



Department  
of Health

# New York State Patient Centered Medical Homes Quarterly Report



December 2015

# Program Background and Highlights

A Patient-Centered Medical Home (PCMH) is a model of care where each patient has an ongoing relationship with a personal physician and a care team. The physician and care team, which can include nurse practitioners, physician assistants, registered nurses, social workers, and care coordinators, take collective responsibility for meeting all of the patient's health care needs. A PCMH also emphasizes greater care through open scheduling, expanded hours, enhanced communication among all involved with a patient's care, and any other means to ensure that a patient obtains proper care in a culturally and linguistically appropriate manner. The National Committee for Quality Assurance (NCQA) designed a recognition program to objectively measure the degree to which a primary care practice meets the operational principles of a PCMH.

NCQA's PCMH recognition is awarded to practices and their providers that meet a set of predetermined standards for improving primary care. Providers in New York State (NYS) are recognized as level 1, 2, or 3 (3 is the highest recognition) under the NCQA's 2011 standards or NCQA's 2014 standards. Primary care practices continue to achieve higher levels of recognition under more rigorous standards. NCQA's 2014 standards place a heavier focus on integrating health information technology and behavioral health care services into primary care as compared to the previous standards. As of March 21, 2015, practices could only apply for PCMH recognition under the 2014 standards as the 2011 standards are slowly phased out to promote the higher care standards. A comparison of the 2011 and 2014 standards can be found here: <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx>. NCQA's 2008 standards were the first set of standards and all practices with a 2008 achievement have expired.



There are many initiatives throughout NYS that focus on improving primary care and use PCMH concepts as a foundation. NYS Medicaid provides incentive payments to providers recognized as a PCMH by NCQA as part of the New York Medicaid Statewide PCMH Incentive Payment Program. More detail about this program can be found on the [PCMH Homepage](#). Additionally, the NYS Health Innovation Plan (SHIP) positions the state towards achieving the Triple Aim (improved health, better health care and consumer experience, and lowered costs) and focuses on the Advanced Primary Care (APC) model which also holds PCMH concepts at its core. The Delivery System Reform Incentive Payment (DSRIP) program requires providers to achieve PCMH recognition or meet APC milestones by March 31, 2018. These initiatives, in addition to many others, encourage both practices and providers to deliver more integrated, coordinated, and patient-centered care and have made NYS a leader in primary care reform.

NYS currently has the greatest number of practices and providers\* recognized as a PCMH by NCQA compared to all other states in the country; over 12% of all PCMH practices and providers in the country operate in NYS.

\* Providers include the following credentials: Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), Family Nurse Practitioner (FNP), Acute Care Nurse Practitioner (ACNP), Certified Registered Nurse Practitioner (CRNP), Adult Nurse Practitioner (ANP), Pediatric Nurse Practitioner (PNP), and Physician Assistant (PA).

## Program Background and Highlights (continued)

The number of PCMH-recognized practices in NYS increased from 1,142 in December 2014 to 1,313 in December 2015. Of these 1,313 practices, 87% achieved the highest level of recognition under 2011 or 2014 standards. Additionally, practices with 4-10 providers make up a largest portion of PCMH-recognized practices.

The number of PCMH-recognized providers in NYS increased from 5,820 in December 2014 to 6,225 in December 2015. Of these 6,225 providers, 92% achieved the highest level of recognition (level 3) under the 2011 or 2014 standards. As of December 2015, 94% of all recognized providers have achieved recognition under 2011 standards. It is anticipated that this proportion will decrease as more practices apply for recognition under the 2014 standards – similar to the trend of a continuous decrease in the proportion of 2008 recognized providers when the 2011 standards were released by NCQA.

Practices in NYS have also begun to take additional steps towards providing better care for patients with chronic conditions by achieving recognition under NCQA's diabetes recognition program (DRP). About 13% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

As of December 2015, 47% of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized primary care physician (PCP), up from 44% in December 2014. Of those enrollees, 93% were receiving care from a PCMH-recognized provider who has achieved the level 3 PCMH recognition under the 2011 or 2014 standards. As of December 2015, 5,399 (27%) PCPs in MMC\* were recognized as a PCMH provider, up from 25% in December 2014.

Office-based practitioners and Article 28 clinics recognized as PCMHs by the NCQA receive additional payment for primary care services through the New York Medicaid Statewide PCMH Incentive Payment Program in two ways. Enhanced payments are given to providers for MMC, Child Health Plus (CHP), Health and Recovery Plans (HARP), and HIV Special Needs Plan (SNP) members through the patient's health plan via capitation payments or are paid as an 'add-on' for qualifying visits for Medicaid fee-for-service (FFS) members. About \$119 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2015 through December 2015. Over \$5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2015 through December 2015 for 147,335 unique enrollees.



\* Source: Panel data is a list of MMC enrollees and the providers they are assigned to, submitted quarterly by MMC plans. The data is reported to the NYS Department of Health by the MMC plans quarterly.

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# Section 1: Practice Information

The most recently available data for this section is: December 2015.

Figure 1a shows the number of distinct PCMH-recognized practices in NYS by NCQA recognition level\* as of December 2015.

