



**Department
of Health**

New York State Patient Centered Medical Homes Quarterly Report



December 2017

Program Highlights and Background

A Patient-Centered Medical Home (PCMH) is a model of care where each enrollee 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 the enrollee's health care needs. The PCMH model also emphasizes greater care through open scheduling, expanded hours, enhanced communication among all involved with an enrollee's care, and any other means to ensure that an enrollee obtains proper care in a culturally and linguistically appropriate manner. The National Committee for Quality Assurance (NCQA) designed multiple recognition programs to objectively measure the degree to which a primary care practice meets the operational principles of the PCMH model.

NCQA's PCMH recognition is awarded to practices and their providers that meet a set of predetermined standards for providing high quality primary care services. As of the dates applicable to the data in this report, practices and their providers in New York State (NYS) can be recognized under NCQA's 2011, 2014, or 2017 standards. NCQA's 2017 standards were released on April 3, 2017. Practices can no longer apply for the 2011 standards and the last day practices could submit an application to be recognized under the 2014 standards was September 30, 2017. The leveling structure was eliminated in the 2017 PCMH program. It is expected that providers recognized under the 2011 standards will expire by June 2018. As of December 2017, there are currently no practices or providers recognized under the 2017 standards.



There are many initiatives throughout NYS that focus on improving primary care, including NCQA's PCMH, the Adirondack Medical Home Demonstration (ADK), and NYS PCMH. More details about these programs can be found on the [NYS Medicaid PCMH Homepage](#). NYS PCMH is an innovative model for primary care transformation released by the New York State Department of Health (NYSDOH) on April 1, 2018. NYS collaborated with NCQA to develop this exclusive transformation model for all eligible primary care providers in New York State. NYS PCMH will expand access to high-performing primary care which is key to improving value in health care and achieving the Triple Aim goals of improved health, better health care and consumer experience, and lower cost. Effective May 1, 2018, NYS Medicaid only provides incentive payments to providers recognized under the following programs: level 3 PCMH under NCQA's 2014 standards; PCMH under NCQA's 2017 standards; ADK; or NYS PCMH.

NYS currently has the greatest number of practices and providers* recognized as a PCMH by NCQA compared to all other states in the country; almost 14% of all PCMH practices and over 12% of providers in the country operate in NYS. As of December 2017, there were 1,913 practices recognized as a PCMH, of which 93% achieved the highest level of recognition, level 3, under 2014 standards. Smaller practices, with only one provider working at the site currently makes up the largest portion of PCMH-recognized practices.

*NCQA recognized-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 Highlights and Background

As of December 2017, there were 7,819 providers recognized as a PCMH, of which 95% achieved the highest level of recognition under 2014 standards.

As of December 2017, 6,622 (31%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (59%) of Medicaid managed care (MMC), Health and Recovery Plan (HARP), and HIV Special Needs Plan (SNP) enrollees were assigned to a PCMH-recognized PCP*. Of those enrollees, the majority were assigned to a PCMH-recognized provider who achieved level 3 PCMH recognition under the 2014 standards.

Office-based practitioners and Article 28 clinics recognized as PCMHs by NCQA receive additional payment for primary care services through the New York Statewide Medicaid PCMH Incentive Payment Program, in two ways. Incentive payments are given to providers for MMC, HARP, HIV SNP, and Child Health Plus (CHP) enrollees through the enrollee's health plan via capitation payments, or as an 'add-on' for qualifying visits for Medicaid fee-for-service (FFS) enrollees. Approximately \$190 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2017 through December 2017. Over \$7 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2017 through December 2017 for 157,645 unique enrollees.



To learn more about the New York Statewide Medicaid PCMH Incentive Payment Program please visit: [Frequently Asked Questions: Patient Centered Medical Homes](#)

*Source: Panel data is reported to the NYS Department of Health by the MMC plans quarterly. Panel data is a list of MMC enrollees and the providers they are assigned to and is not based on visit history.

Table of Contents

Section 1: Practice Information

Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level	5
Figure 1b: PCMH-Recognized Practices by Standard Year and Level Over Time	5
Figure 1c: Quarterly PCMH-Recognized Practice Count by NCQA Standard Year and Recognition Level Over Time	6
Figure 1d: PCMH-Recognized Practices in NYS by QARR Region	7
Figure 1e: PCMH-Recognized Practice Size by Number of Providers	7
Figure 1f: PCMH-Recognized Practices by Top Adopting States	8

Section 2: Provider Information

Figure 2a: PCMH-Recognized Provider Percentage by NCQA Standard Year and Recognition Level	9
Figure 2b: PCMH-Recognized Providers by Standard Year and Recognition Level Over Time	9
Figure 2c: Quarterly PCMH-Recognized Provider Count by NCQA Standard Year and Recognition Level Over Time	10
Figure 3a: Proportion of all PCPs in MMC That are Recognized as a PCMH by Quarter	11
Figure 3b: PCMH-Recognized PCPs in MMC by Level and Standard Year	11
Figure 4: MMC PCPs by Specialty and PCMH-Recognition Status	12
Figure 5: PCMH-Recognized providers by Top Adopting States	13

