



Alabama Medicaid Recipient Handbook

Alabama Coordinated Health Network (ACHN)

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Welcome to the Alabama Coordinated Health Network (ACHN) Program.

This handbook is provided by North Alabama Community Care (NACC). NACC provides ACHN services in the northeast Alabama region. See the Statewide ACHN Contacts Section of this handbook for contact information for the ACHN assigned to the county where you live.

This handbook explains:

- The services NACC offers.
- How to contact NACC or the ACHN assigned to where you live.
- Your rights and duties as a recipient participating in the program.

The Alabama Coordinated Health Network (ACHN) Program is a network of professionals who will work with you, your healthcare team, and local community resources to help locate services to meet your basic needs. This service is FREE to you if you are on Medicaid. NACC will contact you or you can contact them.

NACC staff will ask a few questions before you enroll to determine if the service is right for you. Once you enroll in the program, you can get help finding a doctor, finding rides to your appointments and more. Medicaid will not force you to sign up with NACC, but the program is there to help you.

What is the Alabama Coordinated Health Network (ACHN)?

The Alabama Coordinated Health Network (ACHN) is a program with Alabama Medicaid Agency that provides Care Management services to its recipients. The program is designed to create a single Care Management delivery system that effectively links Alabama Medicaid recipients to providers and community resources within their regions in which recipients live.

The Care Management services are offered by vendors that have been selected by the Alabama Medicaid Agency. These vendors are set up throughout the state and the county where you live has an ACHN vendor assigned to it. See the Statewide ACHN Contacts Section of this handbook for contact information for the ACHN assigned to the county where you live.

If you are eligible to enroll in the ACHN Program, an ACHN staff person may contact you or you can contact them. This voluntary program is available at no cost to you and will help you make better choices to have better health outcomes. A referral is not needed to receive ACHN Care Management services.

Remember: Notify Alabama Medicaid and your ACHN when you move and or change your phone number. This allows Medicaid to keep you informed of any changes to your benefits and your renewal dates.

After Hours and Emergency Coverage

NACC has an automated system available every business day between the hours of 5:00 p.m. and 8:00 a.m. Central Time (CT) and during weekends and legal holidays. The automated system has a voice mailbox for callers to leave messages and provides callers with instructions on what to do in case of an emergency. NACC will return messages on the next business day.

An emergency medical condition is a life-threatening injury or condition, and emergency services are medical services provided during a medical emergency. **If you need emergency services, call 9-1-1.**

Prior authorization is not required for emergency services, and you have a right to use any hospital or other setting for emergency care.

Who Is Eligible?

You may be eligible to enroll with NACC if you or your child:

- Have full Medicaid benefits.
- Are pregnant.
- Had a baby or a pregnancy to end within the last year.
- Need a referral for family planning services like birth control.
- Need help finding a doctor that accepts Alabama Medicaid.
- Are a current foster child.
- Are a former foster child.
- Have chronic health conditions.
- Have medically complex conditions or diagnoses.
- Have a mental health diagnosis.
- Need help with getting transportation to your medical appointments.

**For a list of individuals excluded from ACHN Care Management, visit the Agency's website, www.medicaid.alabama.gov. Select the Providers tab, Current Manual, Chapter 40: Primary Care Physician (PCP) and Delivering Healthcare Professional (MCP) Billing*

Care Management Services Available to You through NACC services:

- General Care Management Services
- Maternity Care Management Services

General Care Management Services

You can choose to receive services from any healthcare provider that accepts Medicaid. You can also change your healthcare provider at any time.

Medicaid will only pay for covered services provided by a healthcare provider that accepts Medicaid.

NACC can help you find a provider that accepts Medicaid insurance as payment for services.

Be sure to ask the provider before receiving services are provided you plan to go to if he or she will take your Medicaid before any medical service is given.

Also remember that children must have an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) referral from their primary doctor before scheduling an appointment with a specialist.

NACC can help you:

- Find a health care professional that fits your needs.
- Get the medical services you need.
- Schedule appointments
- Learn more about any illness you may have and what you can do to better manage it.
- Help you learn to manage the medicines you take.
- Work with your doctors and care team after you get home from the hospital.
- Avoid hospital stays or Emergency Room visits when possible.
- Obtain transportation to doctor visits.

Maternity Care Management Services

If you are pregnant, contact NACC to receive a referral for the maternity care provider of your choice.

