

# RCO Collaborator Portal Applicant Guide

v2.5

July 2015

# Access RCO Collaborator Portal

v2.5

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

1. To access the RCO Collaborator Portal, open your Web Browser (Internet Explorer, Mozilla, Firefox, Safari, Opera, Google Chrome, etc.).
2. Go to <http://medicaid.alabama.gov/>.
3. Click the Regional Care Organizations icon in the lower left hand corner of the page.



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 navigation menu. On the left side, there are buttons for "For Recipients, Applicants, Sponsors" and "For Providers". Below these are sections for "News", "Alerts", and "Calendar". The main content area features a large image of a doctor examining a child in a hospital bed, with a family member sitting beside the child. To the right of this image are logos for "My MEDICAID", "Patient 1st", "One Health Record", "HR INCENTIVE PROGRAM", and "Alabama VOTES". At the bottom of the page, there are two icons: "Regional Care Organizations" and "Gateway to Community Living". A red arrow points to the "Regional Care Organizations" icon.

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

Alabama House passes budget with 5 percent cut for Medicaid Agency

State task force to tackle chronic health problems, access to care

Alabama continues implementation of health information exchange

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Regional Care Organizations Gateway to Community Living

**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.

**Webinars for Providers:** [Click here to see archived presentations](#)

**Next Webinar - RCO Quality Measures – Improving Health Outcomes**  
Wednesday, July 29, 2015 at Noon (Central)  
[Click Here](#) for **REVISED** information on webinar participation.

# Access RCO Collaborator Portal

(continued)

1. From the **Regional Care Organizations** page, scroll down to the **Key Links** area and click the **Apply to Collaborate as an Individual or Organization – Includes information about filing a period report** item. From the **RCO Collaboration & Reporting** page, click the **green Click to Apply** button to navigate to the RCO Collaborator Portal Homepage.

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

Search

For Recipients, Applicants, Sponsors For Providers

News Alerts Calendar

Alabama House passes budget with 5 percent cut for Medicaid Agency

State task force to tackle chronic health problems, access to care

Alabama continues implementation of health information exchange

More News Follow Us RSS Feed

Regional Care Organizations Gateway to Community Living

## RCO Collaboration & Reporting

### Collaboration and Regional Care Organizations

Each person or entity who is operating or may operate as a RCO Collaborator shall possess a certificate (Certificate to Collaborate) issued by the Alabama Medicaid Agency qualifying such person or entity to collaborate as set forth in Section 22-6-163 of the Alabama Code.

**See information below regarding filing of periodic reports**

- [Instructions on using the Medicaid RCO Portal - Instructions on submitting a periodic report begin on page 40 of this document](#)
- [RCO Collaborator List - Updated 7/28/15](#)
- [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**

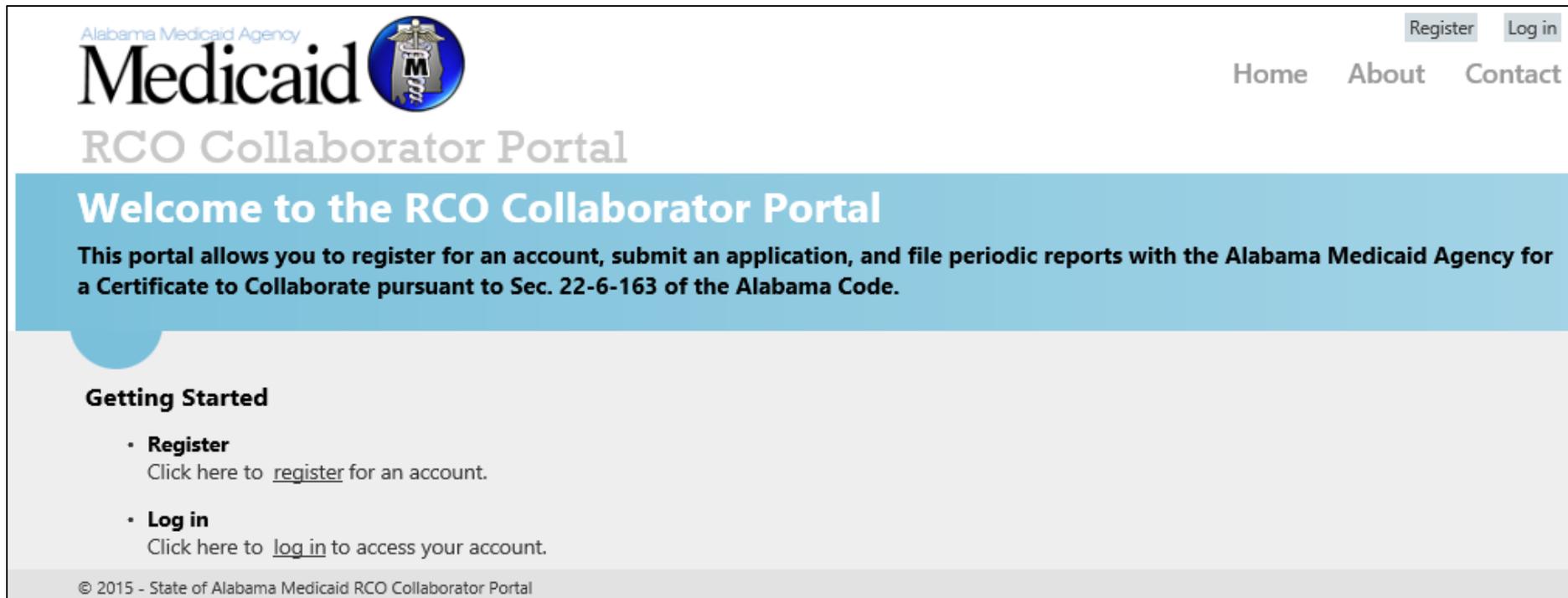
*To apply for a certificate to collaborate as an RCO Collaborator, you must first create a profile in the Agency's online system and then submit your application through the portal.*

[Click to Apply](#)

# RCO Collaborator Portal Homepage

1. You may also access the RCO Collaborator Portal by entering the system's URL directly into your Internet Web Browser (Internet Explorer, Mozilla, Firefox, Safari, Opera, Google Chrome, etc.):

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



The screenshot shows the homepage of the RCO Collaborator Portal. At the top left is the Alabama Medicaid Agency logo, which includes the word "Medicaid" in a large serif font and a circular emblem with a caduceus and the letter "M". To the right of the logo are navigation links: "Home", "About", and "Contact". Further right are "Register" and "Log in" buttons. Below the navigation is a large blue banner with the text "Welcome to the RCO Collaborator Portal" in white. Underneath the banner, a paragraph states: "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. 22-6-163 of the Alabama Code." Below this is a section titled "Getting Started" with two bullet points: "Register" (with a link to register) and "Log in" (with a link to log in). At the bottom left, there is a copyright notice: "© 2015 - State of Alabama Medicaid RCO Collaborator Portal".

Alabama Medicaid Agency  
**Medicaid** 

Register Log in

Home About Contact

## RCO Collaborator Portal

### Welcome to the RCO 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. 22-6-163 of the Alabama Code.

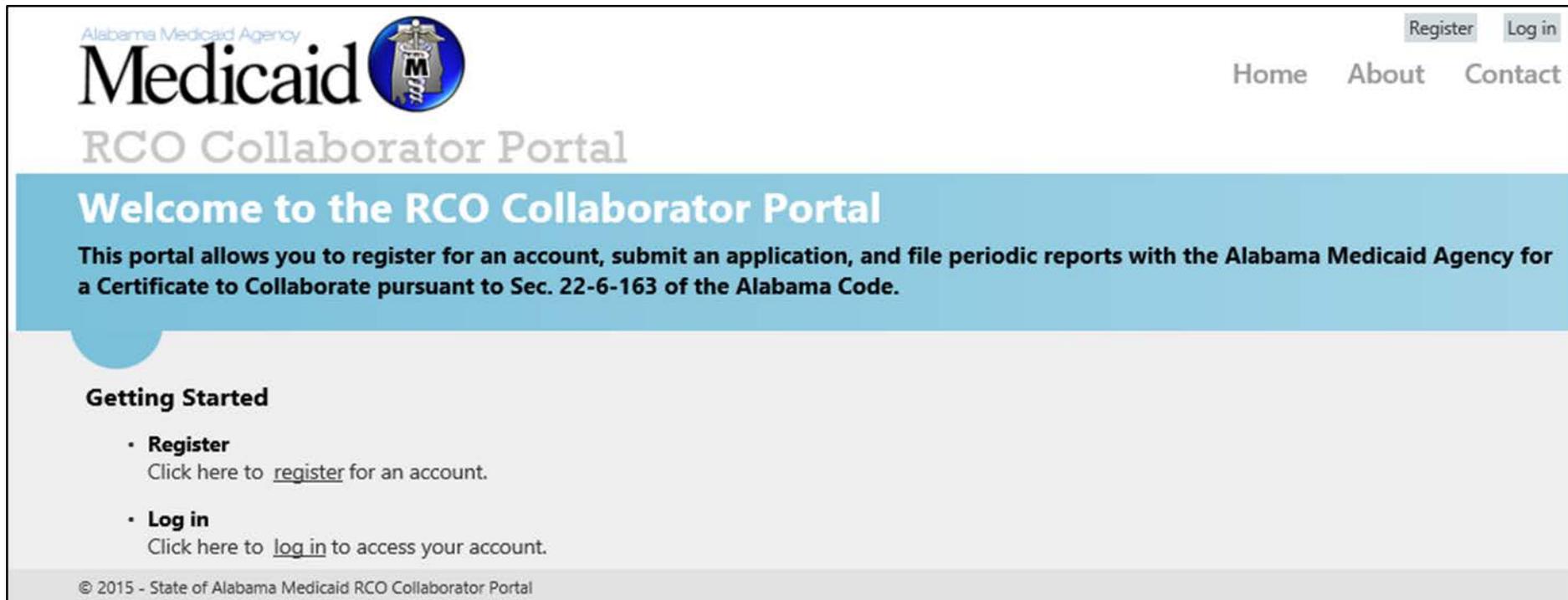
#### Getting Started

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

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# Entering the RCO Collaborator Portal

