

ICN Collaborator Portal Applicant Guide

v1.2

April 2016

Access ICN Collaborator Portal

The ICN Collaborator Portal system may be accessed directly using your Internet Web Browser (Internet Explorer, Mozilla, Firefox, Safari, Opera, Google Chrome, etc.) at

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

Access ICN Collaborator Portal

Applicants may also access the ICN Collaborator Portal from the Public Online Medicaid Site:

1. To access the ICN Collaborator Portal, open your Web Browser (Internet Explorer, Mozilla, Firefox, Safari, Opera, Google Chrome, etc.).
2. Go to <http://medicaid.alabama.gov/>.
3. Hover mouse over **Programs** on Top Menu Bar

Alabama Medicaid Agency

Medicaid

Together for Quality

Home Newsroom Apply for Medicaid Programs Resources Providers Fraud/Abuse Prevention Contact Recipients Reference

Search

For Recipients, Applicants, Sponsors For Providers

News Alerts Calendar

Medicaid offering APR-DRG webinars on March 29 and April 12

Public Comment Sought for Medicaid Technology Assisted Waiver for Adults Renewal

Public Comment Sought for Alabama's Home and Community-Based Service Waiver Statewide Transition Plan

More News Follow Us RSS Feed

My MEDICAID

Patient 1st

One Health Record

eHR

Alabama VOTES

Welcome

Welcome to the Alabama Medicaid Agency! Medicaid is a state/federal program that pays for medical and long-term care services for low-income pregnant women, children, certain people on Medicare, individuals with disabilities and nursing home residents. These individuals must meet certain income and other requirements.

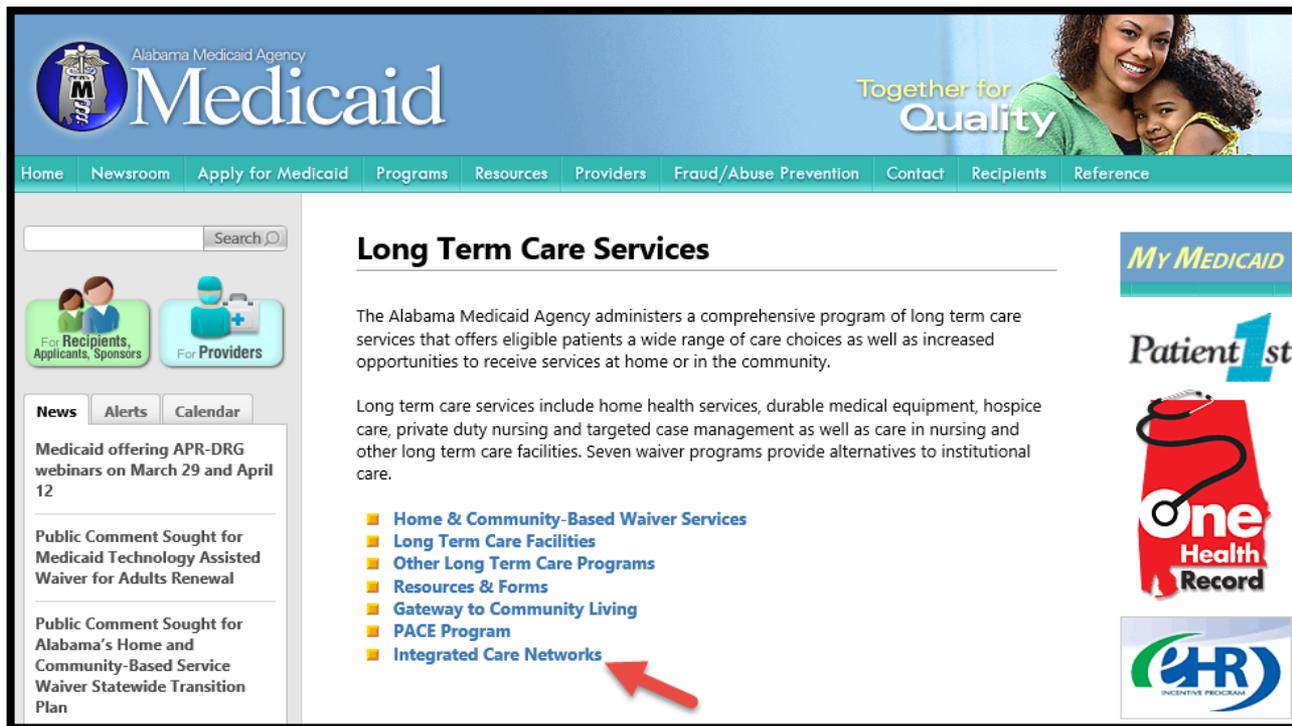
Access ICN Collaborator Portal

Select “**Long Term Care Services**” from the drop down menu to navigate to the Long Term Care Services page.



Access ICN Collaborator Portal

From the Long Term Care Services page, click the **Integrated Care Networks** link to navigate to the ICN Information page.



The screenshot shows the Alabama Medicaid Agency website. The header includes the Medicaid logo and the slogan "Together for Quality". A navigation menu contains links for Home, Newsroom, Apply for Medicaid, Programs, Resources, Providers, Fraud/Abuse Prevention, Contact, Recipients, and Reference. The main content area is titled "Long Term Care Services" and contains a paragraph describing the services. Below the paragraph is a list of service categories, with "Integrated Care Networks" highlighted by a red arrow. The left sidebar features a search bar, navigation buttons for Recipients, Applicants, Sponsors, and Providers, and a news section with three articles. The right sidebar contains logos for My MEDICAID, Patient 1st, One Health Record, and HR INCENTIVE PROGRAM.

Alabama Medicaid Agency
Medicaid
Together for Quality

Home Newsroom Apply for Medicaid Programs Resources Providers Fraud/Abuse Prevention Contact Recipients Reference

Search

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News Alerts Calendar

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Public Comment Sought for Medicaid Technology Assisted Waiver for Adults Renewal

Public Comment Sought for Alabama's Home and Community-Based Service Waiver Statewide Transition Plan

Long Term Care Services

The Alabama Medicaid Agency administers a comprehensive program of long term care services that offers eligible patients a wide range of care choices as well as increased opportunities to receive services at home or in the community.

Long term care services include home health services, durable medical equipment, hospice care, private duty nursing and targeted case management as well as care in nursing and other long term care facilities. Seven waiver programs provide alternatives to institutional care.

- [Home & Community-Based Waiver Services](#)
- [Long Term Care Facilities](#)
- [Other Long Term Care Programs](#)
- [Resources & Forms](#)
- [Gateway to Community Living](#)
- [PACE Program](#)
- [Integrated Care Networks](#)

My MEDICAID

Patient 1st

One Health Record

HR INCENTIVE PROGRAM

Access ICN Collaborator Portal

From the Integrated Care Networks page, scroll down to the **ICN Collaboration** area and click the **Find out about Collaboration and Integrated Care Networks** link to go to the ICN Collaboration and Reporting page.

The screenshot shows the Alabama Medicaid Agency website. The header includes the Medicaid logo and the slogan "Together for Quality" with an image of a woman and child. A navigation menu contains links for Home, Newsroom, Apply for Medicaid, Programs, Resources, Providers, Fraud/Abuse Prevention, Contact, Recipients, and Reference. A search bar is located in the top left. Below the search bar are two main navigation buttons: "For Recipients, Applicants, Sponsors" and "For Providers". A sidebar on the left features "News", "Alerts", and "Calendar" tabs, with three news items listed. The main content area is titled "Integrated Care Networks" and contains a paragraph of text about state legislation from 2015. Below this text are three sections: "Email Your Questions About ICNs" with a link to email questions; "ICN Collaboration" with a link to "Find out about Collaboration and Integrated Care Networks" (highlighted by a red arrow); and "ICN-Related Documents" with links to "ICN State Law" and "Summary of ICN law". On the right side of the page, there are three logos: "My MEDICAID", "Patient 1st", and "One Health Record". At the bottom right, there is a logo for the "HR INCENTIVE PROGRAM".

Access ICN Collaborator Portal

From the ICN Collaboration and Reporting page, click the **Click to Apply** button to navigate to the ICN Collaborator Portal Homepage.