### Figure 1a: PCMH-Recognized Practice Count by Recognition Level

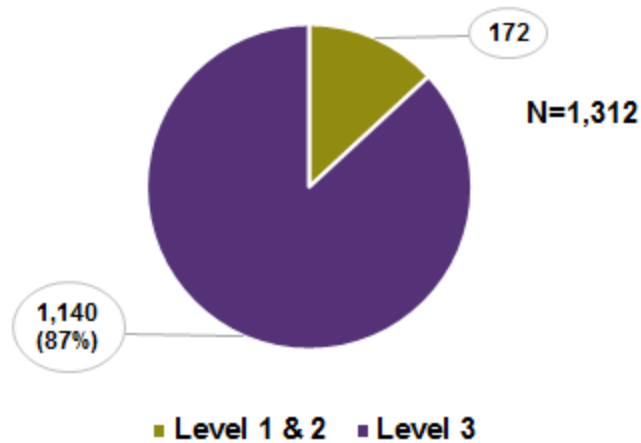
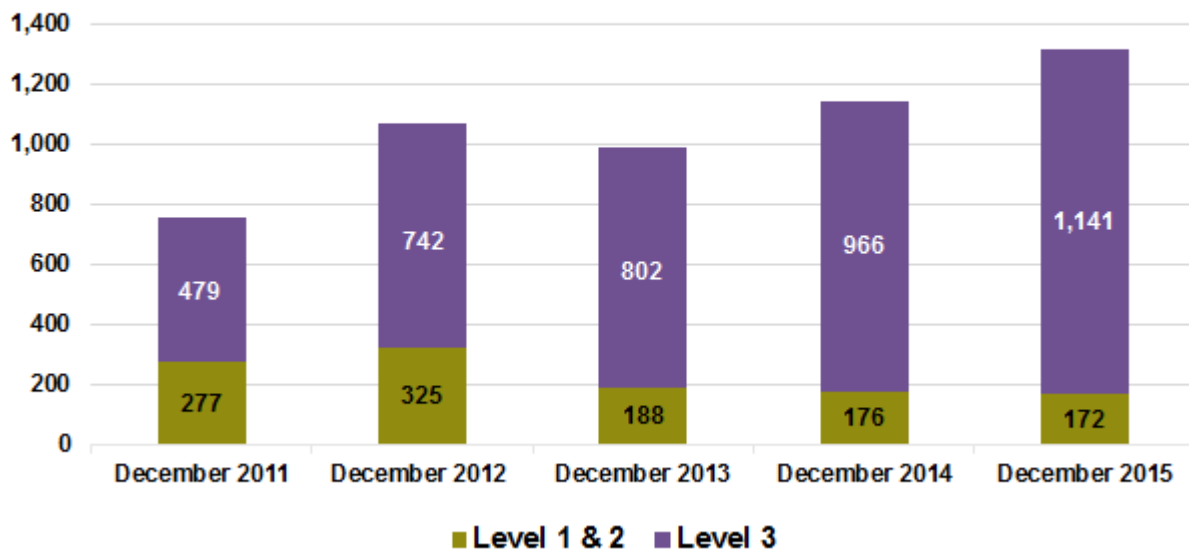


Figure 1b shows the growth in the number of PCMH-recognized practices in NYS by recognition level from December 2011 to December 2015.

### Figure 1b: PCMH-Recognized Practices by Recognition Level Over Time



\* NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized practices (effective 1/1/2013), 2008 standard level 2 PCMH-recognized practices (effective 7/1/2013) and 2008 standard level 3 PCMH-recognized practices (effective 4/1/2015) though these practices are still recognized as a PCMH by the NCQA.

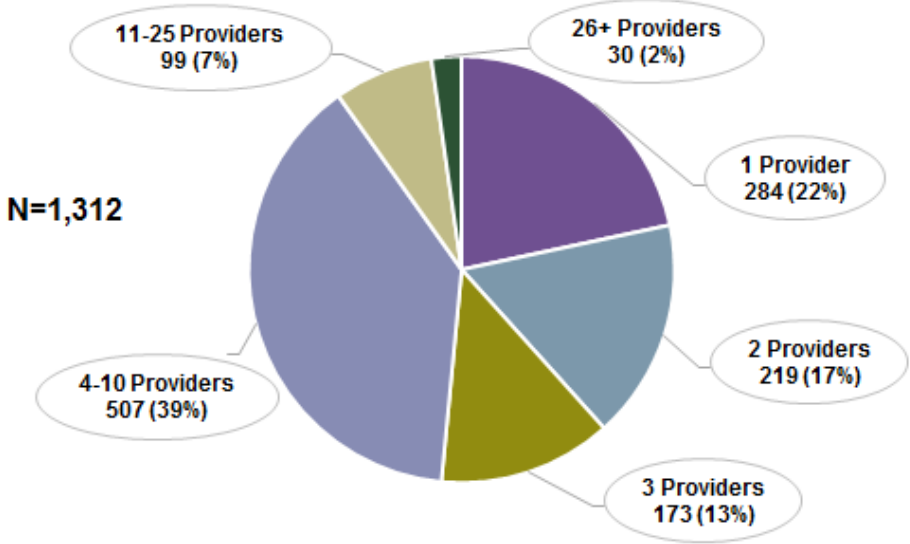
The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: December 2015).

# Section 1: Practice Information

The most recently available data for this section is: December 2015.

Figure 1c shows the number of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size.

**Figure 1c: NYS PCMH-Recognized Practices by Size**



There are 8,081 unique provider-location combinations as of December 2015.

The data in Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: December 2015)

# Section 2: Provider Information

The most recently available data for this section is: December 2015.

Figure 2a shows the number of distinct PCMH-recognized providers in NYS by recognition level\* as of December 2015.

