



## Alabama Coordinated Health Network (ACHN)

# Recipient Handbook

### Alabama Care Network Southeast

#### AUBURN OFFICE:

1445 South College Street, Ste. 300  
Auburn, AL 36832  
334-466-4603 (TTY: 711)  
or 1-833-296-5246 (toll-free)

#### DOTHAN OFFICE:

3201 Montgomery Hwy, Ste. 13  
Dothan, AL 36303  
334-305-0150 (TTY: 711)  
or 1-833-296-5246 (toll-free)

Fax: 205-449-9759 | [www.alabamacarenetwork.com](http://www.alabamacarenetwork.com)

UPDATED 07/01/2025

# Table of Contents

Welcome .....	3
What Is the Alabama Coordinated Health Network (ACHN)?.....	3
After Hours and Emergency Coverage .....	4
Who Is Eligible? .....	4
General Care Management Services.....	5
Maternity Care Management Services .....	6
Disenrollment from ACHN Services .....	7
Transportation Referral Services.....	7
Copayments for ACHN Services.....	7
Statewide ACHN Contacts .....	8
Medicaid District Offices .....	9
Facts and Questions .....	10
Your Medicaid Rights and Duties.....	11 - 12
Some Rules Your Doctor Might Have .....	12
Fraud and Abuse of the Medicaid Program .....	13
Voter Registration Information.....	14
Notice of Privacy Practices .....	15 - 17
Grievances .....	18 - 20
Definitions .....	21 - 22
Non-Discrimination Notice and Language Accessibility Notice .....	23 - 28

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

### This handbook explains:

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

The Alabama Coordinated Health Network (ACHN) Program has professionals who will work with you, your health care 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. Your local ACHN will contact you or you can contact them.

The ACHN 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 for the ACHN, 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 the 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 that has an ACHN 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

The ACHN 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. The ACHN 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.**

A 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 in the ACHN Program if you or your child:

- Have full Medicaid benefits.
- Have Plan First Medicaid benefits (women ages 19-55 and men 21 & older).
- Are pregnant.
- Had a baby or a pregnancy that ended within the last year.
- Are interested in 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](http://www.medicaid.alabama.gov). Select the Providers tab, Current Manual, Chapter 40: Primary Care Physician (PCP) and Maternity Care Providers 1 (MCP) Billing.

## Care Management Services available to you through the ACHN Program:

- General Care Management Services
- Maternity Care Management Services

### General Care Management Services

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

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

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

Be sure to ask the provider 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.

#### **Your ACHN 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 go 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 your local ACHN 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.

Birth control methods covered by Medicaid include birth control pills, diaphragms, injections, implants, and intrauterine devices (IUDs).

Medicaid pays for women, age 21 and older, to have their tubes tied and for vasectomies for men, age 21 year and older. Consent forms must be signed at least 30 days before surgery. Call your doctor, nurse midwife, county health department, or family planning clinic for this surgery.

### **Your ACHN can:**

- Assist you with the Medicaid application.
- Help you find a health care professional that fits your needs.
- Help you make appointments, assist with referrals, and provide appointment reminders.
- Provide information about what to expect during and after pregnancy.
- Refer you to 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 who do not have a green card cannot receive services from the ACHN Program. Medicaid will only pay for pregnancy-related emergency services, including labor and delivery, in these instances.

## Disenrollment from ACHN Services

You may request disenrollment from ACHN services under the following circumstances:

- You move out of the ACHN service area.
- The ACHN does not provide care management services that you seek because of moral or religious objections.
- Poor quality of care.
- Lack of access to services covered.
- Lack of access to case managers experienced in dealing with your care needs.

You or your representative must request disenrollment by submitting an oral or written request to the ACHN or to the Alabama Medicaid Agency. The ACHN will forward any requests for disenrollment to the Agency within three business days after the request is received. The Agency will review the disenrollment request for approval no later than two months following the month in which the recipient requests disenrollment. The effective date of the recipient's request will be no later than the first day of the second month.

If the Agency fails to make a determination within the timeframe identified above, the recipient's disenrollment request will be considered approved for the effective date of the first day of the second month.

A recipient may choose to reenroll with the ACHN at any time.

