NEW YORK STATE | Department of Health

Patient Centered Medical Homes (PCMHs)

December 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 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.

There are many initiatives throughout New York State (NYS) that focus on improving primary care and use PCMH concepts as a foundation. 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 holds PCMH concepts at its core. Other initiatives, such 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; 14.9% of all PCMH practices and providers in the nation operate in NYS. The state with the second largest volume of NCQA-recognized PCMH practices and providers is California at 6.6% (about 8 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 5,820 in December 2014. Of these 5,820 providers, 82% have achieved the highest level of recognition (level 3) under the more stringent 2011 standards. Almost 90% of all recognized providers have achieved recognition under the 2011 standards. The number of PCMH recognized providers is expected to fluctuate as all recognitions under the 2008 standards are expiring in 2015 and as providers transition to 2014 standards.

* 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)

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 about 700 providers who have not yet transitioned from 2008 standards to 2011 or 2014 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). About 20% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

More NYS Medicaid enrollees are able to receive care from PCMH-recognized providers than ever before. As of December 2014, 44% of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized primary care physicians (PCP), up from 38% in December 2013. Of those enrollees, 82% were receiving care from a PCMH-recognized provider who has achieved the level 3 PCMH recognition under the 2011 standards. As of December 2014, 4,994 (29%) providers in MMC***** were recognized as a PCMH provider, up from 24% at the end of 2013.

Office-based practitioners and Article 28 clinics recognized as PCMHs by the NCQA receive additional payment for primary care services provided to Medicaid enrollees in two ways. Enhanced payments are given to providers for MMC, Family Health Plus (FHP), Child Health Plus (CHP), 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) patients. About $100 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans in 2014**.** Over $4.5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS in 2014 for 137,019 unique enrollees.

NYS Medicaid will stop providing PCMH 'add-ons' to all 2008 standard PCMH-recognized providers effective 4/1/2015. Additional changes to the incentive amount for 2011 and 2014 recognized providers will become effective on January 1, 2016. Learn more about PCMH incentive payments at https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf.

* 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 December 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 March 2015 Medicaid Update. https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf

Report Layout

- This report provides a snapshot of PCMH activity in NYS as of December 2014.
- The report includes the following information:
  1. Changes in the number of PCMH-recognized providers in NYS.
  2. A comparison of PCMH and Diabetes Recognition Program (DRP) recognitions 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, CHP, HIV SNP, and Medicaid FFS enrollees.

- This report includes the most currently available data from December 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: December 2014.