### Figure 2a: PCMH-Recognized Provider Count by Recognition Level

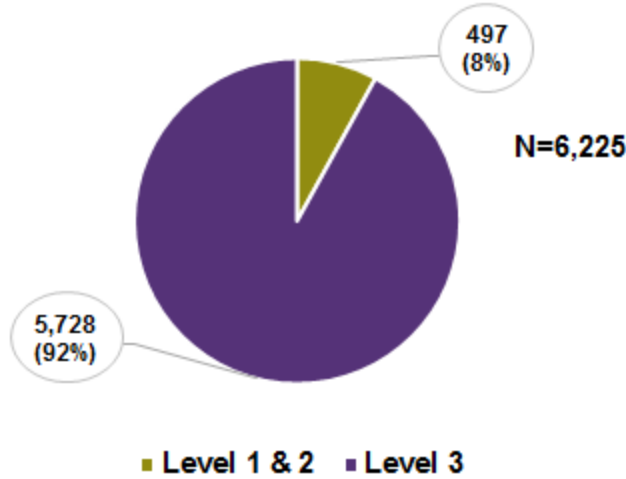
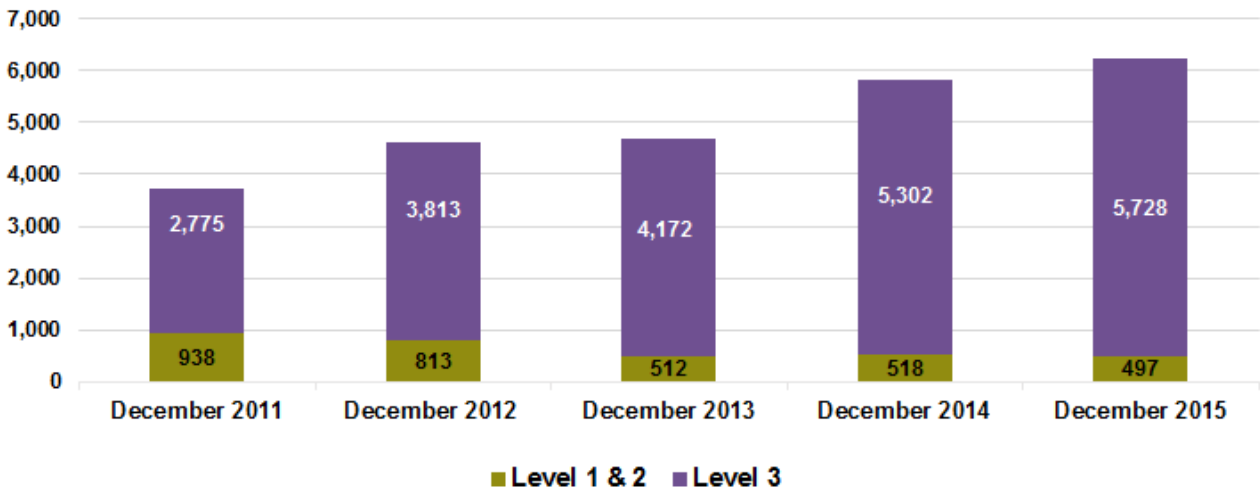


Figure 2b shows the growth of the number of PCMH-recognized providers in NYS by recognition level from December 2011 to December 2015.

### Figure 2b: PCMH-Recognized Provider Count by Recognition Level Over Time



\* NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers (effective 1/1/2013), 2008 standard level 2 PCMH-recognized providers (effective 7/1/2013) and 2008 standard level 3 PCMH-recognized providers (effective 4/1/2015) though these providers may still be recognized as a PCMH by the NCQA.

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: December 2015).

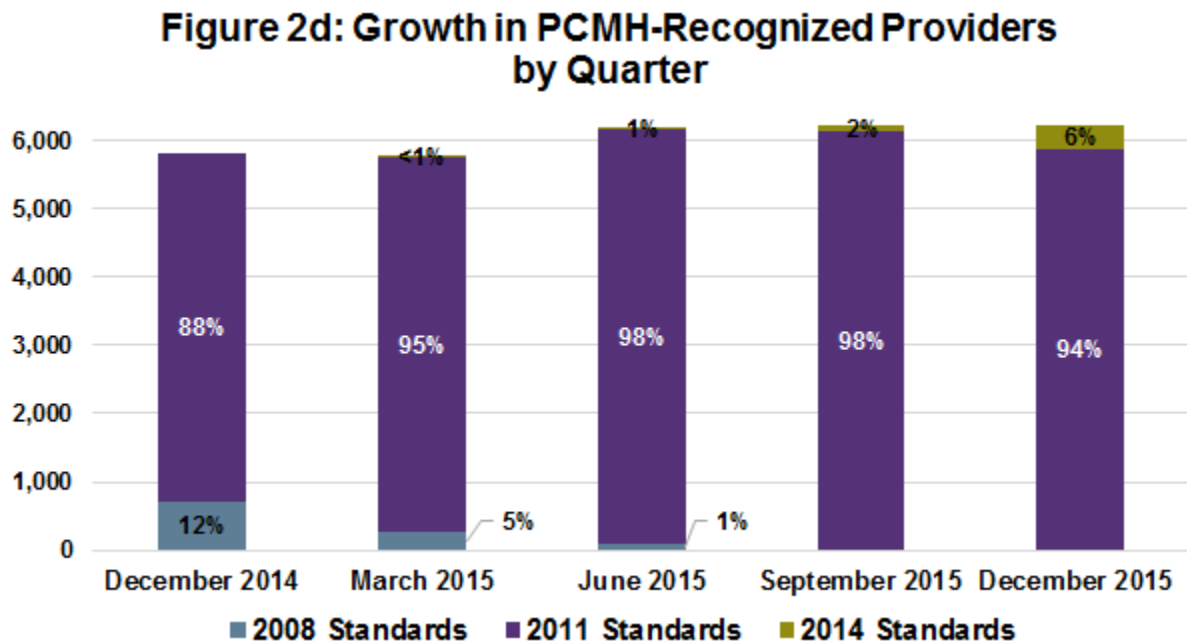
## Section 2: Provider Information (continued)

The most recently available data for this section is: December 2015.

Figure 2c shows the number of PCMH-recognized providers that are recognized under NCQA's 2008 standards, 2011 standards, and 2014 standards from July 2015 to December 2015.