## Transportation Referral Services

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

**The ACHN 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. The ACHN staff can assist you with this process.

## Copayments for ACHN Services

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



## 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 <b>1-855-288-8360</b>
East	Blount, Calhoun, Cherokee, Clay, Cleburne, Coosa, DeKalb, Etowah, Randolph, Talladega, Tallapoosa, and St. Clair Counties	My Care Alabama East <b>1-855-288-8364</b>
Jefferson/Shelby	Jefferson and Shelby Counties	Alabama Care Network Mid-State <b>1-833-296-5245</b>
Northeast	Cullman, Jackson, Limestone, Madison, Marshall, and Morgan Counties	North Alabama Community Care <b>1-855-640-8827</b>
Northwest	Bibb, Colbert, Fayette, Franklin, Greene, Hale, Lamar, Lauderdale, Lawrence, Marion, Pickens, Sumter, Tuscaloosa, Walker, and Winston Counties	My Care Alabama Northwest <b>1-855-200-9471</b>
Southeast	Barbour, Bullock, Chambers, Coffee, Covington, Dale, Geneva, Henry, Houston, Lee, Macon, Pike, and Russell Counties	Alabama Care Network Southeast <b>1-833-296-5246</b>
Southwest	Baldwin, Choctaw, Clarke, Conecuh, Escambia, Mobile, Monroe, and Washington Counties	Gulf Coast TotalCare <b>1-833-296-5247</b>



## Medicaid District Offices

City	Address	Counties Served	Phone Number
Auburn	687 North Dean Road, Ste. 300 Auburn, AL 36830	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	Jefferson, Shelby, and St. Clair Counties	(866) 371-4073
Decatur	2119 Westmead Dr. SW, Ste. 1 Decatur, AL 35603-1050	Cullman and Morgan Counties	(866) 371-4074
Dothan	2652 Fortner St., Ste. 4 Dothan, AL 36305-3203	Barbour, Coffee, Covington, Crenshaw, Dale, Geneva, Henry, Houston, and Pike Counties	(866) 371-4075
Florence	412 S. Court Street, Ste. 200 Florence, AL 35630-5606	Colbert, Franklin, Lauderdale, Lawrence, Marion, and Winston Counties	(866) 371-4076
Gadsden	200 West Meighan Blvd., Ste. D Gadsden, AL 35901-3200	Blount, Calhoun, Cherokee, Cleburne, DeKalb, Etowah, and Marshall Counties	(866) 371-4077
Huntsville	6515 University Drive NW, Ste. B Huntsville, AL 35806-1775	Jackson, Limestone, and Madison Counties	(855) 733-3160
Mobile	2800 Dauphin Street, Ste. 105 Mobile, AL 36606-2400	Baldwin, Clarke, Escambia, Mobile, and Washington Counties	(866) 371-4078
Montgomery	3060 Mobile Highway Montgomery, AL 36108	Autauga, Bullock, Butler, Chilton, Elmore, Lowndes, and Montgomery Counties	(866) 621-6509
Selma	106 Executive Park Lane Selma, AL 36701	Choctaw, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, and Wilcox Counties	(866) 371-4079
Tuscaloosa	907 22nd Avenue Tuscaloosa, AL 35401-5822	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 the ACHN to call you to offer this service.

**Question:** Do I have to go to their office?

**Answer:** The ACHN staff will meet you in whatever public place that you choose or even in the convenience of your home. A lot of recipients choose to meet with the ACHN staff in the office; however, we will meet you in a public place of your choice, or even in the convenience of your home.

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

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

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

**Answer:** Yes. Participating with the ACHN Program 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 visits and prescriptions?

**Answer:** No, the ACHN 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.

## When you are on Medicaid, you have rights.

Medicaid is a voluntary program, meaning that you have to agree to be a part of it. You have to follow certain rules, but you are also entitled to the following rights.

### You have the right:

- To be able to get in touch with your doctor
- To go to any doctor or clinic for birth control
- 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 healthcare 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
- To request a fair hearing if the Medicaid Agency reduces or denies services based on medical criteria
- To be informed of your rights in a language and manner you understand
- To receive information on available treatment options and alternatives, presented in a manner you can understand
- To participate in decisions regarding your health care, including the right to refuse treatment or Care Management Services
- To receive care that is free of any restraint or action that would force you to do something against your will or punish you
- To request and receive a copy of your medical records, and to request that they be changed if it is not correct
- To participate in care team meetings that center around you and to discuss your Care Plan with your case manager/care coordinator, primary care provider and other ACHN staff members
- To be free to exercise your rights with assurances that Alabama Coordinated Health Network (ACHN) staff and Participating Providers will not treat you negatively for doing so
- To receive a copy of your Rights and Responsibilities at least once a year
- To choose a Primary Care Provider, Maternity Care Provider, Case Manager/Care Coordinator, and a Community Health Care Worker to the extent possible and appropriate
- To see any participating Primary Care Provider or Maternity Care Provider for services, regardless of location; however, your care management services will be provided by the ACHN serving your county of residence
- To obtain emergency services outside the primary care case management system regardless of whether the case manager referred you to the Provider that furnished the services