The screenshot shows the Alabama Medicaid Agency website. The header includes the agency logo, the word "Medicaid", and the slogan "Together for Quality". A navigation menu contains links for Home, Newsroom, Apply for Medicaid, Programs, Resources, Providers, Fraud/Abuse Prevention, Contact, Recipients, and Reference. A search bar is located below the menu. On the left side, there are icons for "For Recipients, Applicants, Sponsors" and "For Providers", along with "News", "Alerts", and "Calendar" buttons. The main content area is titled "ICN Collaboration and Reporting" and contains the following text:

Collaboration and Integrated Care Networks

Each person or entity who is operating or may operate as an ICN Collaborator shall possess a certificate (Certificate to Collaborate) issued by the Alabama Medicaid Agency qualifying such person or entity to collaborate.

- [Instructions on using the Medicaid ICN Collaborator Portal - Instructions on submitting a periodic report begin on page 43 of this document](#)
- [Learn more about Applying for a Certificate to Collaborate](#)
- Questions? [Click here to email Medicaid](#)
- Telephone Assistance: (334) 353-4121

Important Notice Regarding Collaboration
The Agency is not able to provide legal advice regarding the interpretation of Act 2013-261 or any other law. Should you have any questions about the new law you should carefully review the language of the Act with the counsel of your choice.

Apply for a Certificate to Collaborate

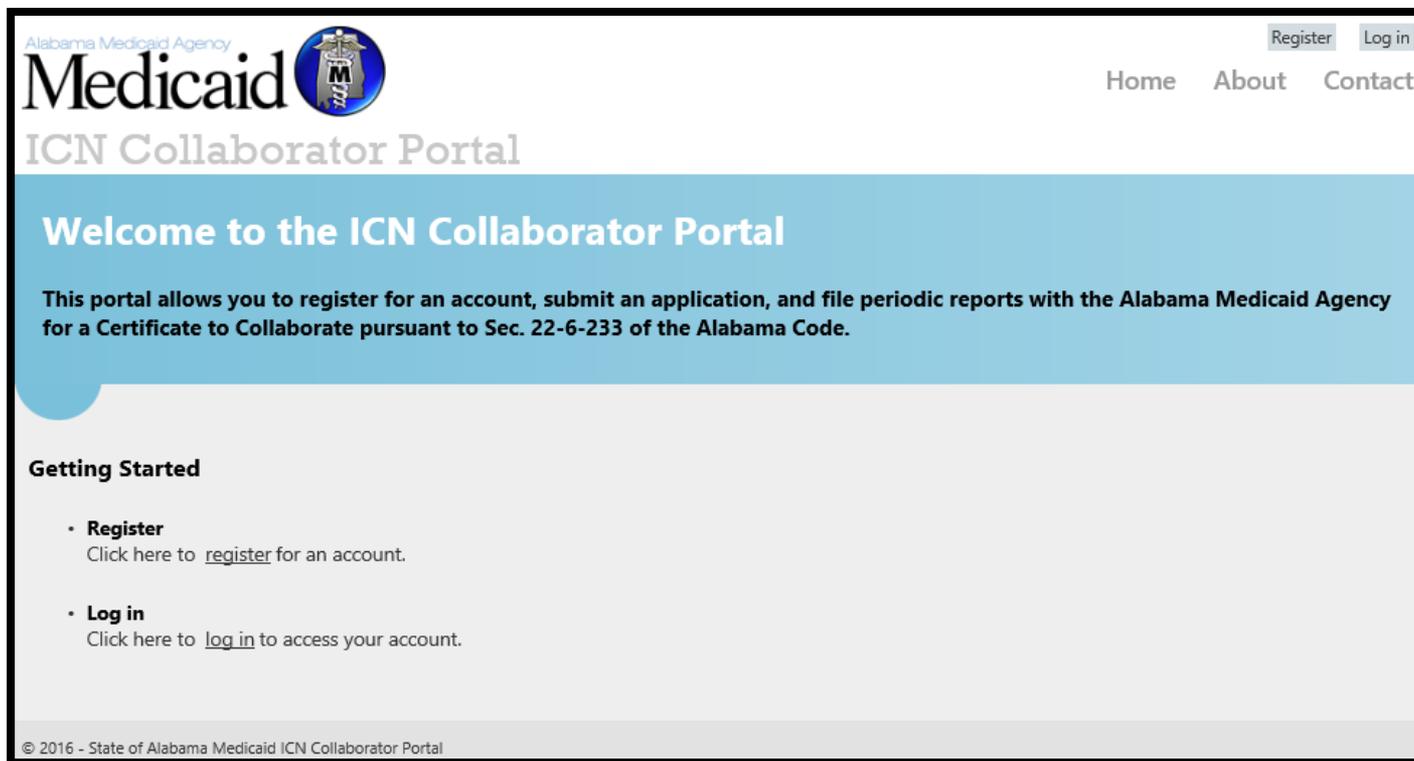
To apply for a certificate to collaborate as an RCO Collaborator, you must first create a profile in the Agency's online system and then submit your application through the portal.

At the bottom of the page, there is a green button labeled "Click to Apply" with a red arrow pointing to it from the right.

On the right side of the page, there are several logos: "My MEDICAID", "Patient 1st", "One Health Record", "eHR INCENTIVE PROGRAM", and "Alabama VOTES".

ICN Collaborator Portal Homepage

Read the two options under **Getting Started** on the ICN Collaborator Portal Homepage. If you **have not** previously registered as a user, click **Register**. If you **have** previously registered as a user, click **Log In**.



The screenshot shows the homepage of the ICN Collaborator Portal. At the top left, it features the Alabama Medicaid Agency logo and the word "Medicaid" in a large, serif font. To the right of the logo is a circular emblem with a caduceus and the letters "M" and "H". In the top right corner, there are two buttons: "Register" and "Log in". Below the logo, the text "ICN Collaborator Portal" is displayed. A light blue banner contains the heading "Welcome to the ICN Collaborator Portal" and a paragraph: "This portal allows you to register for an account, submit an application, and file periodic reports with the Alabama Medicaid Agency for a Certificate to Collaborate pursuant to Sec. 22-6-233 of the Alabama Code." Below this banner, the section "Getting Started" is highlighted. It contains two bullet points: "Register" with the instruction "Click here to [register](#) for an account." and "Log in" with the instruction "Click here to [log in](#) to access your account." At the bottom left, the copyright notice "© 2016 - State of Alabama Medicaid ICN Collaborator Portal" is visible.

Alabama Medicaid Agency
Medicaid
ICN Collaborator Portal

Register Log in
Home About Contact

Welcome to the ICN Collaborator Portal

This portal allows you to register for an account, submit an application, and file periodic reports with the Alabama Medicaid Agency for a Certificate to Collaborate pursuant to Sec. 22-6-233 of the Alabama Code.

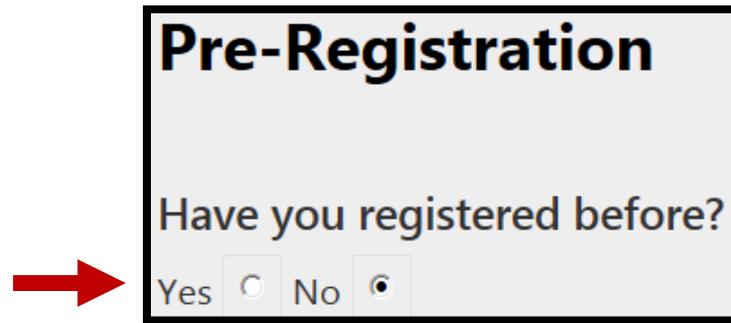
Getting Started

- **Register**
Click here to [register](#) for an account.
- **Log in**
Click here to [log in](#) to access your account.

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Pre-Registration

Each applicant will be asked to verify that they do not have an existing ICN Collaborator Portal account. If an applicant has previously registered, they will not be allowed to create an additional Collaborator Portal account using the same Social Security Number (Individual Account) / Employer Identification Number (Business Entity Account).



Pre-Registration

Have you registered before?

Yes No

If an applicant selects **“Yes”** indicating they have registered before, the applicant will be redirected to the Log In page. If an applicant selects **“No”** indicating they have not registered before, the Terms and Conditions of the ICN Collaborator Portal will appear. The applicant will be asked to read, accept, and agree to the Terms and Conditions of the ICN Collaborator Portal.

Terms and Conditions

Accepting the Terms and Conditions of the ICN Collaborator Portal:

1. Read the Terms and Conditions statement completely.
2. Click the **checkbox** below the statement indicating that you “...accept and agree to these Terms and Conditions.”



Pre-Registration

Have you registered before?

