



Outreach Update

Patient-Centered Medical Home (PCMH) enrollment is now open

Enrollment in the PCMH program is voluntary and practices must re-enroll annually.

PCMH enrollment is Sept. 1 through Oct. 31, 2016.

To enroll, practices must access the [AHIN portal](#) and submit a complete and accurate Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement (DMS-844). This application is only available on the AHIN web site. The completed application will be submitted to ARKPCMH@hpe.com. No faxes will be received.

If you are currently enrolled in PCMH, you should have received a completed application from ARKPCMH@hpe.com. Providers who are already enrolled with your PCMH clinic will not require additional signatures; however, a signature will be required for any new providers on the enrollment application.

Pooling forms are also due by Oct. 31, 2016.

If you have any questions, your [AFMC Outreach Specialist](#) or HPE at ARKPCMH@hpe.com / 501-301-8311 can assist.

PCMH Manual:

211.000 Enrollment Eligibility

1-1-16

To be eligible to enroll in the PCMH program:

- A. The entity must be a participating practice as defined in Section 200.000.
- B. The practice must include PCPs enrolled in the ConnectCare Primary Care Case Management (PCCM) Program.
- C. The practice may not participate in the PCCM shared savings pilot established under Act 1453 of 2013.
- D. The practice must have at least 300 attributed beneficiaries at the time of enrollment. DMS may modify the number of attributed beneficiaries required for enrollment based on provider experience and will publish at www.paymentinitiative.org any such modification.
- E. The practice must meet eligibility criteria as specified in the conditions for enrollment as indicated in the PCMH activities and metrics list. These criteria are published on the APII website at <http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx>

200.000 DEFINITIONS

1-1-16

Participating practice: A physician practice that is enrolled in the PCMH program, which must be one of the following:

- A. An individual primary care physician (Provider Type 01 or 03);
- B. A physician group of primary care providers who are affiliated, with a common group identification number (Provider Type 02, 04 or 81);
- C. A Rural Health Clinic (Provider Type 29) as defined in the Rural Health Clinic Provider Manual Section 201.000; or
- D. An Area Health Education Center (Provider type 69)

212.000 Practice Enrollment

1-1-16

Enrollment in the PCMH program is voluntary and practices must re-enroll annually. To enroll, practices must access the Advanced Health Information Network (AHIN) provider portal and submit a complete and accurate Arkansas Medicaid Patient-Centered Medical Home Practice Participation Agreement (DMS-844). The AHIN portal can be accessed at

www.paymentinitiative.org/medicalHomes/Pages/Enrollment-Process.aspx. Once enrolled, a participating PCMH remains in the PCMH program until:

- A. The PCMH withdraws;
- B. The practice or provider changes ownership, becomes ineligible, is suspended or terminated from the Medicaid program or the PCMH program; or
- C. DMS terminates the PCMH program.

A physician may be affiliated with only one participating practice. A participating practice must update the Department of Human Services (DHS) on changes to the list of physicians who are part of the practice. Physicians who are no longer participating within a practice are required to update in writing via email at ARKPCMH@hpe.com within 30 days of the change.

To withdraw from the PCMH program, the participating practice must email a complete and accurate Arkansas Patient-Centered Medical Home Withdrawal Form (DMS-846) to ARKPCMH@hpe.com. View or print the Arkansas Patient-Centered Medical Home Withdrawal Form (DMS-846) on the APII website at <http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx> or download the form from the AHIN provider portal.

233.000 Pools of Attributed Beneficiaries

1-1-16

Shared savings entities will meet the minimum pool size of 5,000 attributed beneficiaries as described in Section 232.000 in one of three ways:

Patient-Centered Medical Home Section II Section II-7

- A. Meet minimum pool size independently;
- B. Pool attributed beneficiaries voluntarily with other participating PCMHs as described in Section 234.000; or
- C. Be assigned to the default pool as described in Section 234.000. In the methods B and C listed above, PCMHs have their performance measured together by aggregating performance of the per beneficiary cost of care. In the method B, the quality metrics are tracked for shared savings incentive payments across all the PCMHs in the pool. In the method C, the quality metrics are tracked for shared savings incentive payments on an individual PCMH level. A shared savings entity's configuration (A, B or C) is established during the enrollment period and cannot be changed after the end of the enrollment period.

234.000 Requirements for Joining and Leaving Pools

1-1-16

PCMHs may voluntarily pool for purposes described in Section 233.000 before the end of the enrollment period that precedes the start of the performance period. To pool, the participating practice must email a complete and accurate Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form (DMS-845) to ARKPCMH@hpe.com. View or print the Arkansas Medicaid Patient-Centered Medical Home Program Pooling Request Form on the APII website at <http://www.paymentinitiative.org/medicalHomes/Pages/Useful-Links.aspx>. You can also download the form from the AHIN provider portal.

The DMS-845 Pooling form must be executed by all PCMHs participating in the pool. Before the end of the enrollment period, PCMHs that are on their own or through pooling do not reach a minimum of 5,000 attributed beneficiaries will be assigned to the default pool. Individual PCMHs whose attribution changes during the performance period will be classified as standalone or default pool members according to their attribution count at the end of the performance period. This exception does not apply to voluntary pools.

Pooling is effective for a single performance period and must be renewed for each subsequent year.

When a PCMH has voluntarily pooled, its performance is measured in the associated shared savings entity throughout the duration of the performance period unless it withdraws from the PCMH program during the performance period. When a PCMH in the voluntary pool withdraws from the PCMH program, any and all PCMHs in the shared savings entity will have their performance measured as if the withdrawn PCMH had never participated in the pool.