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 you have the following duties:**

- 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 you if you 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 an 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 Medicaid client

**Some rules your doctor might have:**

- Treat others with respect and courtesy. This means showing respect to the doctor, employees, and other patients and their families. This also means you are to answer questions with courtesy, follow directions and otherwise do what is asked of you.
- 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**

## **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.

## Notice of Privacy Practices (Effective 07/01/13)

Por favor, llame por teléfono 1-800-362-1504 para esta información 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 on 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](http://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](http://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 enrollees 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, 2019-ACHN-OI (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 (NAPU) or applicable Medicaid Division will follow established policy as defined in their program area.
6. The NAPU 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 have 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 and 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

**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 services for Medicaid recipients.

**Care Management** – Management of care including person-centered Care Management, MCT meetings, 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** – The Plan by which the ACHN provide Care Management services to maternity recipients.

**Maternity Health Case Manager** – The professional staff responsible for providing Care Management services to pregnant recipients.

**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 Alabama Medicaid 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 and prenatal care.

**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 Medicaid 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 ACHN and the Agency have agreed that the ACHN 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.



# Nondiscrimination and Language Accessibility Notice

## **Nondiscrimination Notice:**

### Discrimination is Against the Law

Alabama Care Network Southeast complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Alabama Care Network Southeast does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

## **Alabama Care Network Southeast:**

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 believe that Alabama Care Network Southeast 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 with: Alabama Care Network Southeast's Section 1557 Coordinator, 417 20th Street North, Suite 1100, Birmingham, AL, 35203, 1-800-294-7780, TTY: 711, [VIVACivilRightsCoord@uabmc.edu](mailto:VIVACivilRightsCoord@uabmc.edu). You can file a grievance by mail, fax, or email. If you need help filing a grievance, Alabama Care Network Southeast's Section 1557 Coordinator is available to help you.

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, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, TDD: 1-800-537-7697

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

Language access, effective communication, reasonable modification, and non-discrimination policies and procedures are available at all Alabama Care Network Southeast offices.

Discrimination Grievance Procedure (under Section 1557 of the Affordable Care Act):

In accordance with Section 1557 of the Affordable Care Act (Section 1557), it is the policy of Alabama Care Network Southeast to not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

This is the grievance procedure for providing prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 and its implementing regulations at 45 C.F.R. Part 92, issued by the U.S. Department of Health and Human Services. Section 1557 and its implementing regulations may be examined at <https://www.federalregister.gov/documents/2024/05/06/2024-08711/nondiscrimination-in-health-programs-and-activities>.

Any person who believes that Alabama Care Network Southeast subjected someone to discrimination prohibited by Section 1557 may file a grievance under this procedure.

It is against the law for Alabama Care Network Southeast to intimidate, threaten, coerce, retaliate, or otherwise discriminate against anyone who files a grievance, or participates in the investigation of a grievance for the purpose of interfering with any right or privilege secured by Section 1557. Section

1557 and its implementing regulations may be examined in the office of Alabama Care Network Southeast's Section 1557 Coordinator at 1445 South College Street, Suite 300, Auburn, AL 36832 or 3201 Montgomery Hwy, Suite 13, Dothan, AL 36303.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- Grievances must be submitted in writing to:

Alabama Care Network Southeast Section 1557 Coordinator

417 20th Street North, Suite 1100

Birmingham, AL 35203, or

(by fax or email): 205-449-7626, or [VIVACivilRightsCoord@uabmc.edu](mailto:VIVACivilRightsCoord@uabmc.edu)

