

NEW YORK STATE DEPARTMENT OF HEALTH

Patient-Centered Medical Homes (PCMHs)

June 2014

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 providing all of the patient's health care needs. A PCMH also emphasizes greater care through open scheduling and expanded hours, enhanced communication among all involved with a patient's care, and 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.

There are many initiatives throughout New York State (NYS) that focus on improving primary care and use PCMH concepts as a foundation. The New York State Health Innovation Plan (SHIP) positions the state towards achieving the Triple Aim (improved health, better health care and consumer experience, and lowering costs) and focuses on the Advanced Primary Care (APC) model which holds Patient-Centered Medical Home (PCMH) concepts at its core. Other initiatives, such as the Hospital Medical Home (HMH) demonstration and the Delivery System Reform Incentive Payment (DSRIP) program, require providers to achieve PCMH recognition from the NCQA. These initiatives 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 PCMHs by the NCQA compared to all other states in the nation; 16.2% of all PCMH practices and providers in the nation reside in NYS. The state with the second largest volume of NCQA-recognized PCMH practices and providers is California at 6.8% (nearly 10 percentage points lower than NYS).

Primary care practices continually strive to achieve higher levels of recognition under more stringent and evolving standards. NCQA's 2011 and 2014 standards place a heavier focus on integrating health information technology and behavioral health care services into primary care in comparison to the initial 2008 set of standards.

The number of PCMH-recognized providers in NYS increased from 4,839 in January 2014 to 5,277 in June 2014. Of these 5,277 providers, 91% have achieved the highest level of recognition under either the 2008 or 2011 standards. More than 75% of all recognized providers have achieved recognition under the more stringent, 2011 standards. 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). Over 21% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.



*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)

More NYS Medicaid enrollees are receiving care from PCMH recognized providers than ever before. As of June 2014, almost half of MMC enrollees were receiving care from a PCMH-recognized provider, up from 38% at the end of December 2013, and almost 75% of those enrollees were receiving care from a PCMH-recognized provider that has achieved the highest level of PCMH recognition under the 2011 standards. As of June 2014, 4,538 (27%) providers in MMC* were recognized as a PCMH provider, up from 24% of all MMC providers in MMC at the end of 2013.

Although practices and providers have made discernable achievements towards advancing primary care, recent trends also show where some of NYS areas in need of improvement lie. Practices with a greater number of providers (4-10) make up the largest portion of PCMH-recognized practices which may indicate that smaller practices need additional resources to become recognized as PCMHs. Additionally, although the majority of PCMH providers are recognized under the 2011 standards, there are still over 1,000 providers who have not yet transitioned from 2008 standards to 2011 standards.

Office-based practitioners and Article 28 clinics recognized by the NCQA receive additional payment for primary care services provided to Medicaid beneficiaries in two ways. Enhanced payments are given to providers for Medicaid Managed Care (MMC), Family Health Plus (FHP), and Child Health Plus (CHP) 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) patients. About \$42 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2014 to June 2014. Over \$2.2 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2014 to June 2014 for 75,498 unique enrollees.



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

The National Committee for Quality Assurance's Patient-Centered Medical Home

- The NCQA's PCMH recognition is awarded to practices and their providers that meet a set of standards for improving primary care, including increased care coordination and access to care.
- Providers can be recognized as level 1, 2, or 3 (3 is the highest recognition) under the NCQA's 2008 standards, NCQA's more stringent 2011 standards, or NCQA's newly released 2014 standards. There are no providers recognized under the NCQA's 2014 standards as of June 2014. A comparison of the 2011 and 2014 standards is available at:
<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx>
- NYS Medicaid provides incentive payments to providers recognized as a PCMH by the NCQA as explained in detail in the April 2013 Medicaid Update.
http://www.health.ny.gov/health_care/medicaid/program/update/2013/april13_mu.pdf



Report Layout

- This report provides a snapshot of PCMH activity in NYS as of June 2014.
- The report includes the following information:
 1. Changes in the number of PCMH-recognized providers in NYS.
 2. A comparison of achieved recognitions for both PCMH and DRP in New York vs. other states.
 3. Changes in the number of Medicaid enrollees that receive care from PCMH-recognized providers and demographic information about these enrollees compared to the total MMC population.
 4. The amount spent by NYS Medicaid on PCMHs for MMC, FHP, and Medicaid FFS enrollees.
- This report includes the most currently available data. Section one contains provider information from June 2014 and July 2014. Section two contains enrollee information from June 2014. Section three contains financial data as of June 2014.
- This report does not present programmatic results related to quality or satisfaction.



