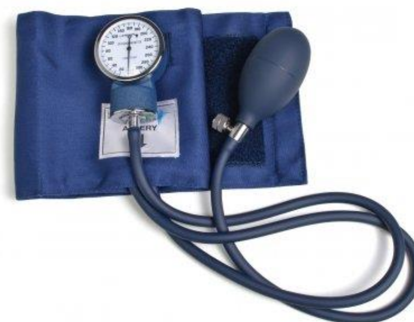
Department of Health

New York State Patient Centered Medical Homes Quarterly Report

September 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 2008 standards, NCQA's enhanced 2011 standards, or NCQA's newest and most stringent 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 2008 and 2011 standards. As of March 21, 2015, practices could only apply for PCMH recognition under the 2014 standards because the 2011 standards are phased out. A comparison of the 2011 and 2014 standards can be found here:http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx

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 the NCQA as part of the New York Medicaid Statewide PCMH Incentive Payment Program. More detail about this program can be found in the March 2015 Medicaid Update. 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 APC 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 PCMHs by the NCQA compared to all other states in the nation; 12% of all PCMH practices and providers in the nation 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).

The number of PCMH-recognized providers in NYS increased from 5,769 in September 2014 to 6,231 in September 2015. Of these 6,231 providers, 92% have achieved the highest level of recognition (level 3) under the 2011 or 2014 standards. As of September 2015, 98% 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 with 4-10 providers make up a largest portion of PCMH-recognized practices.

Practices in New York 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 17% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

As of September 2015, 48% of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized primary care physicians (PCP), up from 45% in September 2014. Of those enrollees, 92% were receiving care from a PCMH-recognized provider who has achieved the level 3 PCMH recognition under the 2011 or 2014 standards. As of September 2015, 5,401 (27%) providers in MMC* were recognized as a PCMH provider, up from 26% in September 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), 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 $87 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2015 to September 2015. About $3.8 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2015 to September 2015 for 85,131 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.

Report Layout

This report includes the following snapshot of PCMH activity in NYS as of September 2015:

- A number and percentage of PCMH-recognized providers by recognition level
- Changes in the number of PCMH-recognized providers by recognition level over time
- Changes in the number of PCMH-recognized providers by standard year over time
- A number and percentage of PCMH-recognized providers by practice size
- The number of PCMH-recognized providers participating with MMC
- Providers participating in MMC by specialty type, both PCMH and non-PCMH recognized provider populations
- A comparison of PCMH and Diabetes Recognition Program (DRP) recognitions in New York compared to other states
- A snapshot of the number of PCMH-recognized providers who are participating in DSRIP
- 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
- The amount spent by NYS Medicaid on PCMHs for MMC, CHP, HIV SNP, and Medicaid FFS enrollees

This report does not present programmatic results related to quality or satisfaction. Other reports containing quality and satisfaction can be found on the PCMH Medicaid Redesign Team (MRT) page here: http://www.health.ny.gov/health_care/medicaid/redesign/pcmh.htm