Read the two options under **Getting Started** on the RCO 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 Alabama Medicaid Agency RCO Collaborator Portal. At the top left is the Alabama Medicaid Agency logo, which includes the word "Medicaid" in a large serif font and a circular emblem with a caduceus and the letter "M". To the right of the logo are navigation links for "Register" and "Log in". Below these are links for "Home", "About", and "Contact". The main heading is "RCO Collaborator Portal". A large blue banner contains the text "Welcome to the RCO Collaborator Portal" and a paragraph stating: "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. 22-6-163 of the Alabama Code." Below the banner is a section titled "Getting Started" with two bullet points: "Register" (with a link to register) and "Log in" (with a link to log in). The footer contains the copyright notice: "© 2015 - State of Alabama Medicaid RCO Collaborator Portal".

Alabama Medicaid Agency

Medicaid

RCO Collaborator Portal

Register Log in

Home About Contact

## Welcome to the RCO 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. 22-6-163 of the Alabama Code.

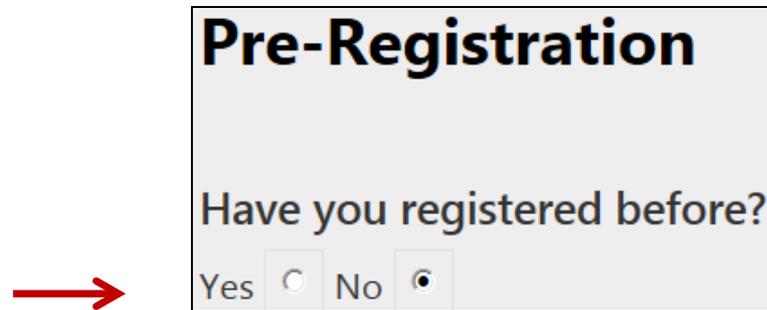
### Getting Started

- **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 RCO 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 RCO Collaborator Portal will appear. The applicant will be asked to read, accept, and agree to the Terms and Conditions of the RCO Collaborator Portal.

# Terms and Conditions

Accepting the Terms and Conditions of the RCO 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 RCO Collaborator Account Type

Once the applicant has accepted and agreed to the Terms and Conditions of the RCO 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 RCO 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 RCO 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 RCO 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**.

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### Individual Registration

Applicant Information

Prefix

First Name

Middle Name

Last Name

Suffix

### Business Entity Registration

Applicant Information	Contact Information
Business Name <input type="text"/>	Contact Prefix <input type="text"/>
Principal Address 1 <input type="text"/>	Contact First Name <input type="text"/>
Principal Address 2 <input type="text"/>	Contact Middle Name <input type="text"/>
City <input type="text"/>	Contact Last Name <input type="text"/>

### Login Information

User Name

Password

Confirm Password

# 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 6 characters in length.

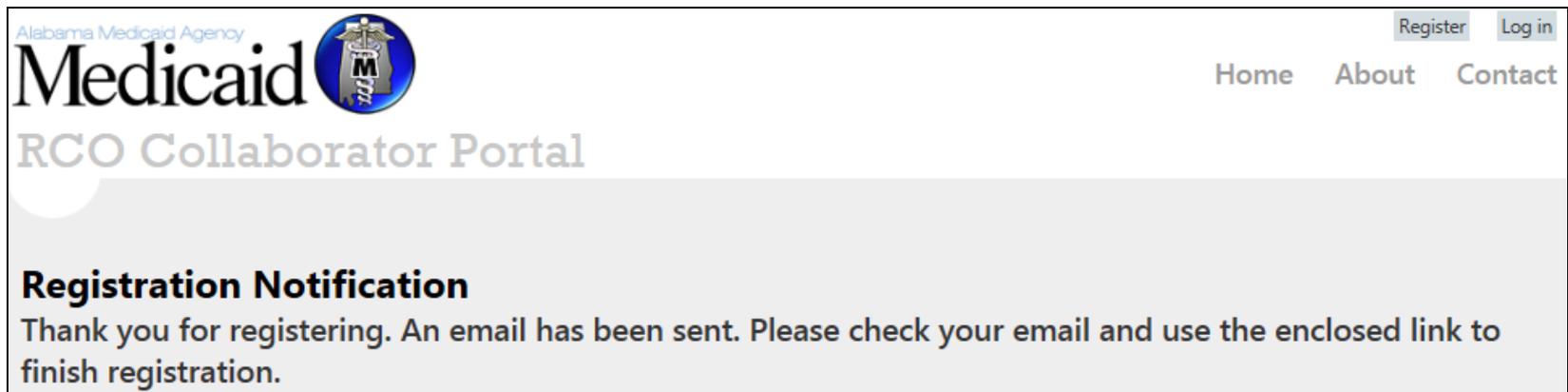


The screenshot shows the 'Individual Registration' form on the Alabama Medicaid Agency RCO Collaborator Portal. The form is divided into two columns: 'Applicant Information' and 'Contact Information'. Each column contains four text input fields for Prefix, First Name, Middle Name, and Last Name. The 'Applicant Information' fields are on the left, and the 'Contact Information' fields are on the right. The form is set against a light gray background with a white header area containing the agency logo and title.

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"/>

# Registration Verification Screen

The email address an applicant provides during the registration process will be used for all portal communication(s) from the RCO Collaborator Portal to the applicant. Once the applicant has registered their RCO 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 RCO Collaborator Portal where the applicant will be able to log in and utilize the system.

From: "[RCOcollaborator@medicaid.alabama.gov](mailto:RCOcollaborator@medicaid.alabama.gov)" <[RCOcollaborator@medicaid.alabama.gov](mailto:RCOcollaborator@medicaid.alabama.gov)>  
To: "Gottam, Avanthi" <[Avanthi.Gottam@medicaid.alabama.gov](mailto:Avanthi.Gottam@medicaid.alabama.gov)>  
Subject: Medicaid RCO Collaborator Portal Account Verification  
Date: Fri, Jul 31, 2015 1:02 PM

## Welcome to Medicaid RCO Collaborator Portal!

The user account *avanthitest.applicant* has been created at the Alabama Medicaid RCO Portal. In order to complete the application process for a Certificate of Collaboration, you must click on the link below to confirm this account. Please click the registration verification link below:

[Registration verification](#)

If the above link does not work, paste the following link in your browser:

[https://rcoportalmecicaid.alabama.gov/Account/RegisterConfirmation?token=zN7PRqCVndQaox\\_jVZbOag2&UserName=avanthitest.applicant](https://rcoportalmecicaid.alabama.gov/Account/RegisterConfirmation?token=zN7PRqCVndQaox_jVZbOag2&UserName=avanthitest.applicant)

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

Thank You,

Alabama Medicaid Agency

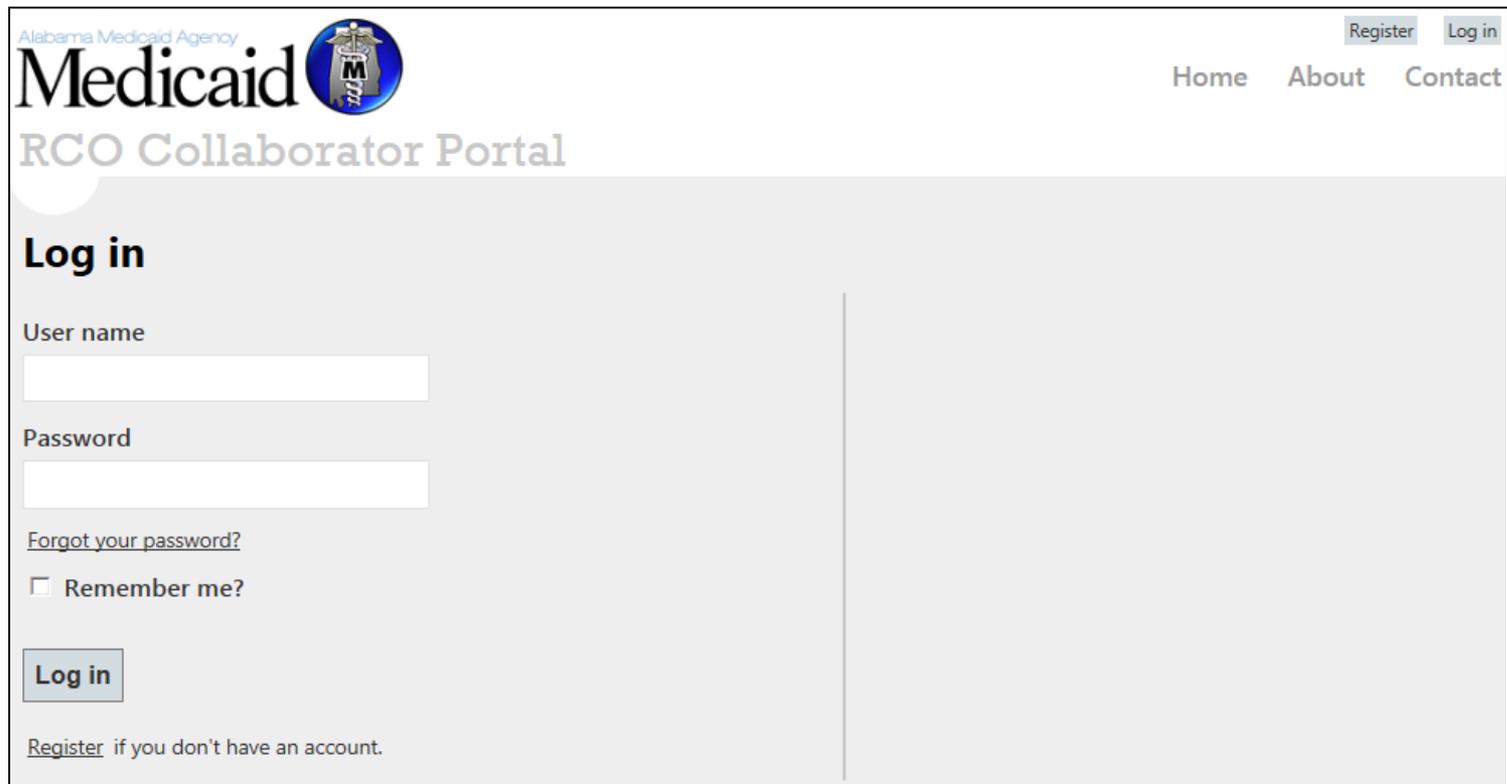
RCO Collaborator Helpline (334) 353-4121