<b>Figure 2c: PCMH-Recognized Providers-Standard Years by Month</b>						
	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
<b>2008 Standards</b>	68 (1%)	20 (<1%)	9 (<1%)	0 (0%)	0 (0%)	0 (0%)
<b>2011 Standards</b>	6,094 (98%)	6,106 (99%)	6,121 (98%)	6,066 (98%)	5,987 (98%)	5,873 (94%)
<b>2014 Standards</b>	52 (1%)	58 (1%)	101 (2%)	124 (2%)	152 (2%)	352 (6%)
<b>Total</b>	6,214	6,184	6,231	6,190	6,139	6,225
<i>Providers working in two locations with different recognition standards are categorized based upon the more recent set of standards and highest level of achievement; providers are only included once for their highest recognition achieved.</i>						

Figure 2d illustrates the number of PCMH-recognized providers by recognition standards from December 2014 to December 2015.



Providers working in two locations with different medical home recognition standards in each location are categorized based upon the more recent set of standards.

The data in Figure 2c and Figure 2d was derived from the most recently available NCQA recognized provider lists (for this report: December 2015).



## Section 2: Provider Information (continued)

The most recently available data for this section is: December 2015.

Figure 2e shows the number of distinct PCMH-recognized providers by recognition level under the 2008 standards in NYS as of December 2015. The last of the 2008 recognitions expired in September 2015.

**Figure 2e: 2008 Over Time**

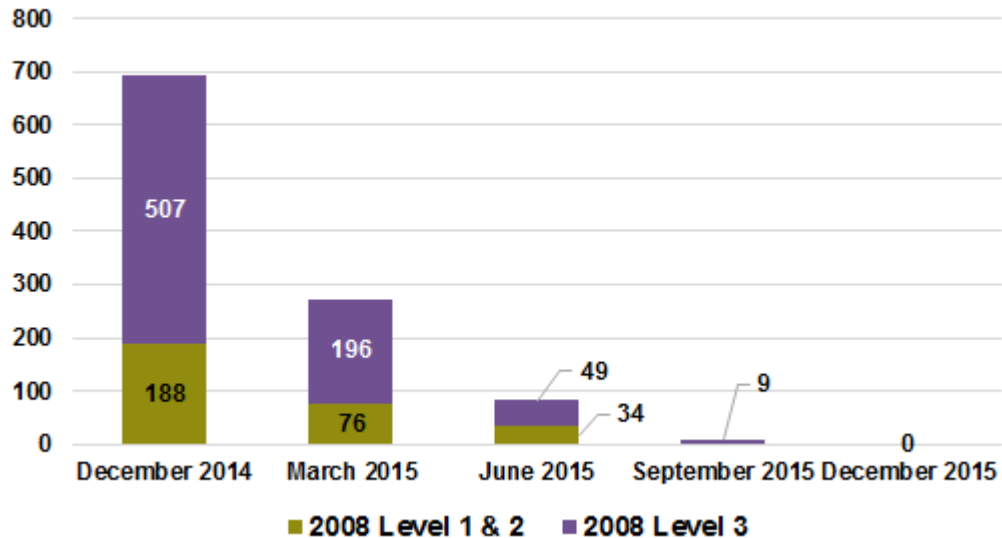
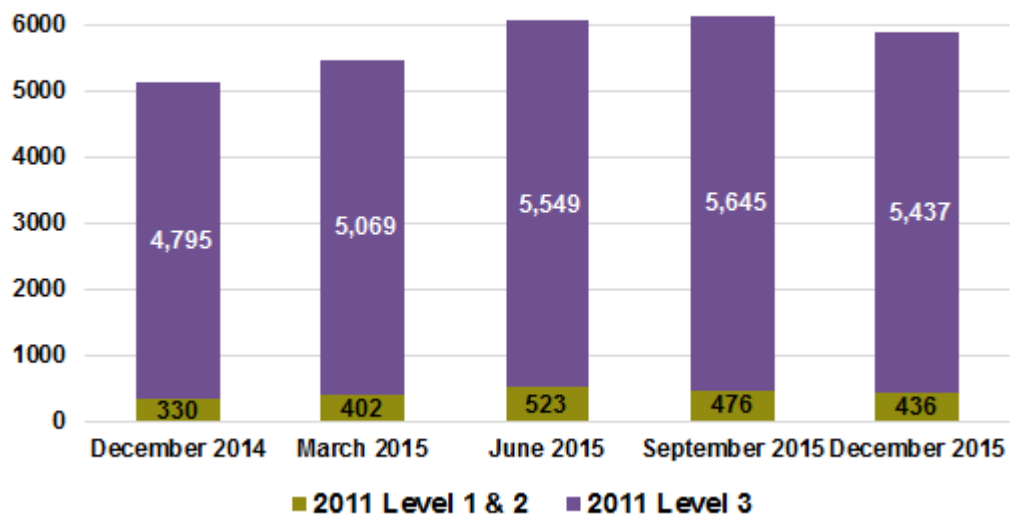


Figure 2f shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in NYS as of December 2015. The majority (94%) of PCMH-recognized providers in NYS are recognized under the 2011 standards.

**Figure 2f: 2011 Over Time**



The data in Figure 2e and Figure 2f was derived from the most recently available NCQA recognized provider lists (for this report: December 2015).

## Section 2: Provider Information (continued)

The most recently available data for this section is: September 2015.

Figure 2g shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in NYS as of December 2015. This number is expected to grow overtime as a result of the numerous PCMH initiatives throughout the state including the DSRIP and the Statewide PCMH Incentive Payment Program.