Section 1: Provider Information

The most recently available data for this section is: June 2014.

Figure 1a shows the number of distinct PCMH-recognized providers in NYS by NCQA recognition level* as of June 2014.

Figure 1a: PCMH-Recognized Provider Count by Recognition Level

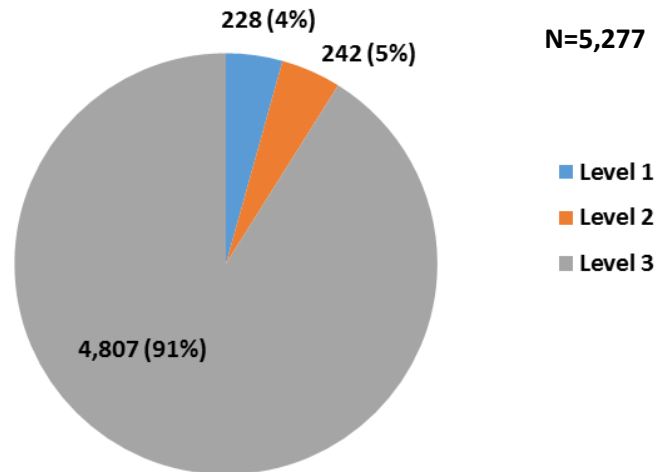
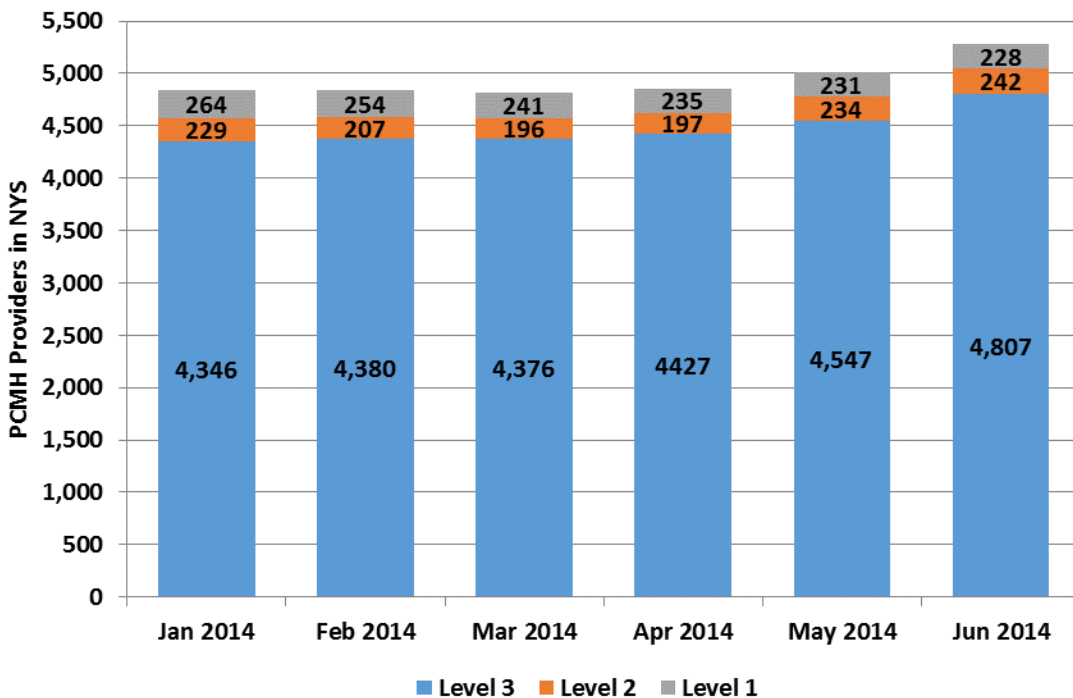


Figure 1b shows changes in the number of PCMH-recognized providers by NCQA recognition level from January 2014 to June 2014.

Figure 1b: PCMH-Recognized Providers by Recognition Level By Month (June 2014 Total= 5,277)



*NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers (effective 1/1/2013) and 2008 standard level 2 PCMH-recognized providers (effective 7/1/2013) even though these providers are still recognized 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: June 2014).