**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 RCO Collaborator Portal. At the top left, it says "Alabama Medicaid Agency" above the "Medicaid" logo, which includes a blue circle with a white "M" and a caduceus. To the right of the logo are "Register" and "Log in" buttons. Below the logo is the text "RCO Collaborator Portal". In the top right corner, there are links for "Home", "About", and "Contact". The main heading is "Log in". Below this are two input fields: "User name" and "Password". There is a link for "Forgot your password?". Below that is a checkbox labeled "Remember me?". At the bottom left is a "Log in" button. At the bottom left, below the button, is the text "Register if you don't have an account."

# 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  [Register](#) [Log in](#)

**Medicaid** [Home](#) [About](#) [Contact](#)

RCO Collaborator Portal

## Forgot Your Password?

To reset your password, enter your username for this site.

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

[Cancel](#)

# 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** 

RCO 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.

From: "[RCOcollaborator@medicaid.alabama.gov](mailto:RCOcollaborator@medicaid.alabama.gov)" <[RCOcollaborator@medicaid.alabama.gov](mailto:RCOcollaborator@medicaid.alabama.gov)>  
To: "Gottam, Avanthi" <[Avanthi.Gottam@medicaid.alabama.gov](mailto:Avanthi.Gottam@medicaid.alabama.gov)>  
Subject: Medicaid RCO Collaborator Portal Password Reset  
Date: Fri, Jul 31, 2015 12:48 PM

A password reset has been requested for user account avanthi1823 at the Medicaid RCO Collaborator Portal. If you requested this password reset, click this link to continue [https://rcoportalmcicaid.alabama.gov/Account/ResetPassword/Md9wRmuigp\\_vpN3JgaFznA2](https://rcoportalmcicaid.alabama.gov/Account/ResetPassword/Md9wRmuigp_vpN3JgaFznA2).

If this link does not work you can go to <https://rcoportalmcicaid.alabama.gov/Account/ResetPassword> and enter the following to complete the password reset: \*\*\*\*\*

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/2.0\\_newsroom/2.7.3.4\\_Collaboration.aspx](http://medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.4_Collaboration.aspx)

Thank You,

Alabama Medicaid Agency

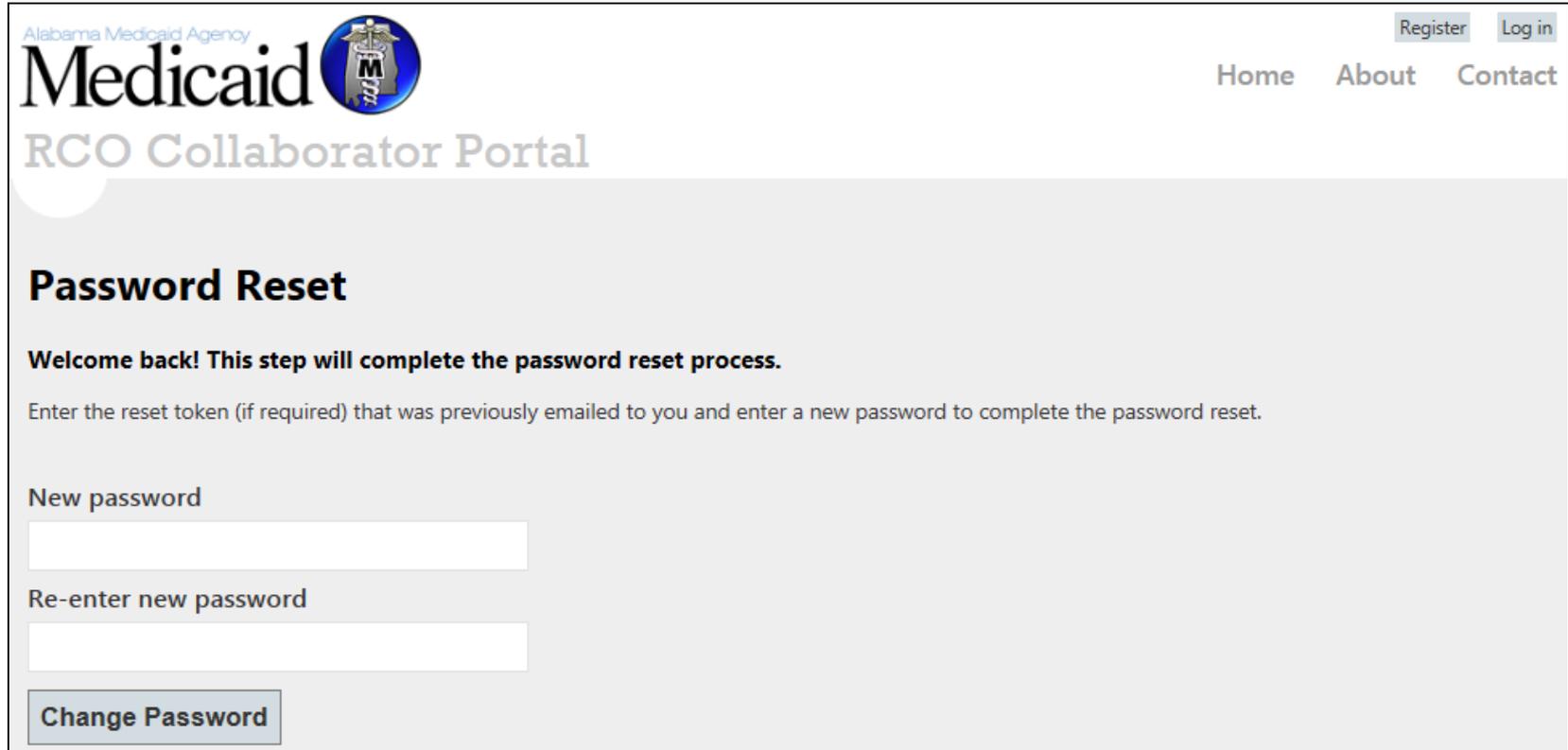
RCO Collaborator Helpline (334) 353-4121

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

Alabama Medicaid Agency

Medicaid

RCO Collaborator Portal

Register Log in

Home About Contact

## Password Reset

Welcome back! This step will complete the password reset process.

Enter the reset token (if required) that was previously emailed to you and enter a new password to complete the password reset.

New password

Re-enter new password

Change Password

# Profile Update

RCO 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 RCO Homepage.

## Getting Started

- **Update Account Information**  
Click here to **edit** your account information.

Alabama Medicaid Agency  
**Medicaid**  
RCO Collaborator Portal

mallen.applicant  
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	Contact First Name <input type="text"/>
Middle Name Applicant	Contact Middle Name <input type="text"/>
Last Name Allen	Contact Last Name <input type="text"/>
Suffix <input type="text"/>	Contact Suffix <input type="text"/>
Principal Address 1 (No P.O. Box Allowed) 501 Dexter Avenue	Mailing Address 1 <input type="text"/>
Principal Address 2 <input type="text"/>	Mailing Address 2 <input type="text"/>
City Montgomery	City <input type="text"/>

