversity of gender, race, and geographical areas is
15 reflective of the makeup of the region.

16 "(d) A citizen's advisory committee shall advise the
17 organization on ways the organization may be more efficient in
18 providing quality care to Medicaid beneficiaries. In addition,
19 an advisory committee shall carry out other functions and
20 duties assigned to it by a regional care organization and
21 approved by the Medicaid Agency. Each regional care
22 organization shall have a citizens' advisory committee, as
23 shall an organization seeking to become a regional care
24 organization, which membership shall be inclusive and reflect
25 the racial, gender, geographic, urban/rural, and economic
26 diversity of the state. The committee shall meet all of the
27 following criteria:

1 "(1) Be selected in a method established by the
2 organization seeking to become a regional care organization,
3 or established by the regional care organization, and approved
4 by the Medicaid Agency.

5 "(2) At least 20 percent of its members shall be
6 Medicaid beneficiaries or, if the organization has been
7 certified as a regional care organization, at least 20 percent
8 of its members shall be Medicaid beneficiaries enrolled in the
9 regional care organization.

10 "(3) Include members who are representatives of
11 organizations that are part of the Disabilities Leadership
12 Coalition of Alabama or Alabama Arise, or their successor
13 organizations.

14 "(4) Include only persons who live in the Medicaid
15 region the organization plans to serve; or if the organization
16 has become a regional care organization, include only persons
17 who live in the Medicaid region served by the regional care
18 organization. The membership of the committee shall be
19 inclusive and reflect the racial, gender, geographic,
20 urban/rural, and economic diversity of the region.

21 "(5) Elect a chair.

22 "(6) Meet at least every three months.

23 "(e) (1) Each regional care organization shall meet
24 minimum solvency and financial requirements as provided in
25 this subsection. The Medicaid Agency shall require a regional
26 care organization, as a condition of certification or

1 continued certification, to maintain minimum financial
2 reserves at the following levels:

3 "a. Restricted reserves of two hundred fifty
4 thousand dollars (\$250,000) or an amount equal to 25 percent
5 of the regional care organization's total actual or projected
6 average monthly expenditures, whichever is greater.

7 "b. Capital or surplus, or any combination thereof,
8 of two million five hundred thousand dollars (\$2,500,000).

9 "(2) Instead of maintaining the financial reserves
10 required in subdivision (1), a regional care organization that
11 has entered into a risk contract with the Medicaid Agency may
12 submit to the agency a written guaranty in the form of a bond
13 issued by an insurer, in an amount equal to the financial
14 reserves that would otherwise be required of the regional care
15 organization under subdivision (1), to guarantee the
16 performance of the provisions of the risk contract. The bond
17 shall be issued by an insurer authorized in this state and
18 approved by the Medicaid Commissioner. No assets of the
19 regional care organization shall be pledged or encumbered for
20 the payment of the performance bond.

21 "(f) A regional care organization shall provide such
22 financial reports and information as required by the Medicaid
23 Agency.

24 "(g) A regional care organization shall report all
25 data as required by the Medicaid Agency, consistent with the
26 federal Health Insurance Portability and Accountability Act
27 (HIPAA).

1 "(h) Each regional care organization shall create a
2 provider standards committee which shall review and develop
3 the performance standards and quality measures required of a
4 provider by the regional care organization. The performance
5 standards and quality measures shall be subject to the
6 approval of the Medicaid Quality Assurance Committee
7 established in Section 22-6-154. At least 60 percent of the
8 members of the provider standards committee shall be
9 physicians who provide care to Medicaid beneficiaries served
10 by the regional care organization. The regional care
11 organization medical director shall serve as chairperson of
12 the provider standards committee. No more than 50 percent of
13 the members shall reside in one county of the region.

14 "§22-6-153.

15 "(a) Subject to approval of the federal Centers for
16 Medicare and Medicaid Services, the Medicaid Agency shall
17 enter into a contract in each Medicaid region for at least one
18 fully certified regional care organization to provide,
19 pursuant to a risk contract under which the Medicaid Agency
20 makes a capitated payment, medical care to Medicaid
21 beneficiaries. However, the Medicaid Agency may enter into a
22 contract pursuant to this section only if, in the judgment of
23 the Medicaid Agency, care of Medicaid beneficiaries would be
24 better, more efficient, and less costly than under the then
25 existing care delivery system. The Medicaid Agency may
26 contract with more than one regional care organization in a
27 Medicaid region. Pursuant to the contract, the Medicaid Agency

1 shall set capitation payments for the regional care
2 organization.

3 "(b) The Medicaid Agency shall enroll beneficiaries
4 into regional care organizations. If more than one regional
5 care organization operates in a Medicaid region, a Medicaid
6 beneficiary may choose the organization to provide his or her
7 care. If a Medicaid beneficiary does not make a choice, the
8 Medicaid Agency shall assign the person to a care
9 organization. Medicaid may limit the circumstances under which
10 a Medicaid beneficiary may change care organizations.