Yes No

Terms and Conditions

1.)Your Acceptance

a. By using this Portal, including the submission of applications, amended applications and progress reports, you signify your agreement to these Terms and Conditions.

b. Although we may attempt to notify you when major changes are made to these Terms and Conditions, you should periodically review the most up-to-date version. The Alabama Medicaid Agency may, in its sole discretion, modify or revise these Terms and Conditions and policies at any time, and continued access of this Portal by you will constitute your acceptance of any changes or revisions to these Terms and Conditions.

2.)Registration and Account Creation

a. The Alabama Medicaid Agency requires that you register and set up an account to use the Portal. In order to do so, you will be required to choose a user name, password, email address and provide other registration information (collectively, "Registration Information"). Other registration information shall include, but is not limited to, the applicant's principal address, contact information, National Provider Information, Medicaid Provider ID,

I accept and agree to these Terms and Conditions

Select ICN Collaborator Account Type

Once the applicant has accepted and agreed to the Terms and Conditions of the ICN Collaborator Portal, they will be given the choice to create either an **Individual** or a **Business Entity** Account.

Click here to create [Individual Account](#)
Click here to create [Business Entity Account](#)

If the applicant is applying as an individual, the certificate to collaborate will be issued to the applicant as an individual and will extend only to those listed in the application as having authority to collaborate on their behalf (application question #11).

If the applicant is applying as a Business Entity, the certificate to collaborate will be issued to the applicant as a Business Entity and will extend only to those listed in the application as having authority to collaborate on their behalf (application question #11).

Required Registration Information

Individuals registering for an ICN Collaborator Certificate will be required to provide the following information in addition to contact information:

- Individual Social Security Number
- Accessible email address

Business Entities registering for an ICN Collaborate Certificate will be required to provide the following information in addition to contact information:

- Employer Identification Number (EIN)
- Accessible email address

Note: An individual may only have one Individual Collaborator Certificate but may have multiple Business Entity Collaborator Certificates (using unique EIN's). A Collaborator Account of any kind may have only one Approved Application at a time. When pursuing multiple Collaborator Certificates, the applicant must create a separate, unique ICN Collaborator account for each.

Once the applicant has completed and submitted the registration, a **Verification Email** will be delivered to the email address provided during the registration process.

Required Registration Information

Complete the applicant registration screen by entering all applicable information in the registration fields.

1. Select and enter a unique **User Name** and **Password**.
2. Confirm your selected **Password**.
3. Click **Register**.

Alabama Medicaid Agency
Medicaid
ICN Collaborator Portal

Business Entity Registration

Applicant Information

Prefix

First Name

Middle Name

Last Name

Suffix

Business Name

Principal Address 1 (No P.O. Box Allowed)

Principal Address 2

City

State

Contact Information

Contact Prefix

Contact First Name

Contact Middle Name

Contact Last Name

Contact Suffix

Login Information

User Name

Password

Confirm Password

Register

Required Registration Fields

During registration, complete all applicable fields. There are several required fields within the registration screen. Required fields differ depending on the applicant type selected. The **Register** button will not process a registration until all required fields are populated. The password must be at least 8 characters in length and contain characters from each of the following categories: uppercase, lowercase, numeric, and non-alphanumeric (~!@#\$%^&*()-+, etc).

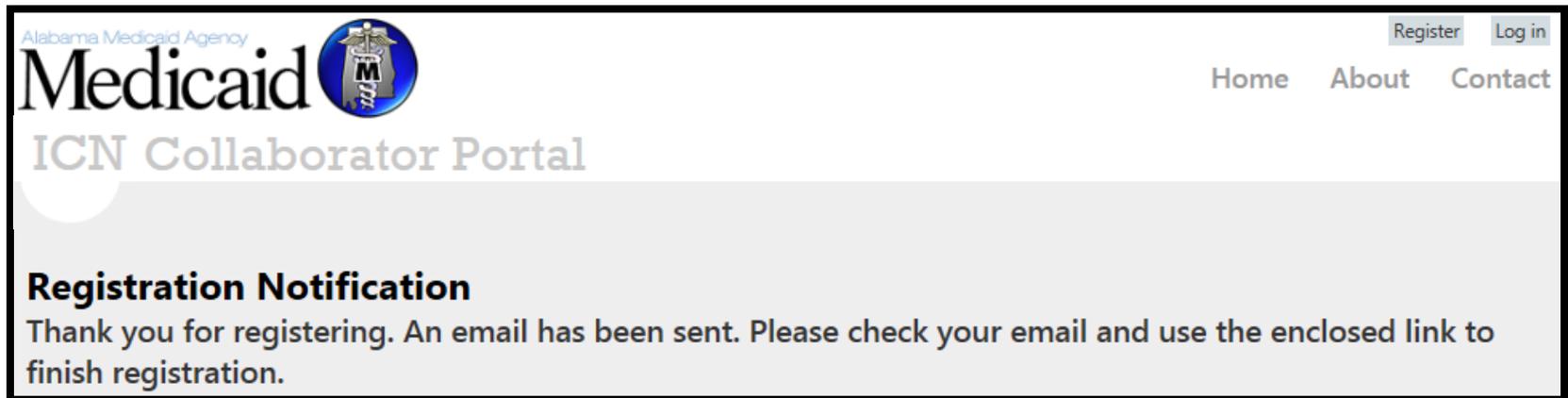


The screenshot shows the 'Individual Registration' form on the Alabama Medicaid Agency ICN Collaborator Portal. The form is divided into two columns: 'Applicant Information' and 'Contact Information'. Each column contains five text input fields for Prefix, First Name, Middle Name, Last Name, and Suffix.

Alabama Medicaid Agency Medicaid ICN Collaborator Portal	
Individual Registration	
Applicant Information	Contact Information
Prefix <input type="text"/>	Contact Prefix <input type="text"/>
First Name <input type="text"/>	Contact First Name <input type="text"/>
Middle Name <input type="text"/>	Contact Middle Name <input type="text"/>
Last Name <input type="text"/>	Contact Last Name <input type="text"/>
Suffix <input type="text"/>	Contact Suffix <input type="text"/>

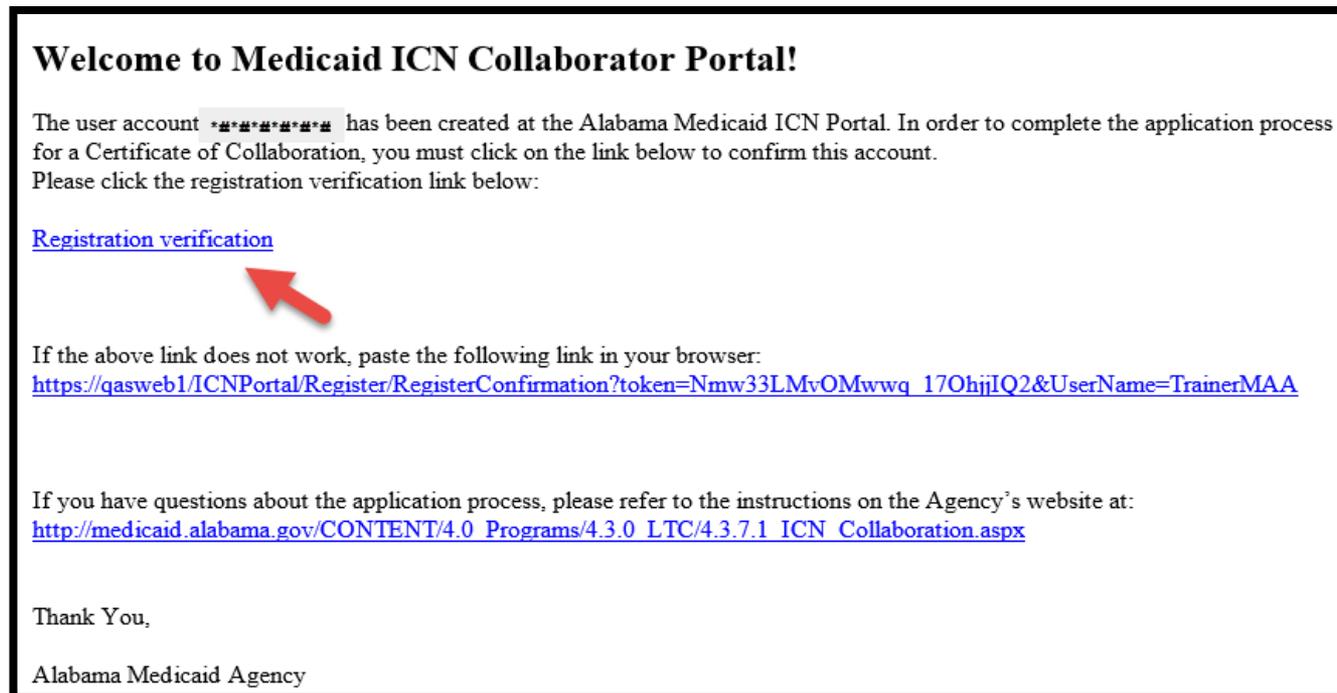
Registration Verification Screen

The email address an applicant provides during the registration process will be used for all portal communication(s) from the ICN Collaborator Portal to the applicant. Once the applicant has registered their ICN Collaborator Portal account, the account will be verified by the delivery of a **Registration Verification** email.