**Update**

# Profile Update

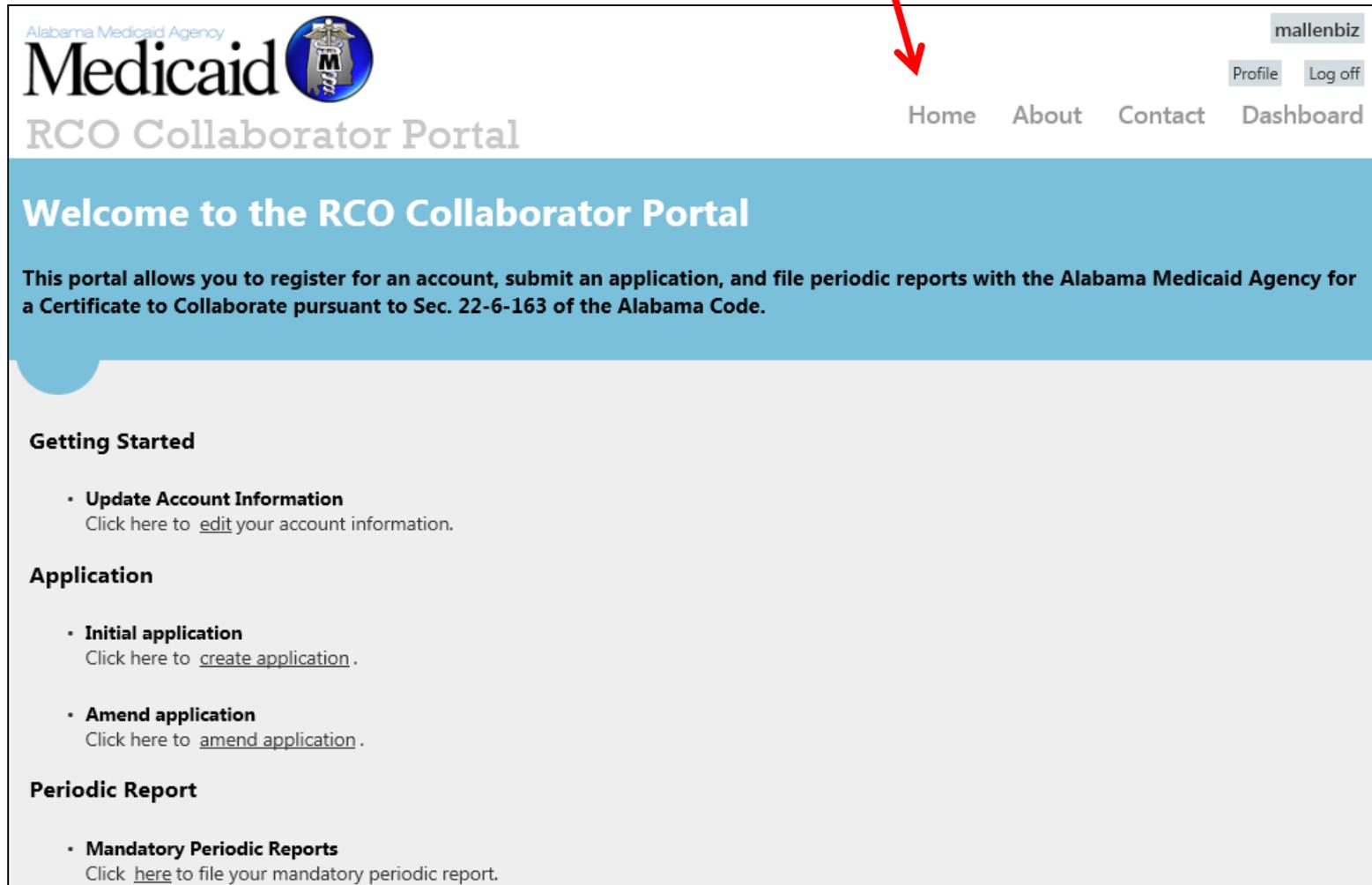
(fields continued)

**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 RCO Collaborator Portal to the new email address.

City Montgomery	City 
State AL	State 
Zip Code 36104-0000	Zip Code 
Business Occupation 	Email micki.allen@medicaid.alabama.gov
Medical Specialty Please Select One	Telephone (334) 242-5695
Medical Type Hospital	
Medicaid ID 	
NPI 	
SSN 828-63-8286	
State Professional/Facility License No 	
<input type="button" value="Update"/>	

# User Homepage

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



The screenshot shows the user interface of the RCO Collaborator Portal. At the top left, there is the Alabama Medicaid Agency logo and the text "Medicaid RCO Collaborator Portal". On the top right, there is a user profile section with the name "mallenbiz", a "Profile" button, and a "Log off" button. Below this is a navigation menu with links for "Home", "About", "Contact", and "Dashboard". A red arrow points to the "Home" link. The main content area has a blue header with the text "Welcome to the RCO Collaborator Portal" and a paragraph explaining the portal's purpose: "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. 22-6-163 of the Alabama Code." Below this, there are three sections: "Getting Started" with a link to "Update Account Information", "Application" with links to "Initial application" and "Amend application", and "Periodic Report" with a link to "Mandatory Periodic Reports".

Alabama Medicaid Agency  
**Medicaid**  
RCO Collaborator Portal

mallenbiz  
Profile Log off

Home About Contact Dashboard

## Welcome to the RCO 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. 22-6-163 of the Alabama Code.

### Getting Started

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

### Application

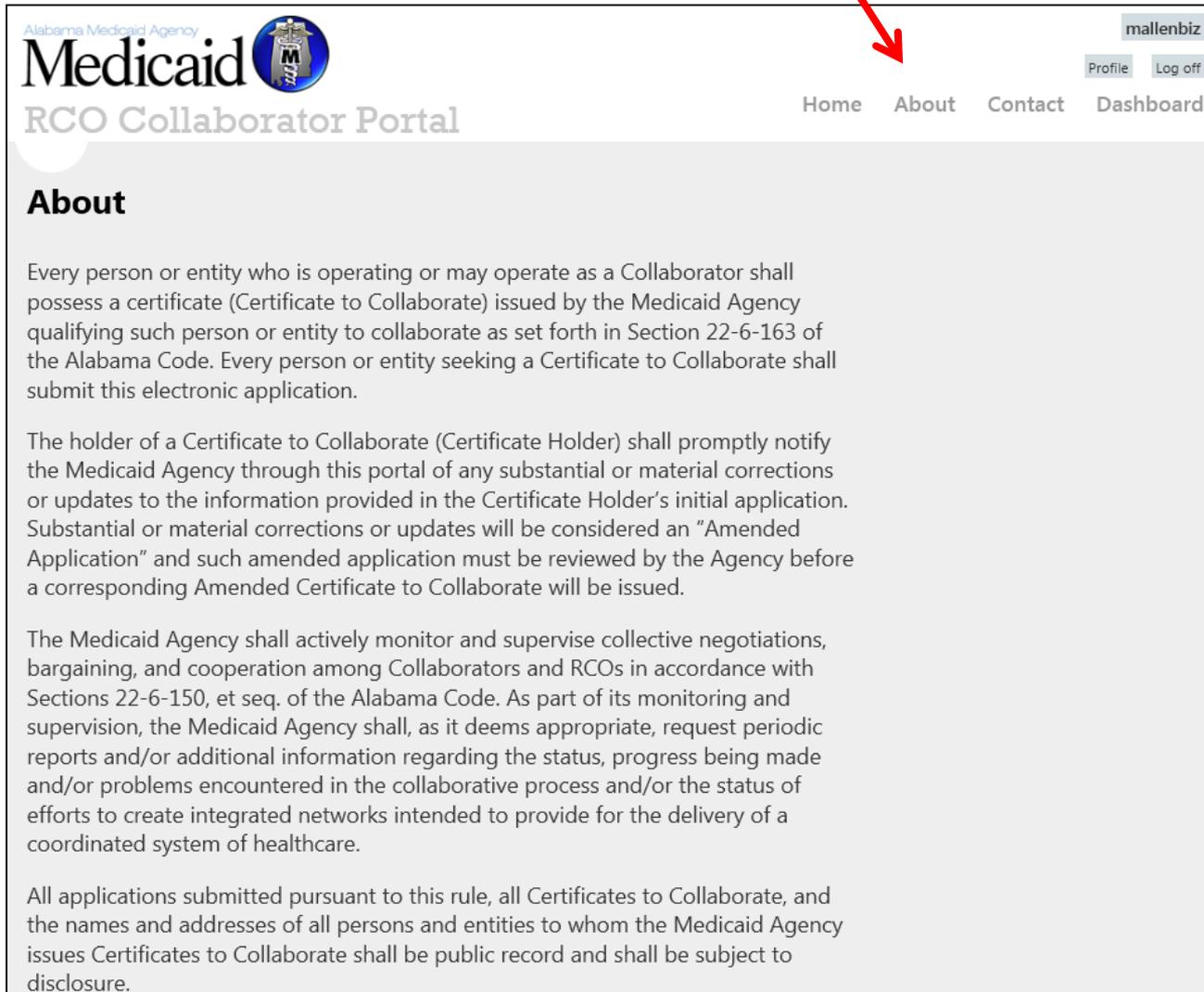
- **Initial application**  
Click here to [create application](#) .
- **Amend application**  
Click here to [amend application](#) .

### Periodic Report

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

# User About Page

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



The screenshot shows the RCO Collaborator Portal interface. At the top left is the Alabama Medicaid Agency logo with the text "Alabama Medicaid Agency" and "Medicaid" in a large font, accompanied by a circular emblem with an "M". To the right of the logo is the text "RCO Collaborator Portal". In the top right corner, there is a user profile section with the name "mallenbiz", a "Profile" button, and a "Log off" button. Below this is a navigation menu with links for "Home", "About", "Contact", and "Dashboard". A red arrow points to the "About" link. The main content area has a heading "About" followed by three paragraphs of text.

**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 22-6-163 of the Alabama Code. Every person or entity seeking a Certificate to Collaborate shall submit this electronic application.