Section 3: Enrollee Information

Figure 6a: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees	14
Figure 6b: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level	14
Figure 7a: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs in MMC	15
Figure 7b: Auto-Assignment Rates Between PCMH-Recognized and Non-PCMH Recognized PCPs in MMC, HARP, and HIV SNP	15
Figure 8: NYS MMC Enrollee Characteristics	16

Section 4: Expenditures

Figure 9: Medical Home Spending by MMC Product Line January 2017 through December 2017	17
Figure 10: PCMH Add-Ons by Level for Statewide FFS January 2017 through December 2017	17

Important links	18
----------------------------------	----

Section 1: Practice Information

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of December 2017. There are no practices recognized as a level 1 under the 2011 or 2014 standards and there are no practices recognized under the 2017 standards at this time.

	Recognition Level	Number of PCMH-recognized practices	Percent
2011 Standards	2	33	2%
	3	56	3%
2014 Standards	2	49	2%
	3	1,775	93%
Total		1,913	100%

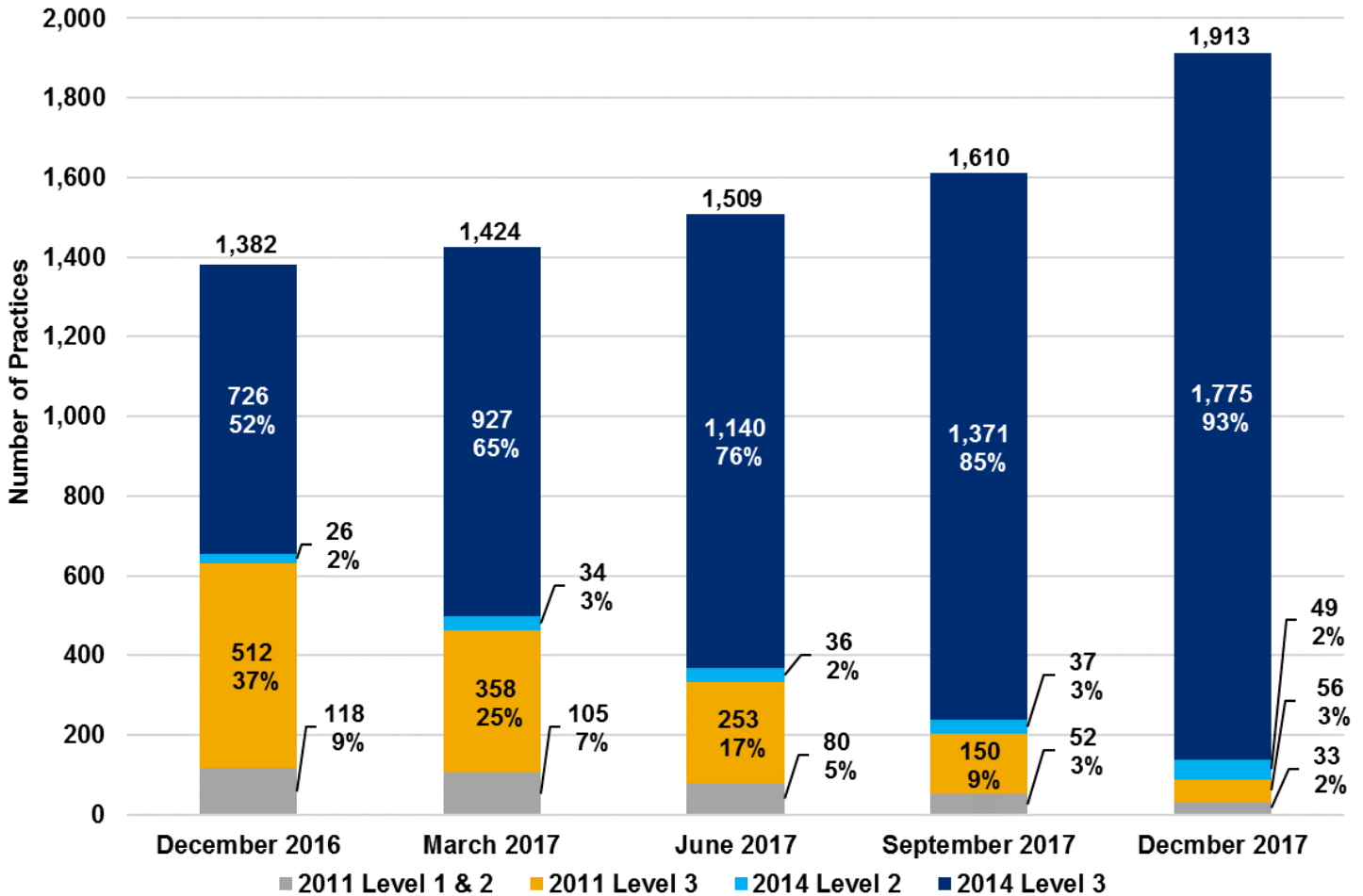
Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's 2011 and 2014 standards by level from July 2017 to December 2017. The remaining 2011 practice recognitions are expiring in June 2018.

