



Guide to Care Management Services



**Alabama Coordinated Health Network (ACHN)
General Care Management**



ACHN CARE MANAGEMENT PROGRAM

TABLE OF CONTENTS

Alabama Coordinated Health Network (ACHN) 1

Welcome 3

What Is the Alabama Coordinated Health Network (ACHN)? 3

General Care Management Services 5

Medically Complex Care Management Services 5

Maternity Care Management Services 6

Transitional Care Management Services 7

Family Planning Services 7

Transportation Referral Services 8

After Hours and Emergency Coverage 9

Frequently Asked Questions and Answers 9

Who Is Eligible for My Care Services? 10

Copayments for My Care Services 10

Care Management Services Available to You through the My Care Program: 10

Statewide ACHN Contacts 11

Medicaid District Offices 12

Medicaid Rights and Duties 13

Your Doctor's Rights 14

Fraud and Abuse of the Medicaid Program 15

Voter Registration Information 16

Notice of Privacy Practices 16

Grievances 19

Definitions 22

Foreign Language Assistance 24

Statement of Non-Discrimination 26

Your Rights and Responsibilities 29

Your Rights to Stay With My Care 30

Maternity Specific Rights and Responsibilities 31

Contact Information 32

Confidentiality and HIPAA Notice of Privacy Practices 33

Medicaid’s Requirements 35



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

Welcome

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 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. 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.

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. You can contact us when you have any questions or need help with your care.

**Your Care Manager will give you their specific contact information.
Or you can call us toll free at 855-200-9471 Monday through Friday
between the hours of 8 am and 5 pm Central Standard Time.**

A referral is not needed to receive My Care care management services.



Care Management Services

Helping You Manage Your Health



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.

My Care 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.

Reminder: Children must have an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) referral from their primary doctor before scheduling an appointment with a specialist.



My Care 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.

Medically Complex Care Management Services

High intensity care management services available to recipients who:

- Are children with medical complexities
- May require medical technology to sustain daily activities
- Have Sickle Cell Disease
- Have a Substance Use Disorder
- Have a Mental Illness diagnosis

Maternity Care Management Services

If you are pregnant, contact your local **My Care** 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.

My Care 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.
- 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 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.



Transitional Care Management Services

Transitional Care Services are designed to assist recipients in their transition from a hospital or inpatient facility to the community setting. These services include, but are not limited to, the following:

- Assist with environmental adaptations, equipment, and technology needed for a successful care setting transition
- Coordinate with the Maternity Care Managers to ensure a smooth transition of recipients to non-maternal healthcare prior to the end of the postpartum period
- Coordinate with Alabama Department of Mental Health, the Medicaid Agency, and with Community Mental Health Centers

Family Planning Services

My Care can refer you to a family planning provider.

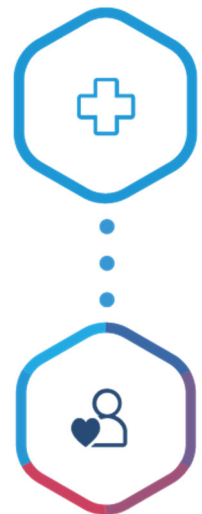
My Care helps promote family health, responsible behavior, and healthy mothers and babies. My Care and Medicaid want to help you prevent an unintended pregnancy and help you plan when you want to have a baby.

Family planning services are available to most Alabama Medicaid recipients. 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.

Family planning services do not count against regular doctor's office visits.

More information for recipients is available on the Medicaid website at www.medicaid.alabama.gov. Select the ACHN tab, ACHN Recipients link. You can also email questions to webwork@medicaid.alabama.gov.



Transportation Referral Services

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

The My Care 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 My Care staff can assist you with this process.





ACHN CARE MANAGEMENT PROGRAM

Remember:

Notify My Care Alabama (My Care) and Alabama Medicaid 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

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.

My Care has an automated system available every business day between the hours of 5:00 p.m. and 8:00 a.m CT (central time) 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. My Care will return messages on the next business day.