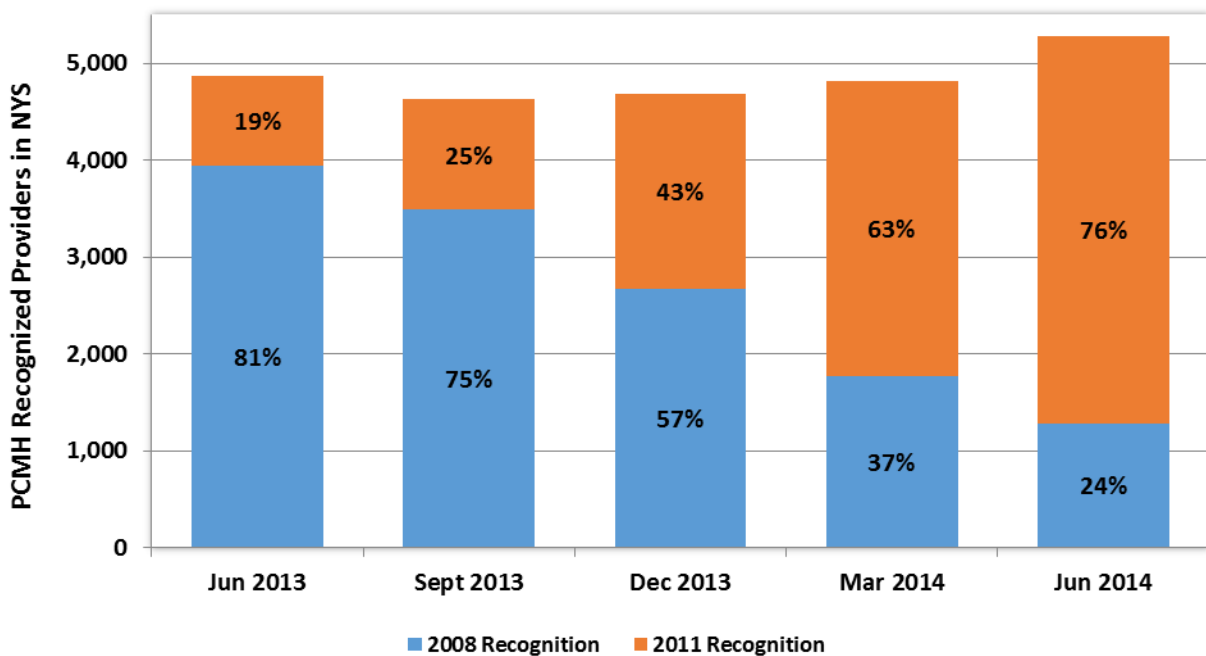
Section 1: Provider Information (continued)

Figure 1c shows the number of PCMH-recognized providers that are recognized as medical homes under NCQA’s 2008 standards vs. those recognized under NCQA’s 2011 standards from January 2014 to June 2014.

Figure 1c: PCMH-Recognized Providers: 2008 Standards vs. 2011 Standards By Month (Statewide Only)						
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014
2008 Standards	2,435 (50%)	2,220 (46%)	1,772 (37%)	1,559 (32%)	1,272 (25%)	1,288 (24%)
2011 Standards	2,404 (50%)	2,621 (54%)	3,041 (63%)	3,300 (68%)	3,740 (75%)	3,989 (76%)
Total	4,839	4,841	4,813	4,859	5,012	5,277
<i>Providers working in two locations with different medical home recognition standards are categorized as 2011.</i>						

Figure 1d illustrates the number of PCMH-recognized providers by recognition standards from June 2013 to June 2014.

Figure 1d: Growth in NYS PCMH-Recognized Providers By Quarter



* The 2011 standards build on 2008 standards, and are better aligned with new health information technology criteria. Providers working in two locations with different medical home recognition standards in each location are counted in the 2011 bucket. A comparison of the two programs is available on the NCQA's website and can be found on page 11 of this report. A link for a comparison of the 2011 and 2014 programs can also be found on page 3 and 12 of this report.

The data in Figure 1c and Figure 1d was derived from the most recently available NCQA recognized provider lists (for this report: June 2014).

Section 1: Provider Information (continued)

Figure 1e shows the number of distinct PCMH-recognized providers in NYS by NCQA recognition level and standard year as of June 2014.