	Recognition Level	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017
2011 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	1 (<1%)	0
	2	61 (4%)	57 (4%)	50 (3%)	43 (3%)	40 (2%)	33 (2%)
	3	222 (15%)	181 (12%)	150 (9%)	128 (8%)	90 (5%)	56 (3%)
2014 Standards	2	36 (2%)	34 (2%)	37 (3%)	38 (2%)	44 (2%)	49 (2%)
	3	1,205 (79%)	1,291 (82%)	1,371 (85%)	1,447 (87%)	1,660 (91%)	1,775 (93%)
Total		1,526	1,565	1,610	1,658	1,835	1,913

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's 2011 and 2014 recognition standards and levels from December 2016 to December 2017.

Figure 1c: Quarterly PCMH-Recognized Practice Count by NCQA Standard Year and Recognition Level Over Time



The number of PCMH-recognized practices under 2011 standards continues to decline, while the number of PCMH-recognized practices achieving 2014 recognition continues to grow. There are currently no practices recognized as a level 1 PCMH under the 2011 or 2014 standards or recognized under the 2017 standards. As of December 2017, 93% of PCMH-recognized practices achieved 2014 level 3 recognition, which is the highest recognition standard and year practices have achieved.

The data in Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: December 2017).

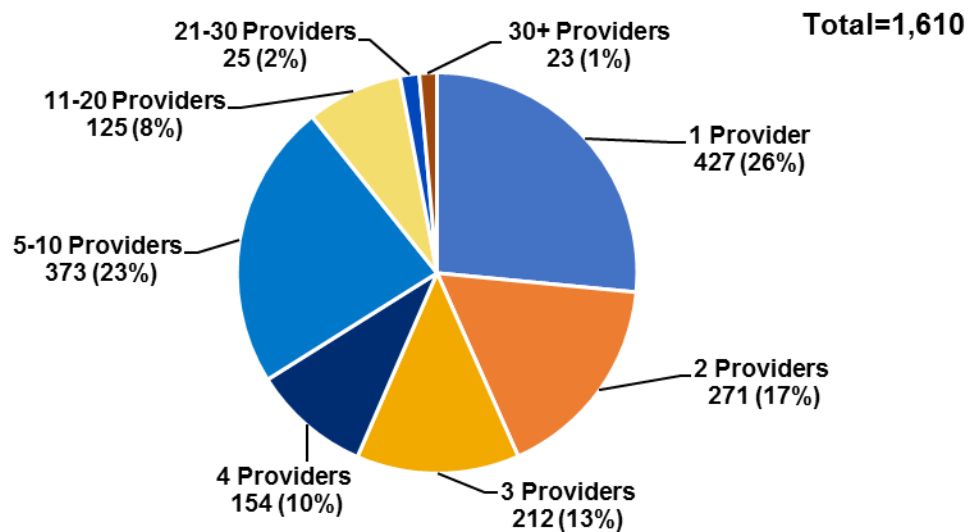
Section 1: Practice Information

Figure 1d shows the number and percent of all PCMH-recognized practices in NYS by Quality Assurance Reporting Requirements (QARR) region.* The majority of recognitions are in NYC (43%) and Western New York (22%).

Figure 1d: PCMH-Recognized Practices in NYS by QARR Region		
Region	Number of PCMH-Recognized Practices	Percent of Total PCMH-Recognized Practices
Central	179	9%
Hudson Valley	153	8%
Long Island	136	7%
NYC	812	43%
Northeast	204	11%
Western	429	22%
Total	1,913	100%

Figure 1e shows the number and percent of PCMH-recognized practices in NYS by number of providers. Practices with only one reported provider (29%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (22%).