Registration Verification Email

Once the applicant has received the **Registration Verification** email, they will click the “**Registration Verification**” link. The link opens the ICN Collaborator Portal where the applicant will be able to log in and utilize the system.

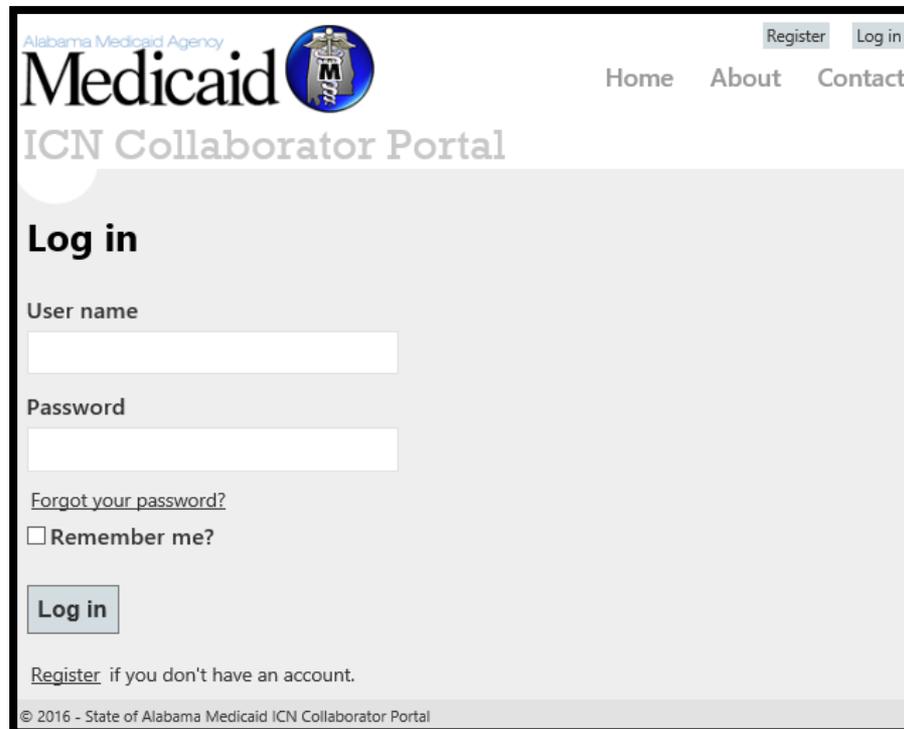


NOTE: The link in the image above is for example only.

Log in

Registered users will log in to create and submit an application, monitor a previously submitted application, amend a previously submitted application, complete a periodic report, or edit their user profile.

1. Enter the account **User name**.
2. Enter the account **Password**.
3. Click **Log in**.



The screenshot shows the login page for the Alabama Medicaid Agency ICN Collaborator Portal. At the top left, it says "Alabama Medicaid Agency" and "Medicaid" with a logo. To the right, there are links for "Home", "About", and "Contact", and buttons for "Register" and "Log in". The main heading is "ICN Collaborator Portal". Below this, the "Log in" section contains a "User name" input field, a "Password" input field, a link for "Forgot your password?", and a checkbox for "Remember me?". A "Log in" button is positioned below the password field. At the bottom, there is a link for "Register" with the text "if you don't have an account." and a copyright notice: "© 2016 - State of Alabama Medicaid ICN Collaborator Portal".

Forgot Password

If a registered user cannot recall their password, they may request a copy of the account password be sent to the account email:

1. Click **Forgot your password?** from the Log in screen.
2. Enter the account **User name**.
3. Click **Continue**.



Log in. Enter login information

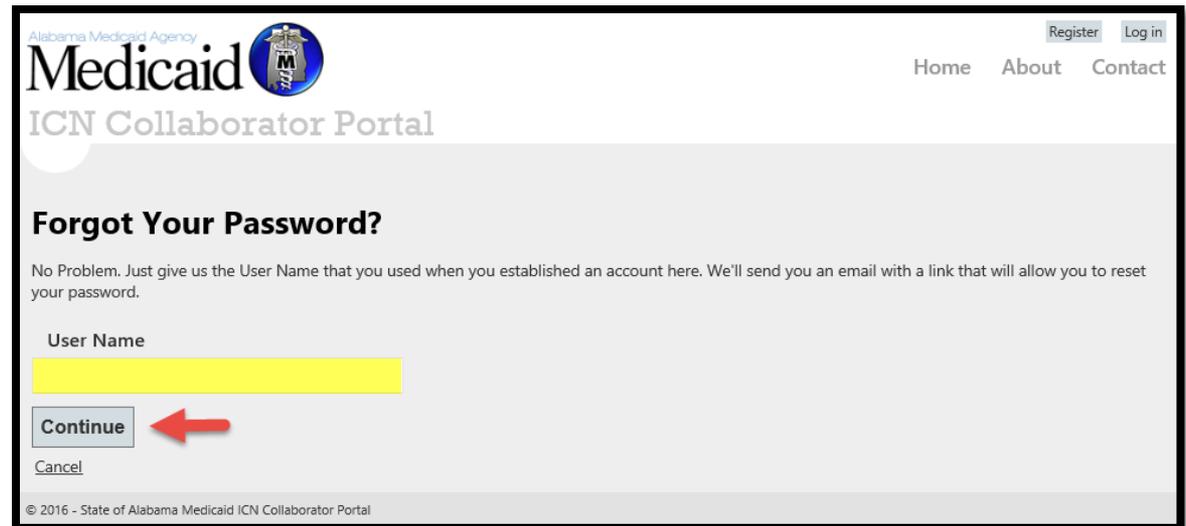
User name

Password

[Forgot your password?](#)

Remember me?

[Register](#) if you don't have an account.



Alabama Medicaid Agency 

Medicaid

ICN Collaborator Portal

Register Log in

Home About Contact

Forgot Your Password?

No Problem. Just give us the User Name that you used when you established an account here. We'll send you an email with a link that will allow you to reset your password.

User Name



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Password Reset Notice

Once the account password has been requested, the notice below will display directing the applicant to check their email for a Password Reset Notice.

Alabama Medicaid Agency

Medicaid 

ICN Collaborator Portal

Register Log in

Home About Contact

Password Reset Notice

Check your inbox! We sent you an email with more instructions.

Instructions have been sent to the email address we have on file for the account you entered. Please check your email and follow the instructions to complete the process of resetting your password. **Remember to check any junk mail folders for the message.**

[Continue](#)

Password Reset Email

The Password Reset email provides an authentication link. Clicking the link in the email will redirect the applicant to a Password Reset screen.

1. Click the **link** within the email.
2. You will be redirected to a Password Reset screen.

A password reset has been requested for user account ***** at the Medicaid ICN Collaborator Portal. If you requested this password reset, click this link to continue https://gasweb1/ICNPortal/Account/ResetPassword/PYcKPhnu05F5A_I0yz26FQ2.

If this link does not work you can go to <https://gasweb1/ICNPortal/Account/ResetPassword> and enter the following to complete the password reset: PYcKPhnu05F5A_I0yz26FQ2.

If you did not request a password reset for your account, you may ignore this email.

