



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



March 2019

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 one of the following NCQA standards:

- PCMH 2014 Level 1, 2 or 3
- PCMH 2017
- New York State PCMH (NYS PCMH)



In PCMH 2014 standards, practices received a higher score or level if they demonstrated more elements of the patient-centered care model. The last day practices could submit an application to be recognized under the 2014 standards was September 30, 2017. NCQA's 2017 standards were released on April 3, 2017 with an increased focus on social determinants of health, community connections and the integration of behavioral health. The leveling structure was eliminated in the 2017 PCMH program and recognition became valid for one-year periods instead of the previous three-year period to measure progress more frequently.

On April 1, 2018, the New York State Department of Health (NYSDOH) released NYS PCMH, an innovative model for primary care transformation. 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. NYS PCMH requires practices to achieve a higher number of criteria to achieve recognition, with emphasis placed on behavioral health, care management, population health, value-based payment arrangements, and health information technology capabilities.

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 16% of all PCMH practices and over 13% of providers in the country operate in NYS. As of March 2019, there were 2,375 practices recognized as a PCMH, of which 98% achieved recognition from NCQA's 2014 level 3 standards and above. Smaller practices with only one provider working at the site currently make 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 March 2019, there were 9,116 providers recognized as a PCMH, of which over 98% achieved recognition from NCQA's 2014 level 3 standards and above. There were 35 practices and 77 providers recognized under the 2017 standards, and 305 practices and 1,454 providers recognized under the NYS PCMH.

As of March 2019, 7,771 (33%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (65%) 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. Over \$217 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2018 through December 2018. Over \$2 billion was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2019 through March 2019. Effective July 1, 2018, NYS Medicaid provides incentive payments to providers recognized under the following programs: level 3 PCMH under NCQA's 2014 standards; PCMH under NCQA's 2017 standards; or NYS PCMH.



To learn more about the New York Statewide Medicaid PCMH Incentive Payment Program please visit: the [Department of Health website](#)

*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.

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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 March 2019.

Figure 1a: PCMH Recognized Practice Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	Number of PCMH recognized practices	Percent
2014 Standards	1	2	<1%
	2	49	2%
	3	1,984	84%
2017 Standards		35	1%
NYS PCMH		305	13%
Total		2,375	100%

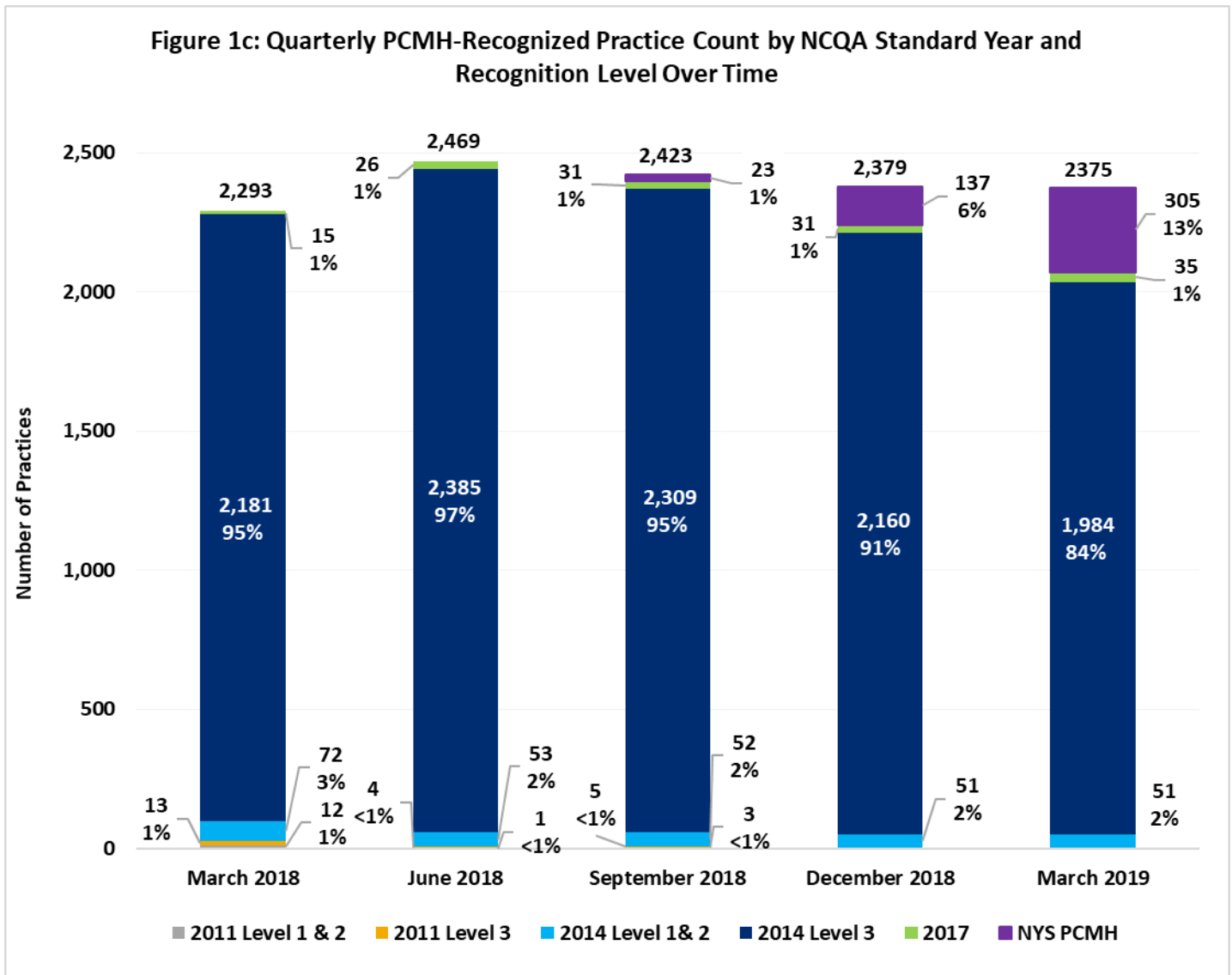
Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's standards by level from October 2018 to March 2019.