You can visit any maternity care provider that accepts Medicaid as a payment.

Maternity care providers are doctors and nurse midwives that provide prenatal (before the baby is born) care, delivery, and postpartum (after the baby is born) care. Pregnant recipients will keep their Medicaid coverage until 12 months after their pregnancy ends.

Dental services are available for pregnant recipients through 60 days postpartum or the end of pregnancy date.

Your ACHN can help you:

- Assist you with the Medicaid application.
- Find a health care professional that fits your needs.
- Make appointments, assist with referrals, and provide appointment reminders.
- Provide information about what to expect during and after pregnancy.
- Find programs that may help meet your needs during your pregnancy and postpartum period.
- Provide information about infant care.
- Identify and discuss methods to help you stop smoking and/or stop tobacco use.

NOTE: Pregnant recipients who are not U.S. citizens and do not have a green card cannot receive services from NACC. Medicaid will only pay for pregnancy-related emergency services, including labor and delivery in these instances.

Family Planning Referral Services

Family planning promotes the well-being of families, responsible behavior, and healthy mothers and babies. Appropriate family planning Care Management is paramount to a recipient's life outcomes.

Although NACC will not provide family planning Care Management services, NACC will refer recipients to family planning services providers when needed. NACC will also follow up with you, the recipient, to determine compliance or other issues that may have developed since the initial and on-going referral.

Transportation Referral Services

If you have a medical emergency call 9-1-1.

NACC staff can refer you to the Medicaid Non-Emergency Transportation (NET) service.

The NET Program helps cover the cost of transportation to medically necessary appointments for Medicaid recipients that do not have dependable transportation. You will need to contact the NET Program to schedule a ride or to receive payment before the day of the appointment. NACC staff can assist you with this process.

Copayments for ACHN Services

You are not required to pay a copayment for services provided by NACC.

Voter Registration Information

You can register to vote at any Medicaid office when applying, renewing, or submitting a change of address. Medicaid workers can help you fill out the form and send the form to the local board of registrars in your home county.

This is simply a service Medicaid offers to applicants and recipients and does not affect the Medicaid benefits that you receive.

You may call the Secretary of State's Elections Division for more information about registering to vote. The number is 1-800-274-8683. The call is free.

Statewide ACHN Contacts

Region of the State	Counties Covered	Telephone Number
Central	Autauga, Butler, Chilton, Crenshaw, Dallas, Elmore, Lowndes, Marengo, Montgomery, Perry, and Wilcox counties	My Care Alabama Central 1-855-288-8360
East	Blount, Calhoun, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Randolph, Talladega, Tallapoosa, and St. Clair counties	My Care Alabama East 1-855-288-8364
Jefferson/Shelby	Jefferson, and Shelby counties	Alabama Care Network Mid-State 1-833-296-5245
Northeast	Cullman, Jackson, Limestone, Madison, Marshall, and Morgan counties	North Alabama Community Care 1-855-640-8827
Northwest	Bibb, Colbert, Fayette, Franklin, Greene, Hale, Lamar, Lauderdale, Lawrence, Marion, Pickens, Sumter, Tuscaloosa, Walker, and Winston counties	My Care Alabama Northwest 1-855-200-9471
Southeast	Barbour, Bullock, Chambers, Coffee, Covington, Dale, Geneva, Henry, Houston, Lee, Macon, Pike, and Russell counties	Alabama Care Network Southeast 1-833-296-5246
Southwest	Baldwin, Choctaw, Clarke, Conecuh, Escambia, Mobile, Monroe, and Washington counties	Gulf Coast Total Care 1-833-296-5247

