

Enrollment for the Arkansas Medicaid PCMH Program is now open until October 31, 2017.

New requirement

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

If you are currently enrolled in PCMH, you should have received an application form with a list of participating providers. ARKPCMH@dxc.com distributed this email Tuesday, Aug. 15. Providers who are currently enrolled with your PCMH practice do not have to be listed on the new application, and a signature is not required. However, a signature is required for any new provider(s) included in the enrollment application. Please contact your AFMC Provider Relations Representative if you did not receive this email.

To enroll, the Arkansas Medicaid Patient-Centered Medical Home practice participation agreement form (DMS-844) can be accessed on the [AHIN portal](#) or Payment Initiative website www.paymentinitiative.org.

Please submit a complete and accurate application to ARKPCMH@dxc.com.

Applications submitted via fax will not be accepted.

Pooling forms are also due by October 31.

All signatures must be included on **one** application, and it is required to include all PCMH leads on the email when the application is submitted.

If you have any questions, contact your [AFMC outreach specialist](#) or DXC at ARKPCMH@dxc.com or 501-301-8311.