11 "(c) A regional care organization shall provide
12 Medicaid services to Medicaid enrollees directly or by
13 contract with other providers. The regional care organization
14 shall establish an adequate medical service delivery network
15 as determined by the Medicaid Agency. An alternate care
16 provider contracting with Medicaid shall also establish such a
17 network. The Medicaid Agency shall by rule, pursuant to the
18 Alabama Administrative Procedure Act, establish the minimum
19 reimbursement rate for providers. The minimum reimbursement
20 rate shall be the prevailing Medicaid fee-for-service payment
21 schedule, unless otherwise jointly agreed to by a provider and
22 a regional care organization through a contract. The minimum
23 provider reimbursements shall be incorporated into the
24 actuarially sound rate development methodology for each
25 regional care organization. The methodology and resulting
26 rates shall be submitted to the Centers for Medicare and
27 Medicaid Services for approval.

1 "(d) The Medicaid Agency shall establish by rule
2 procedures for safeguarding against wrongful denial of claims
3 and addressing grievances of enrollees in a regional care
4 organization or an alternate care provider. The procedures
5 shall provide for a timely and meaningful right of appeal, by
6 Medicaid enrollees or their providers, of approvals or denials
7 of care, billing and payment issues, bundling matters, and the
8 provision of health care services. The rules shall include
9 procedures for a fair hearing on all claims or complaints
10 brought by Medicaid enrollees or other providers that shall
11 include the following:

12 "(1) An immediate appeal to the medical director of
13 the regional care organization, who shall be a primary care
14 physician. The rules of evidence shall not apply. The medical
15 director shall consider the materials submitted on the issue
16 and any oral arguments and render a decision. The medical
17 director's decision shall be binding on the regional care
18 organization.

19 "(2) If a patient or provider is dissatisfied with
20 the decision of the medical director, the patient or provider
21 may file a notice of appeal to be heard by a peer review
22 committee. The peer review committee shall be composed of at
23 least three physicians of the same specialty in the region in
24 which the services or matter is at issue. If three physicians
25 cannot be found, then the physicians may be selected outside
26 of the region. The Medicaid Agency shall develop rules
27 regarding the appeal to the peer review committee. The peer

1 review committee's decision shall be binding on the regional
2 care organization.

3 "(3) If a patient or the provider is dissatisfied
4 with the decision of the peer review committee, the patient or
5 provider may file a written notice of appeal to the Medicaid
6 Agency. The Medicaid Agency shall adopt rules governing the
7 appeal, which shall include a full evidentiary hearing and a
8 finding on the record. The Medicaid Agency's decision shall be
9 binding upon the regional care organization. However, a
10 patient or provider may file an appeal in circuit court in the
11 county in which the patient resides, or the county in which
12 the provider provides services.

13 "(e) The Medicaid Agency shall by rule establish
14 procedures for addressing grievances of regional care
15 organizations, except as otherwise provided in subsection (g).
16 The grievance procedure shall include an opportunity for a
17 fair hearing before an impartial hearing officer in accordance
18 with the Alabama Administrative Procedure Act, Chapter 22 of
19 Title 41. The state Medicaid Commissioner shall appoint one,
20 or more than one, hearing officer to conduct fair hearings.
21 After each hearing, the findings and recommendations of the
22 hearing officer shall be submitted to the commissioner, who
23 shall make a final decision for the agency. Judicial review of
24 the final decision of the Medicaid Agency may be sought
25 pursuant to the Alabama Administrative Procedure Act. All
26 costs related to development and implementation of the
27 grievance procedure, including the provision of administrative

1 hearings, shall be borne by the Medicaid Agency. The agency
2 may adopt rules for implementing this subsection in accordance
3 with the Alabama Administrative Procedure Act.

4 "(f) All provider contracts of an organization
5 granted probationary or final certification as a regional care
6 organization shall be subject to review and/or approval of the
7 Medicaid Agency.

8 "(g) (1) If a provider is dissatisfied with any term
9 or provision of the agreement or contract offered by a
10 regional care organization, the provider shall:

11 "a. Seek redress with the regional care
12 organization. In providing redress, the regional care
13 organization shall afford the provider a review by a panel
14 composed of a representative of the regional care
15 organization, the same type of provider, and a representative
16 of the citizen's advisory board appointed by the chairman of
17 the advisory board.

18 "b. After seeking redress with the regional care
19 organization, a provider or the regional care organization who
20 remains dissatisfied may request a review of such disputed
21 term or provision by the Medicaid Agency. The Medicaid Agency
22 shall have 10 days to issue, in writing, its decision
23 regarding the dispute.