Medicaid District Offices

City	Address	Counties Served	Phone Number
Auburn	687 North Dean Road, Suite 300, Auburn, AL 36830	Serves: Chambers, Clay, Coosa, Lee, Macon, Randolph, Russell, Talladega, and Tallapoosa counties	(866) 371-4072
Birmingham	Beacon Ridge Tower, Suite 300 600 Beacon Pkwy West Birmingham, AL 35209	Serves: Jefferson, Shelby, and St. Clair counties	(866) 371-4073
Decatur	2119 Westmead Dr. SW, Suite 1 Decatur, AL 35603-1050	Serves: Cullman and Morgan counties	(866) 371-4074
Dothan	2652 Fortner St., Suite 4 Dothan, AL 36305- 3203	Serves: Barbour, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston, and Pike counties	(866) 371-4075
Florence	412 S. Court Street, Suite 200 Florence, AL 35630-5606	Serves: Colbert, Franklin, Lauderdale, Lawrence, Marion, and Winston counties	(866) 371-4076
Gadsden	200 West Meighan Blvd., Suite D Gadsden, AL 35901- 3200	Serves: Blount, Calhoun, Cherokee, Cleburne, DeKalb, Etowah, and Marshall counties	(866) 371-4077
Huntsville	6515 University Drive, NW Suite B Huntsville, AL 35806-1775	Serves: Jackson, Limestone and Madison counties	(855) 733-3160
Mobile	2800 Dauphin Street, Suite 105 Mobile, AL 36606-2400	Serves: Baldwin, Clarke, Escambia, Mobile and Washington counties	(866) 371-4078
Montgomery	3060 Mobile Highway, Montgomery, AL 36108	Serves: Autauga, Bullock, Butler, Chilton, Elmore, Lowndes, and Montgomery counties	(866) 621-6509
Selma	106 Executive Park Lane Selma, AL 36701	Serves: Choctaw, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, and Wilcox counties	(866) 371-4079
Tuscaloosa	907 22nd Avenue Tuscaloosa, AL 35401- 5822	Serves: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa, and Walker counties	(866) 371-4080

Facts and Questions

Question: What does A-C-H-N stand for?

Answer: It stands for Alabama Coordinated Health Network.

Question: I did not sign up for this, how do they know me?

Answer: Your doctor or the Medicaid Agency may have requested NACC to call you to offer this service.

Question: Do I have to go to their office?

Answer: NACC staff will meet you in whatever public place that you choose even in the convenience of your home.

Question: Why do they want to come to my house?

Answer: NACC staff may ask to meet at your home for your privacy, comfort, and to save you travel time.

Question: If I enroll with NACC, will I still have all the Medicaid benefits I qualify for?

Answer: Yes. Participating with NACC is another Medicaid benefit available to you along with your other Medicaid benefits.

Question: Do I have to pay for this?

Answer: No, this service is free for Alabama Medicaid recipients.

Question: Will they pay for my doctor's visits and prescriptions?

Answer: No, NACC does not pay for any services. They can help you find local resources that may be able to help you.

Question: Can I say no to this service?

Answer: Yes, you have a right to say no to this service.

Your Medicaid Rights and Duties

When you are on Medicaid you have rights.

Enrollment with NACC does not take away your rights. Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means when you are on Medicaid you have the rights listed below.

You have the right:

- To request language translation assistance.
- To participate with a Multidisciplinary Care Team (MCT) meeting to discuss your Care Plan.
- To file a complaint or grievance against your doctor or the ACHN. To file a grievance, ask your ACHN to help you. It is your right and they must assist you. If you want to file a Grievance against the ACHN, contact the Networks Provider Assistance Unit at the Alabama Medicaid Agency.
- To participate on the ACHN's Consumer Advisory Committee (CAC) as a Medicaid recipient or a parent of a child on Medicaid to advise the ACHN on how to better offer services to those on Medicaid.
- To be able to get in touch with your doctor.
- To go to any doctor or clinic for birth control (family planning).
- To get care right away if you believe you have an emergency.
- To be told what your illness or medical problem is and what the doctor thinks is the best way to treat it.
- To decide about your health care and to give your permission before the start of treatment or surgery.
- To have the personal information in your medical records kept private.
- To be treated with respect, dignity, and privacy.
- To report to Medicaid any complaint or grievance about your doctor or your medical care.

When you are on Medicaid you have duties

Medicaid is a voluntary program. This means that you agree to be a part of Medicaid and to follow Medicaid's rules. This also means when you are on Medicaid you have the duties listed below.

You have the duty:

- To follow the rules for Medicaid.
- To call your doctor first before going to the emergency room, unless it is life threatening, or if you go to other doctors or clinics.
- To sign a document that says you understand that your Care Plan was reviewed with if decide not to participate in your care team meeting.
- To give as many facts as you can to help your doctor or other health care provider take care of you. For example, it is important to tell your doctor about all the medicines you take. (You may want to take all your medicine bottles with you to the doctor.)

