NEW YORK STATE | Department of Health

New York State Patient Centered Medical Homes Quarterly Report

September 2016

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 providing high quality primary care services. Providers in New York State (NYS) are recognized as level 1, 2, or 3 (3 is the highest recognition) under the NCQA's 2011 standards or NCQA's 2014 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 standards. Since March 21, 2015, practices can only apply for PCMH recognition under the 2014 standards as the 2011 standards are phasing out to promote the higher care standards. NCQA's 2008 standards have expired; there are no longer any practices in NYS with a 2008 PCMH-recognition.

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 level 2 or 3 PCMH by NCQA as part of the New York Medicaid Statewide PCMH Incentive Payment Program and the Adirondack Medical Home Demonstration. More details about these programs can be found on the NYS Medicaid PCMH Homepage. Additionally, the NYS Health Innovation Plan (SHIP) positions select providers in the state towards achieving the Triple Aim and focuses on the Advanced Primary Care (APC) model. The NYS Medicaid Delivery System Reform Incentive Payment (DSRIP) program requires providers to achieve 2014 level 3 PCMH recognition or NYS APC certification 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 a PCMH by NCQA compared to all other states in the country; over 13% of all PCMH practices and providers in the country operate in NYS.

* 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 September 2016 there were 1,357 practices recognized as a PCMH, of which 40% achieved the highest level of recognition, level 3 under 2014 standards. Practices with 4-10 providers make up the largest portion of PCMH-recognized practices. There were 6,471 providers recognized as a PCMH, of which 45% achieved the highest level of recognition, level 3 under 2014 standards.

It is anticipated that the proportion of providers and practices will continue to increase as practices recognized under 2011 standards convert to the 2014 standards and new practices join the program.

As of September 2016, 5,616 (27%) primary care physician (PCPs) in MMC were recognized as a PCMH-recognized provider and about half of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized PCP*. Of those enrollees, 52% were receiving care from a PCMH-recognized provider who has 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 Medicaid Statewide PCMH Incentive Payment Program in two ways. Enhanced payments are given to providers for MMC, Child Health Plus (CHP), Health and Recovery Plans (HARP), and HIV Special Needs Plan (HIV 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. Approximately $83 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2016 through September 2016**.** Roughly $3.2 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2016 through September 2016 for 108,842 unique enrollees.

To learn more about the New York Statewide PCMH Incentive Payment Program check out:
Frequently Asked Questions: Patient Centered Medical Homes

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

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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: Practice Information

The most recently available data for this section is: September 2016.

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of September 2016.

Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level September 2016

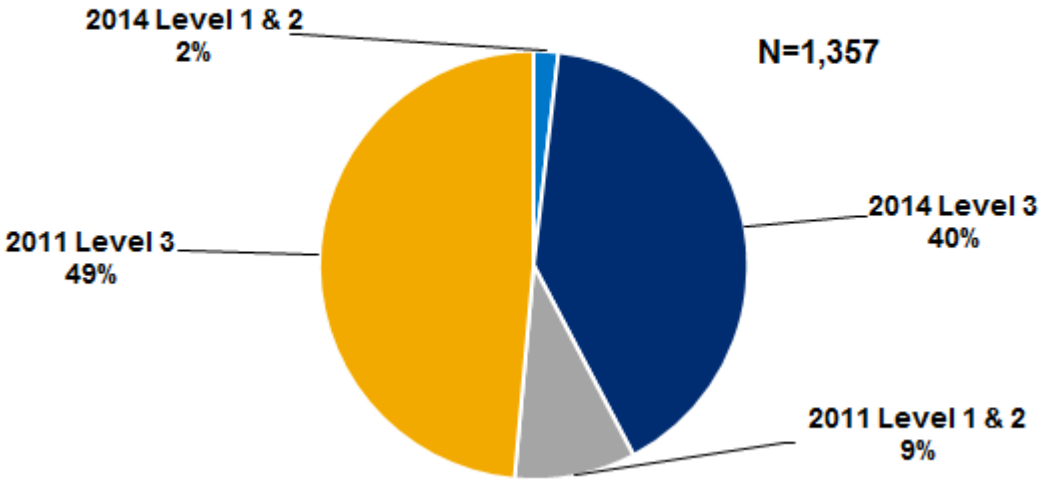


Figure 1b shows the number of PCMH-recognized practices that are recognized under NCQA's 2011 standards, 2014 standards, and by level from April 2016 to September 2016. The remaining 2011 practices are expected to phase out by the end of 2018.