Figure 1b: PCMH Recognized Practices by Standard Year and Level Over Time							
	Recognition Level	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
2011 Standards	2	1 (<1%)	0	0	0	0	0
	3	4 (<1%)	0	0	0	0	0
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	50 (2%)	50 (2%)	49 (2%)	50 (2%)	50 (2%)	49 (2%)
	3	2,251 (95%)	2,245 (94%)	2,160 (91%)	2,069 (88%)	2,012 (85%)	1,984 (84%)
2017 Standards		31 (1%)	31 (1%)	31 (1%)	31 (1%)	18 (<1%)	35 (1%)
NYS PCMH		44 (1%)	62 (3%)	137 (6%)	189 (8%)	274 (12%)	305 (13%)
Total		2,383	2,390	2,379	2,341	2,356	2,375

The data in Figure 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: March 2019).

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's recognition standards and levels from March 2018 to March 2019.



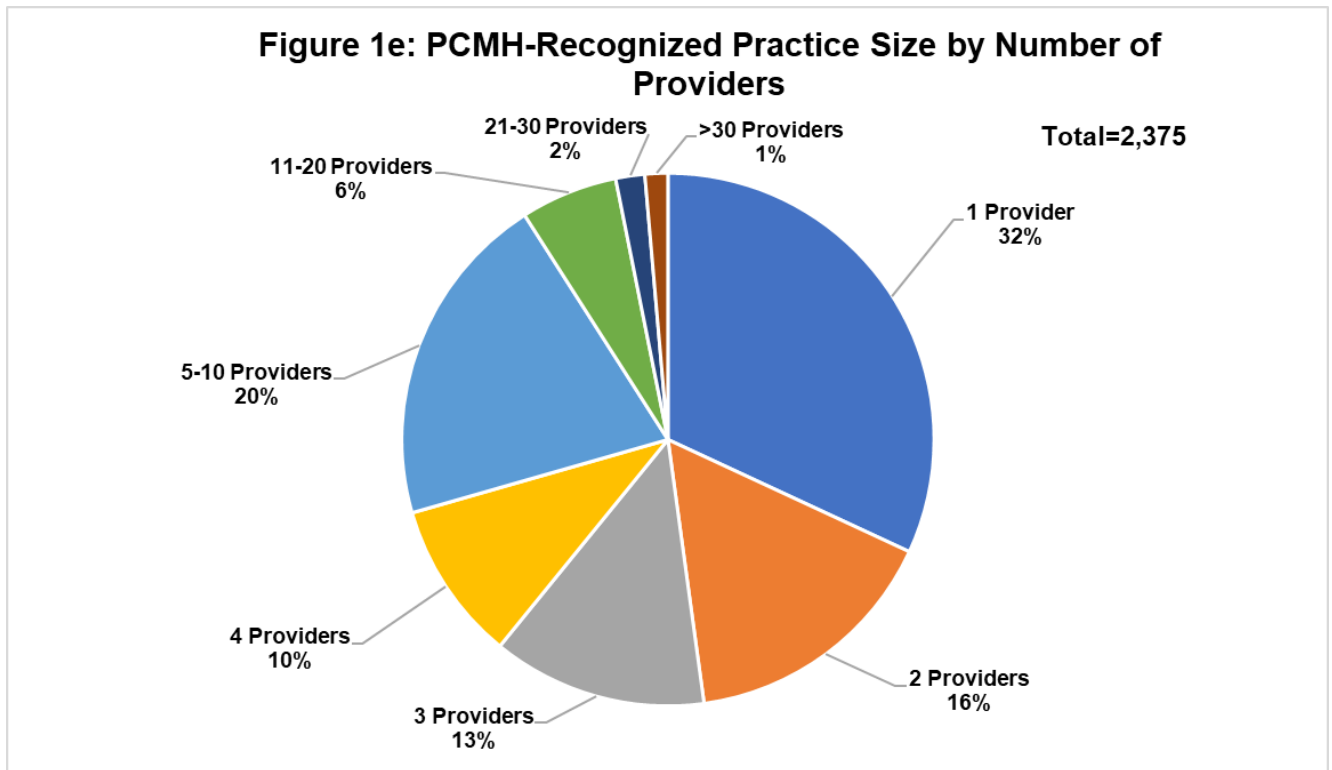
There was a slight decline in the number of PCMH-recognized practices achieving 2014 recognition from March 2018 to March 2019. This drop is largely due to the expiration of the recognition status of many practices under this recognition level. The number of PCMH-recognized practices achieving PCMH under NCQA's 2017 standards is stable and practices recognized under the NYS PCMH recognition level continues to grow. As of March 2019, 84% of PCMH-recognized practices achieved 2014 Level 3 recognition, 1% of PCMH-recognized practices achieved NCQA's 2017 standards, and 13% of PCMH-recognized practices achieved NYS PCMH recognition.

Section 1: Practice Information

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region.* The majority of recognitions are in NYC (45%) and Western New York (19%).

Figure 1d: NYS PCMH Recognized Practices by QARR Region		
Region	Number of PCMH Recognized Practices	Percent of PCMH Recognized Practices
Central	221	9%
Hudson Valley	222	9%
Long Island	180	8%
NYC	1,068	45%
Northeast	242	10%
Western	442	19%
Total	2,375	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers. Practices with only one reported provider (32%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (20%).