- To call your doctor or clinic and let them know if you cannot come to a scheduled appointment.
- To follow the instructions, you get from your doctor or clinic.
- To ask questions about things you do not understand.
- To follow the rules set up by your personal doctor for his or her office.
- To tell your doctor or clinic about any insurance you have.
- To keep your Medicaid card in a safe place. Never let anyone else use your card.
- To tell Medicaid about any changes that might affect your coverage such as address, marital status, income, or insurance coverage. A relative should report the date of death of a family member on Medicaid.

Your Doctor's Rights

Your doctor has the right to ask you to follow the rules of the office or clinic. These may include:

- Treat others with respect and courtesy. This means showing respect to the doctor, employees, and other patients and their families.
- Do not bring food or drink into the office.
- Bring no more than one visitor with you to wait in the office.
- Pay for any services not covered by Medicaid.
- Call if you cannot keep your appointment.

Fraud and Abuse of the Medicaid Program

Federal rules require that Medicaid make every effort to identify and prevent fraud, abuse, or misuse of the Medicaid program. All cases of suspected fraud, abuse, or misuse are fully investigated by the Alabama Medicaid Agency and sent to appropriate law enforcement authorities.

Alabama law requires that a recipient who has defrauded, abused, or deliberately misused the Medicaid program shall lose their Medicaid immediately for at least one year, and until any money owed to the program is repaid in full. Cases of fraud may result in additional legal action as well.

Federal and state laws make it a crime to knowingly give false information in order to get Medicaid benefits. **Selling, changing, or lending a Medicaid card is against the law and Medicaid will prosecute anyone who violates Medicaid laws.**

Use of the Medicaid card for anything other than necessary medical care covered by the program is abuse or misuse and will result in loss or restriction of Medicaid benefits.

Examples of fraud, abuse, or misuse

The types of problems the Medicaid Agency will investigate include, but are not limited to:

1. Frequent visits to doctors or emergency rooms with general complaints.
2. Using too much or unnecessary pain or nerve medicine.
3. Not cooperating with Medicaid in identifying and collecting from insurance, lawsuits, and other “third parties” for services
4. Not paying money owed to the Medicaid Agency.
5. Repeated failure to keep your Medicaid card safe.
6. Letting someone else use your Medicaid card.
7. Changing your prescription.
8. Misusing a Non-Emergency Transportation program payment.

People who use their Medicaid benefits too much may be restricted to using only one doctor and one drug store. Medicaid may also restrict its payment for certain drugs.

If you think another Medicaid recipient or a Medicaid provider may be abusing or defrauding the program, please report it to the Alabama Medicaid Agency. Call 1-866- 452-4930 to report fraud or abuse. You do not have to give your name or pay for the call.

**To report Medicaid fraud call
1-866-452-4930**

Disenrollment

You may request disenrollment from NACC under the following circumstances:

- The recipient moves out of the NACC service area.
- NACC does not provide care management services the recipient seeks, because of moral or religious objections.
- Poor quality of care.
- Lack of access to services covered by Medicaid.
- Lack of access to care coordinators experienced in dealing with the recipient’s care needs.

If you (or your representative) are requesting to be disenrolled from NACC for any of the reason(s) listed above, **you must submit an oral or written request for disenrollment to either NACC or the Alabama Medicaid Agency.** NACC is required to forward any requests for disenrollment to the Agency within three (3) business days of receipt.

The effective date of an approved disenrollment request will be no later than the first day of the second month following the month in which you request disenrollment from NACC, or NACC refers the request to the Agency. If the Agency fails to decide within the timeframe identified above, the disenrollment will be considered approved for the effective date that would have been established had the Agency decided in the specified timeframe.

Notice of Privacy Practices

(Effective 7/1/13)

Por favor, llame por teléfono 1-800-362-1504 para esta informacion en español.

FOR YOUR PROTECTION

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Medicaid promises to keep your information private

Your health information is personal. However, there are times when Medicaid must share information with others to help you get the health care you need. When this must be done, Medicaid promises to follow the law so that your information is kept private. This notice tells you how Medicaid uses and shares information about you and what your rights are under the law. It tells the rules Medicaid must follow when using or sharing your information.