Section 1: Provider Information

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

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

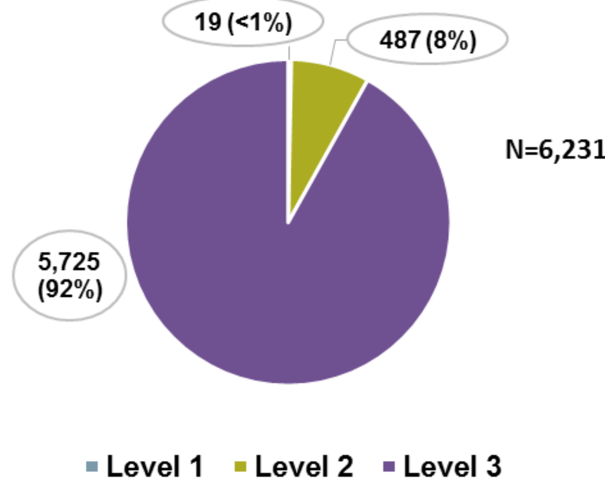
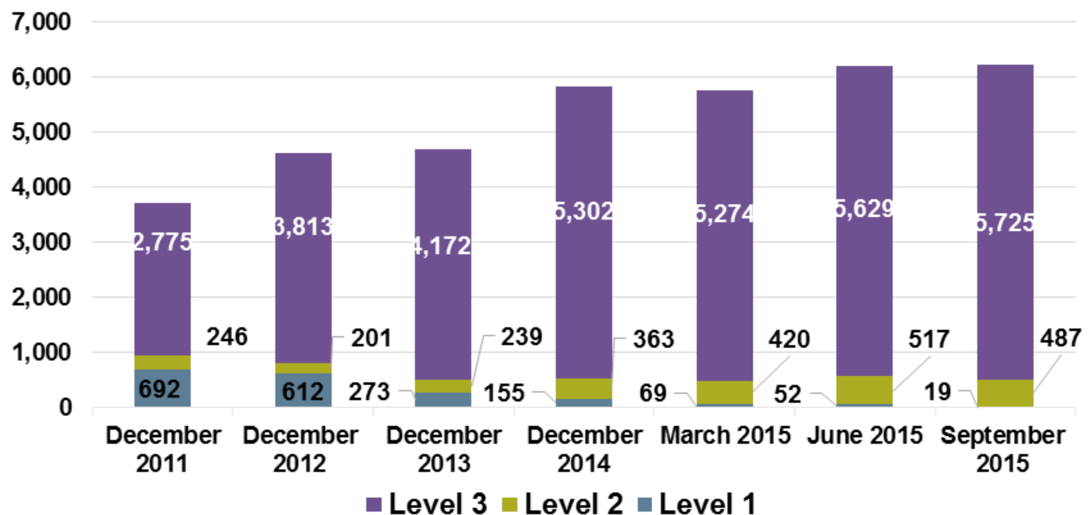


Figure 1b shows changes in the number of PCMH-recognized providers by NCQA recognition level from December 2011 to September 2015.



* 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 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: September 2015).

Figure 1c shows the number of PCMH-recognized providers that are recognized under NCQA's 2008 standards, 2011 standards, and 2014 standards from April 2015 to September 2015.

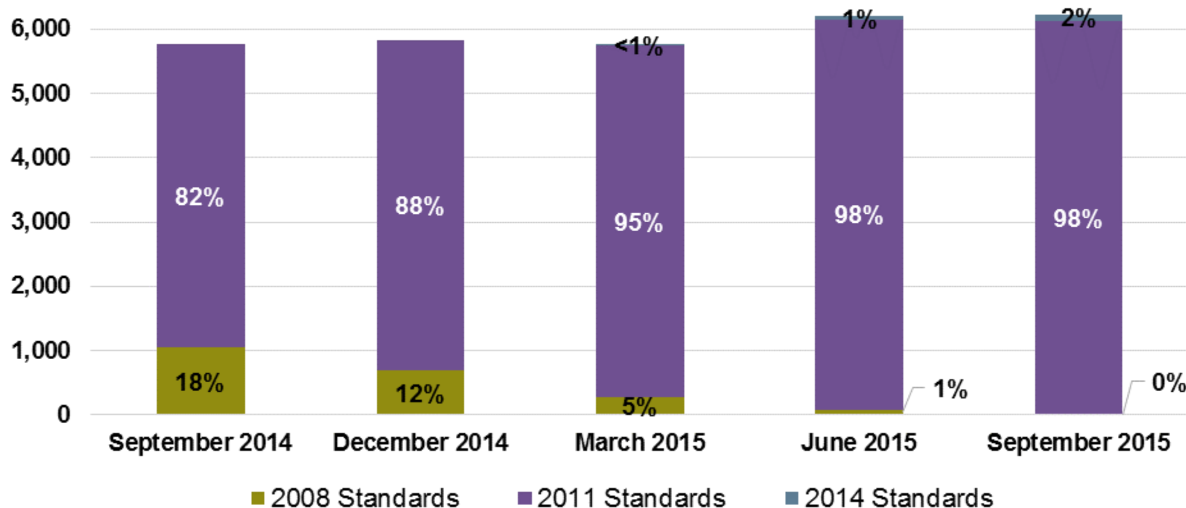
Figure 1c: PCMH-Recognized Providers-Standard Years By Month (Statewide Only)