**Figure 2g: 2014 Over Time**

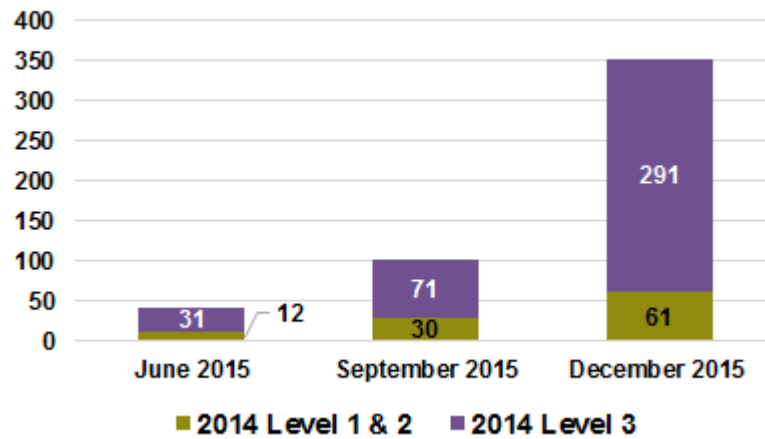


Figure 3 shows the proportion of PCMH-recognized Primary Care Physicians (PCPs) that participate with Medicaid managed care (MMC). There are 5,399 (27%) PCPs participating with MMC that are recognized as a PCMH provider as of December 2015.

**Figure 3: Proportion of all PCPs in MMC that are a PCMH**

	December 2014	March 2014	June 2015	September 2015	December 2015
PCMH PCPs participating with MMC	5,090	5,064	5,423	5,401	5,399
All PCPs participating with MMC	20,040	19,766	19,537	19,694	19,975
PCMH Penetration Rate in MMC	25%	26%	28%	27%	27%

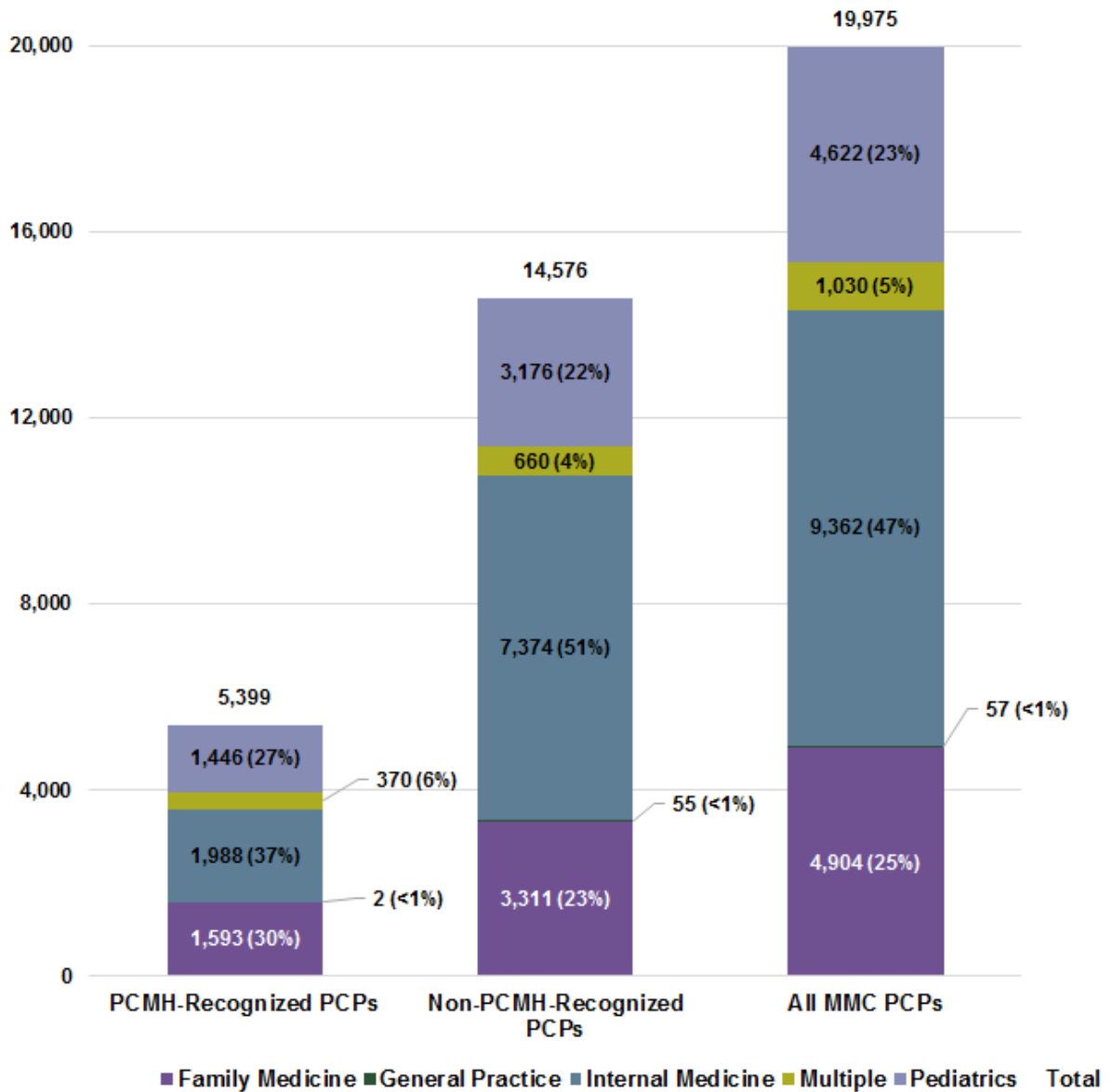
The data in Figure 3 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: December 2015) and December 2015 provider network data.

# Section 2: Provider Information (continued)

The most recently available data for this section is: December 2015.

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of December 2015, there are 826 PCMH-recognized providers that do not participate with MMC or have another specialty outside of the primary care specialties presented in this report. These providers may participate in FFS Medicaid.