Figure 1e: NYS PCMH-Recognized Provider Count by Recognition Level and Standard Year

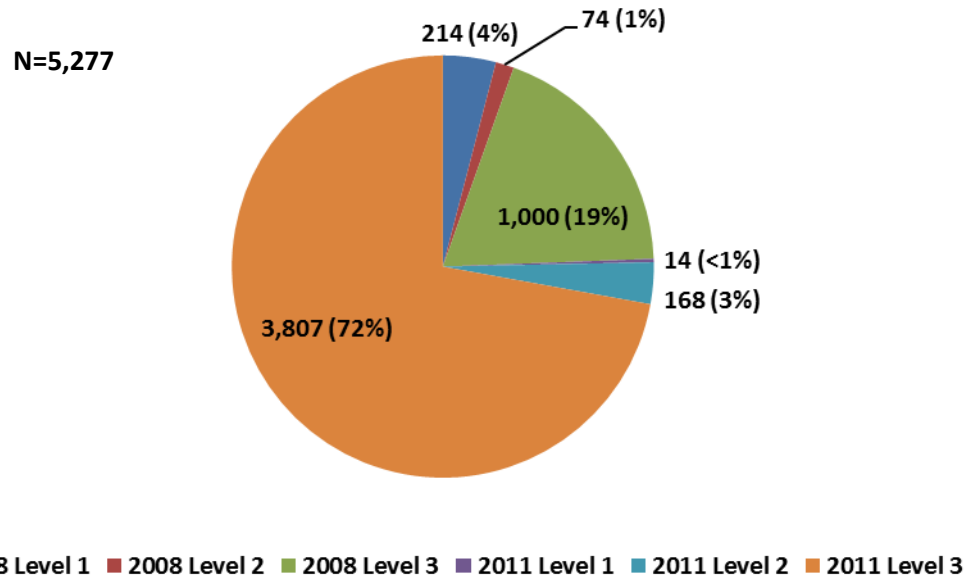
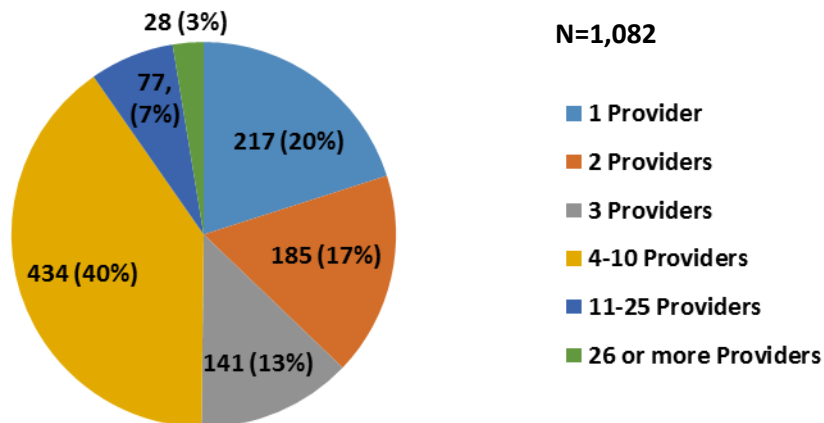


Figure 2 shows the percentage of PCMH-recognized practices by practice size. Practices with 4-10 providers make up the largest proportion of PCMH-recognized practices.

There are 5,738 unique provider-location combinations.

Figure 2: NYS PCMH-Recognized Practices by Size



The data in Figure 1e and Figure 2 was derived from the most recently available NCQA recognized provider lists (for this report: June 2014).