	April 2015	May 2015	June 2015	July 2015	August 2015	September 2015
2008 Standards	207 (4%)	115 (2%)	83 (1%)	68 (1%)	20 (<1%)	9 (<1%)
2011 Standards	5,572 (96%)	5,644 (97%)	6,072 (98%)	6,094 (98%)	6106 (99%)	6,121 (98%)
2014 Standards	25 (<1%)	36 (1%)	43 (1%)	52 (1%)	58 (1%)	101 (2%)
Total	5,804	5,795	6,198	6,214	6,184	6,231

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

Figure 1d illustrates the number of PCMH-recognized providers by recognition standards from September 2014 to September 2015. The percentage of providers recognized under the 2011 standards has steadily increased.

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



* The 2011 and 2014 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 categorized based upon the more recent set of standards. A comparison of the 2008 and 2011 programs is available on the NCQA's website and can be found on page 7 of this report. A link for a comparison of the 2011 and 2014 programs can also be found on page and 17 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: September 2015).

Figure 1e shows the number of distinct PCMH-recognized providers by recognition level under the 2008 standards in New York State as of September 2015. It is anticipated that there will no longer be any providers recognized under the 2008 standards by the end of calendar year 2015.

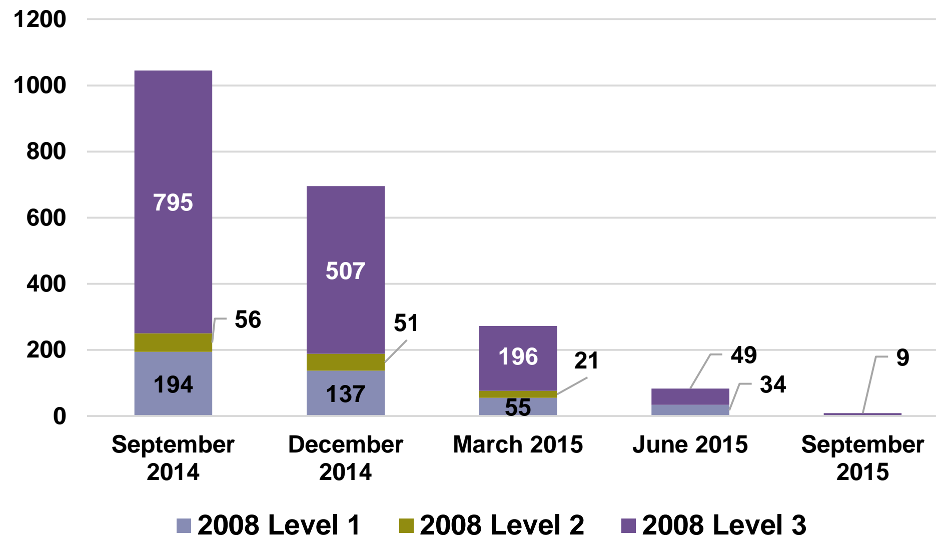
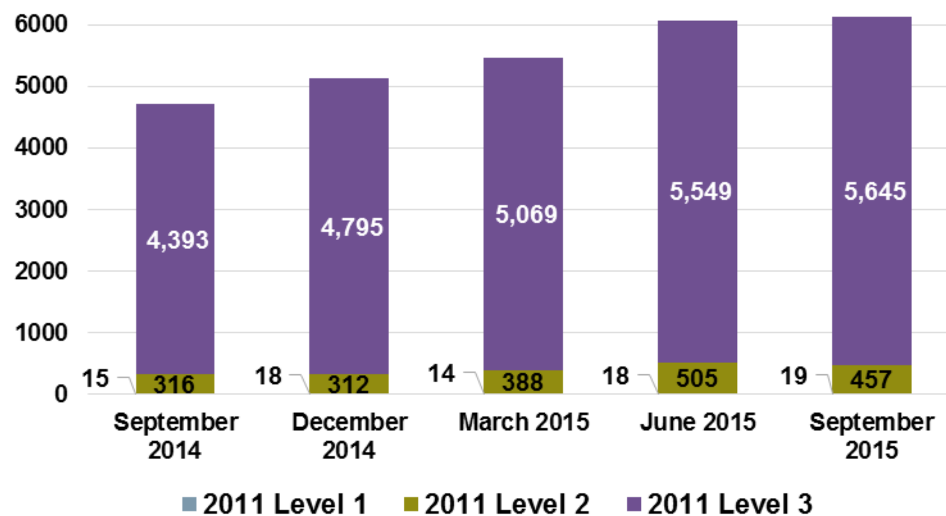