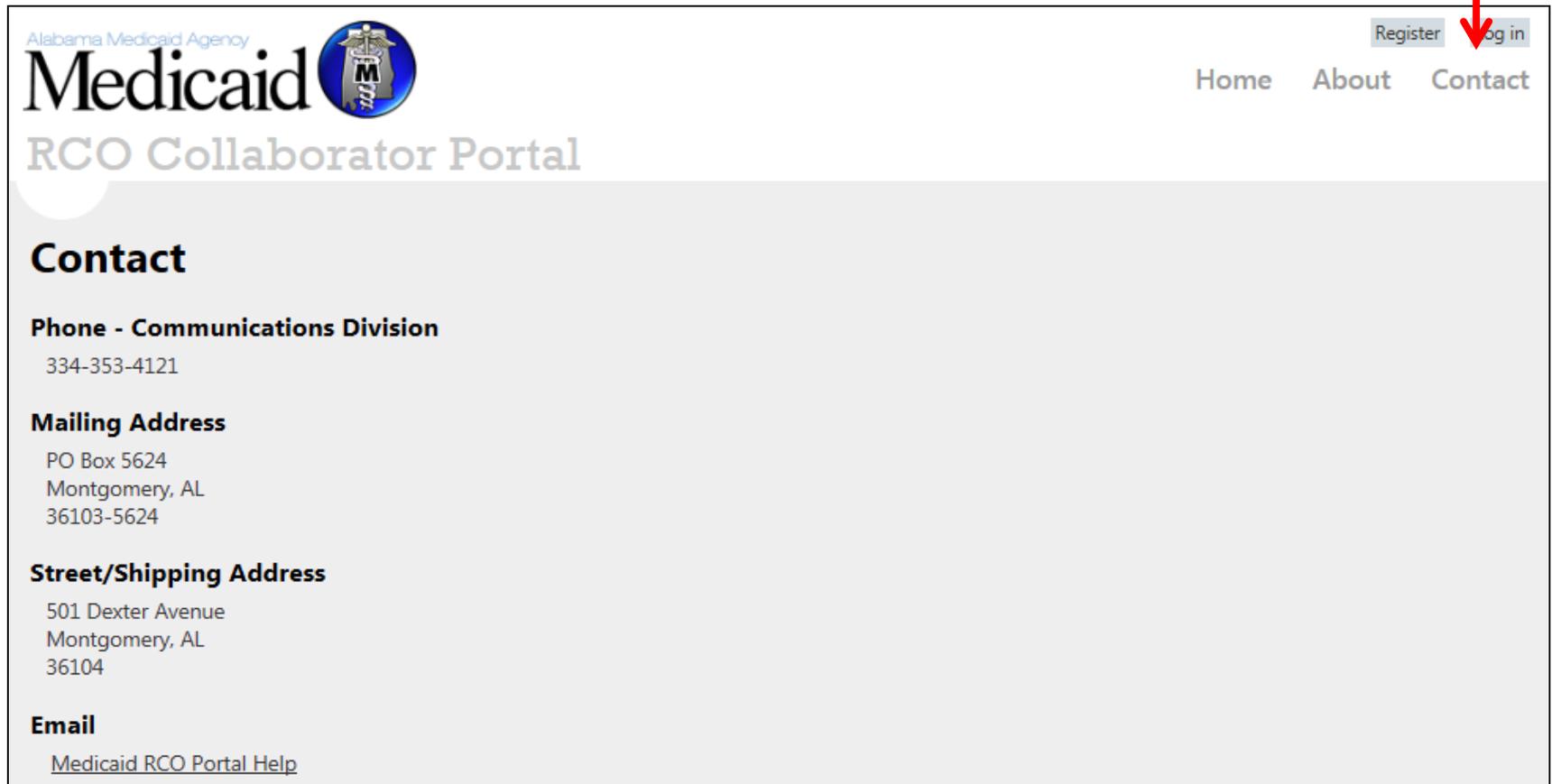
The holder of a Certificate to Collaborate (Certificate Holder) shall promptly notify the Medicaid Agency through this portal of any substantial or material corrections or updates to the information provided in the Certificate Holder's initial application. Substantial or material corrections or updates 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 RCOs in accordance with Sections 22-6-150, 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 coordinated system of healthcare.

All applications submitted pursuant to this rule, all Certificates to Collaborate, and the names and addresses of all persons and entities to whom the Medicaid Agency issues Certificates to Collaborate shall be public record and shall be subject to disclosure.

# User Contact Page

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



Alabama Medicaid Agency

**Medicaid** 

RCO 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 RCO Portal Help](#)

# 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.

Alabama Medicaid Agency  
**Medicaid**  
RCO Collaborator Portal

allentest1  
Profile Log off  
Home About Contact Dashboard

## Applicant Dashboard

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

Create Application



# Create An Application

Read the entire application carefully and answer each question completely.

Alabama Medicaid Agency

# Medicaid



RCO Collaborator Portal

mallenbizv2

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

Do you intend to:

A. Help establish or develop a regional care organization

Yes  No

B. Enroll as a provider with a regional care organization

Yes  No

C. Engage in other activity

Yes  No

If yes, describe such intended activity:

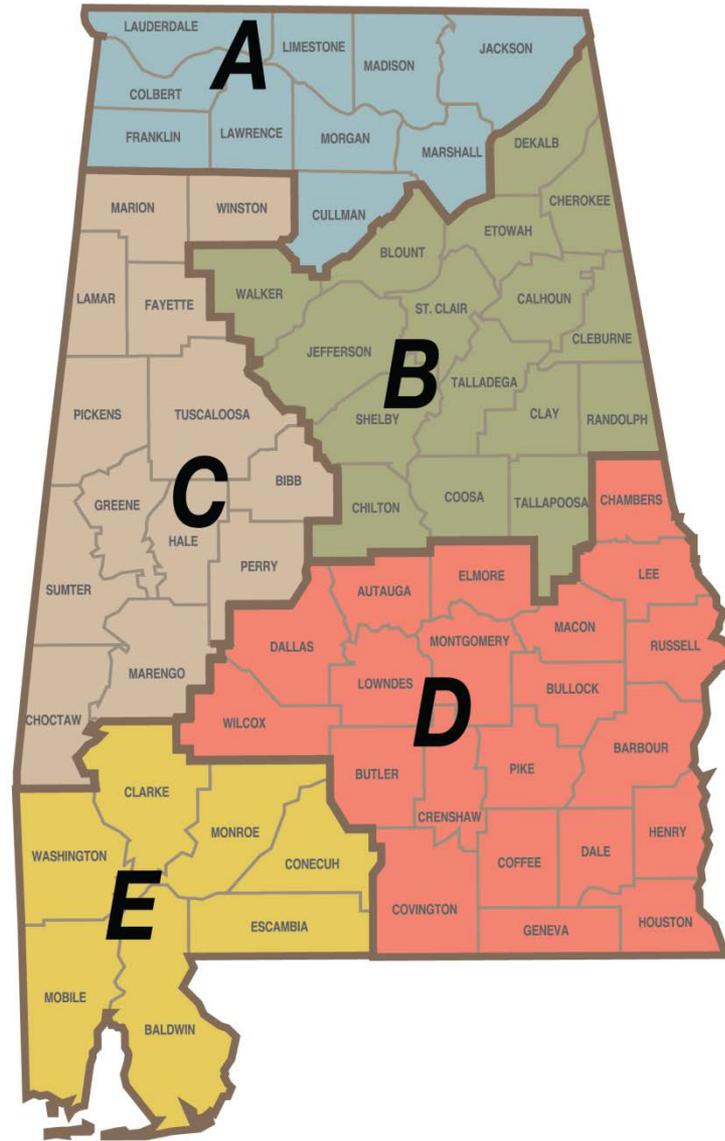
## Question #8

Identify the Medicaid region(s) in which the applicant intends to help establish or develop a regional care organization, to enroll as a provider with a regional care organization or to have involvement with a regional care organization.

A  B  C  D  E

[View Map](#)

# Regional Care Organization Districts



# Application Questions 9 & 10

## Question #9

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

## 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:

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

Yes  No  Unknown

B. Result in cost containment in providing health care services

Yes  No  Unknown

C. Result in enhancements in technology

Yes  No  Unknown

D. Maintain competition in the health care services market

Yes  No  Unknown

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

# Application Question 11

## Question #11

Name and Address of each person authorized to collaborate on your behalf.

Full Name	Physical Address
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/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/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
<b>Pending</b>	A decision has not been made.
<b>Approved</b>	The application has been approved and a Certificate has been issued.
<b>Denied</b>	The application has been rejected and a Denial Notice has been issued.
<b>On Hold</b>	The application has been moved to the Special Review Queue.
<b>In Review</b>	The application is being viewed by a Reviewer.
<b>Not Current</b>	A more current approved application is in affect.
<b>Revoked</b>	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 Review 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
<a href="#">1095</a>	02/04/2014	02/04/2014	Pending	<a href="#">View Application</a>				
<a href="#">1095</a>	02/04/2014	02/04/2014	On Hold	<a href="#">View Application</a>				
<a href="#">1095</a>	02/04/2014	02/04/2014	In Review	<a href="#">View Application</a>				