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

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

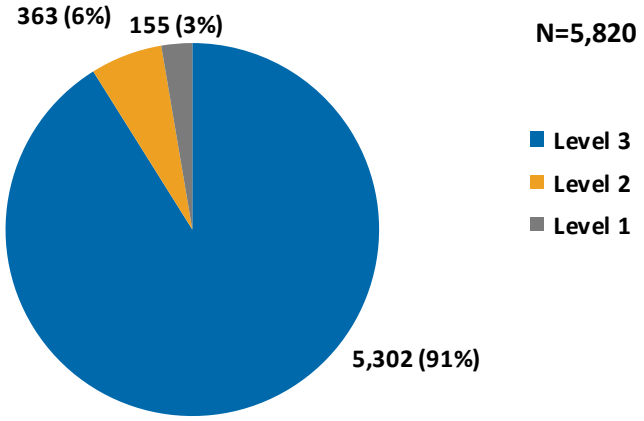
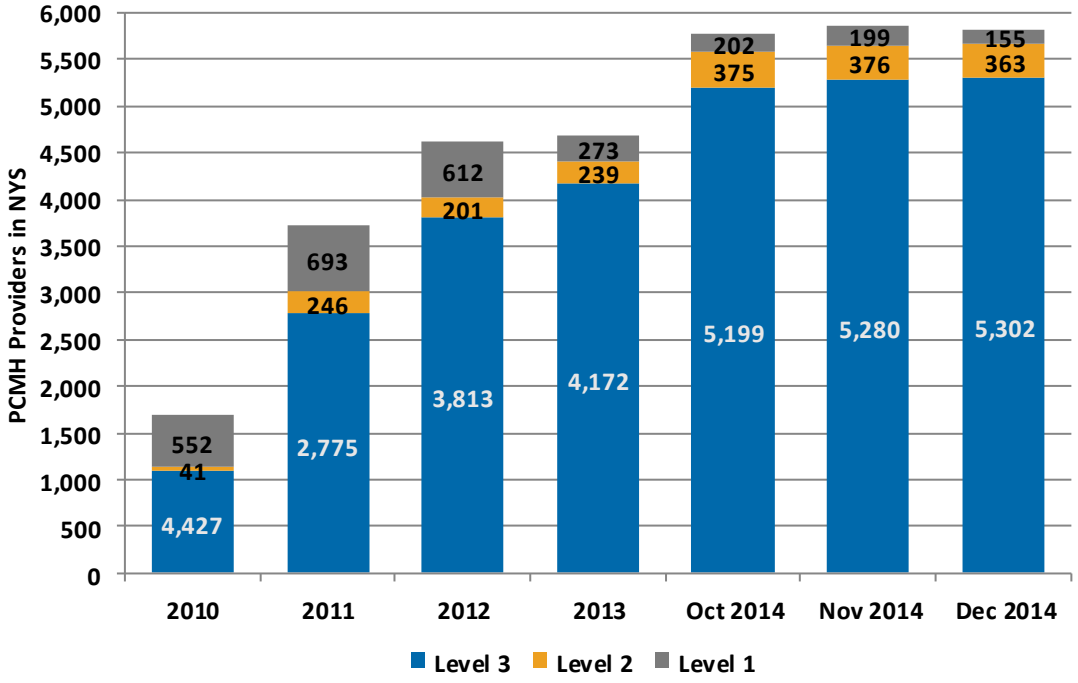


Figure 1b shows changes in the number of PCMH-recognized providers by NCQA recognition level from 2010 to December 2014.

Figure 1b: PCMH-Recognized Providers by Recognition Level Over Time (December 2014 Total= 5,820)



* 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 hold current PCMH recognition 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

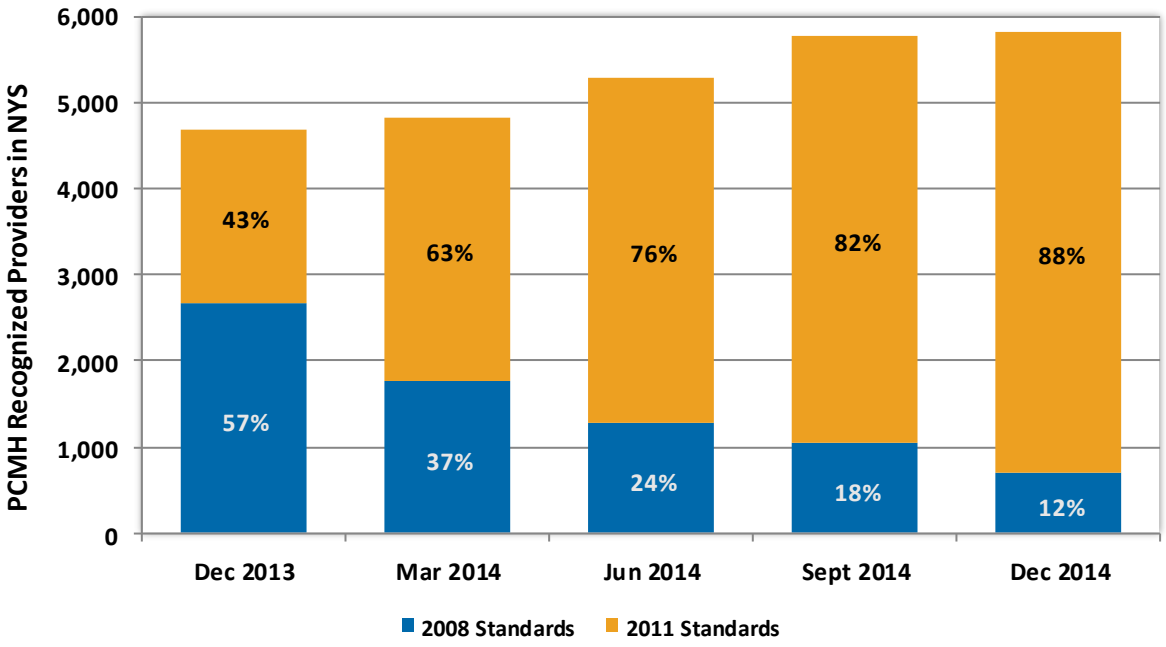
Section 1: Provider Information (continued)

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 July 2014 to December 2014.