**Figure 4: MMC Providers by Specialty and PCMH-Recognition Status**



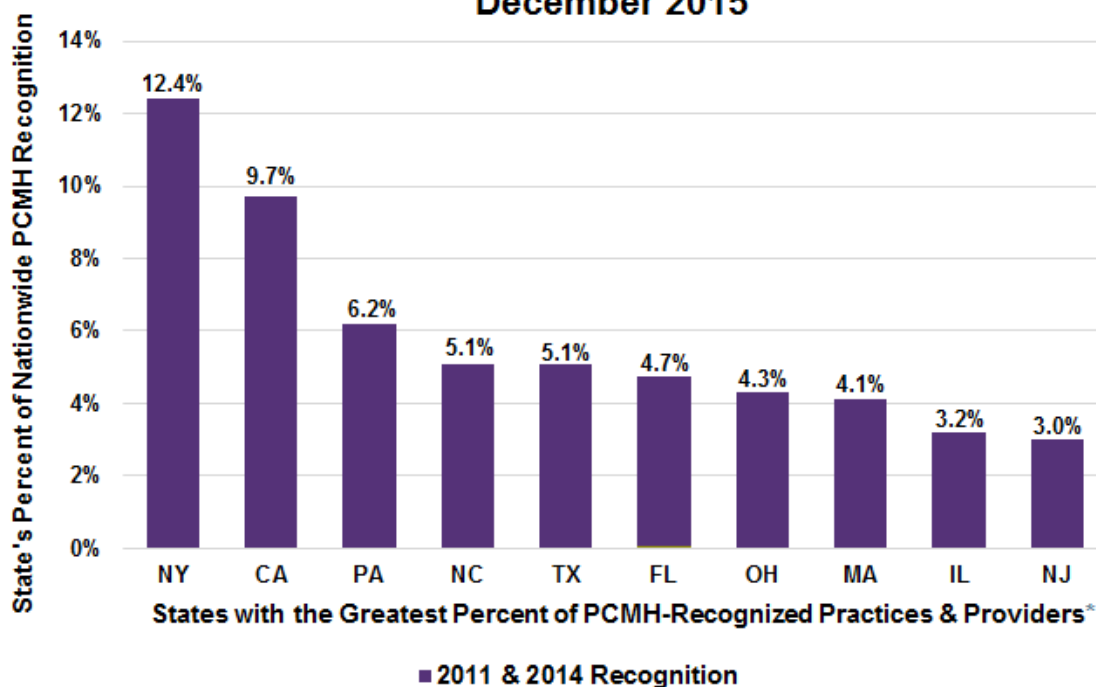
The data in Figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: December 2015) and December 2015 provider network data.

## Section 2: Provider Information (continued)

The most recently available data for this section is: December 2015.

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of December 2015. Just over 12% of all PCMH-recognized practices and providers in the country practice in NYS. Although NYS continues to remain the state with the largest number of practices and providers with this recognition, the difference is slowly decreasing as more practices throughout the country continue to receive PCMH recognition from NCQA. In December 2014, NYS made up 14.9% of the country's PCMH population, with California as the second largest state with 6.6% of the PCMH population (as per the [December 2014 PCMH Quarterly Report](#)).

**Figure 5: PCMH Recognition by State  
December 2015**



\*Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 57.8% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 42.2% of PCMH-recognized practices and providers in the country. This figure only represents medical home providers that are recognized by the NCQA. Practices and providers may participate in other non-PCMH programs for quality improvement initiatives.

The data in Figure 5 was retrieved on December 31, 2015 from NCQA's website at: <http://recognition.ncqa.org/>

## Section 2: Provider Information (continued)

The most recently available data for this section is: December 2015.

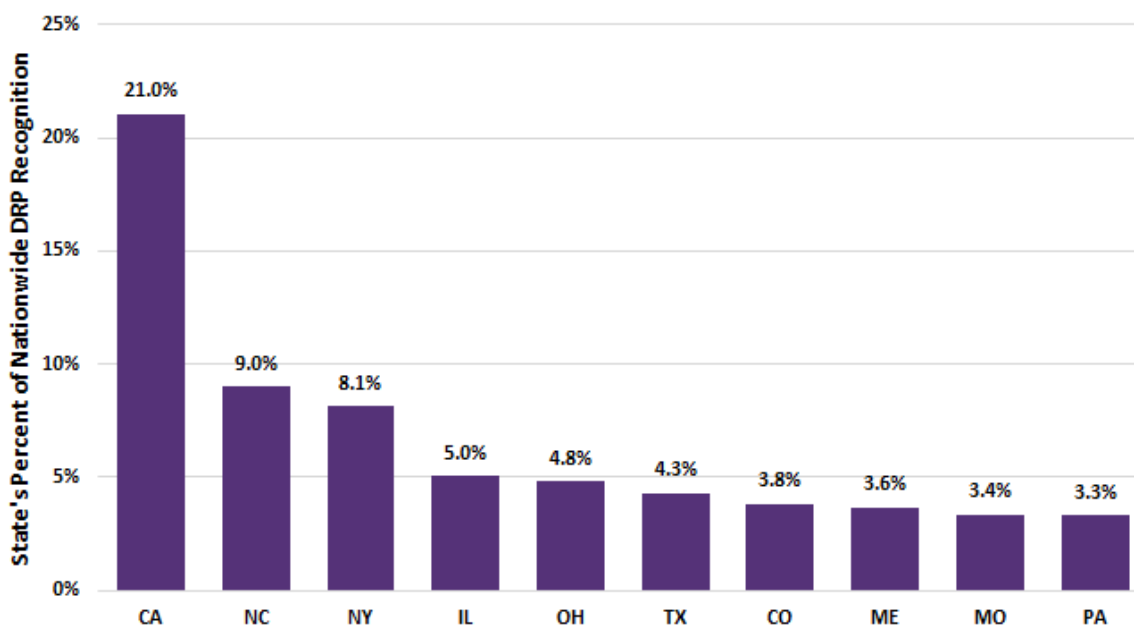
NCQA developed the Diabetes Recognition Program (DRP), which is a voluntary program designed to recognize clinicians who use performance-based measures and provide high quality care to their patients with diabetes. DRP-recognition can be awarded to both practices and individual providers. For more information on NCQA's DRP please visit: <http://www.ncqa.org/tabid/139/Default.aspx>.