Understanding what information may be shared

There are many good reasons for your information to be shared. If you apply for Medicaid through another agency (such as the Department of Human Resources or the Social Security Administration), that agency must send information about you to Medicaid. Information that may be sent to us includes your name, address, birth date, phone number, Social Security number, health insurance policies and health information. When your health care providers send claims to Medicaid for payment, the claims must include your diagnosis and the medical treatments you received. In order for Medicaid to pay for some medical treatments, your health care providers must also send extra medical information such as doctor's statements, x-rays, or lab test results.

How Medicaid uses and shares health care information

Medicaid contracts with others outside of the agency for some services. For example, Medicaid contracts with a company to process the claims sent in by your health care provider. Medicaid may need to share some or all of your information with that company so your health care bills can be paid.

When this is done, Medicaid requires that company to follow the law and keep all of your information safe.

Medicaid will not use or share genetic information about you when deciding if you are eligible for Medicaid.

Medicaid will not use your information to sell products to you or sell your information to a company that will try to get you to buy products or services.

Ways Medicaid Uses and Shares Your Health Information: For each category, we will say what we mean and give an example.

For Payment: Medicaid may use and share information about you so that it can pay for your health services. For example, when you get a Medicaid service, your provider asks Medicaid to pay for that service by filing a claim. On the claim form, your provider must identify you and say what your diagnoses and treatments are.

For Medical Treatment: Medicaid may use or share information about you to make sure that you get needed medical treatment or services. For example, your doctor may receive information about you from Medicaid.

To Run the Medicaid Program: Medicaid may use or share information about you to run the Medicaid program. For example, Medicaid may contract with a company that looks at hospital records to check the quality of care given to you and the outcome of your care.

To Other Government Agencies That Provide Benefits or Services to You: Medicaid may share information about you to other government agencies that are giving you benefits or services. For example, Medicaid may give the Alabama Department of Public Health information so you can qualify for benefits or services.

To Keep You Informed: Medicaid may use your information to send you materials to help you live a healthy life. For example, Medicaid may send you a brochure about an illness or condition you have or about your managed care choices.

To Check on Health Care Providers: Medicaid may share information about you to the government agencies that license and inspect medical facilities. An example is the Alabama Department of Public Health that inspects nursing homes.

For Research: Medicaid may share information about you for a research project. A review board must approve any research project and its rules to make sure your information is kept private.

As Required by Law: When requested, Medicaid will share information about you with the U.S. Department of Health and Human Services.

Your Health Information

You have the following rights about the health information that Medicaid has about you:

- You have the right to see and get a copy of your health information with certain exceptions.
- You have the right to ask Medicaid to change health information that is incorrect or incomplete. Medicaid may deny your request in some cases.
- You have the right to ask what items and who Medicaid has shared your health information with during the past six years before the date you ask us for the information.
- You have the right to ask that certain uses or disclosures of your health information be restricted. Medicaid is not legally required to agree with your request but will agree if possible.
- You have the right to ask that Medicaid talk with you about your health in a way or at a place that will help you keep your health information private.
- You have the right to be told if your health information is used or shared in a way that the law does not allow.

- You have the right to get a copy of this notice. You may ask Medicaid to give you a copy, or print one from Medicaid's website, www.medicaid.alabama.gov.

Medicaid's Requirements

Medicaid is required by law to:

- Keep your information private.
- Give you this notice that tells the rules Medicaid must follow when using or sharing your information with others.
- Follow the terms of this notice.
- Except for the reasons given in this notice, Medicaid may not use or share any information about you unless you agree in writing. For example, Medicaid will not use or share notes made by a mental health provider that are separate from your medical record unless you give permission in writing. You may take away your permission at any time, in writing, except for the information that Medicaid disclosed before you stopped your permission. If you cannot give your permission due to an emergency, Medicaid may release the information if it is in your best interest. Medicaid must notify you as soon as possible after releasing the information.

In the future, Medicaid may change its privacy practices and may apply those changes to all health information we have. Should Medicaid's privacy practices change, Medicaid will mail a new notice to you within 60 days. Medicaid will also post the new notice on its website, www.medicaid.alabama.gov.