Figure 1c: PCMH-Recognized Providers: 2008 Standards vs. 2011 Standards By Month (Statewide Only)						
	Jul 2014	**Aug 2014**	**Sept 2014**	**Oct 2014**	**Nov 2014**	**Dec 2014**
2008 Standards	1,149 (20%)	1,054 (19%)	1,045 (18%)	926 (16%)	838 (14%)	695 (12%)
2011 Standards	4,465 (80%)	4,515 (81%)	4,724 (82%)	4,850 (84%)	5,017 (86%)	5,125 (88%)
Total	5,614	5,569	5,769	5,776	5,855	5,820
Providers working in two locations with different medical home recognition standards are categorized as 2011.						

Figure 1d illustrates the number of PCMH-recognized providers by recognition standards from December 2013 to December 2014. The percentage of providers recognized under the 2011 standards has steadily increased.

Figure 1d: Growth in 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 12 of this report. A link for a comparison of the 2011 and 2014 programs can also be found on page 3 and 12 this report.

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

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

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

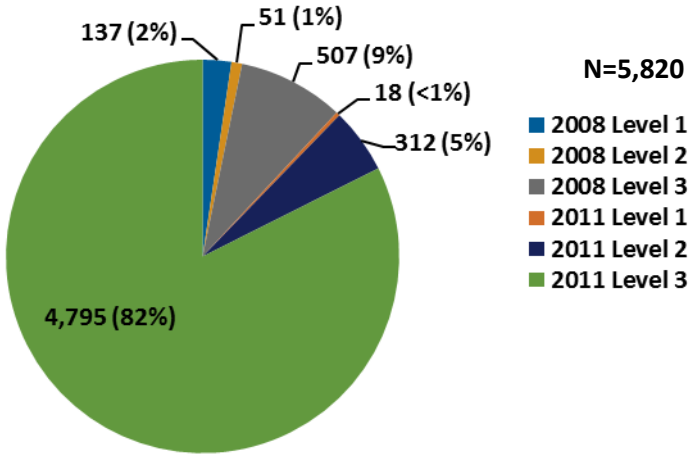
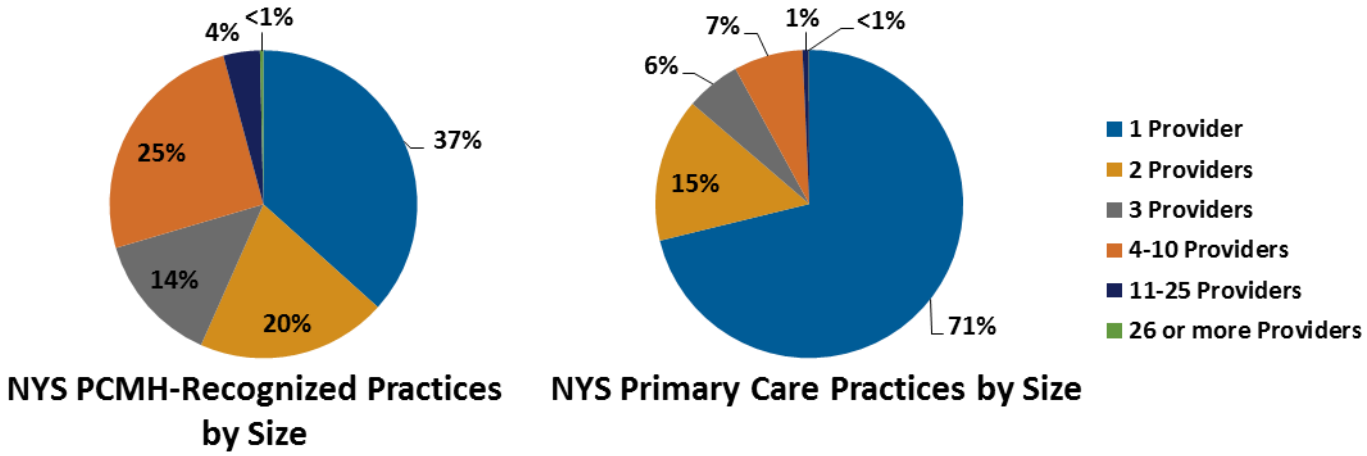