# 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.

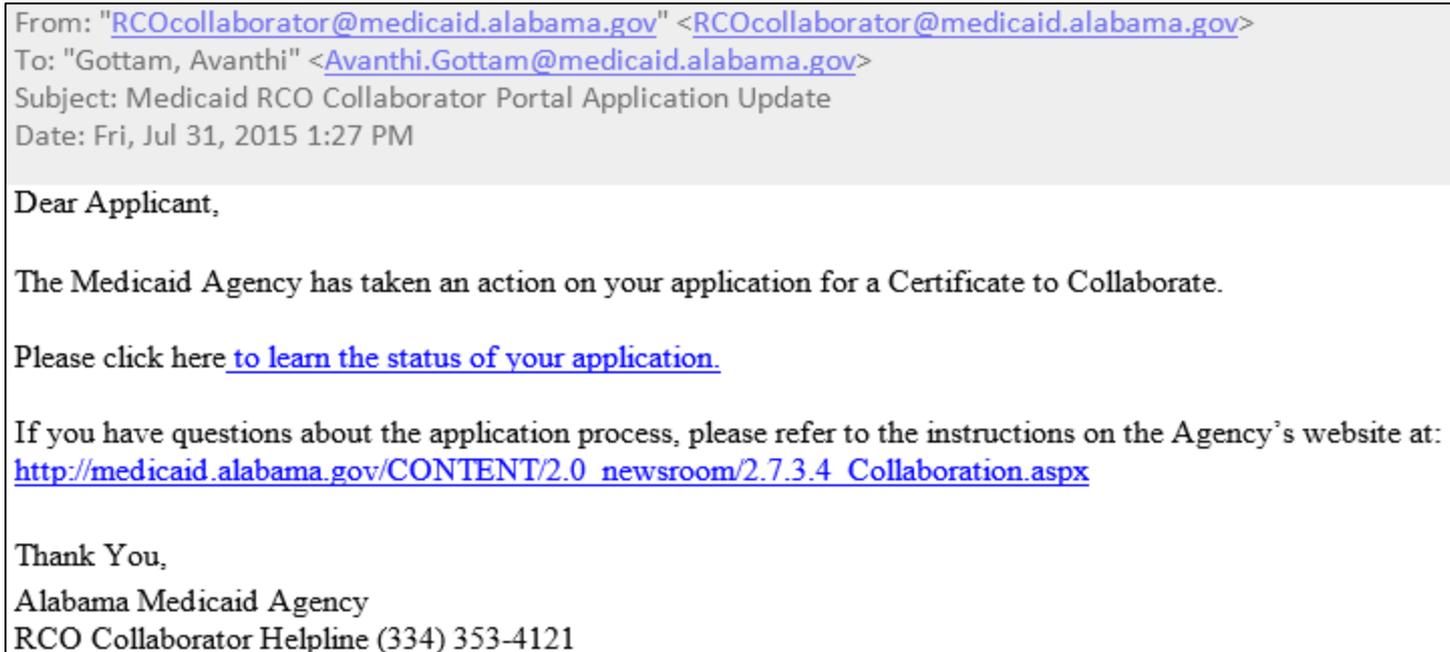
**Revoked** – A former **Approved** application that has been revoked based on Periodic Report Review.

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
<a href="#">1078</a>	01/31/2014	01/31/2014	Approved	<a href="#">View Application</a>				
<a href="#">1098</a>	02/04/2014	02/04/2014	Denied	<a href="#">View Application</a>				
<a href="#">1096</a>	02/04/2014	02/04/2014	Not Current	<a href="#">View Application</a>				
<a href="#">1070</a>	02/19/2014	02/19/2014	Revoked	<a href="#">View Application</a>				

# RCO Collaborator Application Decision Email

After a determination has been made on an RCO 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 RCO Collaborator Portal where the applicant will be able to log in to view their RCO Collaborator Applicant Dashboard. The status on your application will have changed to either an approved or denied status state depending on the action taken.



**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.

	<h2>Alabama Medicaid Agency</h2>	
<p>ROBERT BENTLEY Governor</p>	<p>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</p>	<p>STEPHANIE MCGEE AZAR Acting Commissioner</p>
<h3>CERTIFICATE TO COLLABORATE</h3>		
<p>In Accordance With Alabama Code Sections 22-6-150, et seq.</p>		
<p>1. Certificate to Collaborate No: <b>1094 - 2</b></p> <p>2. Date Issued: <b>10/9/2013 7:09:27 PM</b></p> <p>3. Expiration Date: <b>October 1, 2016</b> <i>Subject to termination or revocation prior to the stated expiration date for failure to comply with Agency requirements. The Certificate Holder is required to file periodic reports to maintain the Certificate to Collaborate in good standing. Consult Medicaid Agency rules regarding periodic reporting and other requirements.</i></p> <p>4. Name and Principal Address of Certificate Holder: <b>Micki Allen, 501 Dexter Ave , Montgomery, AL, 36106</b></p> <p>5. Name and Address of each Person Authorized to Collaborate for Certificate Holder: <b>[Micki, Medicaid ]</b></p>		

# 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.

	<h2>Alabama Medicaid Agency</h2>	
<p>ROBERT BENTLEY Governor</p>	<p>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</p>	<p>STEPHANIE MCGEE AZAR Acting Commissioner</p>
<p>10/9/2013 3:14:10 PM</p>		
<p><b>Micki Allen</b> 501 Dexter Ave ,Montgomery,AL,36106</p>		
<p>Dear Micki Allen:</p>		
<p>Your application 1093 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 Regional Care Organization or health care payment reforms.</p>		
<p>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-62-.01.</p>		
<p>Sincerely,</p>		
		
<p>Stephanie McGee Azar Acting Commissioner</p>		
<p>Our Mission - to provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.</p>		

# 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 March 1<sup>st</sup> and September 1<sup>st</sup> of each year in which the Collaborator holds an approved Certificate to Collaborate.

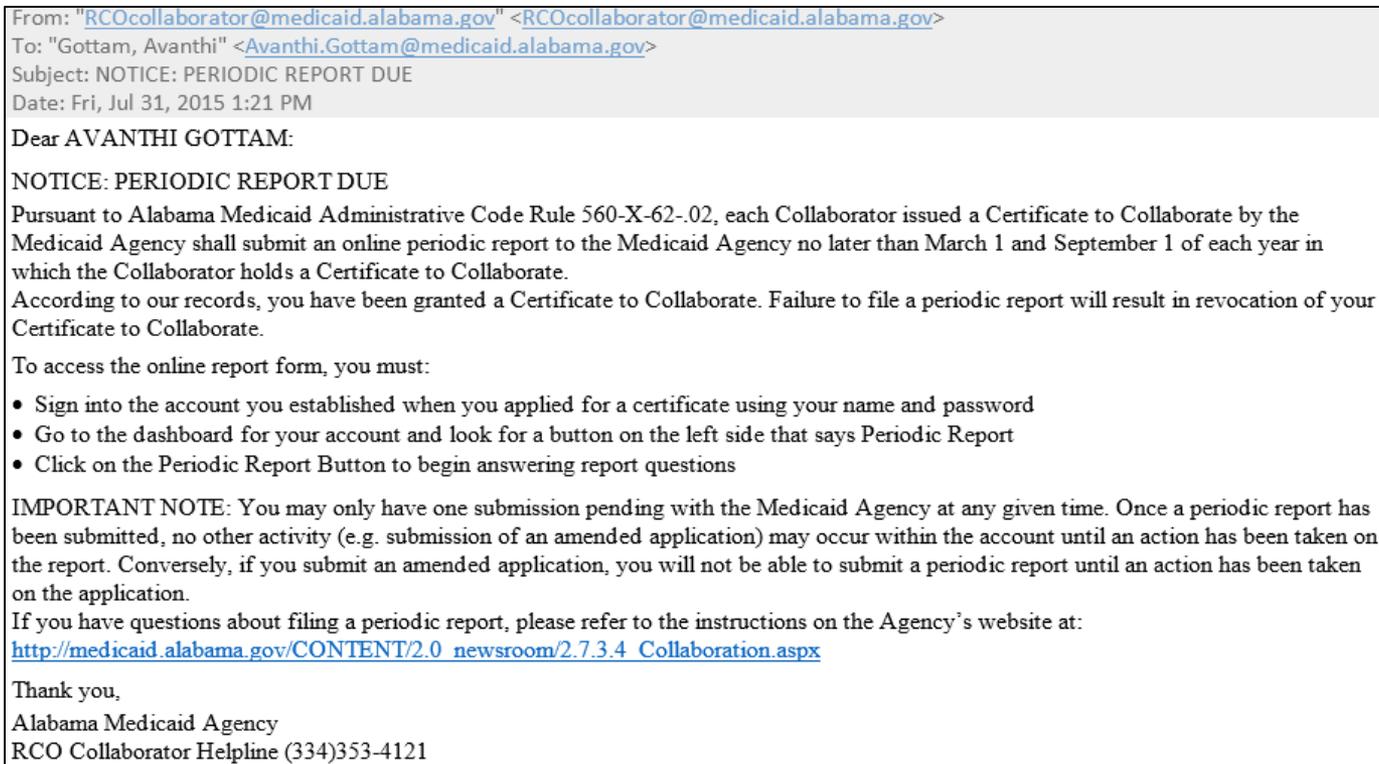
Authorized Collaborators will receive an email with instructions and a direct link to log in to the RCO Collaborator Portal account to complete the applicable form. If unable to log in using the link in the email, you may access the RCO Collaborator Portal from the public Alabama Medicaid site:

[http://www.medicaid.alabama.gov/CONTENT/2.0\\_newsroom/2.7.3.4\\_Collaboration.aspx](http://www.medicaid.alabama.gov/CONTENT/2.0_newsroom/2.7.3.4_Collaboration.aspx)

# Periodic Report Due Email

Every RCO Collaborator Certificate holder is required to complete a bi-annual Periodic Report. Periodic Reports are due March 1 and September 1 annually. If you have an approved RCO Collaborator Certificate as of February 1 and/or August 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 RCO Collaborator Portal link included in the email to log on to the RCO Collaborator Portal site and complete the Periodic Report.



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

# Submit A Periodic Report Applicant Dashboard

After logging in, users are directed to their Applicant Dashboard where they can click the **Periodic Report** button to submit a periodic report.