- A grievance should contain the name and contact information of the person filing it as well as the alleged discriminatory action and alleged basis (or bases) of discrimination, the date the grievance was filed, and any other pertinent information.
- When a grievance includes allegations that would violate Section 1557, the Section 1557 Coordinator (or their designee, if applicable) shall investigate the grievance. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the grievance.
- Alabama Care Network Southeast shall inform an individual that they have a right to reasonable modifications in the grievance procedure if they need them.
- The Section 1557 Coordinator must keep confidential the identity of an individual who has filed a grievance under this part except as required by law or to carry out the purposes of this part, including the conduct on any investigation, including to investigate the grievance.
- Alabama Care Network Southeast will issue to the person who filed the grievance a written decision on the grievance no later than 30 days after its filing. The decision shall include the resolution date and a notice to the complainant of their right to pursue further administrative or legal remedies.
- Alabama Care Network Southeast will maintain the files and records relating to such grievances for at least three years from the date Alabama Care Network Southeast resolves the grievance.

The person filing the grievance may appeal the written decision by writing to the Section 1557 Coordinator's address above within 15 days of receiving the decision, noting that it is an appeal. A person who is not the person who issued the initial decision nor the subordinate of that person shall issue a written decision in response to the appeal no later than 30 days after its filing.

Alabama Care Network Southeast, through the Section 1557 Coordinator, will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided reasonable modifications, appropriate auxiliary aids and services, or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include but are not limited to providing these services in a timely manner and without cost to individuals being served to ensure that individuals have an equal opportunity to participate in the grievance process.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal and administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, TDD: 1-800-537-7697

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

# Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

## **English (English)**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-296-5246 (TTY: 711) or speak to your provider.

## **Español (Spanish)**

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-296-5246 (TTY: 711) o hable con su proveedor.

## **中文 (Traditional Chinese)**

注意：如果您說中文 (Chinese)，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-833-296-5246 (TTY : 711) 或與您的提供者討論。

## **中文 (Simplified Chinese)**

注意：如果您說中文 (Chinese)，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-296-5246 (文本电话：711) 或咨询您的服务提供商。

## **한국어 (Korean)**

주의: 한국어 (Korean) 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-296-5246 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

## **Việt (Vietnamese)**

LƯU Ý: Nếu bạn nói tiếng Việt (Vietnamese), chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-296-5246 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

## **العربية (Arabic)**

تنبيه: إذا كنت تتحدث اللغة العربية (Arabic)، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-296-5246 (TTY: 711) أو تحدث إلى مقدم الخدمة.

## **Deutsch (German)**

ACHTUNG: Wenn Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-833-296-5246 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

## **Français (French)**

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-296-5246 (TTY : 711) ou parlez à votre fournisseur.

**Français (French)**

ATTENTION : Si vous parlez Français (French), des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-296-5246 (TTY : 711) ou parlez à votre fournisseur.

**ગુજરાતી (Gujarati)**

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસવરી સહાય અને એક્સેસિબલ ફોર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-833-296-5246 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Tagalog (Tagalog)**

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-833-296-5246 (TTY: 711) o makipag-usap sa iyong provider.

**Português (Portuguese)**

ATENÇÃO: Se você fala português (Portuguese), serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-296-5246 (TTY: 711) ou fale com seu provedor.

**Türkçe (Turkish)**

DİKKAT: Türkçe (Turkish) konuşuyorsanız, ücretsiz dil yardım hizmetleri sizin için mevcuttur. Erişilebilir formatlarda bilgi sağlamak için uygun yardımcı araçlar ve hizmetler de ücretsiz olarak mevcuttur. 1-833-296-5246 (TTY: 711) numarasını arayın veya sağlayıcınızla görüşün.

**日本語 (Japanese)**

注：日本語(Japanese)を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-833-296-5246（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

## Notes

[illegible]

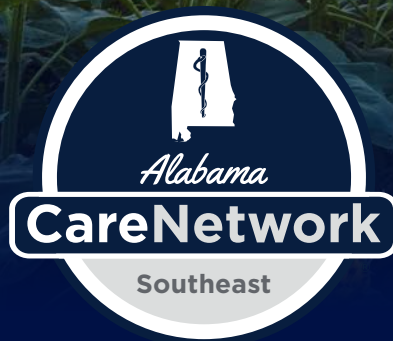


## Notes

[illegible]

## Notes

[illegible]



## **Alabama Medicaid Agency**

**1-800-362-1504**

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

**TDD: 1-800-253-0799**

(TDD is a special device for the hearing impaired)