Figure 2 shows the percentage of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size. Compared to all NYS primary care practices, PCMH practices have a smaller percentage of solo practitioners and greater percentages of practices with 2-25 providers.

Figure 2: NYS PCMH-Recognized Primary Care Practices by Size



NYS PCMH-Recognized Practices by Size

NYS Primary Care Practices by Size

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

The data in Figure 2 was derived from SK&A Physician data (May 2014).

Section 1: Provider Information (continued)

Figure 3 shows the proportion of PCMH-recognized Primary Care Physicians (PCPs) that participate with Medicaid managed care (MMC). There are 4,994 (29%) PCPs participating with MMC that are recognized as medical home providers in December 2014.

Figure 3: Proportion of all PCPs in MMC that are Recognized as a PCMH			
	June 2014	**September 2014**	**December 2014**
PCPs on MMC Roster:	**16,543**	**16,822**	**17,023**
PCPs on MMC Roster that are PCMHs:	**4,538 (27%)**	**4,966 (30%)**	**4,994 (29%)**

Figure 4 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of December 2014. 14.9% of all PCMH-recognized practices and providers in the country practice in NYS.

Figure 4: PCMH Recognition By State
December 2014*

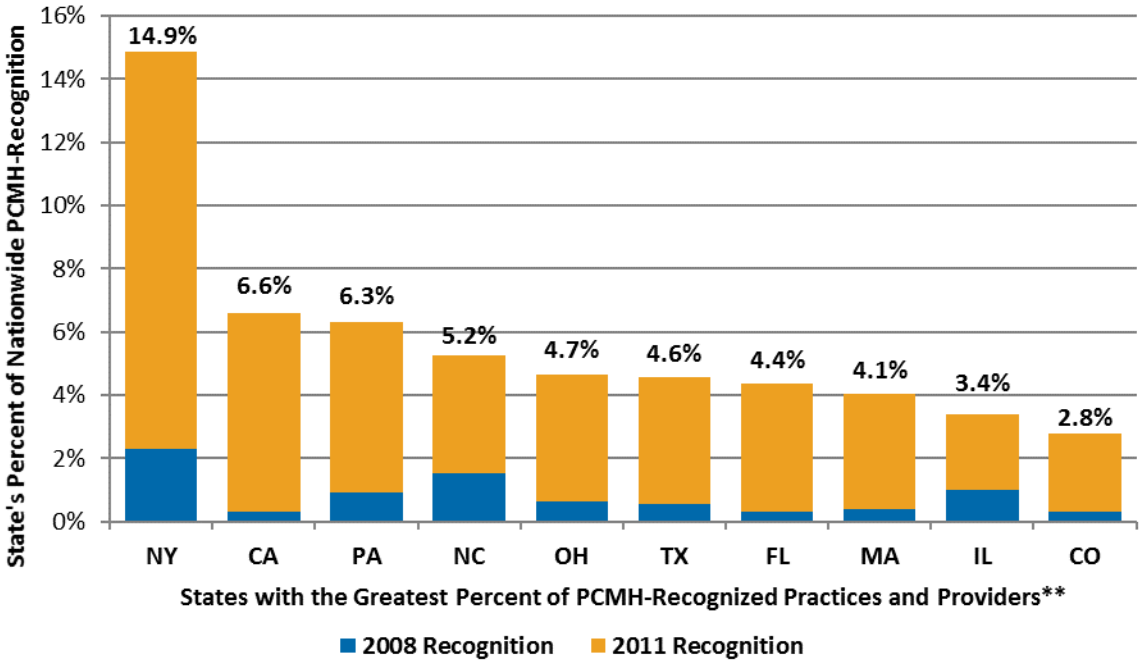


**Figure 4 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 56.9% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 43.1% of PCMH-recognized practices and providers in the country. This figure only represents medical home providers that are recognized by the NCQA. Not all states use the NCQA's PCMH recognition for statewide medical home program initiatives.