Figure 1e: PCMH-Recognized Practice Size by Number of Providers



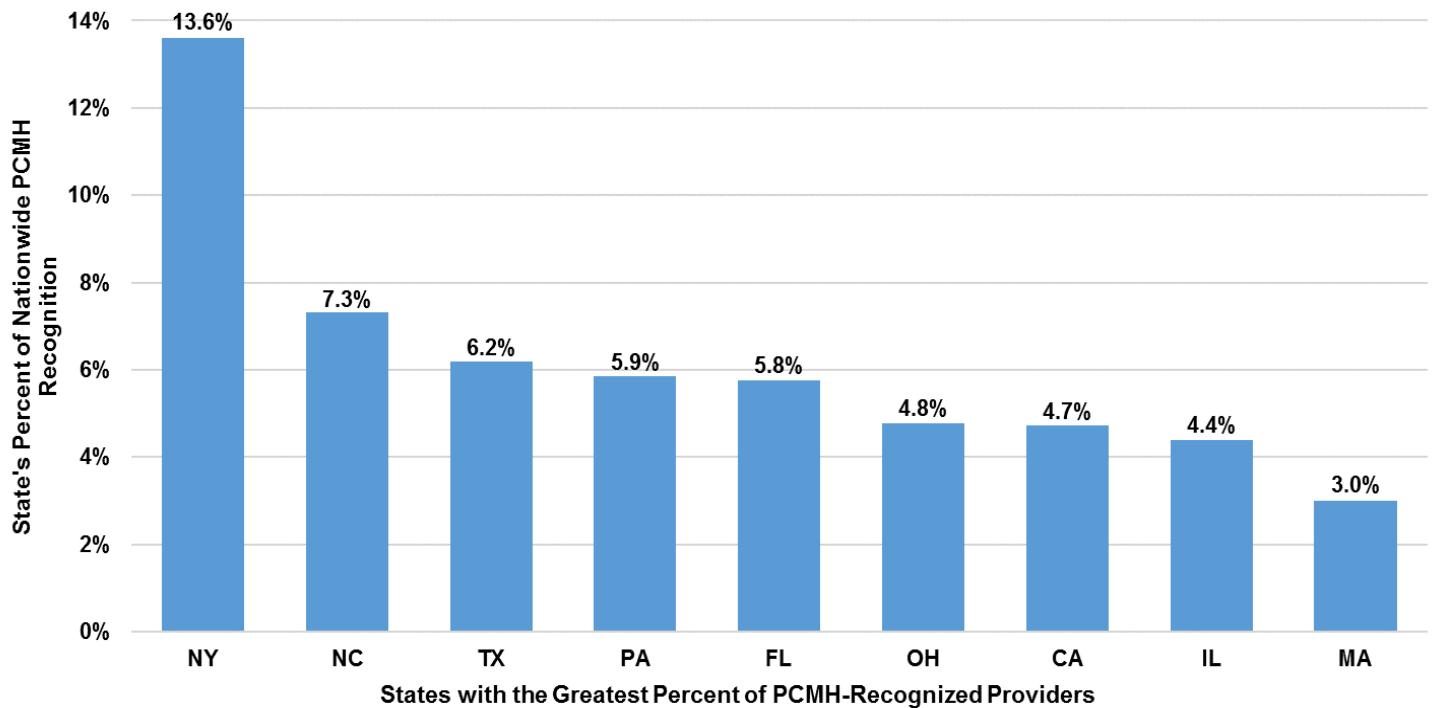
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA-recognized provider lists (for this report: December 2017).

*The regions in Figure 1d are the Quality Assurance Reporting Requirements regions and can be found here: http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2016/about.htm:

Section 1: Practice Information

Figure 1f displays the 10 states with the most NCQA PCMH-recognized practices in the country as of December 2017. Almost 14% of all PCMH-recognized practices in the country operate in NYS. NYS remains the state with the highest percentage of practices with NCQA's PCMH recognition. Figure 1f only includes states with the greatest number of PCMH-recognized practices. These 10 states account for 56% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 44% of PCMH-recognized practices in the country. This figure only represents the PCMH practices that are recognized by NCQA. Practices may participate in other primary care transformation programs that are similar to NCQA's model.

Figure 1f: PCMH-Recognized Practices by Top Adopting States



Section 2: Provider Information

Figure 2a shows the number of unique PCMH-recognized providers in NYS by NCQA standard year and recognition level as of December 2017. The majority of providers are recognized as a 2014 level 3.

Figure 2a: PCMH-Recognized Provider Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	# of PCMH-Recognized Providers	Percent
2011 Standards	2	94	1%
	3	116	2%
2014 Standards	2	169	2%
	3	7,440	95%
Total		7,819	100%

Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards and 2014 standards, and by level from July 2017 to December 2017. The remaining 2011 provider recognitions are expiring in June 2018.