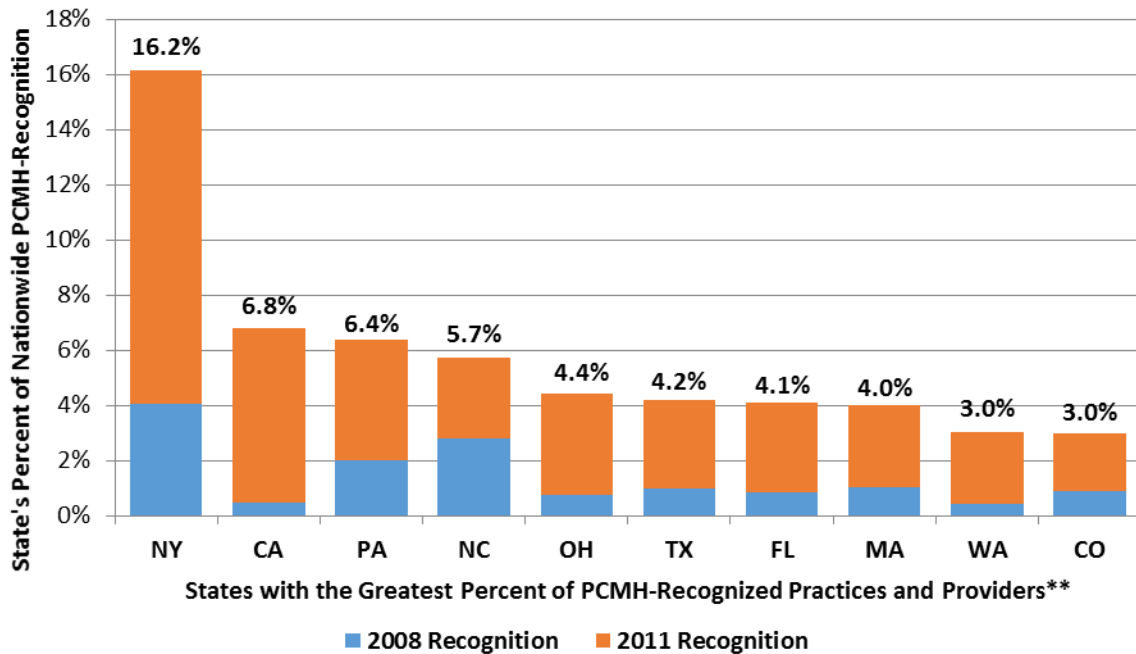
Section 1: Provider Information (continued)

Figure 3 shows the proportion of PCMH-recognized PCPs that participate with MMC. There are 4,538 (27%) PCPs recognized as medical home providers.

Figure 3: Proportion of all PCPs in MMC that are Recognized as a PCMH	
PCPs on MMC Roster: June 2014	16,543
PCPs on MMC Roster that are PCMHs: June 2014	4,538 (27%)

Figure 4 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of June 2014. 16.2% of all PCMH-recognized providers in the country practice in NYS.

**Figure 4: PCMH Recognition By State
June 2014***



**Figure 4 only represents states with the greatest number of PCMH-recognized practices and providers. These states account for 57.7% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 42.3% of PCMH-recognized providers in the country. This figure only represents medical home providers that are recognized by the NCQA. Not all states use the NCQA for PCMH recognition for statewide medical home program initiatives.

Figure 3 uses June 2014 panel data (a roster of Medicaid enrollees and the providers they are assigned to) and the most recently available NCQA recognized provider list (for this report: June 2014).

*The data in Figure 4 was retrieved on June 30, 2014 from NCQA's website at: <http://recognition.ncqa.org/>

Section 1: Provider Information (continued)

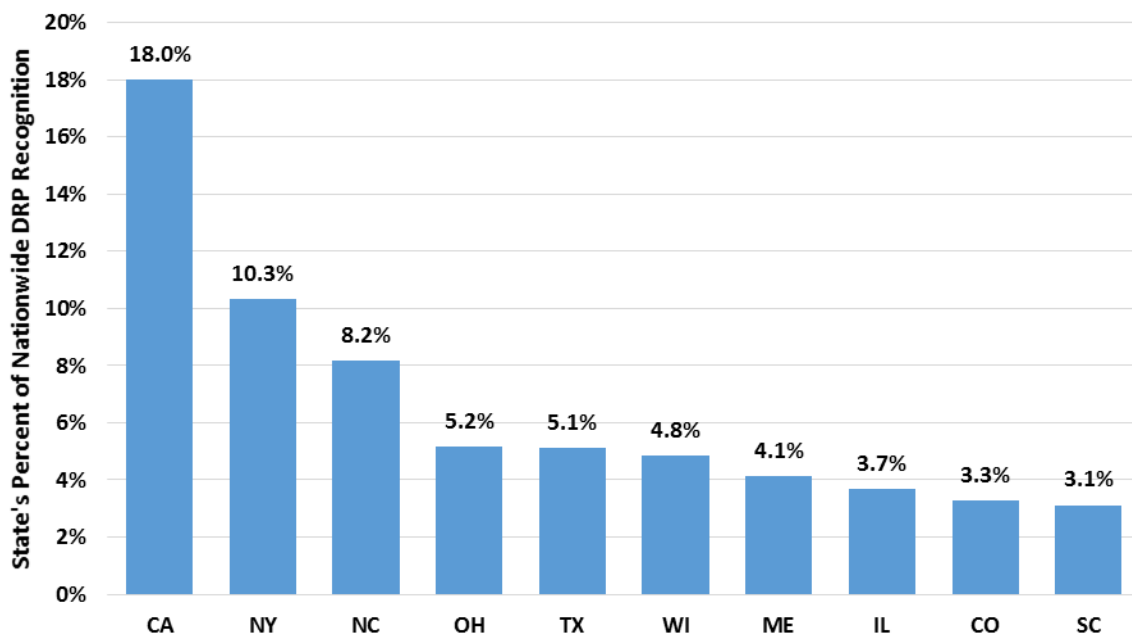
The NCQA developed the Diabetes Recognition Program (DRP), which is a voluntary program designed to recognize clinicians who use performance-based measures and provide high quality care to their patients with diabetes. DRP-recognition can be awarded to both practices and individual providers. For more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