Frequently Asked Questions and Answers

Question	Answer
What does A-C-H-N stand for?	Alabama Coordinated Health Network
I did not sign up for this, how do they know me?	Your doctor or the Medicaid Agency may have requested the ACHN to call you to offer this service.
Do I have to go to their office?	The ACHN staff will meet you in whatever public place that you choose even in the convenience of your home.
Why do they want to come to my house?	The ACHN staff may ask to meet you at your home for your privacy, comfort, and to save you travel time.
If I enroll with the ACHN, will I still have all the Medicaid benefits I qualify for?	Yes. Participating with the ACHN program is another Medicaid benefit available to you along with your other Medicaid benefits.
Do I have to pay for this service?	No. This service is free for Alabama Medicaid recipients.
Will they pay for my doctor visits and prescriptions?	No. The ACHN does not pay for any services. They can help you find local resources that may be able to help you.
Can I say no to this service?	Yes, you have to the right to say no to this service.



ACHN CARE MANAGEMENT PROGRAM

Who Is Eligible for My Care Services?

You may be eligible to enroll in the ACHN program if you or your child:

- Have full Medicaid benefits.
- Are pregnant.
- Need help finding a doctor that accepts Alabama Medicaid.
- A current foster child.
- 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 coordination, 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 (DHCP) Billing

Copayments for My Care Services

You are **not** required to pay a copayment for services provided by an ACHN vendor selected by Alabama Medicaid.

Care Management Services Available to You through the My Care Program:

- General Care Management Services
- Medically Complex Care Management Services
- Maternity Care Management Services
- Behavioral Health Services
- Transitional Care Services



ACHN CARE MANAGEMENT PROGRAM

Statewide ACHN Contacts

<i>Region of the State</i>	<i>Counties Covered</i>	<i>Telephone Number</i>
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



ACHN CARE MANAGEMENT PROGRAM

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 22 nd Avenue Tuscaloosa, AL 35401-5822	Serves: Bibb, Fayette, Greene, Hale, Lamar, Pickens, Tuscaloosa and Walker counties	(866) 371-4080

My Care holidays:

- New Year's Day
- Martin Luther King Day
- Good Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day

When you are on Medicaid you have Rights

When you are on Medicaid you have rights. Enrollment with My Care 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 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 show up for your scheduled appointments.
- 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. You can complete an online form by clicking on **My Medicaid** on the Agency website at www.medicaid.alabama.gov or call 1-800-362-1504.
- The call is free. A relative should report the date of death of a family member on Medicaid.

Your doctor has the right to ask you to follow the rules for the office or clinic.

This also applies to any visitors or relatives who come with you or your child. If you (or others with you) do not follow the rules, your doctor has the right to ask that you (or your child) go to another doctor. **If you continue to not follow the rules, you may not be able to find a doctor who will see you (or your child). This may cause you to have to pay for your medical care.**

Acting rude, mean, or threatening to the doctor or to a person who works for the doctor may result in losing your Medicaid. This includes fighting, using profanity or other abusive words, carrying a weapon or being under the influence of drugs or alcohol.

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 a 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**



ACHN CARE MANAGEMENT PROGRAM

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 7/1/13)

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.



ACHN CARE MANAGEMENT PROGRAM

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.

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.



ACHN CARE MANAGEMENT PROGRAM

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 711

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 711 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
2. 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.
3. The ACHN must adhere to and follow the current grievance policy as outlined in the



ACHN CARE MANAGEMENT PROGRAM

Alabama Coordinated Health Network RFP, 2019-ACHN-OI (to include reporting the complaints/grievances to the Agency within the designated timeframe).

4. 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
5. The written complaint/grievance will be forwarded to the applicable Medicaid Division.
6. The Network Provider Assistance Unit (NAPU) or applicable Medicaid Division will follow established policy as defined in their program area.
7. 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 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. 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 EI 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



ACHN CARE MANAGEMENT PROGRAM

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.



ACHN CARE MANAGEMENT PROGRAM

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 Coordination for Eligible Individuals.

Care Management – Management of care including person-centered Care Coordination, MCT meetings, and Care Plans, recruitment, outreach, Psychosocial Assessment, service planning, assisting the EI 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 provide Care Management services to maternity recipients.

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



ACHN CARE MANAGEMENT PROGRAM

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

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 Doctor of Medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she renders services.

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 the EIs 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.

Foreign Language Assistance

Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-362-1504 (TTY: 1-800-253-0799).

中文(Chinese)

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1-800-362-1504 (TTY: 1-800-253-0799)。

한한한 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-362-1504 (TTY: 1-800-253-0799) 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 1-800-362-1504 (TTY: 1-800-253-0799).

تڨير عل (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برق 1-800-362-1504 (TTY: 1-800-253-0799).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-362-1504 (TTY 1-800-253-0799).

Français (French)

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-362-1504 (TTY: 1-800-253-0799).