To Find Out More

If you have questions or would like to know more, you may call:

- Toll-free at 1-800-362-1504
- Telecommunication for the Deaf toll-free at 1-800-253-0799

To Report a Problem

If you believe your privacy rights have been violated, you may:

- File a complaint with Medicaid by calling toll-free at 1-800-362-1504 or calling Telecommunication for the Deaf toll-free at 1-800-253-0799 or by writing to the Office of General Counsel, Alabama Medicaid Agency, P.O. Box 5624, Montgomery, AL 36103-5624.
- File a complaint with the Secretary of Health and Human Services by writing to: Region IV, Office for Civil Rights, U.S. Department of Health and Human Services, Atlanta Federal Center, Suite 3B70, 61 Forsyth Street SW, Atlanta GA 30303-8909. You may also call or fax a complaint. Call: 1-404-562-7886 or FAX: 1-404-562- 7881 or Telecommunications for the Deaf: 1-404-331-2867.

The Agency will not take action against you for filing a complaint or grievance.

Grievances

There may be instances when an ACHN enrolled recipient encounters an unpleasant experience with an ACHN Primary Care Provider (PCP) (also referred to as a participating ACHN provider), Maternity Care Provider (MCP), or ACHN staff. In these instances, the recipient may submit a complaint/grievance against the ACHN PCP, MCP, or ACHN staff. All grievances/complaints must be initially submitted to the ACHN for notification, review, and resolution. Only in cases of no resolution will the Agency consider the matter for review.

Complaints/Grievances filed by an ACHN Medicaid Recipient against an ACHN PCP or MCP

If an ACHN enrolled recipient experiences an unpleasant experience with an ACHN PCP or MCP and desires to file a written complaint/grievance the following procedures must be adhered to:

1. The ACHN recipient must contact their assigned ACHN and file the complaint with the ACHN. In accordance with CFR Policy, Title 42 — Public Health; Chapter IV; Subchapter C — Medical Assistance Programs; Part 438 — Managed Care; Subpart F- Grievance and Appeal System, in handling grievances and appeals, the ACHN must give recipients any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal. This includes, but is not limited to, auxiliary aids and services upon request, such as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.
2. The ACHN must adhere to and follow the current grievance policy as outlined in the Alabama Coordinated Health Network RFP, 2023-ACHN-01 (to include reporting the complaints/grievances to the Agency within the designated timeframe).
3. If no resolution is reached within 30 calendar days of reporting a complaint/grievance to the ACHN, the recipient must submit a written complaint/grievance to: Mail: Alabama Medicaid Agency Network Provider Assistance Unit 501 Dexter Avenue P.O. Box 5624 Montgomery, AL 36103-5624, or Fax: 334-353-3856
4. The written complaint/grievance will be forwarded to the applicable Medicaid Division.
5. The Network Provider Assistance Unit (NPAU) or applicable Medicaid Division will follow established policy as defined in their program area.
6. The NPAU will email a courtesy notification of receipt and updates to the assigned Health Systems Manager (HSM).

Complaints/Grievances filed by an ACHN Recipient against an ACHN

If a recipient experiences an unpleasant event with an ACHN and desires to file a written complaint/grievance, the following procedures must be adhered to:

1. The recipient must contact their assigned ACHN and file the complaint with the ACHN. In accordance with CFR Policy, Title 42 — Public Health; Chapter IV; Subchapter C — Medical Assistance Programs; Part 438 — Managed Care; Subpart F- Grievance and Appeal System, in handling grievances and appeals, the ACHN must give recipients any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal. This includes, but is not limited to, auxiliary aids and services upon request, such

as providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

2. Within 24 hours of receipt of complaint/grievance, the ACHN must notify via email the assigned Alabama Medicaid Health Systems Manager (HSM) of receipt of the complaint/grievance and forward it to: Mail: Alabama Medicaid Agency Network Provider Assistance Unit 501 Dexter Avenue P.O. Box 5624 Montgomery, AL 36103-5624, or Fax: 334-353-3856
3. On the day of receipt of complaint/grievance, the NPAU will notify and submit via email the complaint/grievance to the assigned HSM for the referenced ACHN Entity. The HSM will review, investigate, and if needed, contact the recipient or participating ACHN provider for additional information.
4. The HSM must contact/notify the referenced ACHN within 24 hours of receipt of the complaint/grievance being filed against their entity and update the applicable NPAU staff member of findings. If the complaint/grievance is found to be valid (allegations confirmed), the HSM will request a corrective action plan (CAP) from the ACHN detailing the corrected steps planned to resolve the issue(s) identified. The ACHN must forward their CAP to the Medicaid Agency within seven (7) calendar days. The HSM will evaluate the CAP within seven (7) calendar days of receipt. If the CAP is deemed responsive, the HSM will notify the ACHN of the approval. If the CAP is not responsive to the complaint, it will be returned to the ACHN within three (3) business days for resubmission.