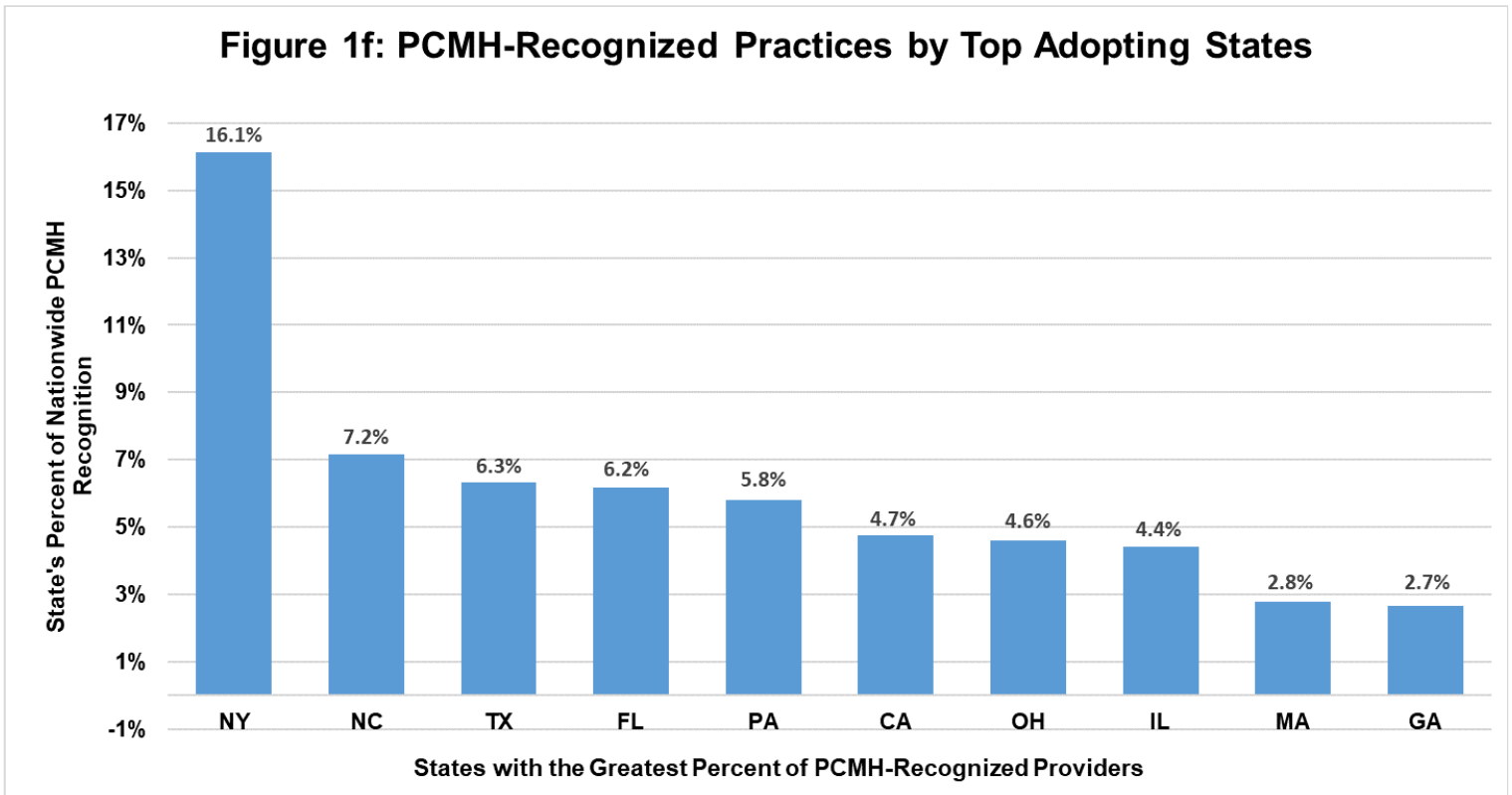


The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: March 2019).

*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 March 2019. Over 16% 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 61% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 39% 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.



The data in Figure 1f was retrieved from NCQA's website at: <http://recognition.ncqa.org/> (for this report: March 2019).

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 March 2019. 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
2014 Standards	1	2	<1%
	2	137	2%
	3	7,446	82%
2017 Standards		77	<1%
NYS PCMH		1,454	16%
Total		9,116	100%