24 "c. Within 30 days of receipt of the Medicaid
25 Agency's decision, the provider or the regional care
26 organization may request review of the Medicaid Agency's
27 decision by a contract dispute committee. The committee shall

1 be appointed by the Medicaid Agency and shall be composed of
2 two providers from other Medicaid regions, two representatives
3 of regional care organizations from other Medicaid regions,
4 and an administrative law judge selected by the Medicaid
5 Agency. The two providers shall be selected by the affected
6 provider's professional or business association, and the two
7 representatives of the regional care organizations shall be
8 appointed by the Medicaid Agency from a list of four
9 representatives selected by regional care organizations from
10 the unaffected Medicaid regions.

11 "d. If the provider or the regional care
12 organization is dissatisfied with the decision of the contract
13 dispute committee, the provider or regional care organization
14 shall file an appeal in the Montgomery County Circuit Court
15 within 30 days of the decision.

16 "(2) The Medicaid Agency shall develop rules
17 regarding review of agreements and contracts by the contract
18 dispute committee. The standard of review for the contract
19 dispute committee shall be one of fairness and reasonableness.
20 The contract dispute committee shall undertake a de novo
21 review and shall consider current and historic reimbursement
22 rates; prevailing terms and standards in contracts currently
23 in existence; and customs, policies, and procedures prevalent
24 in the other Medicaid regions and under the Alabama Medicaid
25 Program. The rules shall include the requirement that the
26 contract dispute committee issue a written ruling on such
27 disputed term or provision stating its findings of fact and

1 conclusions of law no more than 20 days after the dispute is
2 submitted to it. The contract dispute committee's decision
3 shall be binding on the regional care organization and the
4 provider.

5 "~~(f)~~(h) In addition to the foregoing, the Medicaid
6 Agency shall do all of the following:

7 "(1) Establish by rule the criteria for probationary
8 and full certification of regional care organizations.

9 "(2) Establish the quality standards and minimum
10 service delivery network requirements for regional care
11 organizations or alternate care providers to provide care to
12 Medicaid beneficiaries.

13 "(3) Establish by rule and implement quality
14 assurance provisions for each regional care organization.

15 "(4) Adopt and implement, at its discretion,
16 requirements for a regional care organization concerning
17 health information technology, data analytics, quality of
18 care, and care-quality improvement.

19 "(5) Conduct or contract for financial audits of
20 each regional care organization. The audits shall be based on
21 requirements established by the Medicaid Agency by rule or
22 established by law. The audit of each regional care
23 organization shall be conducted at least every three years or
24 more frequently if requested by the Medicaid Agency.

25 "(6) Take such other action with respect to regional
26 care organizations or alternate care providers as may be
27 required by federal Medicaid regulations or under terms and

1 conditions imposed by the Centers for Medicare and Medicaid
2 Services in order to assure that payments to the regional care
3 organizations or alternate care providers qualify for federal
4 matching funds.

5 "§22-6-155.

6 "An initial contract between the Medicaid Agency and
7 a regional care organization shall be for three years, with
8 the option for Medicaid to renew the contract for not more
9 than two additional one-year periods. The Medicaid Agency
10 shall obtain provider input and an independent evaluation of
11 the cost savings, patient outcomes, and quality of care
12 provided by each regional care organization, and obtain the
13 results of each regional care organization's evaluation in
14 time to use the findings to decide whether to enter into
15 another multi-year contract with the regional care
16 organization or change the Medicaid region's care-delivery
17 system.

18 "§22-6-163.

19 "(a) The Legislature declares that collaboration
20 among public payers, private health carriers, third party
21 purchasers, and providers to identify appropriate service
22 delivery systems and reimbursement methods in order to align
23 incentives in support of integrated and coordinated health
24 care delivery is in the best interest of the
25 public. Collaboration pursuant to this article is to provide
26 quality health care at the lowest possible cost to Alabama
27 citizens who are Medicaid eligible. The Legislature,

1 therefore, declares that this health care delivery system
2 affirmatively contemplates the foreseeable displacement of
3 competition, such that any anti-competitive effect may be
4 attributed to the state's policy to displace competition in
5 the delivery of a coordinated system of health care for the
6 public benefit. In furtherance of this goal, the Legislature
7 declares its intent to exempt from state anti-trust laws, and
8 provide immunity from federal anti-trust laws through the
9 state action doctrine to, collaborators, regional care
10 organizations, and contractors that are carrying out the
11 state's policy and regulatory program of health care delivery.

12 "(b) The Medicaid Agency shall adopt rules to carry
13 out the provisions of this section.

14 "(c) Collaborators shall apply with the Medicaid
15 Agency for a certificate in order to collaborate with other
16 entities, individuals, or regional care organizations. The
17 applicant shall describe what entities and persons with whom
18 the applicant intends on collaborating or negotiating, the
19 expected effects of the negotiated contract, and any other
20 information the Medicaid Agency deems fit. The applicant shall
21 certify that the bargaining is in good faith and necessary to
22 meet the legislative intent stated herein. Before commencing
23 cooperation or negotiations described in this section, an
24 entity or individual shall possess a valid certificate.