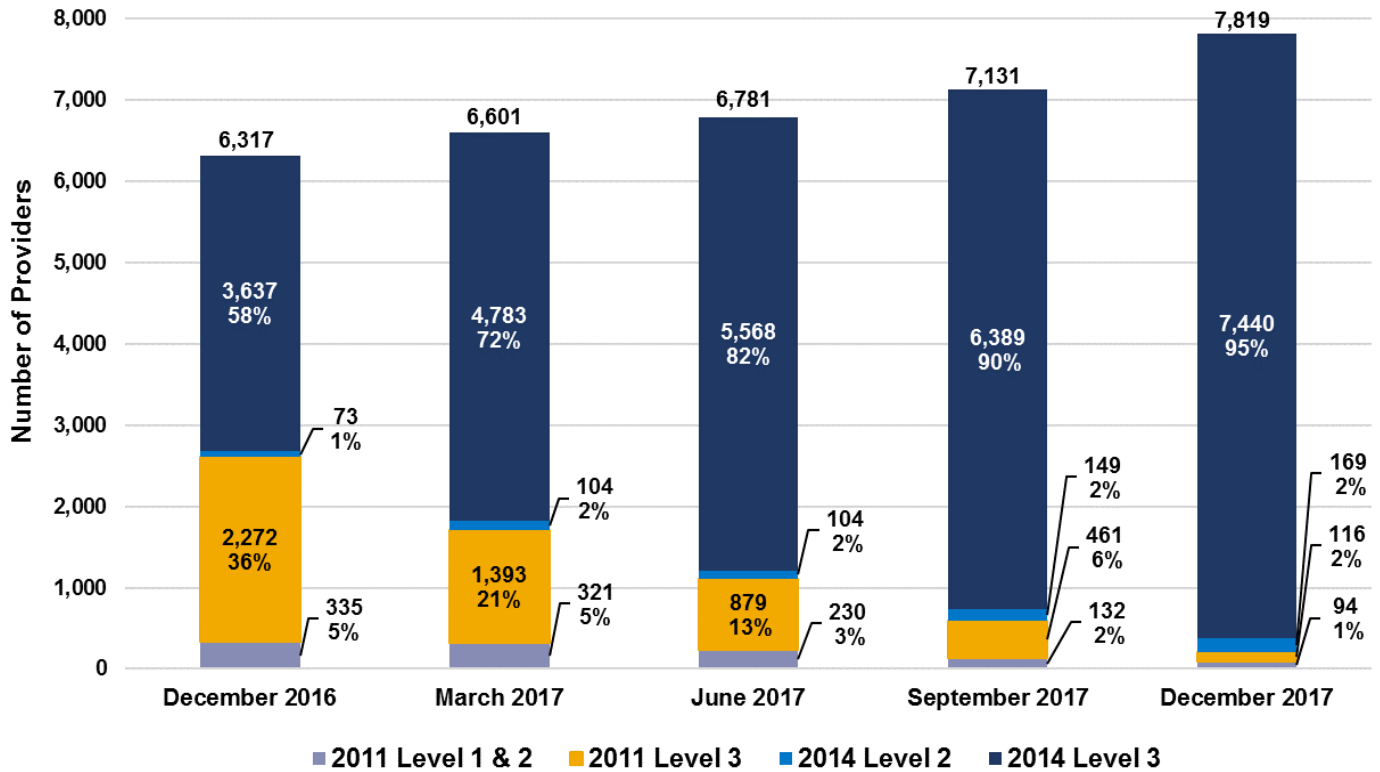
Figure 2b: PCMH-Recognized Providers by Standard Year and Recognition Level Over Time							
	Recognition Level	July 2017	August 2017	September 2017	October 2017	November 2017	December 2017
2011 Standards	1	4 (<1%)	4 (<1%)	4 (<1%)	4 (<1%)	3 (<1%)	0
	2	161 (2%)	153 (2%)	128 (2%)	111 (2%)	110 (2%)	94 (1%)
	3	779 (11%)	577 (8%)	461 (6%)	387 (5%)	238 (3%)	116 (2%)
2014 Standards	2	104 (2%)	95 (1%)	149 (2%)	146 (2%)	171 (2%)	169 (2%)
	3	5,723 (85%)	6,107 (88%)	6,389 (90%)	6,610 (91%)	7,185 (93%)	7,440 (95%)
Total		6,771	6,936	7,131	7,258	7,707	7,819

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA-recognized provider lists (for this report: December 2017).

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from December 2016 to December 2017. The number of PCMH-recognized providers increased every quarter.

Figure 2c: Quarterly PCMH-Recognized Provider Count by NCQA Standard Year and Recognition Level Over Time



The number of PCMH-recognized providers under 2011 standards continues to decline, while the number of PCMH-recognized providers achieving 2014 recognition continues to grow. As of December 2017, 95% of PCMH-recognized providers achieved 2014 level 3 recognition.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participate with MMC from December 2016 to December 2017. PCPs are defined as MDs, DOs, or NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 6,622 PCMH-recognized PCPs that participate with MMC as of December 2017. Around 85% of PCMH-recognized PCPs participate with MMC. There may be other PCMH-recognized PCPs that participate with FFS Medicaid that are not included in this figure. Although only 31% of MMC providers are recognized as a PCMH, over half of the Medicaid population is assigned to these PCPs, indicating that these providers have large Medicaid panels. On page 15, Figure 7a shows the number of MMC enrollees assigned to PCMH-recognized PCPs.