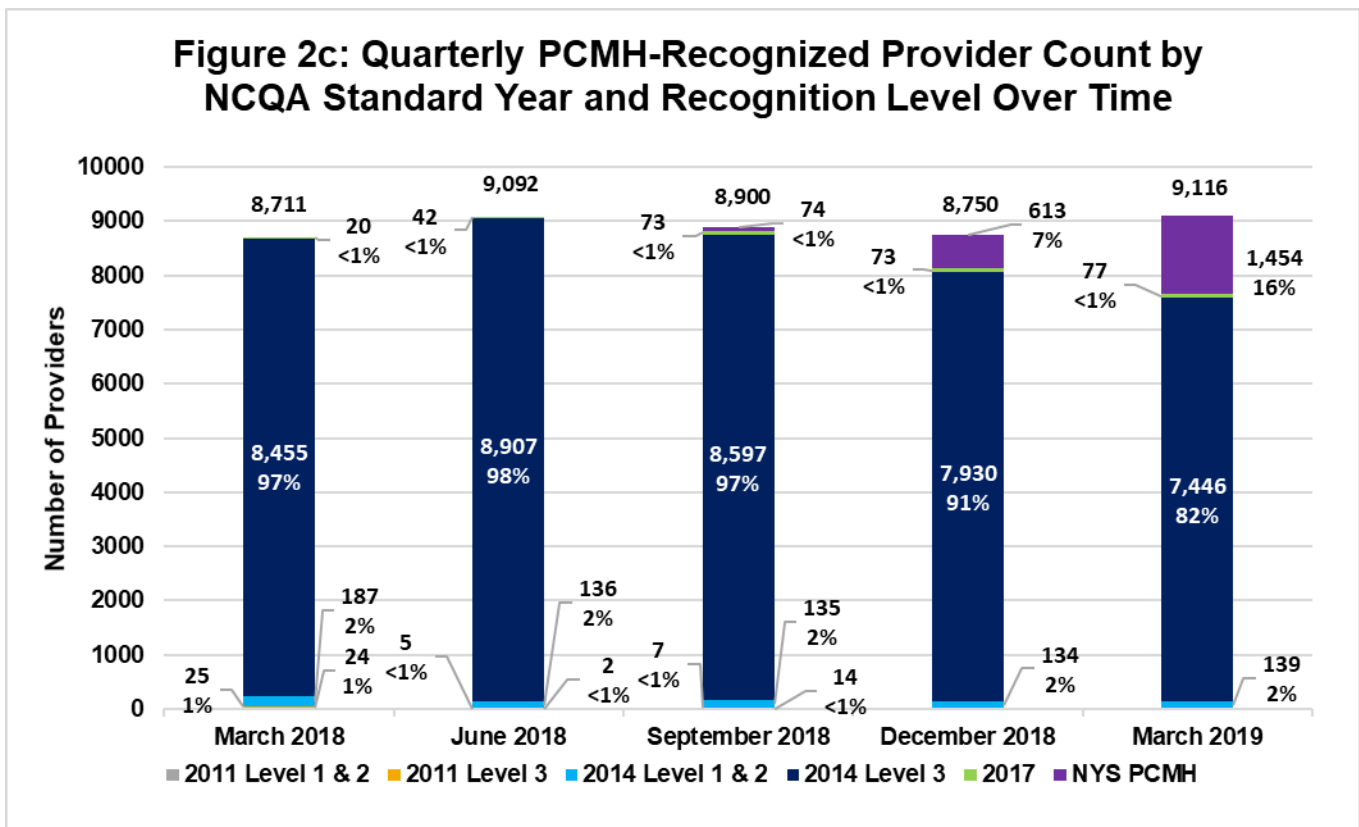
Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's standards, and by level from October 2018 to March 2019.

Figure 2b: PCMH Recognized Providers by Standard Year and Recognition Level Over Time							
	Recognition Level	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019
2011 Standards	2	2 (<1%)	0	0	0	0	0
	3	6 (<1%)	0	0	0	0	0
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	135 (2%)	137 (2%)	132 (1%)	132 (2%)	137 (2%)	137 (1%)
	3	8,400 (95%)	8,296 (95%)	7,930 (91%)	7,451 (87%)	7,368 (83%)	7,446 (82%)
2017 Standards		73 (<1%)	73 (<1%)	73 (<1%)	73 (<1%)	53 (<1%)	77 (<1%)
NYS PCMH		181 (2%)	258 (3%)	613 (7%)	934 (7%)	1,278 (14%)	1,454 (16%)
Total		8,799	8,766	8,750	8,592	8,838	9,116

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: March 2019).

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from March 2018 to March 2019.



The number of PCMH-recognized providers under 2014 Level 3 recognition decreased to 82% and there are currently no PCMH-recognized providers under 2011 standards. The number of PCMH-recognized providers achieving 2014 recognition continues to decrease due to the expiration of many providers under NCQA's 2014 Level 3 recognition status. The number of PCMH-recognized providers under NCQA's 2017 standards remains the same, and there has been an increase in the number of recognized providers under NYS PCMH standards.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participated with MMC from March 2018 to March 2019. PCPs are defined as MDs, DOs, and NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 7,771 PCMH-recognized PCPs that participate with MMC as of March 2019. 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 33% 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.