Figure 5a shows the proportion of PCMH-recognized providers that are also DRP-recognized by NCQA as of June 2014.

Figure 5a: Proportion of all PCMH-Providers with DRP Recognition	
Total PCMH-Recognized Providers: June 2014	5,277 providers
PCMH Recognized Providers with DRP Recognition: June 2014	1,125 providers (21.3%)

Figure 5b displays the states with the greatest number of DRP recognitions awarded to both practices and providers in the country as of July 2014. 10.3% of all awarded DRP recognitions in the country are in NYS.

**Figure 5b: DRP Recognition By State
July 2014***



*Figure 5b only represents states with the greatest number of DRP recognized practices and providers. These states only account for 65.9% of all DRP recognitions in the country; all other states that are not included in this graph represents the remaining 34.1% 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 5a was derived from the most recently available NCQA recognized provider lists (for this report: June 2014).

*The data in Figure 5b was retrieved on July 17, 2014 from NCQA's website at: <http://recognition.ncqa.org/>.

Section 2: Enrollee Information

The most recently available data for this section is: June 2014.

Figure 6 shows the number of NYS MMC enrollees assigned to PCMH-recognized primary care physicians (PCP), by level and standard year, as of June 2014.

Figure 6: NYS MMC Enrollees Assigned to PCMH-Recognized Providers by Recognition Level and Recognition Standards

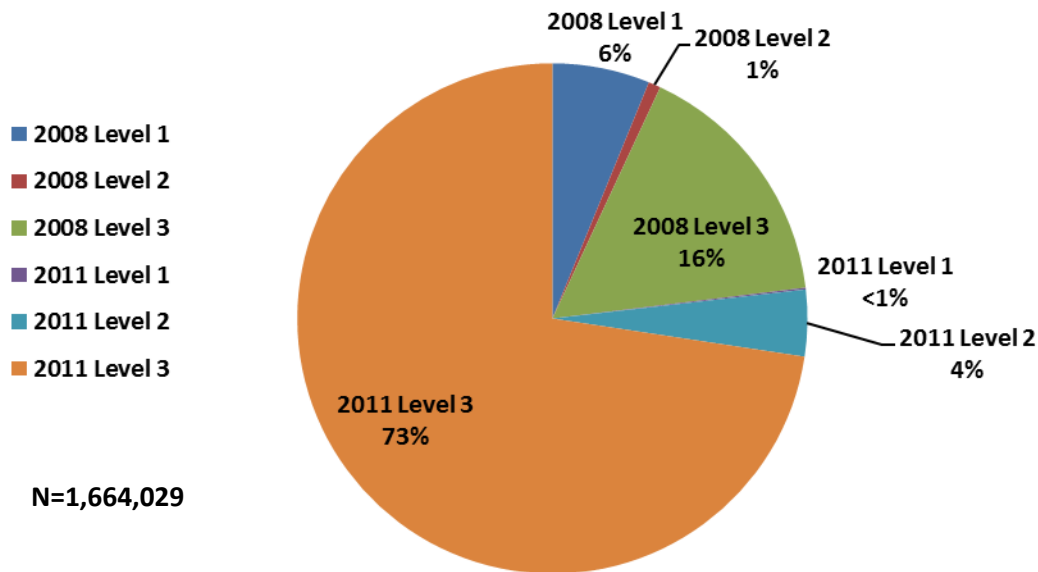


Figure 7 shows the number of MMC enrollees assigned to PCMH-recognized PCPs from June 2013 to June 2014. As of June 2014, 42% of the MMC enrollees in the state are assigned to PCMH-recognized PCPs.