	December 2016	March 2017	June 2017	September 2017	December 2017
PCMH PCPs participating with MMC	5,477	5,796	5,961	6,181	6,622
All PCPs participating with MMC	21,832	23,179	21,722	22,949	21,586
PCMH Penetration Rate in MMC	25%	25%	27%	27%	31%

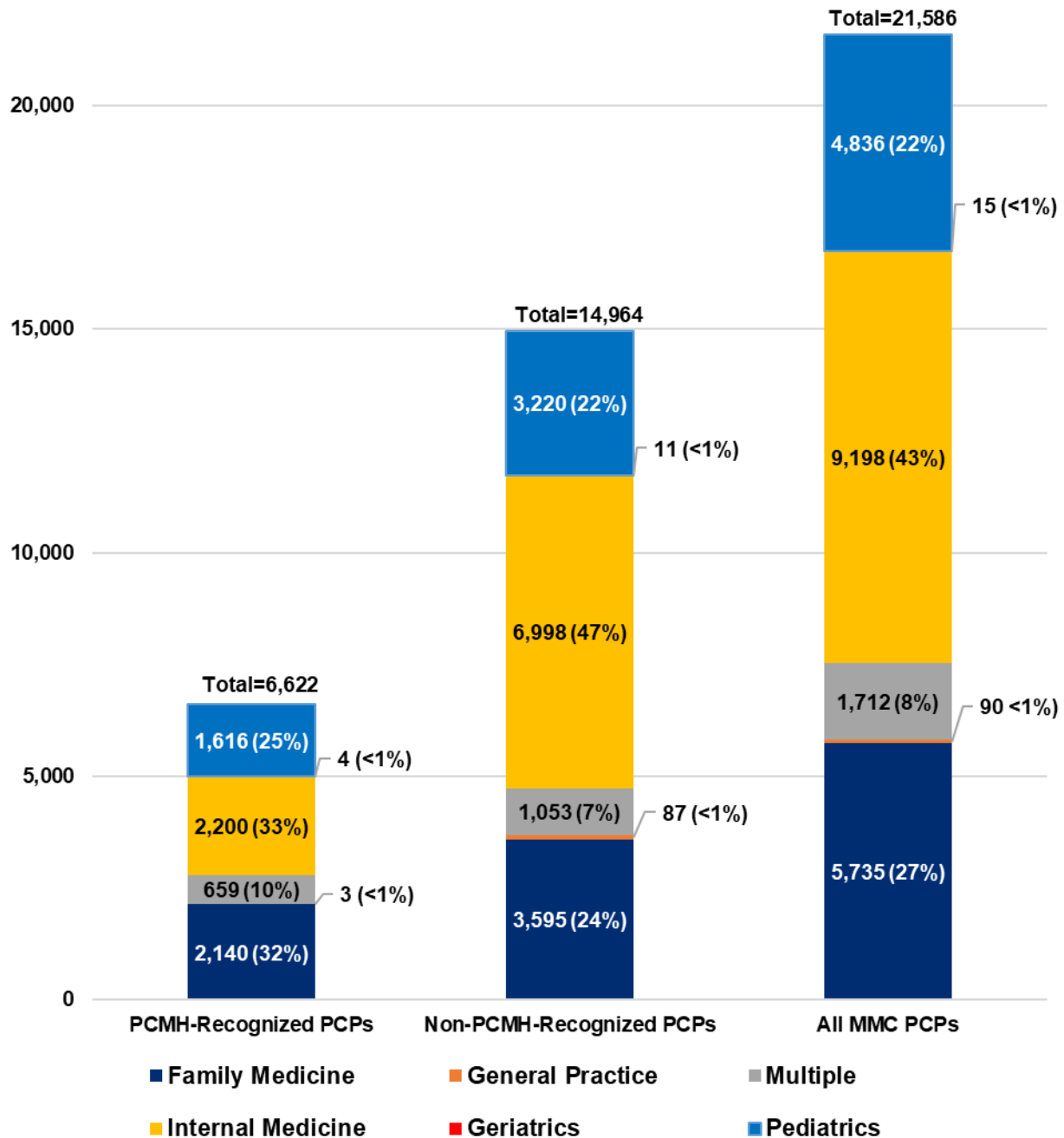
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of December 2017.

	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2011 Standards	1	2	<1%
	2	81	1%
	3	161	2%
2014 Standards	2	119	2%
	3	6,259	95%
Total		6,622	100%

Section 2: Provider Information

Figure 4 shows the percentage of PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC in NYS. As of December 2017, there are 1,197 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 Medicaid FFS.