Figure 3 uses December 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: December 2014).

* The data in Figure 4 was retrieved on December 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 December 2014 in NYS.

Figure 5a: Proportion of all PCMH-Providers with DRP Recognition	
Total PCMH-Recognized Providers: December 2014	**5,820 providers**
PCMH Recognized Providers with DRP Recognition: December 2014	**1,121 providers (19%)**

Figure 5b displays the states with the greatest number of DRP recognitions awarded to both practices and providers in the country as of December 2014. 10.1% of all awarded DRP recognitions in the country are in NYS.

Figure 5b: DRP Recognition By State December 2014*

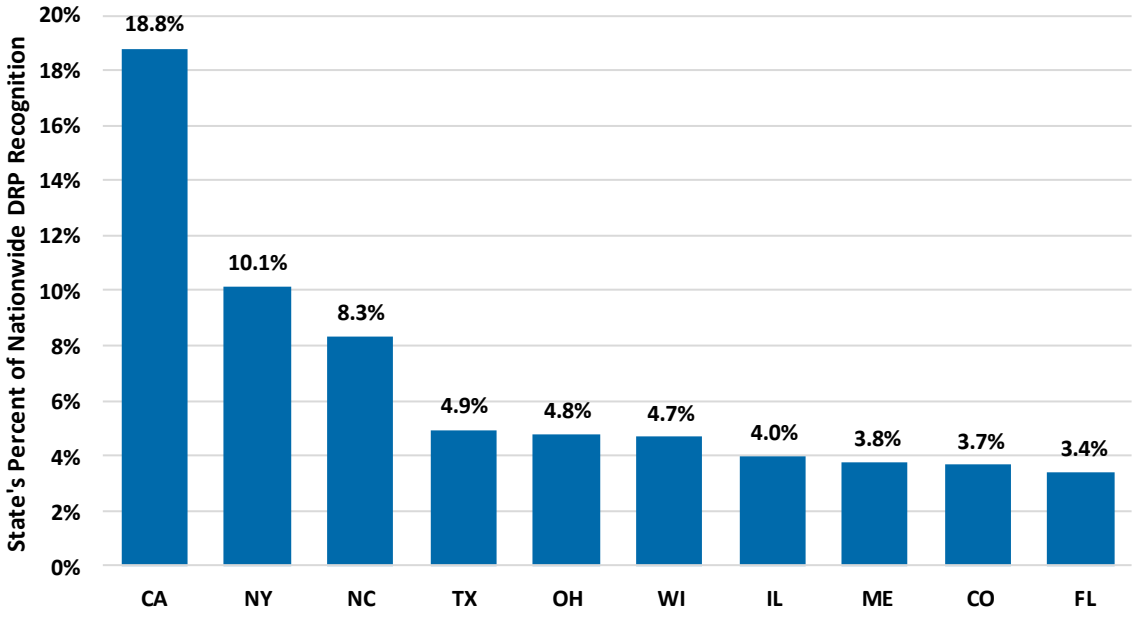


*Figure 5b only represents states with the greatest number of DRP recognized practices and providers. These states only account for 66.4% of all DRP recognitions in the country; all other states that are not included in this graph represent the remaining 33.6% of DRP recognitions. This figure only represents 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: December 2014).

* The data in Figure 5b was retrieved on December 29, 2014 from NCQA's website at: http://recognition.ncqa.org/.

Section 2: Enrollee Information

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

Figure 6 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year, as of December 2014.