ગજી રાતી (Gujarati)

યુના: જો તમે જરાતી બી લતીા હી, તી િંીન:ઠકીુંુ ભાષીા સહાય સીંે વાઓ તમારા માટ ઉપલ<, ધ છ. ફો ન કરો 1-800-362-1504 (TTY: 1-800-253-0799).

ह िंंंदी (Hindi)

ंान क् यदद आप द िंंं दी बोलते िंं तो आपके दलए मुठ म्भाषा स ंायता सेवािं उपल िंं।
1-800-362-1504 (TTY: 1-800-253-0799). पर कॉल कर•।



ACHN CARE MANAGEMENT PROGRAM

Laotian ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອ ອັດຕະໂນມາສາ, ໂດຍບໍ່ ເສັຽ ຄ່າ, ແມ່ນມີ ພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-362-1504 (TTY: 1-800-253-0799).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-3621504 (TTY: 1-800-253-0799).

Português (Portuguese)

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-362-1504 (TTY: 1-800-253-0799).

Türkçe (Turkish)

DİKKAT: Eğer Türkçe konuşuyor iseniz, dil yardımı hizmetlerinden ücretsiz olarak yararlanabilirsiniz. 1-800-362-1504 (TTY: 1-800-253- 0799) 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。1-800-362-1504 (TTY: 1-800-253-0799)まで、お電話にてご連絡ください

ATTENTION: If you need materials in large print, an audio recording or other help to apply for or use with your Medicaid coverage, these are available to you at no cost. Call 1-800-362-1504 (TTY: 1-800-253- 0799).



ACHN CARE MANAGEMENT PROGRAM

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 with the Office of the Medicaid Commissioner, PO Box 5624, Montgomery, AL 36103- 5624, (334) 242-5600, TTY: (800) 253-0799, Fax: (334) 242-5097, or by email at almedicaid@medicaid.alabama.gov. 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.
- 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, 800-537-7697 (TDD)

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

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)



ACHN CARE MANAGEMENT PROGRAM

I, _____, as a recipient of healthcare benefits through the Alabama Medicaid Program administered by the Alabama Medicaid Agency, agree to participate in the ACHN Program (the "Program") administered by My Care Alabama Northwest, Inc. ("My Care Alabama"). I understand that agreeing to participate in the Program means:

1. I consent to being contacted by a care manager assigned by My Care Alabama.
2. I understand that My Care Alabama may contact healthcare providers who have previously provided services to me. These providers may include behavioral health providers or school officials. I agree to allow my healthcare providers to provide information about my treatment to My Care Alabama so that My Care Alabama may develop and implement a care management plan for me.
3. I understand that my participation in the Program is voluntary, and I may withdraw from the Program at any time upon notification to My Care Alabama.
4. I understand that my participation in the Program will not adversely affect my Medicaid benefits, nor will my Medicaid benefits be affected if I choose to withdraw from the program.
5. This consent shall expire when my care management plan ends, or if I withdraw from the Program, whichever is sooner.
6. I consent to receiving health care communication via text or email. My Care Alabama will send all email communications to me securely (encrypted) unless I tell My Care Alabama to send emails without securing (encrypting) the email. If I tell My Care Alabama to send emails to me without securing (encrypting) the email, I understand that the unsecure email is at risk of being read (accessed) by third parties. I understand that text communication will not be encrypted. I understand that I am responsible for the data security of any text or email I send back to My Care Alabama. I understand that I may opt-out of email or text communications from My Care Alabama by notifying my care manager or calling the toll-free number.

Initial here for approval to send email or text communications _____

7. I have read the above (or the above has been explained to me) and I hereby agree to participate in the Program.
8. I have reviewed and received my recipient Rights and Responsibilities.



ACHN CARE MANAGEMENT PROGRAM

Recipient Signature

Medicaid ID Number

Recipient Name (Please Print)

Date

Recipient Email Address

Recipient Phone Number

If Recipient's legal representative is giving consent to participate in the Program on the Recipient's behalf:

Legal Representative's Signature

Recipient's Name (Please Print)

Legal Representative's Name
(Please Print)

Date

- Legal Representative's Authority:
- Power of Attorney (Healthcare decisions)
 - Custodial Order
 - Executor of Estate
 - Other: _____

NOTE: Valid legal documentation must be provided for consent to be given by a legal representative.

