

**Participation Agreement  
Between  
Gulf Coast TotalCare  
And  
Maternity Care Provider**

**THIS AGREEMENT** is entered into as of \_\_\_\_\_ between Gulf Coast TotalCare, hereinafter referred to as the “Entity”, and \_\_\_\_\_, hereinafter referred to as the “Maternity Care Provider or MCP”, located in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

**WHEREAS**, the Entity has been selected to operate as an Alabama Coordinated Health Network Entity pursuant to a CMS 1915(b) Waiver with the Alabama Medicaid Agency, hereinafter referred to as the “Agency”; and

**WHEREAS**, the Alabama Coordinated Health Network, hereinafter referred to as the “ACHN”, is designed to provide maternity care coordination services to Medicaid recipients through the collaborative efforts of the Agency, the Entity, and the MCP; and

**WHEREAS**, the Agency has contracted with the Entity to administer and manage maternity care coordination services in a designated region to improve maternal and child health outcomes; and

**WHEREAS**, the MCP is eligible for participation in the Alabama Medicaid program and has a current and active Alabama Medicaid Provider Agreement; and

**WHEREAS**, the MCP desires to contract and actively participate with Entity and participate in the ACHN by working collaboratively with the Entity and the Agency to help coordinate the maternity health care services for each Medicaid recipient, as defined by the Agency, who elects to receive services from the MCP. Maternity health care services include, but are not limited to, comprehensive health care services to pregnant woman and after delivery services to encourage and educate recipients in the use of family planning and pediatric services.

**NOW, THEREFORE**, it is agreed between the Entity and the MCP as follows:

*Section 1 – General Statement of Purpose and Intent*

The ACHN is defined by the federal government and the Agency as a voluntary Medicaid program that provides care coordination for recipients to achieve improved health outcomes and to minimize duplication of health care services and costs. It is designed to add an additional level of support to MCP by intensively coordinating the care of maternity recipients.

Maternity care coordination in the ACHN is accomplished by, among other services, managing patient-centered care through best practices, connecting recipients with needed resources, teaching self-management skills, providing transitional care, and linking recipients to medical and behavioral services.

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| <i>Section 2 - Active Participation Activities of the MCP</i> |
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In addition to MCP's responsibilities under the Alabama Medicaid Provider Agreement, the MCP agrees to Actively Participate with the Entity. The minimum responsibilities required of the MCP to achieve Active Participation are:

1. Providing data to the Entity;
2. Participating in the development of the recipient's care plan; and
3. Participating in the MCP selection and referral process.
4. The Group participates as needed in the Entity's multidisciplinary care team and the development of individualized and comprehensive care plans.

**MCP understands payment for maternity related claims is dependent upon:**

- 1. MCP receiving a referral from the Entity to provide services; and**
- 2. Active Participation with the Entity.**

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| <i>Section 3 – Duties and Responsibilities of the MCP</i> |
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The MCP agrees to:

1. Provide, directly or through Entity approved arrangements with another MCP, on a 24 hour basis, appropriate emergency care services to recipients.
2. Maintain admitting privileges at licensed acute care hospital that provides obstetrical services.
3. Maintain an integrated medical record and allow the Entity access to that record to coordinate patient care.
4. Review data provided by the Entity and the Agency and participate as needed in any initiatives or trainings as part of the Quality Improvement Program (as defined in the Alabama Coordinated Health Network RFP Number 2019-ACHN-01).
5. Ensure appropriate access to care by providing timely appointments.
6. Provide appropriate referral processes and communications with non-MCP specialists.

Nothing in this Agreement shall interfere with or supersede MCP's obligation to provide health care services to Medicaid recipients under separate agreements with the Agency.