Figure 6a shows the proportion of PCMH-recognized providers in NYS that are also DRP-recognized by NCQA as of December 2015.

<b>Figure 6a: Proportion of all PCMH-Providers with DRP Recognition</b>	
PCMH-Recognized Providers with DRP Recognition	832 providers
Total PCMH-Recognized Providers	6,225 providers
13% of PCMH providers in NYS also have DRP Recognition from NCQA	

Figure 6b displays the states with the greatest number of DRP recognitions awarded to both practices and providers in the country as of December 2015. About 8% of all awarded DRP recognitions in the country are in NYS.

**Figure 6b: DRP Recognition By State  
December 2015**



\*Figure 6b only represents states with the greatest number of DRP recognized practices and providers. These states account for 66.3% of all DRP recognitions in the country; all other states that are not included in Figure 6b represent the remaining 33.7% of DRP recognitions. This figure only represents DRP recognitions granted by the NCQA. Practices and providers may participate in other programs for quality improvement for diabetic patients throughout the country.

The data in Figure 6a was derived from the most recently available NCQA recognized provider lists (for this report: December 2015).

The data in Figure 6b was retrieved on December 31, 2015 from NCQA's website at: <http://recognition.ncqa.org/>.

## Section 2: Provider Information (continued)

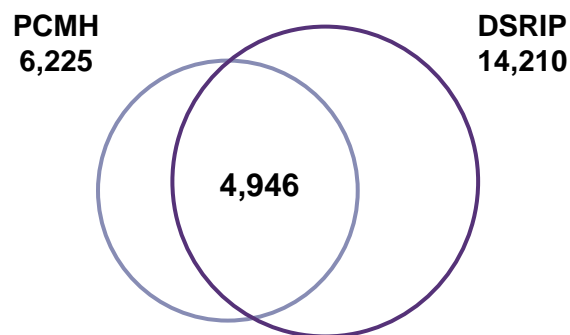
The most recently available data for this section is: December 2015.

In April 2014, New York finalized terms and conditions with the federal government for the Delivery System Reform Incentive Payment (DSRIP) Program waiver which allows NYS to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The program promotes community-level collaborations and focuses on system reform, including a goal to achieve a 25% reduction in avoidable hospital use over five years. Safety net providers are required to collaborate to implement innovative projects focusing on system transformation, clinical improvement, and population health improvement. DSRIP payments are based on performance linked to achievement of specific project milestones. For more information on the NYS DSRIP program please see:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/).

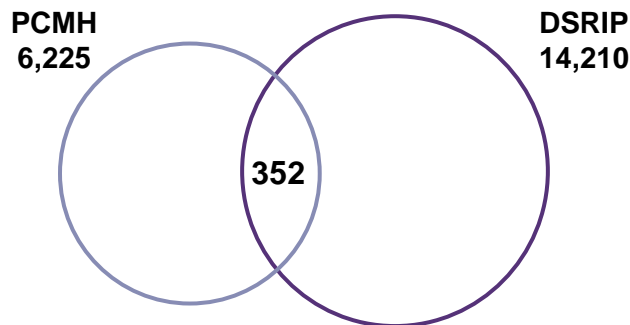
Figure 7a displays the number of providers who are PCMH-recognized in NYS, the number of primary care providers who participate in the DSRIP program, and the number of providers who participate in both PCMH and DSRIP. Approximately 80% of PCMH-recognized providers are participating in the DSRIP program.

**Figure 7a: PCMH-Recognized Providers Participating in DSRIP**



The DSRIP program requires participating practices achieve APC recognition or level 3 PCMH recognition under the NCQA 2014 standards by March 31, 2018. Although 35% of PCPs in DSRIP have achieved PCMH recognition, only 2% (352) providers have met the requirement of achieving 2014, level 3 PCMH status as of December 2015.

**Figure 7b: Providers in DSRIP with PCMH 2014 Level 3 Recognition**



The data in Figure 7a and 7b was derived from the most recently available DSRIP network dataset (May 2015), the most recently available NCQA recognized provider lists (for this report: December 2015), and provider network data from Quarter 1, 2015 through Quarter 4, 2015. Primary care providers are defined as MDs, DOs, and NPs that specialize in Internal Medicine, Family Medicine, Pediatrics, General Practice, Adolescent Family Medicine, and Adolescent Pediatrics.

## Section 3: Enrollee Information

The most recently available data for this section is: December 2015.

Figure 8 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year, as of December 2015.

<b>Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level December 2015</b>			
Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent of Enrollees Assigned
2011	1	3,081	<1%
2011	2	101,803	5%
2011	3	1,678,899	87%
2014	1	1,485	<1%
2014	2	33,544	2%
2014	3	119,027	6%
Total:		1,937,839	100%

Figure 9 shows the number of MMC members assigned to PCMH-recognized PCPs from December 2014 to December 2015. As of December 2015, 47% of MMC members in the state are assigned to PCMH-recognized PCPs.