Your Rights and Responsibilities

You have the right to:

- Be treated with respect and in a dignified way. You have a **right to privacy** and to have your medical and financial information treated with privacy.
- Receive interpretation services
- Ask for and get information about My Care, its policies, its services, its caregivers, and recipients' rights and duties.
- Ask for and get information about your medical records as the federal and state laws say. You can see your medical records, get copies of your medical records, and ask to correct your medical records if they are wrong.
- You have the right to have personal information in medical records kept private
- Get services without being treated in a different way because of race, color, birthplace, language, sex, age, religion, or disability. You have a right to file a complaint if you think you have been treated unfairly. If you complain or appeal, you have the right to keep getting care without fear of bad treatment from My Care, providers, or Medicaid.
- Get care without fear of physical restraint or seclusion used for bullying, discipline, convenience or revenge.
- Make appeals or complaints about My Care or the care you receive from your doctor.
- File an appeal of action that reduces or denies services based on medical criteria
- Make suggestions about your rights and responsibilities or how My Care works.
- Go to any primary care physician of delivering health care provider you choose that accepts Medicaid. You can turn down care from certain providers.
- Get in touch with your chosen doctor. Our Care Management Team can help you schedule appointments and talk with your doctor.
- Go to any doctor or clinic for family planning services.
- Get medically necessary care that is right for you, when you need it. This includes getting emergency services, 24 hours a day, 7 days a week.
- Be told in an easy-to-understand way about your care and all of the different kinds of treatment that could work for you, no matter what they cost or even if they aren't covered. A translator will be provided to help you, if needed.
- Be told what your illness or medical problem is and what your doctor thinks is the best way to treat it
- Participate in your Multidisciplinary Care Team (MCT) meeting when held. My Care will notify you of the date, time, and location of this meeting at least 10 business days before the date.
- Decide about your health care and give permission before the start of treatment or surgery
- Ask for a second opinion.
- Help to make decisions about your health care and give permission for your care before the start of a surgery or any treatment. You will not be forced into making certain decisions about your treatment without your say.
- Make a living will or advance care plan and be told about advance medical directives.
- Ask Medicaid and My Care to look again at any mistake you think they make about getting on Medicaid or keeping your Medicaid, or about getting your health care.
- End your Medicaid at any time.
- Exercise any of these rights without changing the way My Care or its providers treat you.
- A fair hearing

Your Rights to Stay With My Care

As part of the ACHN program, you **cannot be** moved from My Care just because:

- Your health gets worse
- You already have a medical problem. This is called a pre-existing condition.
- Your medical treatment is expensive
- The way your services are being used
- You have a behavioral health (mental health, alcohol or drug abuse) condition
- Your special needs make you act in an uncooperative or disruptive way.
- You have filed Grievance because you are not happy with the care you are getting.

The only reasons you can be moved from My Care are:

- If you **move** out of the My Care area
- If you let someone else use your Medicaid ID card, or if you use your Medicaid to get medicines to sell
- If you end your Medicaid or your Medicaid ends for other reasons
- If you don't renew your Medicaid when it is time, or if you don't give Medicaid information asked for when it is time to renew
- If you don't let Medicaid and My Care know that you moved and they can't find you
- If you lie to get or keep your Medicaid
- Upon your death

You have the responsibility to:

- Understand the information in your member handbook and other papers that we send you
- Show your Medicaid ID card whenever you get health care
- Go to your PCP for all of your medical care unless:
 - Your PCP sends you to a specialist for care
 - You are pregnant or getting well-woman checkups
 - It is an emergency
- Let your PCP know when you have had to go to the emergency room. You (or someone for you) need to let your doctor know within 24 hours of when you go to the emergency room.
- Give information to My Care and to your health care providers so that they can care for you
- Follow instructions and rules that are in the Medicaid handbook about your coverage and benefits. You must also follow instructions and rules from the people who are giving your health care
- Help to make the decisions about your health care
- Work with your doctor so that you understand your health problems. You must also work with your doctor to come up with a treatment plan that you both say will help you.
- Treat your health care giver with respect and dignity
- Keep health care appointments and call the office to cancel if you can't keep your appointment

- Not let anyone else use your Medicaid ID card and let My Care know if it is lost or stolen
- Tell your Care Manager of any changes like:
 - If you or a family member changes your name, address, or phone number
 - If you have a change in family size
 - If you or a family member gets a job, loses your job, or changes jobs
 - If you or a family member have other health insurance or can get other health insurance
- Let us know if you think there may be cases of fraud, waste, or abuse of Medicaid

Maternity Specific Rights and Responsibilities

You have the right to:

- To get good medical care for your pregnancy close to where you live
- To choose where you want to get medical care for yourself and your baby
- To change where you receive your medical care once within the first 90 calendar days of choosing your doctor the first time. After that, you can change your doctor again, but there must be a valid complaint and a request made to My Care.
- To get care during your pregnancy regardless of your overall health, past medical history or any health problems.
- To be treated with respect, dignity and privacy.
- To decide about the care you get during your pregnancy and to give your permission before the start of treatment or surgery.
- To know about all of the people who will be taking care of you during your pregnancy.
- To choose what kind of birth control you want and where you want to get it.