Figure 7: Growth in MMC Enrollees Assigned to PCMH-Recognized PCPs

	Jun 2013	Sept 2013	Dec 2013	Mar 2014	Jun 2014
Total MMC in PCMHs	1,516,566	1,467,210	1,292,872	1,311,791	1,664,029
Total MMC not in PCMHs	2,055,974	2,200,508	2,153,947	2,079,853	2,275,156
Total	3,572,540	3,667,718	3,446,819	3,391,644	3,393,185
Penetration Rate	42%	40%	38%	39%	42%

Figure 6 and Figure 7 use plan-reported panel data (a roster of MMC enrollees and the providers they are assigned to) (for this report: June 2013 - June 2014) and the NCQA recognized provider lists (for this report: June 2014). Providers recognized at any point during this time were included in the count of PCMH-recognized providers.

Section 2: Enrollee Information (continued)

Figure 8 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of all MMC enrollees. There is some variation between groups among the race and aid categories. Characteristics are more similar between groups in the location, age, and gender categories.

Figure 8: June 2014 NYS MMC Demographics

Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	New York City	66%	63%
	Rest of State	34%	37%
Race	Black	21%	17%
	White	24%	28%
	Asian	8%	11%
	Hispanic	33%	29%
	Other	14%	15%
Aid Category	Family Health Plus	5%	6%
	Safety Net	15%	17%
	Supplemental Security Income	10%	9%
	Temporary Assistance for Needy Families	54%	50%
	Other	16%	18%
Age	0-20	50%	46%
	21-54	41%	43%
	55-64	8%	9%
	65-74	1%	1%
	75+	<1%	1%
Gender	Male	45%	45%
	Female	55%	55%

Fee for Service Visits:

Medicaid Fee-for-Service: There were 75,498* unique Medicaid FFS enrollees that had a qualifying visit (visits resulting in an add-on payment) with a PCMH-recognized provider from January 2014 through June 2014. There were 130,130* unique Medicaid FFS enrollees that had a qualifying visit with a PCMH-recognized provider from July 2013 through June 2014.

*Counts include both the Adirondack Region PCMH program and the Statewide PCMH program.

Demographic data presented in Figure 8 is based on enrollee data (for this report: June 2014).

Section 3: Fiscal Information

The most recently available data for this section is: June 2014.

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

Figure 9 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, Family Health Plus (FHP), and Child Health Plus (CHP) from January 2014 to June 2014.

Figure 9: MMC/FHP/CHP Medical Home Spending Jan 2014 - Jun 2014				
	MMC	FHP	CHP	Total
Level 1	\$ -	\$ -	\$ -	\$ -
Level 2	\$ 797,980	\$ 36,980	\$ 80,008	\$ 914,968
Level 3	\$ 36,950,218	\$ 2,717,219	\$ 2,084,168	\$ 41,751,605
Total	\$ 37,748,198	\$ 2,754,199	\$ 2,164,176	\$ 42,666,573

Figure 10a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2014 to June 2014. Figure 10b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from July 2013 to June 2014.

Year to Date		Cumulative	
Figure 10a: PCMH add-ons by level for Statewide FFS January 2014 - June 2014		Figure 10b: PCMH add-ons by level for Statewide FFS July 2013 - June 2014	
Level 1	\$ -	Level 1	\$ -
Level 2	\$ 20,518	Level 2	\$ 72,399
Level 3	\$ 2,260,855	Level 3	\$ 4,624,916
Total	\$ 2,281,373	Total	\$ 4,697,315

New York Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers as of January 1, 2013 and 2008 standard level 2 PCMH-recognized providers as of July 1, 2013.

The amounts in Figure 9 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: June 2014).

The amounts in Figures 10a and 10b were derived from claims data from July 2013 to June 2014.

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

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

Information on Level 1 NCQA Recognition Payments Ending

http://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf

Information on 2008 Level 2 NCQA Recognition Payments Ending

http://www.health.ny.gov/health_care/medicaid/program/update/2013/april13_mu.pdf

Information on the Adirondack Region Medical Home Pilot

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

Questions? Contact the Office of Quality and Patient Safety, NYSDOH, via e-mail at:

pcmh@health.ny.gov