Figure 1f shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in New York State as of September 2015. The majority (98%) of PCMH-recognized providers in New York State are recognized under the 2011 standards.



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

Section 1: Provider Information (continued)

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

Figure 1g shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in New York State as of September 2015. This number is expected to grow significantly as a result of the numerous PCMH initiatives throughout the state including the Delivery System Reform Improvement Program (DSRIP) and the Statewide PCMH Incentive Payment Program.

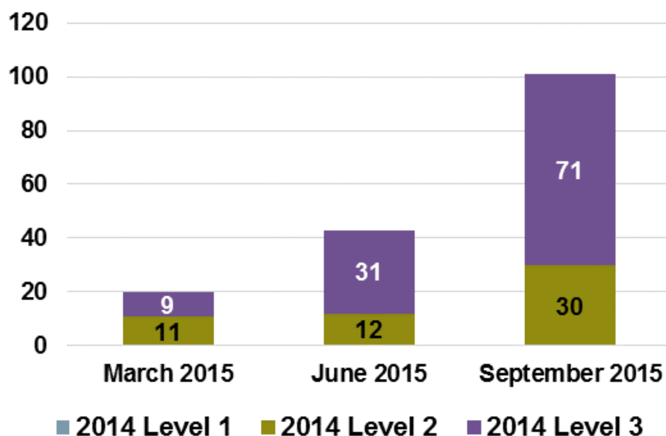
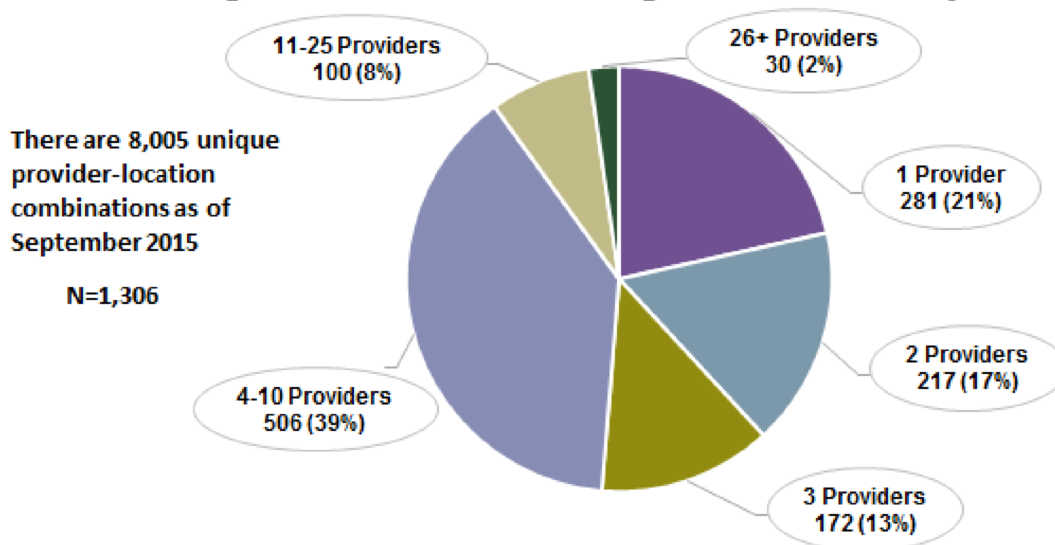


Figure 2 shows the percentage of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size.



The data in Figure 1g and Figure 2 was derived from the most recently available NCQA-recognized provider lists (for this report: September 2015).