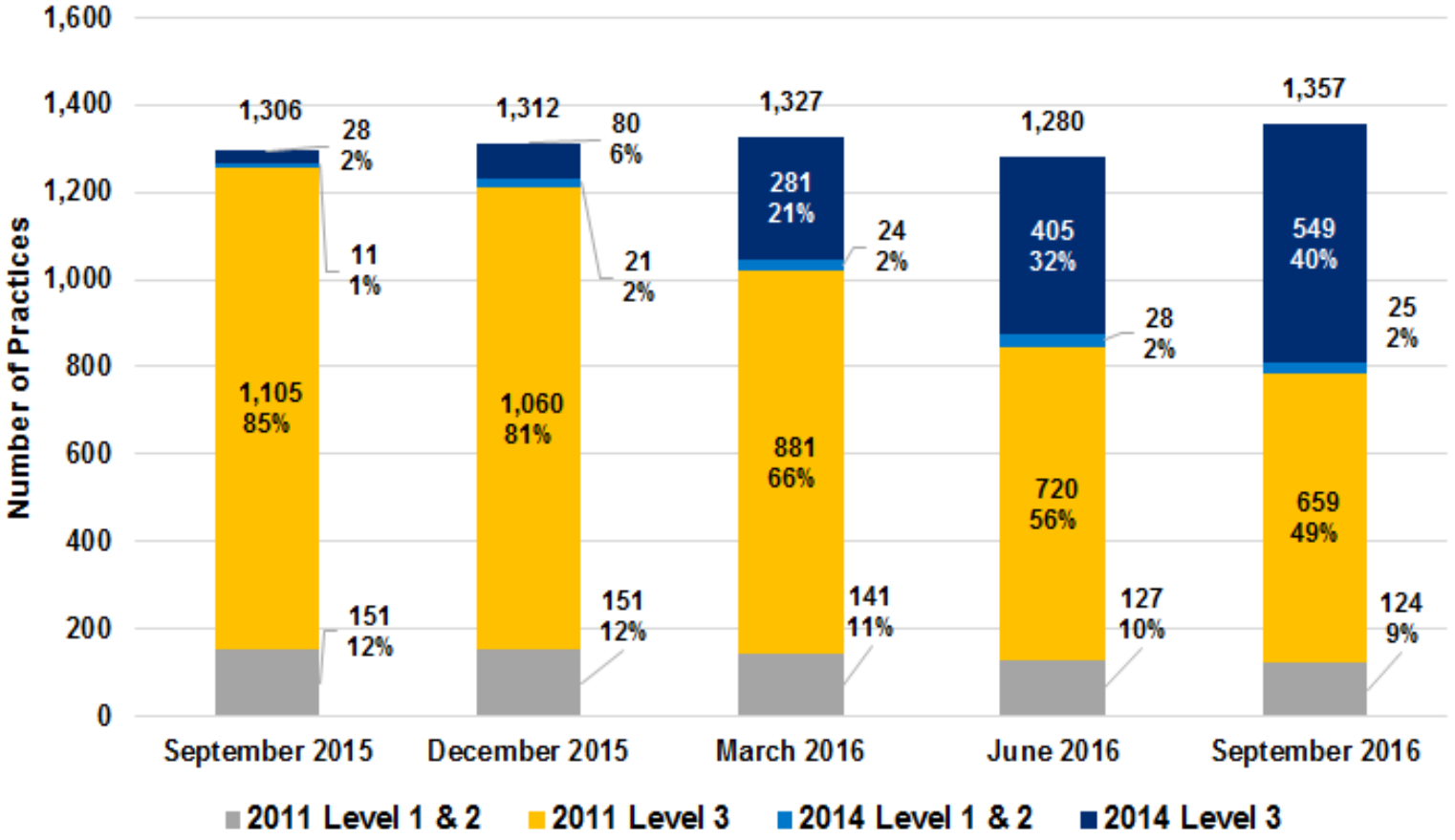
Figure 1b: PCMH-Recognized Practices Standard Year and Level by Month

	Recognition Level	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
2011 Standards	1	7 (1%)	7 (1%)	6 (<1%)	6 (<1%)	6 (<1%)	6 (<1%)
	2	132 (10%)	127 (9%)	121 (9%)	122 (9%)	120 (9%)	118 (9%)
	3	849 (64%)	826 (61%)	720 (56%)	712 (53%)	679 (50%)	659 (49%)
2014 Standards	1	3 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	25 (2%)	26 (2%)	26 (2%)	30 (2%)	29 (2%)	23 (2%)
	3	318 (24%)	357 (27%)	405 (32%)	480 (36%)	519 (38%)	549 (40%)
Total:		1,334	1,345	1,280	1,352	1,355	1,357

The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: September 2016).