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| <i>Section 4 – Duties and Responsibilities of the Entity</i> |
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The Entity shall provide:

1. Assistance with establishing Medicaid eligibility for potential recipients by providing access to certified application assisters to help potential recipients apply for and obtain Medicaid eligibility by assisting with the application process and monitoring the process until conclusion.
2. A care coordinator who shall serve as the liaison between the MCP, pharmacist, other providers, and the recipient as needed.
3. Assistance to coordinate services for recipients with other medical providers, substance abuse providers, behavioral health providers, agencies, and care managers with the Entity to ensure timely delivery of services, to improve health care efficiency, and to improve quality of care.
4. Collaboration in the development of individualized care plans and goals identified by the MCP and the recipient.
5. Education, training and technical assistance regarding the ACHN.
6. Clinical and administrative leadership and technical support to design, develop and implement new clinical care management initiatives.
7. Periodic reports concerning the MCP's recipients and the ACHN, including Medical Management Committee (as defined in the Alabama Coordinated Health Network RFP Number 2023-ACHN-01) reports and reports from the Agency.
8. Measures for the MCP and the ACHN, and data relating to service utilization by the recipients as well as updates about the MCP's progress toward goals and measures.

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| <i>Section 5 – General Terms and Conditions</i> |
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1. Non-Discrimination: The MCP shall comply with all applicable federal and state laws which prohibit discrimination on the grounds of race, creed, sex, religion, national origin, or physical or mental handicap.
2. Transfer of Agreement: This Agreement may not be assigned, in whole or in part, by the MCP.

3. Contract Termination: This Agreement may be terminated under the following conditions:
  - a. Automatically upon termination of the MCP's Alabama Medicaid Provider Agreement for any reason;
  - b. Automatically upon termination of the Entity's Alabama Coordinated Health Network Agreement with the Agency;
  - c. Immediately, as to the MCP or any health care provider employed or under contract by MCP, upon a revocation of such MCP's employee's, contractor's, or agent's license to practice medicine in the State of Alabama, a revocation of such MCP's employee's, contractor's, or agent's enrollment as a participating provider under Title XIX (Medicaid) of the Social Security Act, and/or cancellation of such MCP's employee's, contractor's, or agent's medical liability insurance;
  - d. By either party without cause upon at least ninety (90) days' notice;
  - e. By either party, with cause upon sixty (60) days' notice, in writing, and delivered by registered mail with return receipt requested or in person; or
  - f. By mutual consent of both parties.
4. Amendments: No supplements, modifications, or amendments of the Agreement will be binding unless executed in writing by both parties.
5. Indemnifications: MCP shall reimburse, defend, indemnify, and hold harmless Entity and Entity's affiliates, partners, shareholders, members, owner, directors, managers, officers, employees, contractors and agents for, from, and against any and all claims, damages, losses, deficiencies, liabilities, penalties, charges, costs, and expenses (including attorney's fees) resulting from, relating to, or arising out of, (i) any failure by MCP (or any contractor or agent of MCP) to comply with the terms and conditions of the Agreement, and (ii) any act or omission of MCP or its employees, contractors, or agents.
6. Affiliated Entities: Both parties understand that only one agreement is necessary for the MCP to participate with all ACHN Entities operating in the state. A list of all ACHN Entities is attached as Attachment A.

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| <i>Section 6 – Effective Date and Duration</i> |
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This Agreement shall become effective on \_\_\_\_\_ and remain in effect until amended or terminated pursuant to the terms of this Agreement.

*Section 7 - Signatures*

**Maternity Care Provider**

**Alabama Care Network Southeast**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Name of Group

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Entity Email Address

\_\_\_\_\_  
Alabama Medicaid Group Billing ID

\_\_\_\_\_  
Group NPI

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Group Email Address

## **Attachment A**

This Attachment A lists the Alabama Coordinated Health Network Entities that have been awarded an intent to contract with the Alabama Medicaid Agency to operate an Entity pursuant to a CMS 1915(b) Waiver. The Entities that have been awarded an intent to contract are:

My Care Alabama Northwest, Inc.

North Alabama Community Care

My Care Alabama East, Inc.

Alabama Care Network Mid-State

My Care Alabama Central, Inc.

Alabama Care Network Southeast

Gulf Coast TotalCare