If you have questions about the application process, please refer to the instructions on the Agency's website at: http://medicaid.alabama.gov/CONTENT/4.0_Programs/4.3.0_LTC/4.3.7.1_ICN_Collaboration.aspx

Thank You,

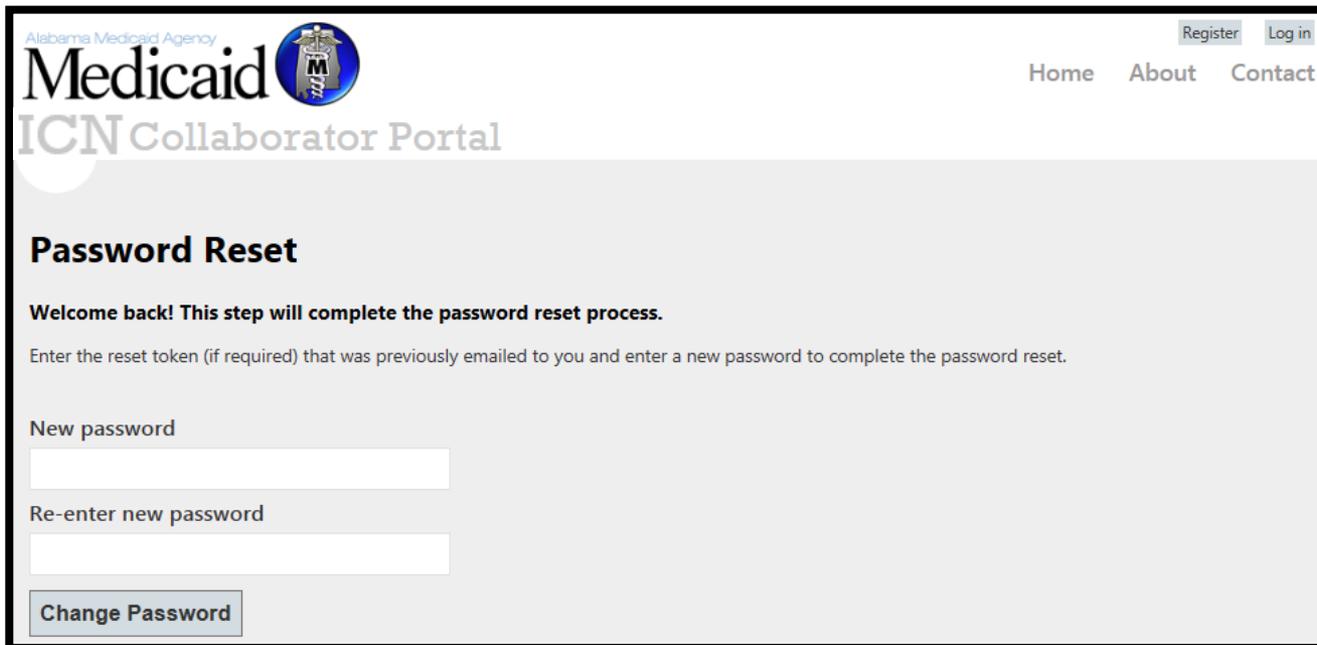
Alabama Medicaid Agency

NOTE: The link in the image above is for example only.

Reset Password

Complete the Password Reset fields. Once the account password has been reset, the new password will be active immediately.

1. Enter **New password**.
2. **Re-enter new password**.
3. Click **Change Password**.



The screenshot shows the 'Password Reset' page of the Alabama Medicaid Agency ICN Collaborator Portal. The page header includes the agency logo, 'Medicaid ICN Collaborator Portal', and navigation links for 'Home', 'About', and 'Contact'. There are also 'Register' and 'Log in' buttons. The main content area is titled 'Password Reset' and contains a welcome message: 'Welcome back! This step will complete the password reset process.' Below this, a instruction reads: 'Enter the reset token (if required) that was previously emailed to you and enter a new password to complete the password reset.' There are two input fields: 'New password' and 'Re-enter new password'. At the bottom of the form is a 'Change Password' button.

Profile Update

ICN Collaborator Portal users are responsible for updating their user profile as needed. To update an applicant's user profile:

1. Click the **Profile** link from the menu at any time while logged in to the portal.
2. Edit fields as necessary.
3. Click **Update**.

NOTE: You can also access the Edit Profile screen by clicking **edit** within the **Getting Started** area on the ICN Homepage.

Alabama Medicaid Agency
Medicaid
ICN Collaborator Portal

trainermaa
Profile Log off
Home About Contact Dashboard

Edit Profile

[Change Password](#)

Applicant Information	Contact Information
Prefix <input type="text"/>	Contact Prefix <input type="text"/>
First Name Micki <input type="text"/>	Contact First Name <input type="text"/>
Middle Name Applicant <input type="text"/>	Contact Middle Name <input type="text"/>
Last Name Allen <input type="text"/>	Contact Last Name <input type="text"/>

←

Getting Started

- **Update Account Information**

Click here to **edit** your account information.

Profile Update

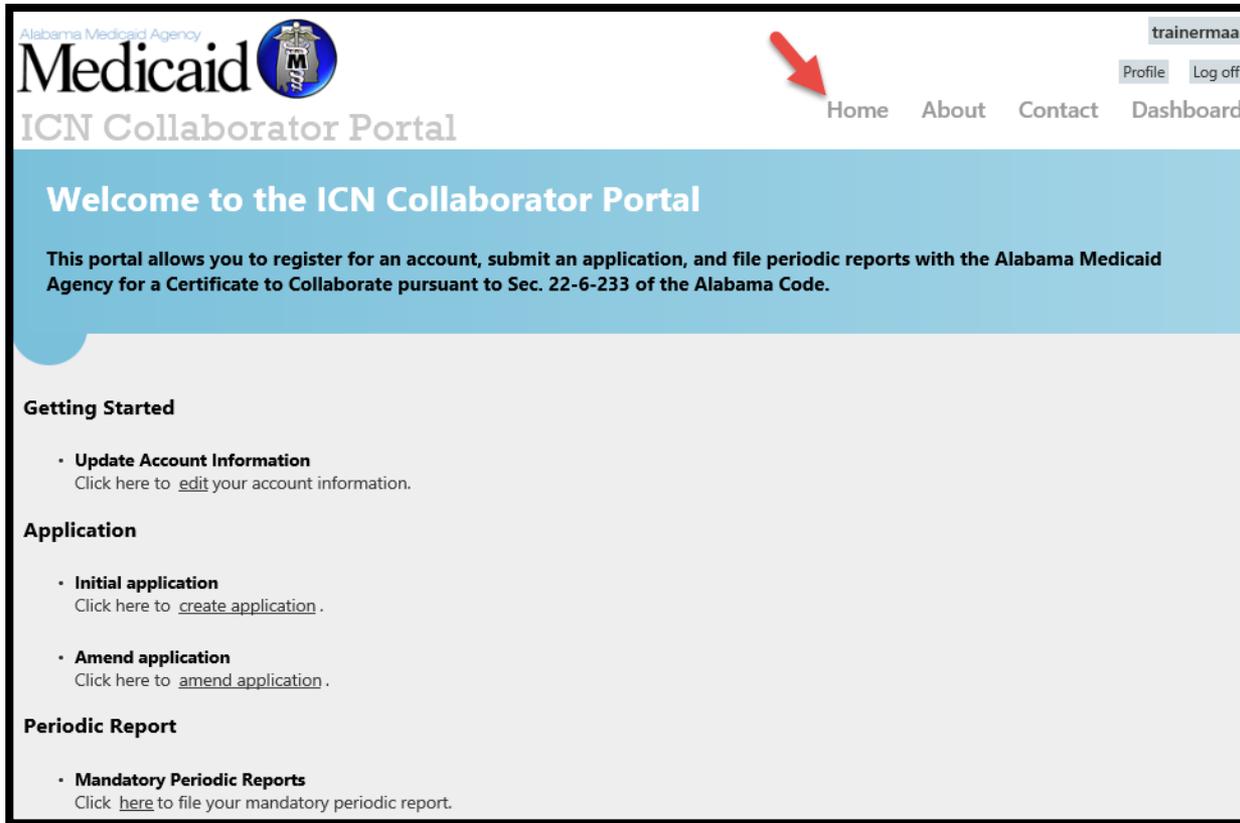
NOTE: Profile fields will differ depending on whether your account type is an Individual or Business Entity. Keep in mind that changing the Email field will redirect email communications from the ICN Collaborator Portal to the new email address.