Alabama Medicaid Agency  
**Medicaid**  
RCO Collaborator Portal

allentest1  
Profile Log off  
Home About Contact Dashboard

### Applicant Dashboard

Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	View Report	Certificate Notice	Denial Notice	Revocation Notice
<a href="#">1070</a>	02/19/2014	02/19/2014	Approved	<a href="#">View Application</a>				

Create Application Periodic Report



# Introductory Questions

The Periodic Report contains three Introductory Questions based on the type of Collaboration the certificate holder has established. Selecting “Yes” to any of the three Introductory Questions reveals the applicable report question sets for each of the Collaboration types.

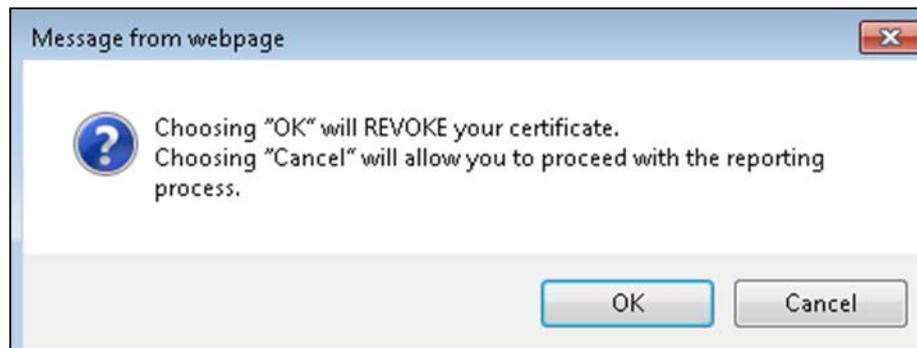
The three Introductory Questions are as follows:

- A. Do you intend to help establish or develop a regional care organization? PARTNERS PERIODIC REPORT
- B. Do you plan to only enroll as a provider with a regional care organization? PROVIDERS PERIODIC REPORT
- C. Are you a collaborator engaging in some other activity? OTHERS PERIODIC REPORT

# Select At Least One Introductory Question In Order To Complete The Periodic Report

In order for a Periodic Report to be reviewed for acceptance, at least one of the three Introductory Questions and subsequent report question sets must be completed. Failure to select “Yes” to at least one of the three Introductory Questions will result in the immediate revocation of the currently approved certificate (see example revoking warning messages below). Once revoked, an RCO Collaborator Certificate **cannot** be reinstated. If an RCO Collaborator Certificate is still desired, a new application will need to be submitted for consideration.

**IMPORTANT: By answering “NO” to Questions A, B and C, your Certificate to Collaborate will be REVOKED. If you wish to keep your Certificate to Collaborate in good standing you must select “YES” to one of the above questions and proceed with completing the appropriate periodic report.**



# Partners Periodic Report

Answering “Yes” to Introductory Question A will result in the display of the Partners Periodic Report question set that follows:

## INTRODUCTORY QUESTIONS

A. Do you intend to help establish or develop a regional care organization?

Yes

No

## PARTNERS PERIODIC REPORT

During the reporting period, you notified the Agency of your intent to engage in collective negotiations, bargaining, or cooperation with the following entities and persons:

• Application Date: 01/31/2014 Certificate Number: 1078 - 1

TEst

**If you intend to engage in collective negotiations, bargaining, or cooperation with any additional entities or persons not listed, you must submit an AMENDED APPLICATION identifying those persons or entities.**

**IMPORTANT: You may only have one submission pending with the Medicaid Agency at any given time. If you complete your periodic report first, you will not be able to submit an amended application until an action has been taken on the report. Conversely, if you submit an amended application, you will not be able to submit a periodic report until an action has been taken on the application.**

Please indicate whether you have engaged in any of the below activities with those identified entities and persons pursuant to any Certificate to Collaborate issued to you during the reporting period. Describe the progress you have made in that area, identifying with particularity those persons and/or entities listed above with whom you have collaborated:

# Partners Periodic Report

## Partners Periodic Report Questions 1 & 2

1. Legally established an organization with the intent of it becoming a regional care organization?

a.  Yes

Describe any progress made during the reporting period. [ex. Drafted incorporation documents, registered with the Secretary of State, drafted bylaws, etc.]

**Enter detailed responses into both "Describe" and "Explain" fields when appropriate.**

b.  No

c. Is this an expected future activity?

Yes

No

2. Identified risk-bearing participants of an organization?

a.  Yes

b.  No

c. Is this an expected future activity?

Yes

No

# Partners Periodic Report

## Partners Periodic Report Questions 3 & 4

**3. Identified risk-bearing participants of an organization's governing board?**

a.  Yes

b.  No

**c. Is this an expected future activity?**

Yes

No

**4. Identified nonrisk-bearing participants of an organization?**

a.  Yes

b.  No

**c. Is this an expected future activity?**

Yes

No

# Partners Periodic Report

## Partners Periodic Report Questions 5 & 6

5. Identified nonrisk-bearing participants of an organization's governing board?

a.  Yes

b.  No

c. Is this an expected future activity?

Yes

No

6. Been named a member or proposed member of an organization's governing board?

a.  Yes

b.  No

c. Is this an expected future activity?

Yes

No

# Partners Periodic Report

## Partners Periodic Report Questions 7 & 8

**7. Been named a member or proposed member of an organization's citizen's advisory committee?**

a.  Yes

b.  No

**c. Is this an expected future activity?**

Yes

No

**8. Been named a member or proposed member of the Medicaid Agency's quality assurance committee?**

a.  Yes

b.  No

**c. Is this an expected future activity?**

Yes

No

# Partners Periodic Report

## Partners Periodic Report Questions 9 & 10

9. Participated in meetings of an organization's governing board and/or citizen's advisory committee?

a.  Yes

b.  No

c. Is this an expected future activity?

Yes

No

10. Participated in official meetings of the Medicaid Agency's quality assurance committee?

a.  Yes

b.  No

c. Is this an expected future activity?

Yes

No

# Partners Periodic Report

## Partners Periodic Report Question 11

### 11. Statutory Benchmarks:

#### a. Financial/Solvency activities:

Yes

No

#### i. Is this an expected future activity?

Yes

No

#### b. Medical Service Delivery Network activities:

Yes

No

#### i. Is this an expected future activity?

Yes

No

# Partners Periodic Report

## Partners Periodic Report Questions 12, 13 & 14

12. Engaged in other collective negotiations, bargaining, and cooperation?

Yes

No

13. Describe the nature and scope of any other future expected activities.

14. Describe any concerns or problems you have encountered in the collaborative process.

# Partners Periodic Report

## Partners Periodic Report Questions 15 & 16

**15. Is the RCO you intend to help establish or develop expected to result in improved quality of health care services to Medicaid beneficiaries?**

Yes

No

Explain

**16. Is the RCO you intend to help establish or develop expected to result in cost-containment in providing health care services?**

Yes

No

Explain

# Partners Periodic Report

## Partners Periodic Report Questions 17 & 18

17. Is the RCO you intend to help establish or develop expected to result in enhancements in technology?

Yes

No

Explain

18. Is the RCO you intend to help establish or develop expected to maintain competition in the health care services market?

Yes

No

Explain

# Partners Periodic Report

## Partners Periodic Report Question 19

19. Is the RCO you intend to help establish or develop expected to identify appropriate service delivery systems and reimbursement methods in order to align incentives in support of integrated and coordinated health care delivery?

Yes

No

Explain

Submit Report

Cancel

All required fields **must** be completed before the periodic report can be electronically submitted. Attempting to submit an incomplete report will result in the incomplete required fields turning red and a message beneath any incomplete question indicating<sup>55</sup> **“The Response field is required.”**

### 1. Activities During the Reporting Period

**The Response field is required.**

No activities to report

I have negotiated, bargained, or cooperated with the above entities or persons during this reporting period

# Providers Periodic Report

Answering “Yes” to Introductory Question B will result in the display of the Providers Periodic Report question set that follows:

**B. Do you plan to only enroll as a provider with a regional care organization?**

Yes

No

**PROVIDERS PERIODIC REPORT**

During the reporting period, you notified the Agency of your intent to engage in collective negotiations, bargaining, or cooperation with the following entities and persons:

- Application Date: 01/31/2014 Certificate Number: 1078 - 1

TEst

**If you intend to engage in collective negotiations, bargaining, or cooperation with any additional entities or persons not listed, you must submit an AMENDED APPLICATION identifying those persons or entities.**

**IMPORTANT: You may only have one submission pending with the Medicaid Agency at any given time. If you complete your periodic report first, you will not be able to submit an amended application until an action has been taken on the report. Conversely, if you submit an amended application, you will not be able to submit a periodic report until an action has been taken on the application.**

# Providers Periodic Report

## Providers Periodic Report Questions 1 & 2

### 1. Activities During the Reporting Period

- No activities to report
- I have negotiated, bargained, or cooperated with the above entities or persons during this reporting period

### 2. Progress During the Reporting Period

- I have made no progress toward becoming a provider with a RCO
- I have made limited progress toward becoming a provider with a RCO  
In which region(s):  A  B  C  D  E
- I have enrolled as a provider with a RCO  
In which region(s):  A  B  C  D  E

# Providers Periodic Report

## Providers Periodic Report Questions 3 & 4

### 3. Problems/Concerns in the Collaborative Process

a. Have you encountered any problems or concerns during the reporting period?

Yes

Explain

No

### 4. Future Activities in the Collaborative Process

a. Do you intend to engage in any future activity other than entering into a provider contract with a RCO?

