Alabama Medicaid Agency

FY 2025 (10/01/2024-9/30/2025)

Patient-Centered Medical Home (PCMH) Recognition Attestation Form

For the purpose of PCMH Bonus Payments from Medicaid; this form is to be completed by PCP Groups who are currently enrolled with Medicaid and actively participating with the Alabama Coordinated Health Network (ACHN). This form is to be completed to attest PCMH Recognition (with a certifying entity) and/or progress (Agency determined level) toward PCMH Recognition.

Send this completed PCMH Attestation Form and attachments via one of the following:

Email: ACHN@medicaid.alabama.gov

or

Fax: 334-353-3856

All information must be complete and easy to read. Please retain copy for your records.

Please Note: All information provided *must* correspond with information on file with our Fiscal Agent.

Original signatures and initials on this attestation form are required. Forms consisting of stamped and typed signatures and/or initials for signatures (initials outside of the required) will not be accepted and will cause **DENIAL** of the group's PCMH attestation for the FY PCMH bonus payments.

SECTION 1: Primary Care Physician Group Information

☐ FQHC or ☐ RHC

Primary Care Physician Group Name: _____

Service Location (Physical Address): _____

Primary Care Physician Group NPI: _____

Primary Care Physician Group Medicaid #: _____

NOTE: There are currently seven (7) ACHNs operating in Alabama. (Which one(s) did your Group enroll with?)

The Primary Care Physician Group is actively participating with the following ACHNs:

_____

SECTION 2: Attestation

I attest that the identified Primary Care Physician Group has achieved PCMH recognition or has made progress toward PCMH Recognition. I attest that I am actively participating with at least one of the seven (7) ACHNs.

Group Representative's Initials:_____ *(Must be original Initials)*

SECTION 2A: PCMH Recognition

Complete this section about details of your PCMH Recognition and/or progress made towards PCMH Recognition with a certifying entity. Submit proof of PCMH Recognition achievement and/or progress towards PCMH Recognition (web-verification print-out) with this attestation form.

Certifying PCMH Recognition Agency: (please indicate one)

☐ JOINT COMMISSION **(must complete Box B to the right)**

☐ NCQA **(must complete Box A to the right)**

☐ COMPLIANCE TEAM **(must attach quarterly report card)**

☐ Other (specify): _____

Certification Begin/End Dates: (applies to all)

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Box A Number of Check-ins Completed:

Box B Date of Survey:

I attest that I have current PCMH Recognition and/or have made progress toward PCMH Recognition with a certifying entity. I understand that I must resubmit this attestation annually, no later than the deadline date/time of October 1, by 5:00 P.M. (CST) to receive PCMH Bonus Payments for the next fiscal year.

Group Representative's Initials: _____ *(Must be original Initials)*

SECTION 3: Signature

I affirm, under the penalties of perjury that the information on this form and any attached statement that I have provided has been reviewed and signed by me, and is true, accurate, and complete, to the best of my knowledge. I understand that I may be subject to civil penalties or criminal prosecution for any falsification, omission, or concealment of any material fact contained herein. By submitting this attestation, I acknowledge that I have read and agree to the rules set forth, to gain eligibility to receive quarterly PCMH bonus payments. Therefore, my signature indicates that I have legal authority to submit self-attestation and understand that my written signature is binding.

Signature:_____ Print Name:_____ Date:_____

(Must be original Signature)

E-mail: _____ Telephone # _____