

2020 Performance Period, Oct. 1 – Nov. 12

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Arkansas Medicaid PCMH Enrollment

2020 Performance Period Oct. 1 – Nov. 12

Enrollment eligibility: The practice must have at least 150 attributed beneficiaries at the time of enrollment.

New Performance Based Incentive Payment Attribution requirement: A Shared Performance Entity must have a minimum of 1,000 attributed beneficiaries after exclusions are applied.

Enrollment Application

To enroll in the Arkansas Medicaid Patient-Centered Medical Homes (PCMH) Program, the Practice Participation Agreement form (DMS-844) can be accessed directly on the [AHIN portal](#), or via the portal access link on paymentinitiative.org/enrollment.

New Information Needed

Please provide the EMR your practice uses in the designated section of the enrollment application.

Re-enrollment Application

If you are currently enrolled in the PCMH Program, you will receive an enrollment application for the 2020 performance program via email on October 1. The email will be distributed from the PCMH Enrollment Unit ARKPCMH@dxc.com and it will contain a list of participating providers that are currently enrolled with your PCMH. Providers who are currently enrolled with your PCMH are not required to be listed in Sections I and II of the enrollment application. Providers who are re-enrolling in the program are not required to provide a new signature. However, a signature is required for any provider(s) who will be included on the enrollment application for the first time.

If there are no changes to your PCMH's current enrollment, only the top of

Section I and your Participating Providers List are required for re-enrollment in the PCMH Program for the 2020 performance period. If necessary, please use Sections I and II of the enrollment application to make any changes to your current enrollment and submit all pages, including your Participating Providers List, to ARKPCMH@dxc.com.

Pooling Forms

All signatures must be included on one enrollment application, and all PCMH leads must be copied on the submission email. Pooling forms **must not be altered from the original in any way**. If the pool has more members than can fit on one form, use multiple forms to complete the enrollment application. A cover letter with details for each member of the pool may be submitted with multiple pooling forms.

Please submit your complete and accurate enrollment application and pooling forms to the PCMH Enrollment Unit at ARKPCMH@dxc.com. **Faxed enrollment applications will not be accepted.**

If you have any questions, contact your [AFMC Outreach specialist](#) or the PCMH Enrollment Unit at ARKPCMH@dxc.com or 501-301-8311.



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