25 "(1) Upon a sufficient showing that the
26 collaboration is in order to facilitate the development and
27 establishment of the regional care organization or health care

1 payment reforms, the Medicaid Agency shall issue a certificate
2 allowing the collaboration.

3 "(2) A certificate shall allow collective
4 negotiations, bargaining, and cooperation among collaborators
5 and regional care organizations.

6 "(d) All agreements and contracts of regional care
7 organizations that have received probationary or final
8 certification shall be ~~approved~~ subject to review and/or
9 approval by the Medicaid ~~Commissioner~~ Agency.

10 "(e) Should collaborators or a regional care
11 organization be unable to reach an agreement, they may request
12 that the Medicaid Agency intervene and facilitate
13 negotiations.

14 "(f) Notwithstanding any other law, the Medicaid
15 Commissioner or the commissioner's designee may engage in any
16 other appropriate state supervision necessary to promote state
17 action immunity under state and federal anti-trust laws, and
18 may inspect or request additional documentation to verify that
19 the Medicaid laws are implemented in accordance with the
20 legislative intent.

21 "(g) The Medicaid Commissioner may convene
22 collaborators and regional care organizations to facilitate
23 the development and establishment of the regional care
24 organizations and health care payment reforms. Any
25 participation by such entities and individuals shall be on a
26 voluntary basis.

1 "(h) The Medicaid Agency may do any or all of the
2 following:

3 "(1) Conduct a survey of the entities and
4 individuals concerning payment and delivery reforms.

5 "(2) Collect information from other persons to
6 assist in evaluating the impact of any proposed agreement on
7 the health care marketplace.

8 "(3) Convene meetings at a time and place that is
9 convenient for the entities and individuals.

10 "(i) To the extent the collaborators and regional
11 care organizations are participating in good faith
12 negotiations, cooperation, bargaining, or contracting in ways
13 that support the intent of establishment of the regional care
14 organization or other health care payment reforms, those
15 state-authorized collaborators and regional care organizations
16 shall be exempt from the anti-trust laws under the state
17 action immunity doctrine.

18 "(j) All reports, notes, documents, statements,
19 recommendations, conclusions, or other information submitted
20 pursuant to this section, or created pursuant to this section,
21 shall be privileged and confidential, and shall only be used
22 in the exercise of the proper functions of the Medicaid
23 Agency. These confidential records shall not be public records
24 and shall not be subject to disclosure except under HIPAA. Any
25 information subject to civil discovery or production shall be
26 protected by a confidentiality agreement or order. Nothing
27 contained herein shall apply to records made in the ordinary

1 course of business of an individual, corporation, or entity.
2 Documents otherwise available from original sources are not to
3 be construed as immune from discovery or used in any civil
4 proceedings merely because they were submitted pursuant to
5 this section. Nothing in this subsection or article shall
6 apply to prohibit the disclosure of any information that is
7 required to be released to the United States government or any
8 subdivision thereof. The Medicaid Agency, in its sole
9 discretion, but with input from potential collaborators, may
10 promulgate rules to make limited exceptions to this immunity
11 and confidentiality for the disclosure of information. The
12 exceptions created by the Medicaid Agency shall be narrowly
13 construed.

14 "(k) The Medicaid Agency shall actively monitor
15 agreements approved under this article to ensure that a
16 collaborator's or regional care organization's performance
17 under the agreement remains in compliance with the conditions
18 of approval. Upon request and not less than annually, a
19 collaborator or regional care organization shall provide
20 information regarding agreement compliance. The Medicaid
21 Agency may revoke the agreement upon a finding that
22 performance pursuant to the agreement is not in substantial
23 compliance with the terms of the contract. Any entity or
24 individual aggrieved by any final decision regarding contracts
25 under this section that are approved by the Medicaid Agency,
26 or presented to the Medicaid Agency, may take direct judicial

1 appeal as provided for judicial review of final decisions in
2 the Administrative Procedure Act.

3 "§22-6-164.

4 "The Medicaid Agency may adopt rules necessary to
5 implement this article and to administer the Alabama Medicaid
6 Program in a manner consistent with state and federal law, as
7 well as any State Plan approved by the Centers for Medicare
8 and Medicaid Services."

9 Section 2. This act shall become effective
10 immediately following its passage and approval by the
11 Governor, or its otherwise becoming law.

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Senate

Read for the first time and referred to the Senate
committee on Health..... 11-MAR-14

Read for the second time and placed on the calen-
dar..... 13-MAR-14

Read for the third time and passed as amended 20-MAR-14

Yeas 27
Nays 0

Patrick Harris
Secretary