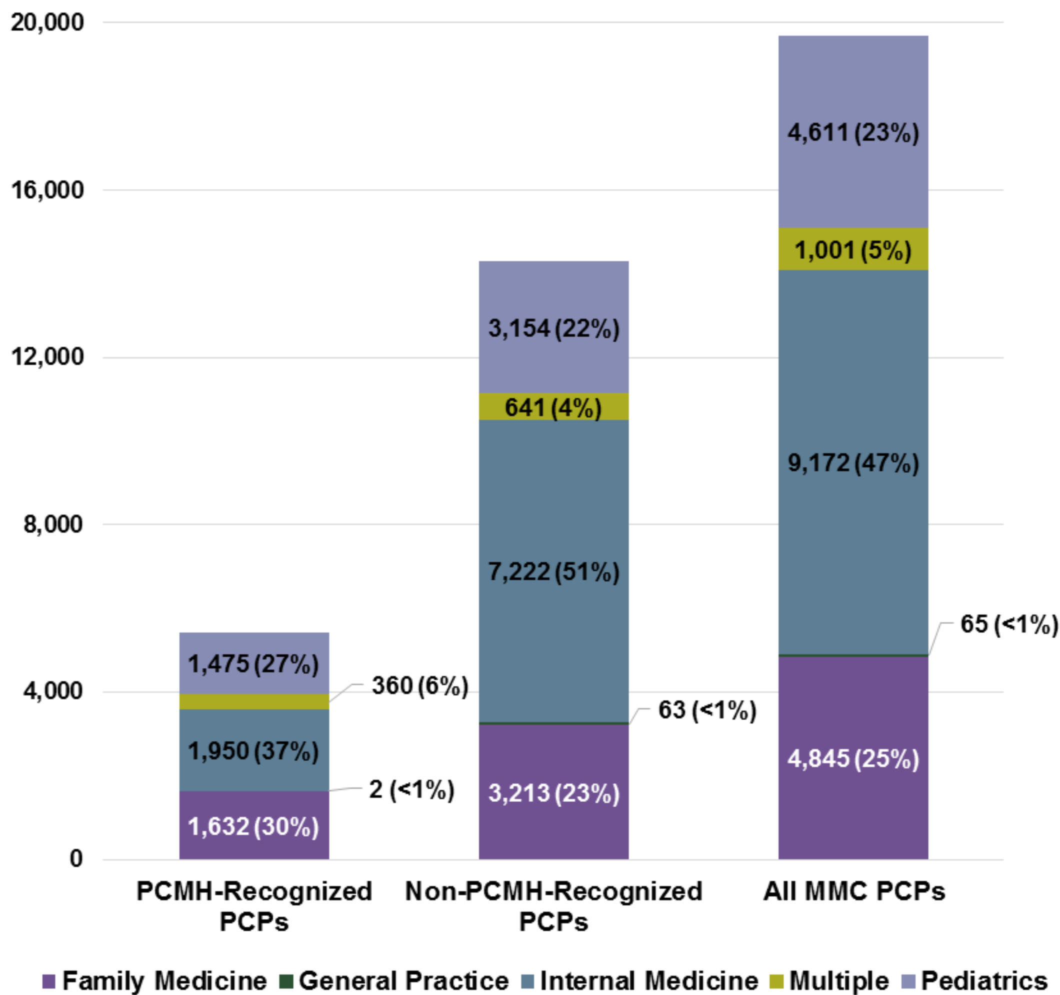
Figure 3 shows the proportion of PCMH-recognized Primary Care Physicians (PCPs) that participate with Medicaid managed care (MMC). There are 5,401 (27%) PCPs participating with MMC that are recognized as medical home providers in September 2015.

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

	September 2014	December 2014	March 2014	June 2015	September 2015
PCMH PCPs participating with MMC	5,090	5,090	5,064	5,423	5,401
All PCPs participating with MMC	19,712	20,040	19,766	19,537	19,694
PCMH Penetration Rate in MMC	26%	25%	26%	28%	27%

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

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of September 2015, there are 830 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.