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

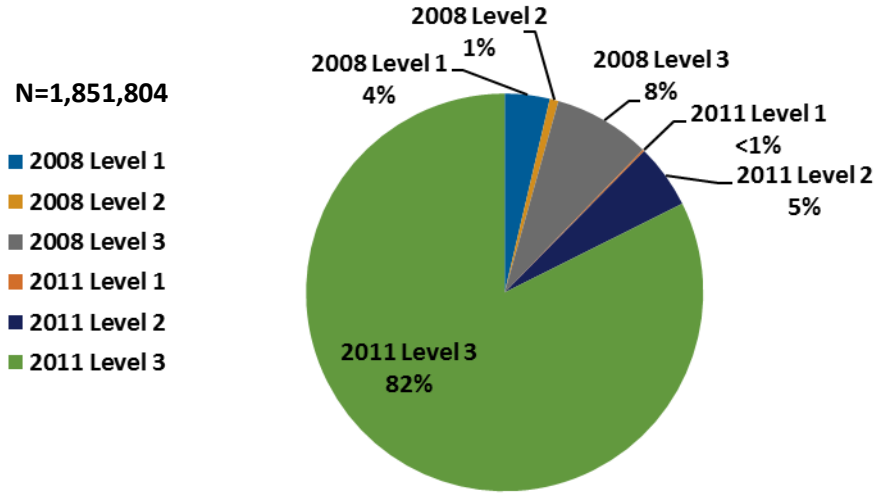


Figure 7 shows the number of MMC enrollees assigned to PCMH-recognized PCPs from December 2013 to December 2014. As of December 2014, 44% of the MMC enrollees in the state are assigned to PCMH-recognized PCPs.

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

	Dec 2013	Mar 2014	Jun 2014	Sept 2014	Dec 2014
Total MMC assigned to PCMHs	1,292,872	1,311,791	1,664,029	1,834,378	1,851,804
Total MMC not assigned to PCMHs	2,153,947	2,079,853	2,275,156	2,204,553	2,378,516
Total	3,446,819	3,391,644	3,393,185	4,083,931	4,230,320
Penetration Rate	38%	39%	42%	45%	44%

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: December 2013 - December 2014) and the NCQA recognized provider lists (for this report: December 2014). Providers recognized at any point during the quarter of interest were included in the count of PCMH-recognized providers.

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 race, aid, and age categories. Demographic characteristics are more similar between groups with respect to location and sex categories.

Figure 8: December 2014 NYS MMC Demographics

Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	**New York City**	63%	63%
	Rest of State	37%	37%
Race	**Black**	19%	15%
	White	24%	28%
	Asian	7%	10%
	Hispanic	29%	25%
	Other	21%	22%
Aid Category	**Family Health Plus (FHP)**	0%	1%
	Safety Net (SN)	12%	13%
	Supplemental Security Income (SSI)	10%	8%
	Temporary Assistance for Needy Families (TANF)	50%	47%
	Other	28%	31%
Age	**0-20**	49%	46%
	21-54	41%	44%
	55-64	8%	9%
	65-74	1%	1%
	75+	<1%	<1%
Sex	**Male**	45%	46%
	Female	55%	54%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 137,019* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2014 through December 2014.

* Count includes 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: December 2014).

Section 3: Fiscal Information

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

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 9 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, Family Health Plus (FHP), Child Health Plus (CHP), and HIV Special Needs Plans (SNP) from January 2014 to December 2014. It should be noted that FHP is an aid category of MMC, while CHP is a separately run Medicaid program.

Figure 9: MMC/FHP/CHP/HIV SNP Medical Home Spending Jan 2014 - Dec 2014

	MMC	FHP	CHP	HIV SNP	Total
Level 1	$ -	$ -	$ -	$ -	$ -
Level 2	$ 2,490,528	$ 73,608	$ 188,972	$ 20,296	$ 2,773,404
Level 3	$ 86,545,757	$ 4,197,969	$ 4,612,559	$ 726,985	$ 96,083,270
Total	$ 89,036,285	$ 4,271,577	$ 4,801,531	$ 747,281	$ 98,856,674

Figure 10 shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2014 to December 2014.

Year to Date

Figure 10: PCMH add-ons by level for Statewide FFS January 2014 - December 2014

Level 1	$ -
Level 2	$ 63,977
Level 3	$ 4,668,329
Total	$ 4,732,306

NYS 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: December 2014).

The amounts in Figure 10 was derived from claims data from January 2014 to December 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 Standard NCQA Recognition Payments Ending
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/

Questions?
Contact the Office of Quality and Patient Safety, NYSDOH, via e-mail at:
pcmh@health.ny.gov