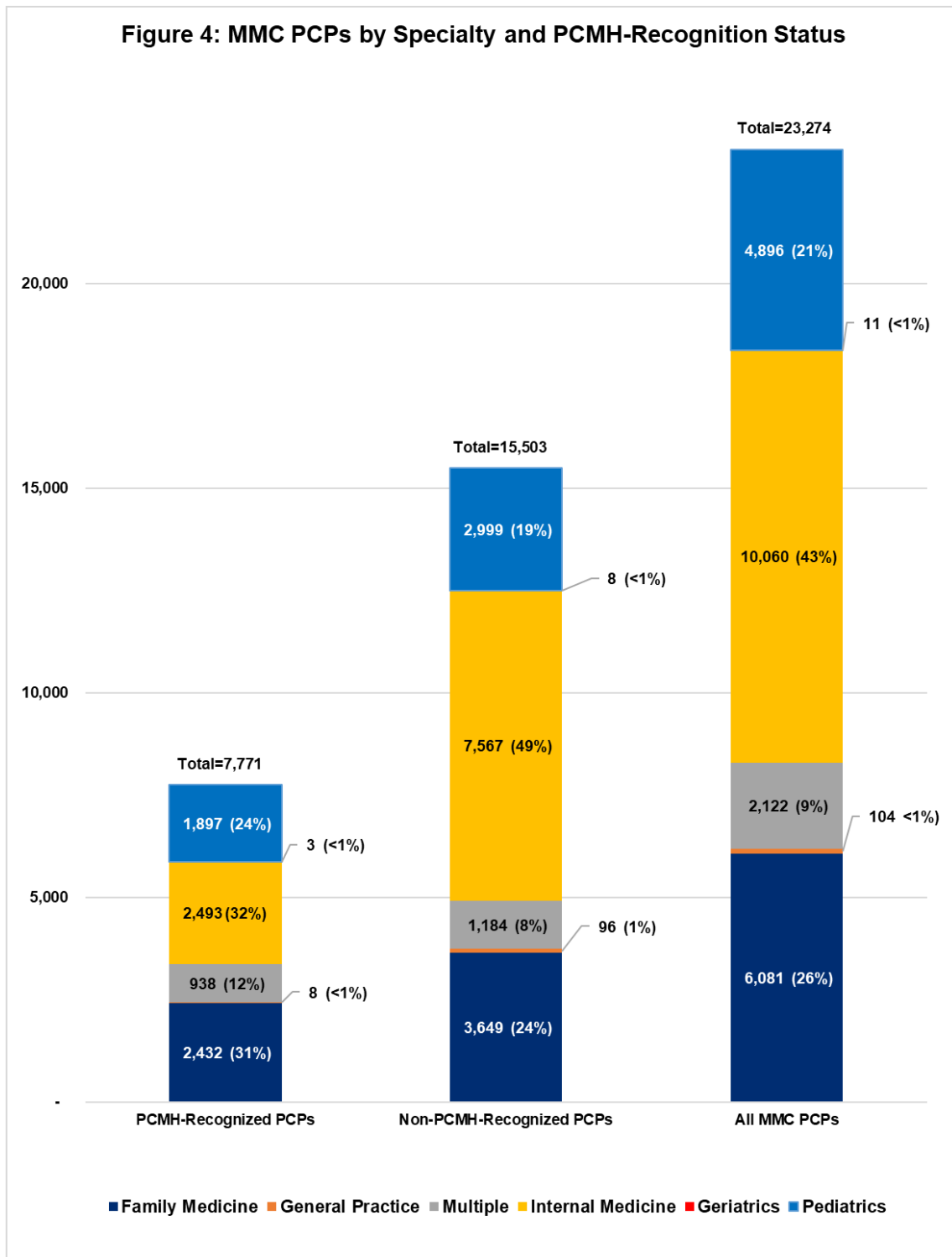
Figure 3a: Proportion of All PCPs in MMC That are Recognized as a PCMH by Quarter					
	March 2018	June 2018	September 2018	December 2018	March 2019
PCMH PCPs participating with MMC	7,596	7,944	7,697	7,519	7,771
All PCPs participating with MMC	24,747	25,165	23,423	22,872	23,274
PCMH Penetration Rate in MMC	31%	32%	33%	33%	33%

Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of March 2019.