First Name <input type="text"/>	Contact First Name <input type="text"/>
Middle Name <input type="text"/>	Contact Middle Name <input type="text"/>
Last Name <input type="text"/>	Contact Last Name <input type="text"/>
Suffix <input type="text"/>	Contact Suffix <input type="text"/>
Principal Address 1 (No P.O. Box Allowed) <input type="text"/>	Mailing Address 1 <input type="text"/>
Principal Address 2 <input type="text"/>	Mailing Address 2 <input type="text"/>
City <input type="text"/>	City <input type="text"/>
State <input type="text"/>	State <input type="text"/>
Zip Code <input type="text"/>	Zip Code <input type="text"/>
Business Occupation <input type="text"/>	Email <input type="text"/>



User Homepage

ICN Collaborator Portal users may navigate to the **Homepage** by clicking the **Home** menu item.



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ICN Collaborator Portal

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Profile Log off

Home About Contact Dashboard

Welcome to the ICN Collaborator Portal

This portal allows you to register for an account, submit an application, and file periodic reports with the Alabama Medicaid Agency for a Certificate to Collaborate pursuant to Sec. 22-6-233 of the Alabama Code.

Getting Started

- **Update Account Information**
Click here to [edit](#) your account information.

Application

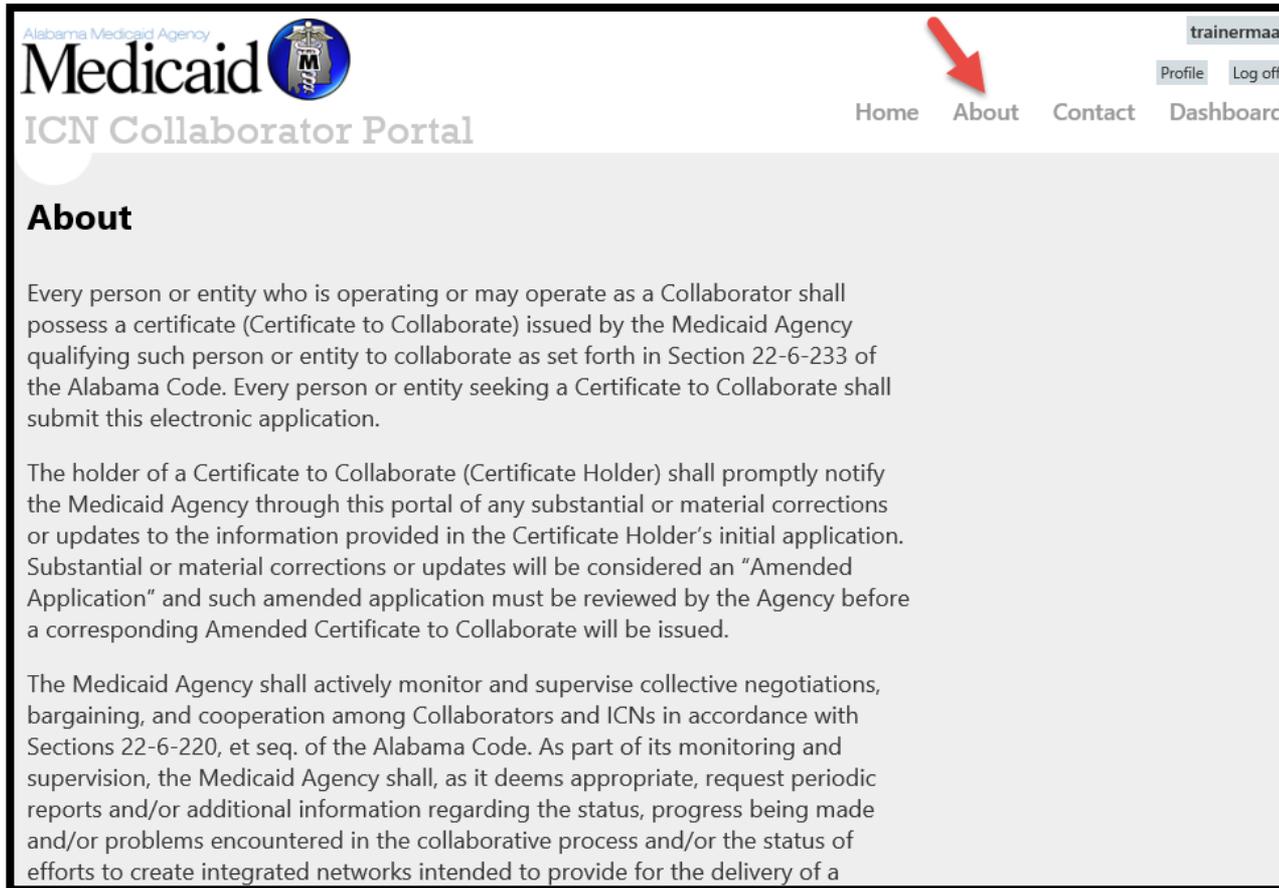
- **Initial application**
Click here to [create application](#).
- **Amend application**
Click here to [amend application](#).

Periodic Report

- **Mandatory Periodic Reports**
Click [here](#) to file your mandatory periodic report.

User About Page

ICN Collaborator Portal users may navigate to the **About** page by clicking the **About** menu item.



The screenshot shows the Alabama Medicaid Agency ICN Collaborator Portal. The header includes the agency logo and the text "Alabama Medicaid Agency Medicaid ICN Collaborator Portal". The navigation bar contains links for "Home", "About", "Contact", and "Dashboard". A red arrow points to the "About" link. The user's name "trainermaa" and "Profile Log off" options are visible in the top right corner. The main content area is titled "About" and contains three paragraphs of text regarding the requirements for Collaborators and the agency's monitoring and supervision of collective negotiations.

About

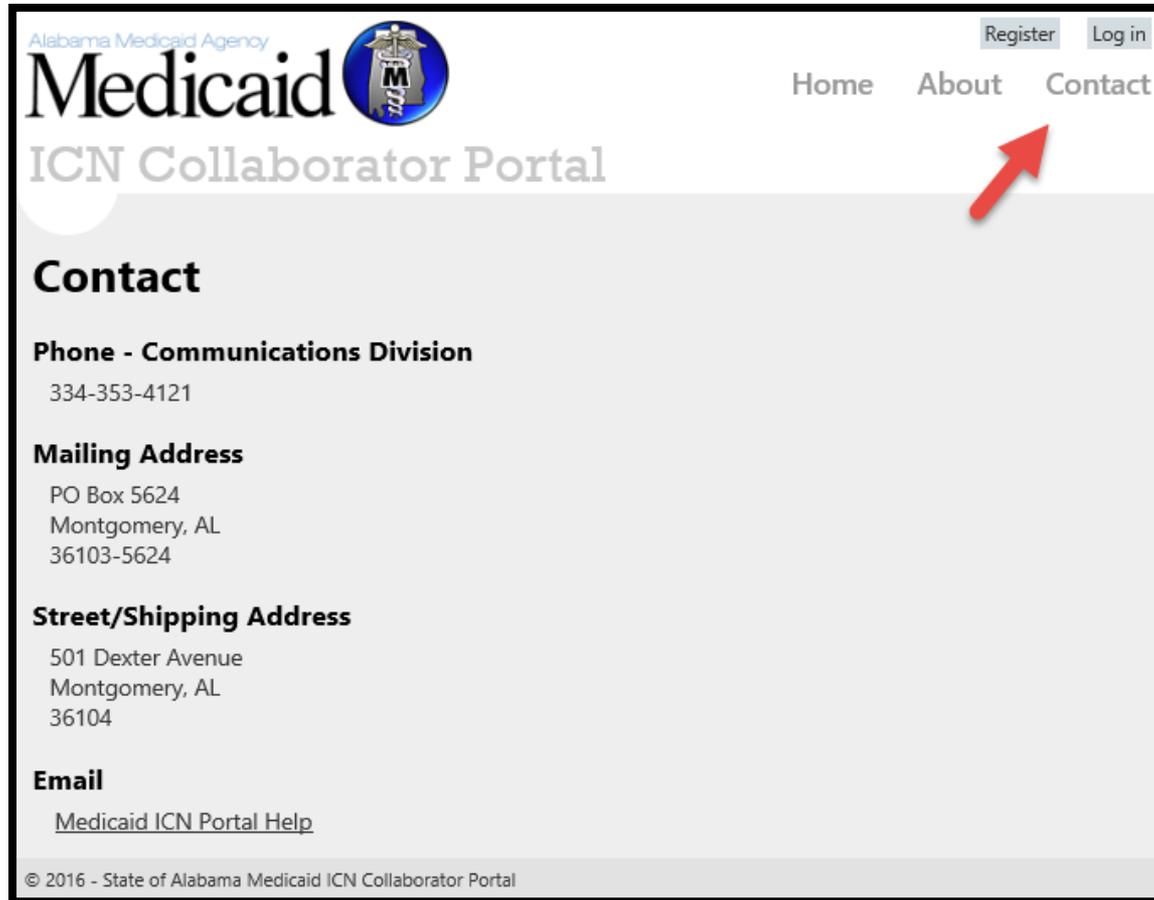
Every person or entity who is operating or may operate as a Collaborator shall possess a certificate (Certificate to Collaborate) issued by the Medicaid Agency qualifying such person or entity to collaborate as set forth in Section 22-6-233 of the Alabama Code. Every person or entity seeking a Certificate to Collaborate shall submit this electronic application.

