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## Reminder!

### Arkansas Medicaid Patient Centered Medical Home (PCMH) – Open Enrollment for the 2021 Performance Period

#### Enrollment Dates

Oct. 1 – Nov. 13, 2020

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

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

#### Enrollment/Re-enrollment

To enroll in the Arkansas Medicaid Patient-Centered Medical Homes (PCMH) Program, please complete the Practice Participation Agreement form (DMS-844). If you are currently enrolled in the PCMH Program, you will receive an enrollment application for the 2021 program year and a “Participating Providers List” of currently enrolled providers in your PCMH from the PCMH Enrollment Unit, via email from [ARKPCMH@dxc.com](mailto:ARKPCMH@dxc.com). 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 2021 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](mailto:ARKPCMH@dxc.com).

### **Pooling Forms**

All signatures must be included on one pooling form, and all PCMH leads must be copied on the submission email. Pooling forms **must not be altered from the original in any way**. If additional space is required, use multiple forms to complete the pooling form. A cover letter with details for each member of the pool may be submitted with multiple pooling forms.

The Practice Participation Agreement form (DMS-844) and the pooling form (DMS-845) can be accessed through the [AHIN portal](#). Please submit your complete and accurate enrollment application and pooling form(s) to the PCMH Enrollment Unit at [ARKPCMH@dxc.com](mailto:ARKPCMH@dxc.com). **Faxed enrollment applications will not be accepted.**

If you have additional questions or need assistance, please [contact your AFMC Provider Relations](#) outreach specialist.

Sincerely,  
**AFMC Provider Relations**

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