Figure 3b: PCMH Recognized PCPs in MMC by Level and Standard Year			
	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2014 Standards	1	2	<1%
	2	92	1%
	3	6,332	81%
2017 Standards		62	1%
NYS PCMH		1,283	17%
Total		7,771	100%

Section 2: Provider Information

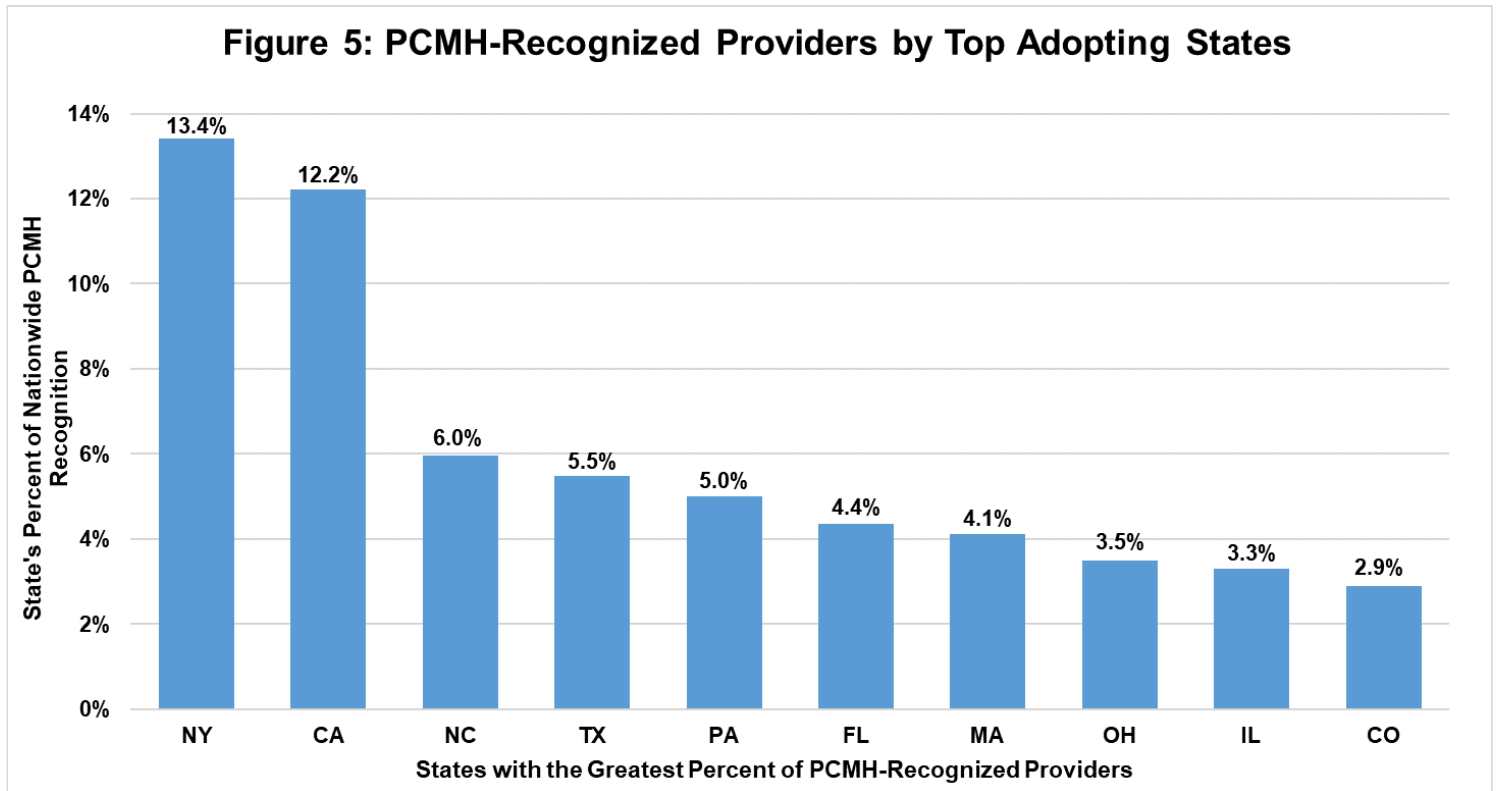
Figure 4 shows the percentage of PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC in NYS. As of March 2019, there are 1,345 PCMH-recognized providers that do not participate with MMC or have another specialty outside of the primary care specialties presented in this report. These providers may participate in Medicaid FFS.



The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: March 2019) and March 2019 PNDS.

Section 2: Provider Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of March 2019. Over 13% of all PCMH-recognized providers in the country practice in NYS. As of March 2019, NYS had the highest percentage of providers compared to the other states. Figure 5 represents states with the greatest number of PCMH-recognized providers. These 10 states account for 60% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 40% 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.