<b>Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter</b>					
	December 2014	March 2015	June 2015	September 2015	December 2015
MMC members assigned to PCMHs	1,851,804	1,852,320	2,024,138	2,001,727	1,937,839
MMC members not assigned to PCMHs	2,378,516	2,337,344	2,167,232	2,198,695	2,159,555
Total	4,230,320	4,189,664	4,191,370	4,200,422	4,097,394
PCMH Penetration Rate	44%	44%	48%	48%	47%

Figure 8 and Figure 9 use plan-reported panel data (for this report: December 2014 – December 2015) and the December 2015 NCQA recognized provider lists. Providers recognized at any point during the quarter of interest were included in the count of PCMH-recognized providers.

## Section 3: Enrollee Information (continued)

The most recently available data for this section is: December 2015.

Figure 10 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of all MMC enrollees. There are few demographic differences between those who are assigned to a PCMH and the entire MMC population based on the categories shown in this report.

Figure 10: December 2015 NYS MMC Demographics			
Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	New York City	62%	61%
	Rest of State	38%	39%
Race	Black	17%	15%
	White	26%	28%
	Asian	7%	9%
	Hispanic	23%	20%
	Other	27%	28%
Aid Category	Safety Net	23%	26%
	Supplemental Security Income	9%	8%
	Temporary Assistance for Needy Families	68%	66%
	Other	<1%	<1%
Age	0-20	49%	46%
	21-54	41%	43%
	55-64	9%	10%
	65-74	1%	1%
	75+	<1%	<1%
Gender	Male	45%	46%
	Female	55%	54%

### Fee for Service Visits:

**Medicaid Fee-for-Service (FFS):** There were 147,709\* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2015 through December 2015.

Demographic data presented in Figure 10 is based on enrollee data (for this report: December 2015).

\* Count includes both the [Adirondack Demonstration PCMH program](#) and the Statewide PCMH program.



## Section 4: Fiscal Information

The most recently available data for this section is: December 2015.

The figures in this section include the amounts paid for increased capitation payments and medical home 'add-ons' by MMC and FFS Medicaid. These figures exclude amounts paid through the [Adirondack Region Medical Home Demonstration](#) (ADK).

Figure 11 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, CHP, SNP and HARP from January 2015 through December 2015.

<b>Figure 11: MMC Medical Home Spending January 2015 - December 2015</b>					
	MMC	CHP	HIV SNP	HARP	Total
Level 1	-	-	-	-	-
Level 2	\$5,692,635	\$406,093	\$34,392	\$4,484	\$6,137,604
Level 3	\$111,334,113	\$5,680,064	\$426,177	\$116,274	\$117,556,628
<b>Total</b>	<b>\$117,026,748</b>	<b>\$6,086,157</b>	<b>\$460,569</b>	<b>\$120,758</b>	<b>\$123,694,232</b>
*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH PMPM payments are only given for MMC, CHP, HIV SNP and HARP products. The HARP plans began serving NYC members in October 2015.					

Figure 12 shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2015 through December 2015.

<b>Figure 12: PCMH Add-Ons by Level for Statewide FFS January 2015 - December 2015</b>					
	Q1	Q2	Q3	Q4	Year to Date
Level 1	-	-	-	-	-
Level 2	\$54,015	\$71,569	\$52,235	\$51,335	\$229,154
Level 3	\$1,191,507	\$1,221,020	\$1,207,457	\$1,197,406	\$4,817,390
<b>Total</b>	<b>\$1,245,522</b>	<b>\$1,292,589</b>	<b>\$1,259,692</b>	<b>\$1,248,741</b>	<b>\$5,046,544</b>

NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers as of January 1, 2013. NYS Medicaid suspended PCMH 'add-ons' to 2008 standard level 2 PCMH-recognized providers as of July 1, 2013 and 2008 standard level 3 PCMH-recognized providers as of April 1, 2015.

The amounts in Figure 11 reflect the capitation that managed care plans paid to PCMH-recognized providers and were derived from Medicaid Managed Care Operating Reports (MMCOR) (for this report: December 2015).

The amounts in Figure 12 was derived from claims data from January 2015 through December 2015.

# Important Links

## **About NCQA's Patient-Centered Medical Home Recognition**

<http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>

## **Joint Principles of the Patient-Centered Medical Home**

<http://www.medicalhomeinfo.org/downloads/pdfs/jointstatement.pdf>

## **Information on New York State Medicaid Reimbursement per Provider Level**

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2013/april13\\_mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2013/april13_mu.pdf)

## **Comparison of NCQA's 2008 and 2011 Programs**

<http://www.ncqa.org/Portals/0/Programs/Recognition/PPC-PCMH%202008%20vs%20PCMH%202011Crosswalk%20FINAL.pdf>

## **Comparison of NCQA's 2011 and 2014 Programs**

<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx>

## **NCQA PCMH-Recognition State Comparison**

<http://recognition.ncqa.org>

## **NCQA Diabetes Recognition Program**

<http://www.ncqa.org/tabid/139/Default.aspx>

## **Previous PCMH Quarterly Reports**

[http://www.health.ny.gov/health\\_care/medicaid/redesign/pcmh.htm](http://www.health.ny.gov/health_care/medicaid/redesign/pcmh.htm)

## **Information on Level 1 NCQA Recognition Payments Ending**

[http://www.health.ny.gov/health\\_care/medicaid/program/update/2012/oct12mu.pdf](http://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf)

## **Information on 2008 Standard NCQA Recognition Payments Ending**

[https://www.health.ny.gov/health\\_care/medicaid/program/update/2015/mar15\\_mu.pdf](https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf)

## **Information on the Adirondack Region Medical Home Pilot**

<http://www.adkmedicalhome.org/>

## **Information on the Delivery System Reform Incentive Payment Program**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/)

## **Questions?**

**Contact the Office of Quality and Patient Safety, NYS DOH, via e-mail at:**

[pcmh@health.ny.gov](mailto:pcmh@health.ny.gov)