You have the responsibility to:

- To go to doctors and hospital that you have agreed to see for pregnancy care. care manager will show you a list of all the doctors and hospitals that accepts Medicaid.
- To go to all of your appointments. If you have a problem getting to your appointment, your care manager will help you with getting transportation.
- To contact your doctor office for non-emergency problems you may have during your pregnancy
- To follow the directions you get from your doctor or nurse for your pregnancy.
- To take only the medicine that your doctor has told you to take. This includes medicines you can buy in stores (over the counter medicine) like Aspirin, Motrin, Tums, etc.
- To follow the plan of care that you, your care manager and doctor has set up to help you have a healthy baby.
- To meet with your care manager and let them know of any changes with you or your pregnancy.
- To report to the care manager if you move, if your Medicaid status changes, or if you miscarry the baby (become no longer pregnant).
- To have a healthy lifestyle and to eat right.
- Not to smoke cigarettes or use illegal drugs.
- To notify the Medicaid office worker of the birth of your baby



ACHN CARE MANAGEMENT PROGRAM

Contact Information

You can contact us when you have any questions or need help with your care.

Your Care Manager will give you their specific contact information.

Or you can call us toll free at 855-200-9471 Monday through Friday between the hours of 8 am and 5 pm Central Standard Time.

Please feel free to leave a message and we will return your call.



Confidentiality and HIPAA Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. It also tells you how you can get access to this information. Please review it carefully.

My Care promises to keep your information private

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

Protected Health Information (PHI)

The state passed an act in 1996 to protect your health information. The act is called the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is intended to help people keep their information private. We want to make sure that your Personal Health Information (PHI) is protected. We only use information when we need to in order to provide you with care.

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 healthcare providers send claims to Medicaid for payment, the claims must include your diagnosis and the medical treatments you received. In order for My Care to pay for some medical treatments, your healthcare providers must also send extra medical information such as doctor's statements, x-rays, or lab test results.

How My Care uses and shares healthcare information

My Care contracts with others outside of the agency for some services. For example, My Care contracts with a company to assist with medication reconciliation. My Care may need to share some or all of your information with that company so that we can provide the best care coordination for you.

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

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

My Care 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.



ACHN CARE MANAGEMENT PROGRAM

Here are the ways My Care uses and shares your health information. For each category, we will say what we mean and give an example.

- **For Medical Treatment:** My Care may use or share information about you to make sure that you get needed medical treatment or services. For example, your Primary Medical Provider may receive information about you from My Care.
- **To Run the My Care Program:** My Care may use or share information about you to run the My Care program. For example, My Care 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:** My Care may share information about you to other government agencies that are giving you benefits or services. For example, My Care may give the state Department of Public Health information so you can qualify for benefits or services.
- **To Keep You Informed:** My Care may use your information to send you materials to help you live a healthy life. For example, My Care may send you a brochure about an illness or condition you have or about your managed care choices.
- **To Check On Healthcare Providers:** My Care 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:** My Care 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, My Care 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 My Care 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 My Care 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 My Care 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.



ACHN CARE MANAGEMENT PROGRAM

- You have the right to ask that My Care 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 My Care to give you a copy, or print one from My Care's website, www.mycarealabama.org.

Medicaid's Requirements

My Care is required by law to:

- keep your information private
- give you this notice that tells the rules My Care must follow when using or sharing your information with others
- follow the terms of this notice
- Except for the reasons given in this notice, My Care may not use or share any information about you unless you agree in writing. For example, My Care 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 My Care disclosed before you stopped your permission. If you cannot give your permission due to an emergency, My Care may release the information if it is in your best interest. My Care must notify you as soon as possible after releasing the information.

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

To Report a Problem

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

- file a complaint with My Care Alabama by calling toll-free at 1-877-988-9823 or call Telecommunication for the Deaf at 711 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.