The holder of a Certificate to Collaborate (Certificate Holder) shall promptly notify the Medicaid Agency through this portal of any substantial or material corrections or updates to the information provided in the Certificate Holder's initial application. Substantial or material corrections or updates will be considered an "Amended Application" and such amended application must be reviewed by the Agency before a corresponding Amended Certificate to Collaborate will be issued.

The Medicaid Agency shall actively monitor and supervise collective negotiations, bargaining, and cooperation among Collaborators and ICNs in accordance with Sections 22-6-220, et seq. of the Alabama Code. As part of its monitoring and supervision, the Medicaid Agency shall, as it deems appropriate, request periodic reports and/or additional information regarding the status, progress being made and/or problems encountered in the collaborative process and/or the status of efforts to create integrated networks intended to provide for the delivery of a

User Contact Page

ICN Collaborator Portal users may navigate to the **Contact** page by clicking the **Contact** menu item.



Alabama Medicaid Agency

Medicaid 

ICN Collaborator Portal

Register Log in

Home About **Contact**

Contact

Phone - Communications Division
334-353-4121

Mailing Address
PO Box 5624
Montgomery, AL
36103-5624

Street/Shipping Address
501 Dexter Avenue
Montgomery, AL
36104

Email
[Medicaid ICN Portal Help](#)

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Create An Application Applicant Dashboard

After logging in, users are directed to their Applicant Dashboard where they can click the **Create Application** button to submit an application.

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Profile Log off
Home About Contact Dashboard

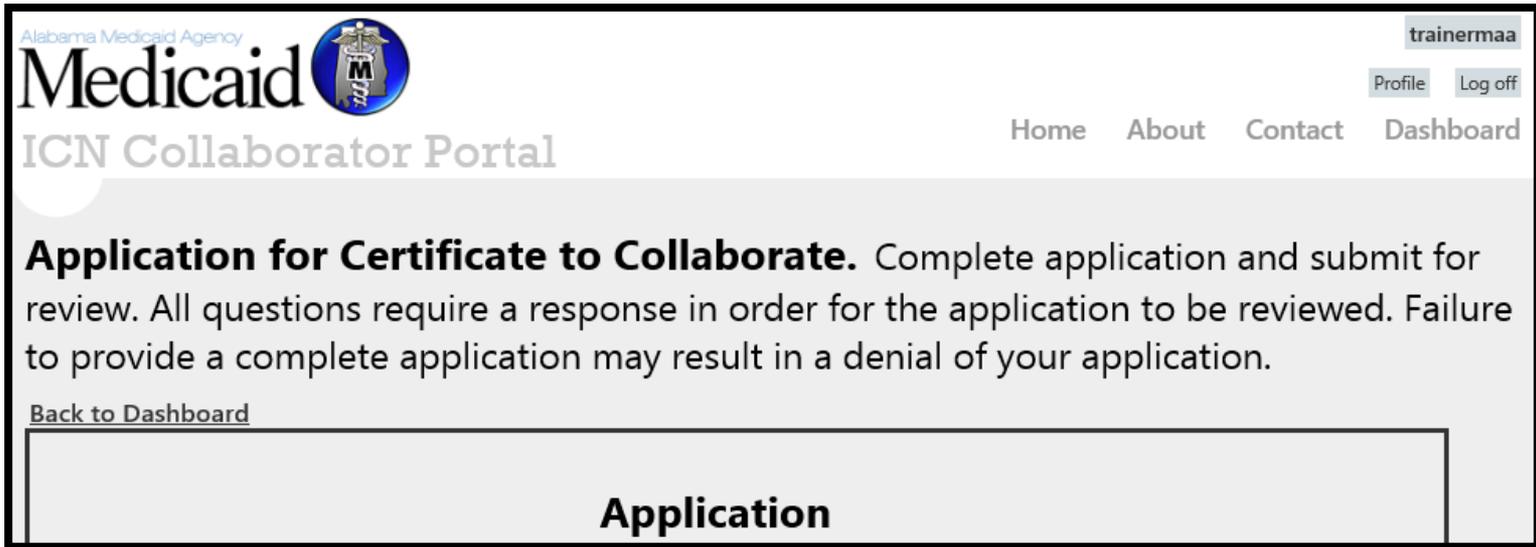
Applicant Dashboard

Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	Certificate Notice	Denial Notice	Revocation Notice
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Create Application

Create An Application

Read the entire application carefully and answer each question completely.



Alabama Medicaid Agency

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ICN Collaborator Portal

trainermaa

Profile Log off

Home About Contact Dashboard

Application for Certificate to Collaborate. Complete application and submit for review. All questions require a response in order for the application to be reviewed. Failure to provide a complete application may result in a denial of your application.

[Back to Dashboard](#)

Application

Application Questions 1 & 2

Question #1

Are you or any individual authorized to collaborate on your behalf currently excluded or suspended from the Medicare, Medicaid, or the Title XX services program?

Yes No

Question #2

Have you or any individual authorized to collaborate on your behalf ever pled guilty to or been convicted of a criminal offense related to your or the individual's involvement in any program under Medicare, Medicaid, or the Title XX services program?

Yes No

If yes, identify when and explain:

Application Questions 3 & 4

Question #3

Have you or any individual authorized to collaborate on your behalf ever pled guilty, been convicted, or been found liable in a criminal or civil proceeding of engaging in any form of health care fraud or abuse?

Yes No

If yes, identify when and explain:

Question #4

Have you or any individual authorized to collaborate on your behalf ever pled guilty, been convicted, or been found liable in a criminal or civil proceeding of engaging in any form of anti-competitive conduct or other anti-trust violation?

Yes No

If yes, identify when and explain:

Application Questions 5 & 6

Question #5

Is the professional license or certification of the applicant or any individual authorized to collaborate on its behalf currently suspended or revoked?

Yes No

If yes, identify when and explain:

Question #6

Have you or any individual authorized to collaborate on your behalf ever pled guilty or been convicted of a violation of the state or federal securities or insurance laws?

Yes No

If yes, identify when and explain:

Application Questions 7 & 8

Question #7

Have you or any individual authorized to collaborate on your behalf ever had a certificate to Collaborate in association with the regional care organization program that was revoked?

Yes No

If yes, identify when and explain:

Question #8

Do you intend to:

A. Help establish or develop an integrated care network

Yes No

B. Enroll as a provider with an integrated care network

Yes No

C. Engage in other activity

Yes No

If yes, describe such intended activity:

Application Questions 9 & 10

Question #9

Describe what entities and persons with whom you intend on collaborating or negotiating:

(Note: "Unknown" is not an acceptable response to this question.)

Question #10

Describe the expected effects of the negotiated contract for which you seek a Certificate to Collaborate, including whether the negotiated contract is expected to:

(Note: If "Unknown" is selected for all questions A through D below, a detailed response must be provided in E.)

A. Result in improved quality of long-term health care services to Medicaid beneficiaries

Yes No Unknown

B. Result in cost containment in providing long-term health care services

Yes No Unknown

C. Result in enhancements in technology

Yes No Unknown

D. Maintain competition in the long-term health care services market

Yes No Unknown

E. Describe any other expected effects of the negotiated contract:

Application Question 11

Question #11

Name and Physical Address of each person authorized to collaborate on your behalf. (No P.O. Box Allowed)

Full Name	Physical Address (No P.O. Box Allowed)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>



Certify, Affirm & Submit Application

After completing the application, sign the application with your name in the **Applicant's / Authorized Representative's Electronic Signature** field and click the **Submit Application** button.

The applicant hereby certifies and affirms that all information entered on this application is true, to the best of the applicant's knowledge, and (1) that the applicant will bargain in good faith, (2) that such bargaining is necessary to identify the appropriate service delivery systems and reimbursement methods in order to align incentives in support of integrated and coordinated health care delivery, and (3) that such bargaining is necessary to provide quality health care to Alabama citizens who are Medicaid eligible at the lowest possible cost.