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

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of September 2015. Just over 12% of all PCMH-recognized practices and providers in the country practice in New York. Although New York continues to remain the state with the largest number of practices and providers with this recognition, the margin is slowly decreasing as more practices throughout the country continue to receive PCMH recognition from NCQA. In December 2014, New York made up 14.9% of the country's PCMH population, with California as the second largest state with 6.6% of the population (as per the September 2014 PCMH Quarterly Report). It should also be noted that the population of practices and providers recognized under the 2008 standards have almost phased out.

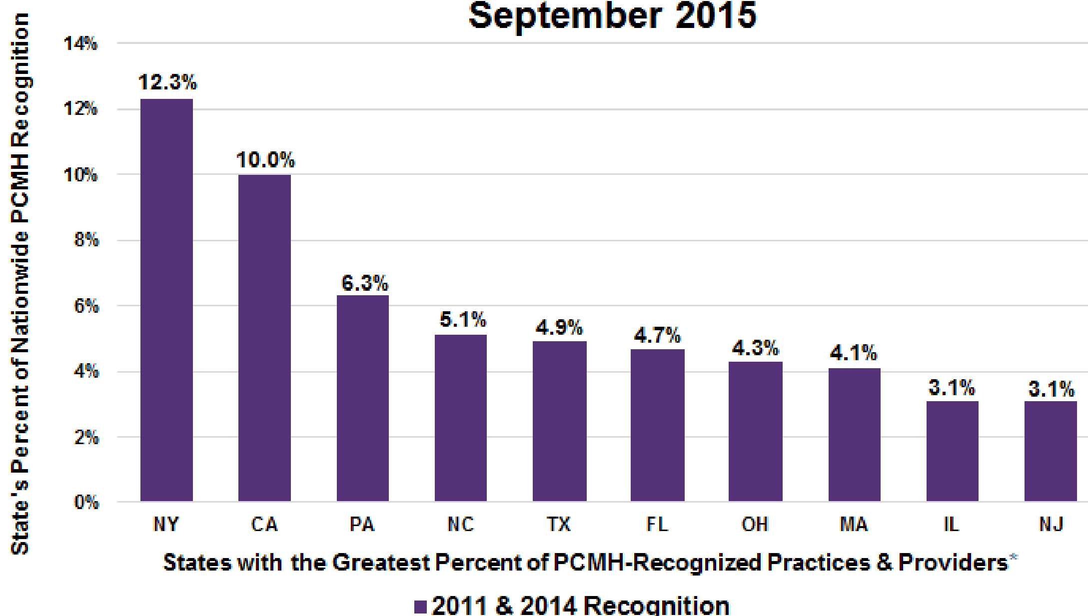


*Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 58% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 42% of PCMH-recognized practices and providers in the country. This figure only represents medical home providers that are recognized by the NCQA.

The data in Figure 5 was retrieved on September 30, 2015 from NCQA's website at: http://recognition.ncqa.org/

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 that are also DRP-recognized by NCQA as of September 2015 in NYS.

Figure 6a: Proportion of all PCMH-Providers with DRP Recognition	
PCMH-Recognized Providers with DRP Recognition: September 2015	1,042 providers
Total PCMH-Recognized Providers: September 2015	6,231 providers
17% 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 September 2015. Almost 10% of all awarded DRP recognitions in the country are in NYS.

