## 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**: <u>https://www.medicaid.alabamaservices.org/ALPortal/.</u>
- 2. On the *Trade Files* tab select Forms.

lome NDC Look Up 1	Information	Account	Claims	Eligibility	Trade Files	Prior	Authorizat	ion	Providers	<b>Provider Director</b>	1
Home Site Settings					Download						
					Upload						
Important Anno	ouncements				Forms						

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

Form Name*	~	
	CS1 - Consent Form	
	DIG - Digital Upload	
	DNT - Dental Administrative Review Form	
	ERU - Enrollment Updates	
	LTC - LTC Records	
	LTC - PEC/Swing Bed Records	
	LTC - Psychiatric/Retrospective Review Records	
	LTC - SMI Waiver Form	
	PA - Prior Authorization Supporting Doco	
	PA - Prior Authorization Change Request	
	PA - TCM Recipient Transfer Form	
	PAR - PA Reconsideration Supporting Doco	
	REA - Revalidation Application Supporting Doco	
	TPL - TPL Claims Attachment Supporting Doco	

4. Click **Search** for the appropriate form to display for completion.

5. Complete the fillable form and select **Choose File** to electronically attach completed Agreement.

Instructions : Please complete all form fields below. ACI	N PCP Group Enrollment Agreement may be uploaded or faxed upon success	
Upon completing and submitting the form		ful form submission.
	pelow, a barcode coversheet will be generated.	
It is <u>imperative</u> that you save a copy of	is barcode coversheet, should you be requested to submit additional docum	entation 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 pap	er version.
Fax documents with the barcode coversh	et as page 1 and Agreement to 334-215-7416.	
Reminders : Please complete a separate coversheet fo Do not fax double-sided pages.	each ACHN PCP Group Enrollment Agreement.	
Record ID	376	
Group ID (NPI) *		
Group Medicaid ID (MCD) *		
Provider / Group Name *		
Submitter First Name *		
Submitter Last Name *	Evit	
Submitter Phone *	Ext.:	
Chi	ose File No file chosen	
Document Upload (*.PDF)	ose File No file chosen	

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

Upon successful submission, a barcode coversheet will be generated. It is **<u>imperative</u>** 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, this barcode coversheet may be used to fax a completed printed paper version. Fax Agreement with the barcode coversheet as page 1 to (334) 215-7416.

For assistance with this process, please contact Provider Enrollment at (888)223-3630.