The revised CAP must be resubmitted to the HSM within three (3) business days. After the submittal of a third nonresponsive CAP, the ACHN will be sanctioned in accordance with applicable policy. The Medicaid Agency will inform the ACHN of the necessary action to be taken to address the complaint/grievance. The HSM will follow-up with the recipient via certified letter regarding the outcome of the investigation of the complaint/grievance and email a copy of that letter to the assigned NPAU staff member. The HSM must complete the review/investigation/ response to complaints/grievances within 30 calendar days of date of receipt.

Appeal:

The recipient, the ACHN Entity, and the participating ACHN provider has a right to appeal the Medicaid Agency's decision. Should either the recipient, the ACHN Entity and/or the participating ACHN provider, wish to appeal the Agency's decision, they must do so in writing within seven (7) calendar days of receiving notification from the NPAU or HSM. The written notification must state that they are appealing the decision received on the applicable date, it must indicate by title "Notice of Appeal" and outline the reasons for the appeal. The written notification must also include how the matter could be resolved from their perspective for Agency consideration.

The recipient, ACHN Entity or participating ACHN provider must mail their appeal notification to:

Mail: Alabama Medicaid Agency
Network Provider Assistance Unit
501 Dexter Avenue P.O. Box 5624

Montgomery, AL 36103-5624 or
Fax: 334-353-3856

Upon receipt, NPAU must notify the assigned HSM, if applicable. The NPAU/assigned HSM must respond in writing to the recipient, the ACHN Entity or the participating ACHN provider within three (3) calendar days confirming receipt of their notice of appeal, advising the recipient or the ACHN Entity of their rights, the steps to appeal the decision, expectations in the appeal process and offer to assist them in the appeal process. The NPAU/assigned HSM must complete the review/investigation/response to complaints/grievances within 30 calendar days of date of receipt. A copy of the final determination letter will be sent to the applicable HSM or the NPAU staff member when applicable.

Definitions

Agency – The Alabama Medicaid Agency or any successor agency of the State designated as the “single state agency” to administer the Medicaid program described in Title XIX of the Social Security Act.

Alabama Coordinated Health Network (ACHN) – A statewide program to streamline and increase access to Care Management for Medicaid recipients.

Care Management – Management of care including person-centered Care Management, MCT meetings, and Care Plans, recruitment, outreach, Psychosocial Assessment, service planning, assisting the recipient in arranging for appropriate services, including but not limited to, resolving transportation issues, education, counseling and follow-up and monitoring to ensure services are delivered and continuity of care is maintained.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – Comprehensive diagnostic and preventative program for Medicaid recipients under age twenty-one (21) in accordance with Sections 1905(a) and 1905(r) of the Social Security Act.

Emergency Medical Condition – A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part. An Emergency Medical Condition is determined based on the presenting symptoms (not the final diagnosis) as perceived by a prudent layperson (rather than a health care professional) and includes cases in which the absence of immediate medical attention would not in fact have had the adverse results described in the previous sentence.

Emergency Medical Transportation – Ground or air transportation in a vehicle specifically designed and equipped for transporting the wounded, injured, ill, or sick for an emergency medical condition.

Emergency Services – Covered inpatient and outpatient services that are furnished by a provider that is qualified to furnish these services under 42 C.F.R. § 438.114 and needed to evaluate or stabilize an emergency medical condition.

Maternal Health – The health of women during pregnancy, childbirth, and the postpartum period.

Maternity Care Management Care Plan – Refer to Exhibit C of this RFP. The Plan by which the PCCM-E provides Care Management services to maternity recipients.

Maternity Care Provider (MCP): A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) that practices in the specialty designation of obstetrics (i.e., maternity).

Maternity Health Care Coordinator – The professional staff responsible for meeting Care Management requirements for pregnant recipients as defined in Exhibit F of this RFP.

Medicaid – The joint Federal/State program of medical assistance established by Title XIX of the Social Security Act, 42 U.S.C. § 1396, et seq., which in Alabama is administered by the Agency.

Non-Emergency Transportation (NET) – Transportation to or from a medical Covered Service which is not urgent or emergent in nature.