Figure 4: MMC PCPs by Specialty and PCMH-Recognition Status

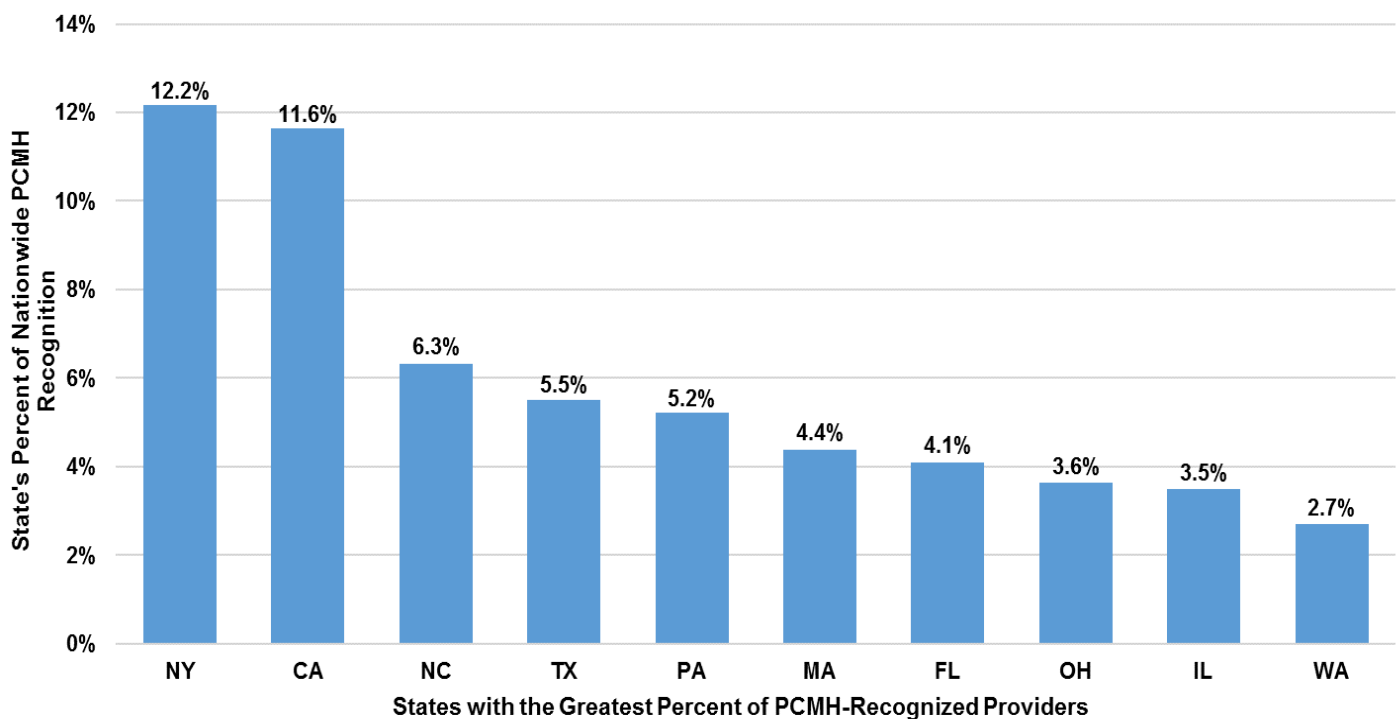


The data in Figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: December 2017) and December 2017 PNDS.

Section 3: Enrollee Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of December 2017. Over 12% of all PCMH-recognized providers in the country practice in NYS. As of December 2017, NYS had the highest percentage of providers compared to the other states. The percentage of providers in NYS and California continue to remain close. Figure 5 represents states with the greatest number of PCMH-recognized providers. These 10 states account for 59% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 41% of PCMH-recognized providers in the country. This figure only represents the PCMH providers that are recognized by the NCQA. Providers may participate in other primary care transformation programs that are similar to NCQA's model.

Figure 5: PCMH-Recognized Providers by Top Adopting States



Section 3: Enrollee Information

Figure 6a shows the PCMH penetration rate for MMC, HARP, and HIV SNP enrollees. A higher proportion of HIV SNP enrollees are assigned to a PCMH-recognized PCP compared to other Medicaid product types.

Figure 6a: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees				
	Assigned MMC Enrollees	Assigned HARP Enrollees	Assigned HIV SNP Enrollees	Total Enrollees
Total Enrollees Assigned to a PCMH-Recognized Provider	2,456,274	62,518	9,674	2,528,466
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,754,993	33,369	3,934	1,792,296
Total Enrollees	4,211,267	95,887	13,608	4,320,762
PCMH Penetration Rate	58%	65%	71%	59%

Figure 6b shows the number of NYS MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs by level and standard year as of December 2017. The majority of enrollees are assigned to PCPs recognized at the highest standard year and level of recognition.

Figure 6b: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level					
Recognition Standard Year	Recognition Level	Assigned MMC Enrollees	Assigned HARP Enrollees	Assigned HIV SNP Enrollees	Total Enrollees
2011	1	522	26	0	548
	2	30,789	794	3	31,586
	3	36,756	588	9	37,353
2014	2	29,922	860	823	31,605
	3	2,358,285	60,250	8,839	2,427,374
Total Enrollees		2,456,274	62,518	9,674	2,528,466

Figure 6a and Figure 6b use plan-reported panel data (for this report: December 2017) and the December 2017 NCQA-recognized PCMH provider lists.

Section 3: Enrollee Information

Figure 7a shows the number of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs from December 2016 to December 2017. As of December 2017, 59% of NYS MMC enrollees are assigned to PCMH-recognized PCPs.