Applicant's/Authorized Representative's Electronic Signature

Submit Application

Cancel

Application Status

All applications submitted by an applicant display in the Applicant's Dashboard. An application will be in one of the Application Statuses defined in the chart below:

Status	Definition
Pending	A decision has not been made.
Approved	The application has been approved and a Certificate has been issued.
Denied	The application has been rejected and a Denial Notice has been issued.
On Hold	The application has been moved to the Special Review Queue.
In Review	The application is being viewed by a Reviewer.
Not Current	A more current approved application is in affect.
Revoked	A former approved application that has been revoked based on Periodic Report Review.

Temporary Application Status

Applications awaiting determination will be in one of the following temporary Application Status states:

Pending – A decision has not been made.

On Hold – The application has been moved to the Special Reviewer Queue.

In Review – The application is being viewed by a Reviewer.

Application statuses are listed in blue font within the **Status** column of the corresponding application row. An applicant may only have one temporary application status in their Applicant Dashboard at any given time.

Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	View Report	Certificate Notice	Denial Notice	Revocation Notice
1095	mm/dd/yy	mm/dd/yy	Pending	View Application				
1095	mm/dd/yy	mm/dd/yy	On Hold	View Application				
1095	mm/dd/yy	mm/dd/yy	In Review	View Application				

Decided Application Status

Following decision by a Reviewer, applications will be in one of the following decided Application Status states:

Approved – The application has been approved and a Certificate has been issued.

Denied – The application has been rejected and a Denial Notice has been issued.

Not Current – A former Approved application that has been replaced by a more current Approved application.

Revoked – A former Approved application that has been revoked based on Periodic Report Review.

Application statuses are listed in blue font within the **Status** column of the corresponding application row. An applicant may only have one Approved status in their Applicant Dashboard at any given time.

Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	View Report	Certificate Notice	Denial Notice	Revocation Notice
1078	mm/dd/yy	mm/dd/yy	Approved	View Application				
1098	mm/dd/yy	mm/dd/yy	Denied	View Application				
1096	mm/dd/yy	mm/dd/yy	Not Current	View Application				
1070	mm/dd/yy	mm/dd/yy	Revoked	View Application				

ICN Collaborator Application Decision Email

After a determination has been made on an ICN Collaborator Application, the applicant will receive an email stating, “The Medicaid Agency has taken an action on your application for a Certificate to Collaborate.” The email will include a **link** that once clicked, will open the ICN Collaborator Portal where the applicant will be able to log in to view their ICN Collaborator Applicant Dashboard. The status on your application will have changed to either an approved or denied status state depending on the action taken.

Dear Applicant,

The Medicaid Agency has taken an action on your application for a Certificate to Collaborate.

Please click here [to learn the status of your application](#).

If you have questions about the application process, please refer to the instructions on the Agency's website at:

http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.4_Collaboration.aspx

Thank You,

Alabama Medicaid Agency

NOTE: The link in the image above is for example only.

Collaborator Certificate

When an application has been approved, the Collaborator Certificate will appear as a PDF document in the **Certificate Notice** column on the Applicant's Dashboard. Certificates will remain, even if outdated, accessible to the applicant for archive purposes.

	Alabama Medicaid Agency 501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624 www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504	
ROBERT BENTLEY Governor	CERTIFICATE TO COLLABORATE In Accordance With Alabama Code Sections 22-6-220, et seq.	STEPHANIE MCGEE AZAR Commissioner

Denial Notice

When an application has been denied, the Denial Notice will appear as a PDF document in the **Denial Notice** column on the Applicant's Dashboard. Denial Notices will remain, even if outdated, accessible to the applicant for archive purposes.

	Alabama Medicaid Agency 501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624 www.medicaid.alabama.gov e-mail: almedicaid@medicaid.alabama.gov Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-382-1504	
ROBERT BENTLEY Governor		STEPHANIE MCGEE AZAR Commissioner

2/23/2016 10:30:02 AM

Business
501 Dexter, Montgomery, al 36116

Dear Business:

Your application **1011** for a Certificate to Collaborate has been denied because the Medicaid Agency has determined that a sufficient showing has not been made that the collaboration is in order to facilitate the development and establishment of a Integrated Care Network or long-term health care payment reforms.

This is the final decision of the Medicaid Agency and you have the right to appeal directly to circuit court. In the alternative, you may submit an amended application at any time for review by the Medicaid Agency. Agency authority for this action is Alabama Medicaid Administrative Code Rule 560-X-64-.01.

Sincerely,

Stephanie McGee Azar
Commissioner

Submitting a Periodic Report

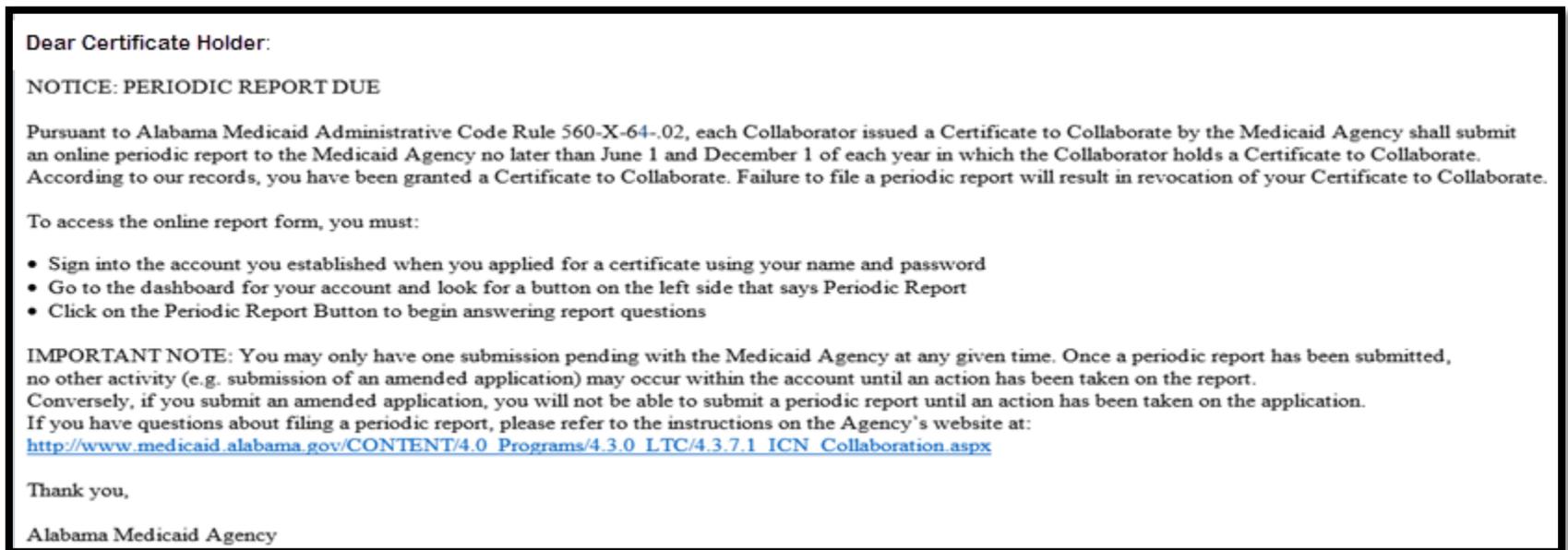
Each Collaborator issued a Certificate to Collaborate is required to submit a periodic report to the Alabama Medicaid Agency no later than June 1st and December 1st of each year in which the Collaborator holds an approved Certificate to Collaborate.

Authorized Collaborators will receive an email with instructions and a direct link to log in to the ICN Collaborator Portal account to complete the applicable form. If unable to log in using the link in the email, you may access the ICN Collaborator Portal from the public Alabama Medicaid site.

Periodic Report Due Email

Every ICN Collaborator Certificate holder is required to complete a bi-annual Periodic Report. Periodic Reports are due June 1 and December 1 annually. If you have an approved ICN Collaborator Certificate as of May 1 and/or November 1, you will receive an email notifying you that your Periodic Report is due. Email notification reminders will be sent 30 days, one week, and one day prior to the report due date.

Certificate holders may follow the ICN Collaborator Portal link included in the email to log on to the ICN Collaborator Portal site and complete the Periodic Report.



NOTE: The link in the image above is for example only.