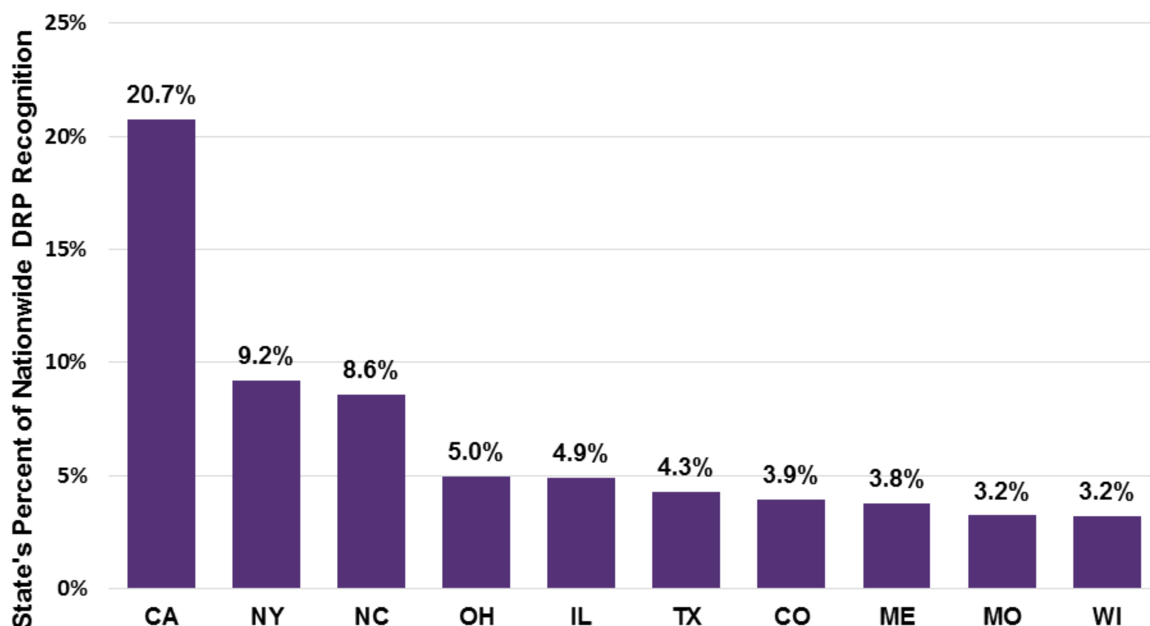


*Figure 6b only represents states with the greatest number of DRP recognized practices and providers. These states only account for 66.8% of all DRP recognitions in the country; all other states that are not included in this graph represent the remaining 33.2% of DRP recognitions. This figure only represents 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: September 2015).

The data in Figure 6b was retrieved on September 30, 2015 from NCQA's website at: http://recognition.ncqa.org/.

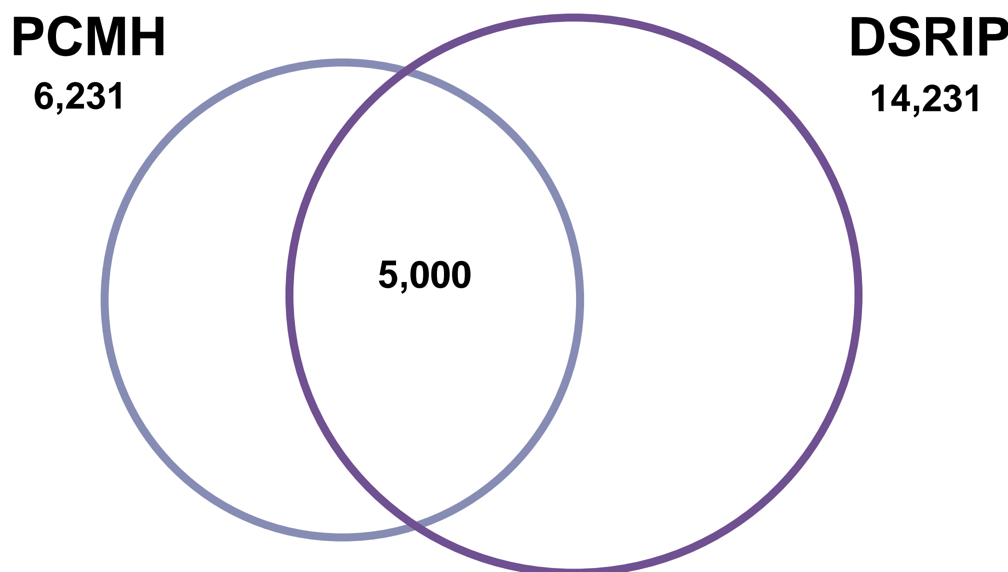
The most recently available data for this section is: September 2015.

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 overall population health improvement. All DSRIP funds are based on performance linked to achievement of specific project milestones. For more information on the New York DSRIP program please see: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/.

The DSRIP program also requires that participating practices achieve level 3 PCMH recognition under the 2014 standards from NCQA by March 31, 2018. Approximately 35% of DSRIP providers have already achieved PCMH-recognition.