Physician – Physician shall mean:

- a. A Doctor of Medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she renders services.
- b. A doctor of dentistry or of dental or oral surgery licensed to practice dentistry or dental or oral surgery by the state in which he or she renders services but only with respect to:

Pregnant Women – Category of assistance formerly known as SOBRA coverage.

Prenatal – Care that is provided to detect any potential complications of early pregnancy, to prevent them if possible and to direct the woman to an appropriate medical service Specialist as appropriate.

Primary Care Physician (PCP) – A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) that practices in the specialty designation of family medicine, general internal medicine, pediatrics, or general medicine.

Provider – An institution, facility, agency, person, partnership, corporation, or association which is approved and certified by the Agency as authorized to provide recipients the services specified in the State Plan at the time services are rendered.

Recipient – A person who has been assigned one or more Medicaid identification numbers and has been certified by the Agency as eligible for medical assistance under the Alabama Medicaid State Plan.

Region – The defined geographic area within which the PCCM-E and the Agency have agreed that the PCCM-E shall coordinate the provision of Covered Services needed by Target Population through participating Providers or referral arrangements.

Specialist - A Physician or Doctor of Osteopathic Medicine that has obtained the education and qualifications, as well as the authority under the laws and regulations of the applicable licensure state or the State of Alabama, to hold himself or herself out as such.

State – The State of Alabama.

Language Assistance

ATTENTION: Language assistance services are available to you free of charge. Call (855) 640-8827 (TTY: (855) 219-6599).

English - LARGE PRINT

ATTENTION: Language assistance services are available to you free of charge. Call (855) 640-8827 (TTY: (855) 219-6599).

Spanish - Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855) 640-8827 (TTY: (855) 219-6599).

Chinese 中文

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(855) 640-8827 (TTY: (855) 219-6599)。

Korean 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電(855) 640-8827 (TTY: (855) 219-6599)。

번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (855) 640-8827 (TTY: (855) 219-6599).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (855) 640-8827 (رقم هاتف الصم والبكم: (855) 219-6599).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (855) 640-8827 (TTY: (855) 219-6599).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le (855) 640-8827 (TTY: (855) 219-6599).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો (855) 640-8827 (TTY: (855) 219-6599).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa (855) 640-8827 (TTY: (855) 219-6599).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। (855) 640-8827 (TTY: (855) 219-6599). पर कॉल करें।

Lao

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ (855) 640-8827 (TTY: (855) 219-6599).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (855) 640-8827 (телетайп: (855) 219-6599).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para (855) 640-8827 (TTY: (855) 219-6599).

Türkçe (Turkish)

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. (855) 640-8827 (TTY: (855) 219-6599 irtibat numaralarını arayın).

日本語 (Japanese)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。(855) 640-8827 (TTY: (855) 219-6599).まで、お電話にてご連絡ください。

Statement of Non-Discrimination

Discrimination is Against the Law

The Alabama Medicaid Agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Alabama Medicaid Agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Alabama Medicaid Agency:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages.

If you need these services, ask your worker or case manager for help.

- If you believe that Alabama Medicaid Agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of the Medicaid Commissioner is available to help you.

The Office of the Medicaid Commissioner
PO Box 5624, Montgomery, AL 36103- 5624
Phone: (334) 242-5600
TTY: (800) 253-0799
Fax: (334) 242-5097
Email: almedicaid@medicaid.alabama.gov.

- You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, by mail, or phone:

Civil Rights Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019,
TDD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index>.

Alabama Medicaid Agency

Mailing Address: PO Box 5624, Montgomery, Alabama 36103-5624

Physical Address: 501 Dexter Avenue, Montgomery, Alabama 36104

Phone: (800) 362-1504

TDD: (800) 253-0799 (TDD is a special device for the hearing impaired)

When you call, have your Social Security or Medicaid ID number ready.

Website: <https://medicaid.alabama.gov/>

North Alabama Community Care

Mailing Address: P.O. Box 18926, Huntsville, Alabama 35804

Physical Address: 3304 Westmill Drive, Huntsville, Alabama 35805

Phone: (256) 382-2590

Toll-Free: (855) 640-8827

TTY/TDD: (855) 219-6599

Fax: (256) 382-2715

Website: www.northalcc.org

All information in this booklet is general and may change. To make sure you get the latest information, call the Alabama Medicaid Agency, or visit the Agency website at

www.medicaid.alabama.gov