	December 2016	March 2017	June 2017	September 2017	December 2017
MMC Enrollees Assigned to PCMHs	2,197,039	2,232,759	2,280,758	2,371,055	2,528,466
Enrollees Assigned to Non-PCMHs	1,905,083	1,947,796	2,001,068	1,918,647	1,792,296
Total Enrollees	4,102,122	4,180,555	4,281,826	4,289,702	4,320,762
PCMH Penetration Rate	54%	53%	53%	55%	59%

Figure 7b shows the rate of auto-assignment between PCMH-recognized and non-PCMH recognized practices in MMC. Auto-assignment is a process where an enrollee is assigned to a PCP by their health plan when the enrollee did not select a PCP. As of December 2017, the majority of MMC, HARP, and HIV SNP enrollees were not auto-assigned. Enrollees assigned to a PCMH-recognized provider had the highest rate of auto-assignment.

	Not Auto-Assigned	Auto-Assigned	Not Reported	Unassigned	Total Enrollees
Total Enrollees Assigned to a PCMH-Recognized Provider	1,308,174 (52%)	942,194 (37%)	284,098 (11%)	0 (0%)	2,528,466 (100%)
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,027,355 (57%)	546,902 (31%)	183,811 (10%)	34,228 (2%)	1,792,296 (100%)
Total	2,329,524 (54%)	1,489,101 (34%)	467,909 (11%)	34,228 (<1%)	4,320,762 (100%)

Medicaid (FFS): There were 157,645 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider during calendar year 2017.

Section 3: Enrollee Information

Figure 8 shows select demographics of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of enrollees assigned to non-PCMH-recognized providers. There is a higher proportion of enrollees assigned to a PCMH-recognized provider in Western New York and New York City, of Black and Hispanic racial/ethnic groups, those that receive TANF, and that are in age group 0-20 as compared to the demographics of enrollees assigned to non-PCMH-recognized providers.

Figure 8: NYS MMC Enrollee Characteristics			
Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	MMC Enrollees Assigned to Non-PCMH-Recognized Providers
Region	New York City	62%	54%
	Central	6%	9%
	Long Island	6%	13%
	Hudson Valley	7%	11%
	Northeast	5%	5%
	Western	14%	8%
Race	Black	20%	15%
	White	24%	33%
	Asian	11%	12%
	Hispanic	16%	10%
	Other	29%	30%
Aid Category	Safety Net	25%	29%
	Supplemental Security Income	9%	7%
	TANF	66%	64%
	Other	<1%	<1%
Age	0-20	48%	44%
	21-54	41%	44%
	55-64	9%	10%
	65-74	1%	1%
	75+	1%	1%
Gender	Male	46%	47%
	Female	54%	53%

Section 4: Expenditures

The figures in this section display the amounts paid for the New York Statewide Medicaid PCMH Incentive Payment Program. Figure 9 shows the amount spent on PCMH-recognized providers via increased capitation payments to practices for their MMC, HARP, HIV SNP, and CHP enrollees from January 2017 through December 2017.

Figure 9: Medical Home Spending by MMC Product Line January 2017 through December 2017					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$174,272,972	\$3,819,277	\$600,713	\$11,898,504	\$190,591,465

*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH payments are only given for MMC, HARP, HIV SNP, and CHP products, and Medicaid FFS Add-ons. The HARP plans began serving NYC enrollees in October 2015 and began serving the rest of the state in July 2016.

Figure 10 shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2017 through December 2017.

Figure 10: PCMH Add-Ons by Level for Statewide FFS January 2017 through December 2017	
Year to Date	
Level 2	\$335,534
Level 3	\$7,518,177
Total	\$7,853,711

In order to continue to incentivize this highest standards and rewards practices and their providers for their achievements, NYS stopped providing incentives for the following programs and levels on these dates:

- As of January 1, 2013, all level 1 incentive payments were suspended
- As of July 1, 2013, 2008 standard level 2 incentive payments were suspended
- As of April 1, 2015, all payments for 2008-recognized providers were suspended

Important Links

Patient Centered Medical Home Frequently Asked Questions

https://www.health.ny.gov/technology/innovation_plan_initiative/docs/pcmh_faq.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 2011 and 2014 Programs

<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCM H2011PCMH2014Crosswalk.aspx>

Comparison of NCQA's 2014 and 2017 standards

http://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/PCMH%202014-PCMH%202017%20Crosswalk%206.19.17_Final_web.pdf

NCQA PCMH-Recognition State Comparison

<http://reportcards.ncqa.org/#/practices/list>

Previous PCMH Quarterly Reports

https://www.health.ny.gov/technology/innovation_plan_initiative/pcmh/

Medicaid Updates Related to PCMH

https://www.health.ny.gov/health_care/medicaid/program/update/medup-pa-pn.htm#patiented

Information on Level 1 NCQA Recognition Payments Ending

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

Information on the Adirondack Medical Home Demonstration

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

Information on the Delivery System Reform Incentive Payment Program

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Questions?

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

pcmh@health.ny.gov