

A L E R T

May 22, 2024

TO: Primary Care Physician (PCP) Groups

RE: Alabama Coordinated Health Network (ACHN)

New Agreement Required for all ACHN PCP Groups

All ACHN enrollments established under the initial state's planned ACHN program that began on October 1, 2019, will terminate on September 30, 2024.

The newly awarded ACHN program procurement anticipated start date is **October 1, 2024**, and reenrollment is required of **all** interested provider groups (current and new ACHN provider groups).

Primary Care Physicians (PCPs) who want to receive or continue to receive, without delay, bonus and participation payments in conjunction with the state's ACHN program must sign new participation agreements with the (1) Alabama Medicaid Agency **and** (2) at least one of the newly awarded ACHN entities. **Both agreements are required to be on the PCP Group's enrollment file to be considered fully enrolled in the ACHN program.**

1. **The Medicaid Agency Participation Agreement between Medicaid and the Primary Care Provider Group:** (You must download and complete the [Medicaid Agency ACHN PCP Group Enrollment Agreement from the Medicaid website](#)).

The following provider types are eligible to participate with the ACHN as a PCP (**Refer to the PCP enrollment agreement for participation requirements**):

- Family Practitioners
- General Practitioners
- Pediatricians
- Internal Medicine
- OB/GYNs
- FQHCs and RHCs (are eligible for bonus payments only)

Any provider not listed above (e.g., physician assistant, nurse practitioner) who is practicing within a PCP group is also eligible to participate with the ACHN.

When in the best interest of a patient (e.g., children with special health care needs), a nontraditional PCP specialty may participate in the ACHN program as a PCP. Physicians with other specialties may be considered for PCP participation if willing to meet active participation requirements.

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The PCP Group must electronically upload the completed ACHN PCP Group Enrollment Agreement to Gainwell Technologies. Please use the instructions provided below for assistance with this process. **Gainwell must receive the PCP agreement no later than July 1, 2024 (without errors) to ensure there is no delay in receiving participation and bonus payments.**

2. **The Participation Agreement Between the ACHN Entity and the Primary Care Provider Group:** (You must contact the ACHN in your region to obtain a Network PCP Participation Agreement)

Refer to the ACHN Network Participation Agreement for participation requirements.

The PCP Group must submit the completed Network Participation Agreement to their designated ACHN entity. **The ACHN entity must receive the Network Participation Agreement no later than July 1, 2024 (without errors) to ensure there is no delay in receiving participation and bonus payments.**

For more information related to the Medicaid ACHN PCP Group Participation agreement, please contact Gainwell Provider Enrollment at: 1-888-223-3630, select option one.

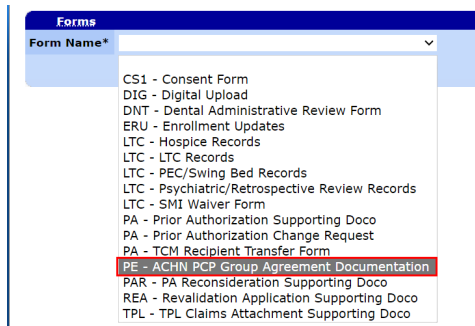
The Alabama Medicaid Agency has more information about the ACHN program on the website under the ACHN Providers tab at:
https://medicaid.alabama.gov/content/5.0_Managed_Care/5.1_ACHN/5.1.3_ACHN_Providers.aspx.

Steps to upload the ACHN PCP Group Enrollment Agreement:

1. Log on to the Interactive Web Portal by going to the following link and selecting **Secure Site**:
<https://www.medicaid.alabamaservices.org/ALPortal/>.
2. On the **Trade Files** tab select **Forms**.



3. In the **Form Name** drop-down menu, select the **ACHN PCP Group Agreement Documentation** form.



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- Click **Search** for the appropriate form to display for completion.
- Complete the fillable form and select **Choose File** to electronically attach completed Agreement.

ACHN PCP Group Agreement Documentation

Instructions :

Please complete all form fields below. ACHN PCP Group Enrollment Agreement may be uploaded or faxed upon successful form submission.

Upon completing and submitting the form below, a barcode coversheet will be generated.

It is imperative that you save a copy of this barcode coversheet, should you be requested to submit additional documentation for this packet.

If you do not have a saved PDF version of the Agreement, this coversheet may be used to fax a completed printed paper version.

Fax documents with the **barcode coversheet as page 1** and Agreement to 334-215-7416.

Reminders :

Please complete a separate coversheet for each ACHN PCP Group Enrollment Agreement.

Do not fax double-sided pages.

Record ID	<input type="text" value="376"/>
Group ID (NPI) *	<input type="text"/>
Group Medicaid ID (MCD) *	<input type="text"/>
Provider / Group Name *	<input type="text"/>
Submitter First Name *	<input type="text"/>
Submitter Last Name *	<input type="text"/>
Submitter Phone *	<input type="text"/> Ext.: <input type="text"/>
Submitter Email *	<input type="text"/>

Document Upload (*.PDF)

No file chosen
 No file chosen

Please review all fields above for completion and accuracy. No further review opportunities will be available once the Submit button is pressed.

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- Click **Submit** to submit the form and attachment to Gainwell Technologies.

Upon successful submission, a barcode coversheet will be generated. It is imperative that you save a copy of this barcode coversheet, should you be requested to submit additional documentation for this packet. If you do not have a PDF saved version of the agreement, the barcode coversheet may be used to fax a completed printed paper version. Fax the agreement **with the barcode coversheet as page 1** to (334) 215-7416.

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