Figure 7 displays the number of providers who are PCMH-recognized in NYS, the number of primary care providers who participate in the Delivery System Reform Incentive Payment (DSRIP) program, and the number of providers who participate in both PCMH and DSRIP. More than 80% of PCMH-recognized providers are participating in the DSRIP program.

Figure 7: PCMH-Recognized Providers Participating in DSRIP



The data in Figure 7 was derived from the most recently available DSRIP network dataset (May 2015), the most recently available NCQA recognized provider lists (for this report: September 2015), and provider network data from Quarter 3, 2014 through Quarter 3, 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 2: Enrollee Information

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

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

Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level September 2015

Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent of Enrollees Assigned
2008	1	0	0%
2008	2	0	0%
2008	3	1,436	<1%
2011	1	3,720	<1%
2011	2	134,695	7%
2011	3	1,827,870	91%
2014	1	0	0%
2014	2	8,729	<1%
2014	3	25,277	1%
Total:		2,001,727	100%

Figure 9 shows the number of MMC members assigned to PCMH-recognized PCPs from September 2014 to September 2015. As of September 2015, 48% of the MMC members in the state are assigned to PCMH-recognized PCPs.

Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter

	September 2014	December 2014	March 2015	June 2015	September 2015
MMC members assigned to PCMHs	1,834,378	1,851,804	1,852,320	2,024,138	2,001,727
MMC members not assigned to PCMHs	2,204,553	2,378,516	2,337,344	2,167,232	2,198,695
Total	4,038,931	4,230,320	4,189,664	4,191,370	4,200,422
PCMH Pentration Rate	45%	44%	44%	48%	48%

Figure 8 and Figure 9 use plan-reported panel data (a quarterly roster of MMC enrollees and the providers they are assigned to) (for this report: September 2014 – September 2015) and the NCQA recognized provider lists (for this report: September 2015). Providers recognized at any point during the quarter of interest were included in the count of PCMH-recognized providers.

Figure 10 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of all MMC enrollees. There are very 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: September 2015 New York State MMC Demographics

Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	New York City	62%	62%
	Rest of State	38%	38%
Race	Black	16%	13%
	White	25%	28%
	Asian	7%	9%
	Hispanic	24%	21%
	Other	28%	29%
Aid Category	Safety Net	23%	26%
	Supplemental Security Income	9%	8%
	Temporary Assistance for Needy Families	67%	66%
	Other	1%	<1%
Age	0-20	48%	45%
	21-54	42%	44%
	55-64	9%	9%
	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 85,131* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2015 through September 2015. There were 148,058* unique Medicaid FFS enrollees who had a qualifying visit with a PCMH-recognized provider from October 2014 through September 2015.

* Count includes both the Adirondack Region PCMH program and the Statewide PCMH program.

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

Section 3: Fiscal Information

The most recently available data for this section is: September 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, Child Health Plus (CHP), and HIV Special Needs Plans (SNP) from January 2015 to September 2015.

Figure 11: MMC/FHP Medical Home Spending Jan 2015 - September 2015

	MMC	CHP	HIV SNP	Total
Level 1	-	-	-	-
Level 2	$4,044,972	$298,408	$27,772	$4,371,152
Level 3	$78,518,153	$3,991,259	$397,530	$82,906,942
Total	$82,563,125	$4,289,667	$425,302	$87,278,094

*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH PMPM payments are only given for MMC, CHP, and HIV SNP Medicaid lines of business.

Figure 12a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2015 to September 2015. Figure 12b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from October 2014 to September 2015.

Figure 12a: PCMH add-ons by level for Statewide FFS January 2015 - September 2015		Figure 12b: PCMH add-ons by level for Statewide FFS October 2014 - September 2015	
Year to Date		Cumulative - Rolling Year	
Level 1	-	Level 1	-
Level 2	$177,819	Level 2	$202,041
Level 3	$3,619,984	Level 3	$4,878,975
Total	$3,797,803	Total	$5,081,016

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: September 2015).

The amounts in Figure 12a and Figure 12b was derived from claims data from October 2014 to September 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

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/

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