No

Yes

Explain

# Providers Periodic Report

## Providers Periodic Report Questions 4i & 4ii

**i. Is the RCO you intend to help establish or develop expected to result in improved quality of health care services to Medicaid beneficiaries?**

Yes

No

Explain

**ii. Is the RCO you intend to help establish or develop expected to result in cost-containment in providing health care services?**

Yes

No

Explain

# Providers Periodic Report

## Providers Periodic Report Questions 4iii & 4iv

**iii. Is the RCO you intend to help establish or develop expected to result in enhancements in technology?**

Yes

No

Explain

**iv. Is the RCO you intend to help establish or develop expected to maintain competition in the health care services market?**

Yes

No

Explain

# Providers Periodic Report

## Providers Periodic Report Question 4v

v. Is the RCO you intend to help establish or develop expected to identify appropriate service delivery systems and reimbursement methods in order to align incentives in support of integrated and coordinated health care delivery?

Yes

No

Explain

Submit Report

Cancel

All required fields **must** be completed before the periodic report can be electronically submitted. Attempting to submit an incomplete report will result in the incomplete required fields turning red and a message beneath any incomplete question indicating, **“The Response field is required.”**

### 1. Activities During the Reporting Period

**The Response field is required.**

No activities to report

I have negotiated, bargained, or cooperated with the above entities or persons during this reporting period

# Others Periodic Report

Answering “Yes” to Introductory Question C will result in the display of the Others Periodic Report question set that follows:

C. Are you a collaborator engaging in some other activity?

Yes

No

**OTHERS PERIODIC REPORT**

During the reporting period, you notified the Agency of your intent to engage in collective negotiations, bargaining, or cooperation with the following entities and persons:

- Application Date: 01/31/2014 Certificate Number: 1078 - 1

TEst

**If you intend to engage in collective negotiations, bargaining, or cooperation with any additional entities or persons not listed, you must submit an AMENDED APPLICATION identifying those persons or entities.**

**IMPORTANT: You may only have one submission pending with the Medicaid Agency at any given time. If you complete your periodic report first, you will not be able to submit an amended application until an action has been taken on the report. Conversely, if you submit an amended application, you will not be able to submit a periodic report until an action has been taken on the application.**

# Others Periodic Report

## Others Periodic Report Questions 1 & 2

### 1. Activities During the Reporting Period

No activities to report

I have negotiated, bargained, or cooperated with the above entities and persons during this reporting period

Describe the activities in which you have been involved, identifying with particularity those persons and/or entities listed above with whom you have collaborated

### 2. Progress During the Reporting Period

a. Have you made any progress engaging in collective negotiations, bargaining or cooperation during the reporting period?

Yes

Explain

No

# Others Periodic Report

## Others Periodic Report Questions 3 & 4

### 3. Problems/Concerns in the Collaborative Process

a. Have you encountered any problems or concerns during the reporting period?

Yes

Explain

No

### 4. Future Activities in the Collaborative Process

a. Do you intend to engage in any other future activity that is intended to help establish or develop a RCO?

No

Yes

Explain

# Others Periodic Report

## Others Periodic Report Questions 4i & 4ii

**i. Is the RCO you intend to help establish or develop expected to result in improved quality of health care services to Medicaid beneficiaries?**

Yes

No

Explain

**ii. Is the RCO you intend to help establish or develop expected to result in cost-containment in providing health care services?**

Yes

No

Explain

# Others Periodic Report

## Others Periodic Report Questions 4iii & 4iv

iii. Is the RCO you intend to help establish or develop expected to result in enhancements in technology?

Yes

No

Explain

iv. Is the RCO you intend to help establish or develop expected to maintain competition in the health care services market?

Yes

No

Explain

# Others Periodic Report

## Others Periodic Report Question 4v

v. Is the RCO you intend to help establish or develop expected to identify appropriate service delivery systems and reimbursement methods in order to align incentives in support of integrated and coordinated health care delivery?

Yes

No

Explain

Submit Report

Cancel

All required fields **must** be completed before the periodic report can be electronically submitted. Attempting to submit an incomplete report will result in the incomplete required fields turning red and a message beneath any incomplete question indicating, **“The Response field is required.”**

### 1. Activities During the Reporting Period

**The Response field is required.**

No activities to report

I have negotiated, bargained, or cooperated with the above entities or persons during this reporting period

# Periodic Report Status

All Periodic Reports submitted by an applicant display in the Applicant's Dashboard. A Periodic Report will be in one of the Periodic Report Statuses defined in the chart below:

Status	Definition
<b>Pending</b>	A decision has not been made.
<b>Accepted</b>	The periodic report has been accepted and the current approved Certificate remains valid.
<b>Rejected</b>	The periodic report has been rejected and the current application has been revoked.
<b>On Hold</b>	The periodic report has been moved to the Special Review Queue.
<b>In Review</b>	The periodic report is being viewed by a Reviewer.

# Temporary Periodic Report Status

Periodic Reports awaiting determination will be in one of the following temporary Periodic Report Status states:

**Pending** – A decision has not been made.

**On Hold** – The periodic report has been moved to the Special Review Queue.

**In Review** – The periodic report is being viewed by a Reviewer.

Periodic Report statuses are listed in blue font within the **Status** column of the corresponding Periodic Report row. A Periodic Report may only have one temporary 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
<a href="#">PR</a> 1095	02/04/2014	02/04/2014	Pending	<a href="#">View Application</a>				
<a href="#">PR</a> 1095	02/04/2014	02/04/2014	On Hold	<a href="#">View Application</a>				
<a href="#">PR</a> 1095	02/04/2014	02/04/2014	In Review	<a href="#">View Application</a>				

# Decided Periodic Report Status

Following decision by a Reviewer, periodic reports will be in one of the following decided Periodic Report Status states:

**Accepted** – The periodic report has been accepted and the current approved Certificate remains valid.

**Rejected** – The periodic report has been rejected and the current application has been revoked.

Periodic Report statuses are listed in blue font within the **Status** column of the corresponding periodic report row.

Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	View Report	Certificate Notice	Denial Notice	Revocation Notice
<a href="#">PR</a> 40	02/19/2014	02/19/2014	Accepted		<a href="#">View Report</a>			
<a href="#">PR</a> 39	02/19/2014	02/19/2014	Rejected		<a href="#">View Report</a>			

# View Submitted Periodic Report

Applicants may view submitted Periodic Reports by clicking the **View Report** link in the **View Report** column on the RCO Collaborator Portal Dashboard. Once clicked, the Periodic Report will be displayed in a read-only format. Periodic Reports may not be modified once submitted without prior authorization by the Agency.

Alabama Medicaid Agency  
**Medicaid**  
RCO Collaborator Portal

allentest1  
Profile Log off

Home About Contact Dashboard

### Applicant Dashboard

	Application/Periodic Report ID	Date Submitted	Last Modified Date	Status	View Application	View Report	Certificate Notice	Denial Notice	Revocation Notice
	<a href="#">1070</a>	02/19/2014	02/19/2014	Approved	<a href="#">View Application</a>				
<a href="#">PR</a>	<a href="#">39</a>	02/19/2014	02/19/2014	Pending		<a href="#">View Report</a>			

# Application Revoked

If an RCO Collaborator Certificate is revoked due to the rejection of a Periodic Report, the applicant will receive an email notifying them that action has been taken on their application. The email will include a link back to the RCO Collaborator Portal site. Once logged in, the dashboard will display a PDF icon in the **Revocation Notice** column. Applicants may view the Revocation Notice by clicking on the PDF Icon and selecting open from the open dialog box that appears.

Alabama Medicaid Agency

# Medicaid



RCO Collaborator Portal

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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	View Report	Certificate Notice	Denial Notice	Revocation Notice
	<a href="#">1070</a>	02/19/2014	02/19/2014	Revoked	<a href="#">View Application</a>				
<a href="#">PR</a>	<a href="#">39</a>	02/19/2014	02/19/2014	Rejected		<a href="#">View Report</a>			

# Revocation Notice

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

	<b>Alabama Medicaid Agency</b> 501 Dexter Avenue P.O. Box 5624 Montgomery, Alabama 36103-5624 <a href="http://www.medicaid.alabama.gov">www.medicaid.alabama.gov</a> e-mail: <a href="mailto:almedicaid@medicaid.alabama.gov">almedicaid@medicaid.alabama.gov</a> Telecommunication for the Deaf: 1-800-253-0799 334-242-5000 1-800-362-1504	
ROBERT BENTLEY Governor		STEPHANIE MCGEE AZAR Acting Commissioner

**2/26/2014 10:09:42 AM**

**Micki Allen**  
501 Dexter Ave, Montgomery, AL 36106-0000

Dear **Micki Allen**:

RE:                    **REVOCATION NOTICE**

Your Certificate to Collaborate 1201 - 1 has been revoked because the Medicaid Agency has determined that you have failed to file a periodic report; or failed to provide information or documents requested by the Medicaid Agency; or that a sufficient showing has not been made that the collaboration is in order to satisfy the legislative intent expressed in Section 22-6-163 of the Alabama Code.

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 apply for reinstatement of the Certificate to Collaborate upon submission of the delinquent periodic report or information, an explanation for failure to provide a timely periodic report, and any other information deemed necessary by the Medicaid Agency for review by the Medicaid Agency. Agency authority for this action is Alabama Medicaid Administrative Code Rule 560-X-62-.02.

Sincerely,  


Stephanie McGee Azar  
Acting Commissioner

Our Mission - to provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.