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 As assigned to a PCMH Recognized Provider	2,715,665	86,002	11,257	2,812,924
Total Enrollees As assigned to a non PCMH Recognized Provider	1,438,083	43,180	2,695	1,483,958
Total Enrollees	4,153,748	129,182	13,952	4,296,882
PCMH Penetration Rate	65%	67%	81%	65%

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 March 2019. The majority of enrollees are assigned to PCPs recognized at NCQA's 2014 Level 3 standards.

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
2014 Standards	1	128	7	0	135
	2	28,762	564	3	29,329
	3	2,118,894	68,238	10,354	2,197,486
2017 Standards		27,588	357	183	28,128
NYS PCMH		540,293	16,836	717	557,846
Total Enrollees		2,715,665	86,002	11,257	2,812,924

Figure 6a and Figure 6b use plan reported panel data (for this report: March 2019) and the March 2019 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 March 2018 to March 2019. As of March 2019, 65% of NYS MMC enrollees are assigned to PCMH-recognized PCPs.

Figure 7a: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH Recognized PCPs by Quarter					
	March 2018	June 2018	September 2018	December 2018	March 2019
MMC Enrollees Assigned to PCMHs	2,885,746	2,996,928	2,893,272	2,838,103	2,812,924
Enrollees Assigned to Non PCMHs	1,513,075	1,417,613	1,474,733	1,531,068	1,483,958
Total Enrollees	4,398,821	4,414,541	4,368,005	4,369,171	4,296,882
PCMH Penetration Rate	66%	68%	66%	65%	65%

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 March 2019, 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.

Figure 7b: Auto Assignment Rates Between PCMH Recognized and Non PCMH Recognized PCPs in MMC, HARP, and HIV SNP					
	Not Auto Assigned	Auto Assigned	Not Reported	Un assigned	Total Enrollees
Total Enrollees As signed to a PCMH Recognized Provider	1,459,187 (52%)	885,498 (31%)	468,239 (17%)	0 (0%)	2,812,924 (100%)
Total Enrollees As signed to a non PCMH Recognized Provider	839,972 (57%)	397,121 (27%)	226,258 (15%)	20,607 (1%)	1,483,958 (100%)
Total	2,299,159 (54%)	1,282,619 (30%)	694,497 (16%)	20,607 (<1%)	4,296,882 (100%)

Medicaid (FFS): There were 55,879 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2019 to March 2019.

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	61.62%	52.41%
	Central	6.66%	7.76%
	Long Island	5.88%	14.05%
	Hudson Valley	6.81%	13.35%
	Northeast	5.72%	4.16%
	Western	13.31%	8.28%
Race	Black	18.49%	15.77%
	White	24.75%	32.36%
	Asian	12.45%	8.02%
	Hispanic	11.28%	10.43%
	Other	33.03%	33.41%
Aid Category	Safety Net	26.11%	30.78%
	Supplemental Security Income	8.09%	6.89%
	TANF	65.75%	62.28%
	Other	<1%	<1%
Age	0 20	48.18%	42.62%
	21 54	40.62%	45.38%
	55 64	9.9%	10.67%
	65 74	0.89%	0.89%
	75+	<1%	<1%
Gender	Male	46.62%	47.46%
	Female	53.37%	52.53%

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 2018 through December 2018.

Figure 9: Medical Home Spending by MMC Product Line January 2018 through December 2018					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$ 195,255,757	\$ 5,159,316	\$ 660,322	\$ 16,135,624	\$ 217,211,020

*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.

For more information on PCMH initiatives in Medicaid, please visit:

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

Important Links

Information on New York State PCMH Initiatives in Medicaid

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

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

New York State PCMH Brochure

https://www.health.ny.gov/technology/nys_pcmh/docs/pcmh_brochure.pdf

New York State PCMH Standards and Guidelines

<http://store.ncqa.org/index.php/catalog/product/view/id/3100/s/2017-pcmh-standards-and-guidelines-for-new-york-state-practices-only-epub/>

NCQA PCMH-Recognition State Comparison

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

Previous PCMH Quarterly Reports

https://www.health.ny.gov/technology/nys_pcmh/

Information on the Adirondack Medical Home Demonstration

https://www.health.ny.gov/technology/innovation_plan_initiative/pcmh/docs/2014_pcmh_initiative.pdf

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 email at:

pcmh@health.ny.gov