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's 2011 and 2014 recognition standards and levels from September 2015 to September 2016.

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 continue to decline, while the number of PCMH-recognized practices achieving 2014 recognition continues to grow. As of September 2016, 40% of PCMH-recognized practices achieved 2014 Level 3 recognition.

The data in Figure 1c was derived from the most recently available NCQA recognized provider lists (for this report: September 2016).

Section 1: Practice Information

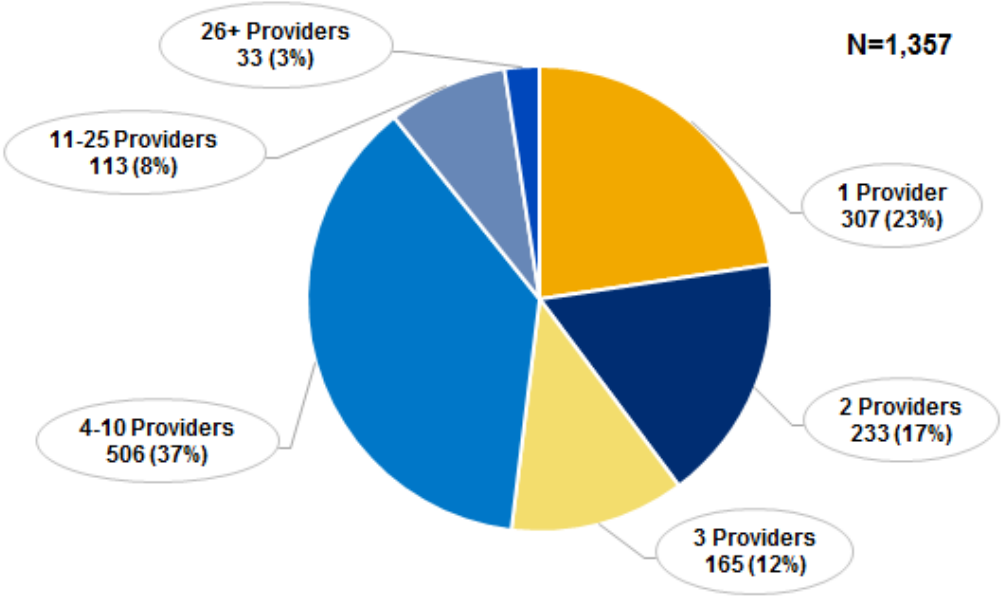
The most recently available data for this section is: September 2016.

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by region*.

Figure 1d: NYS PCMH-Recognized Practices By Region September 2016		
Region	**Number of PCMH-Recognized Practices**	**Percent of PCMH-Recognized Practices**
New York City	518	38%
Central	73	5%
Finger Lakes	135	10%
Long Island	95	7%
Mid-Hudson	66	5%
Northeast	78	6%
Northern Metropolitan	72	5%
Utica/Adirondacks	90	7%
Western	230	17%
Total	1,357	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size.

Figure 1e: NYS PCMH-Recognized Practices by Size



There are 8,552 unique provider-location combinations as of September 2016

The data in Figure 1d and 1e was derived from the most recently available NCQA-recognized provider lists (for this report: September 2016)

*The regions in Figure 1d contain the following counties:
New York City: New York, Bronx, Queens, Kings, Richmond
Central: Cayuga, Chenango, Columbia, Cortland, Delaware, Greene, Madison, Onondaga, Ostego, Schoharie, Tompkins
Finger Lakes: Allegany, Broome, Schuyler, Seneca, Steuben, Tioga, Wayne, Yates
Long Island: Nassau, Suffolk
Mid-Hudson: Dutchess, Orange, Sullivan, Ulster
Northeast: Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington
Northern Metro: Putnam, Rockland, Westchester
Utica/Adirondack: Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Oneida, Oswego, Saint Lawrence
Western: Erie, Genesee, Monroe, Niagara, Orleans, Wyoming

Section 2: Provider Information

The most recently available data for this section is: September 2016.

Figure 2a shows the number of unique PCMH-recognized providers in NYS by NCQA standard year and recognition level as of September 2016.

Figure 2a: PCMH-Recognized Provider Percentage by NCQA Standard Year and Recognition Level September 2016

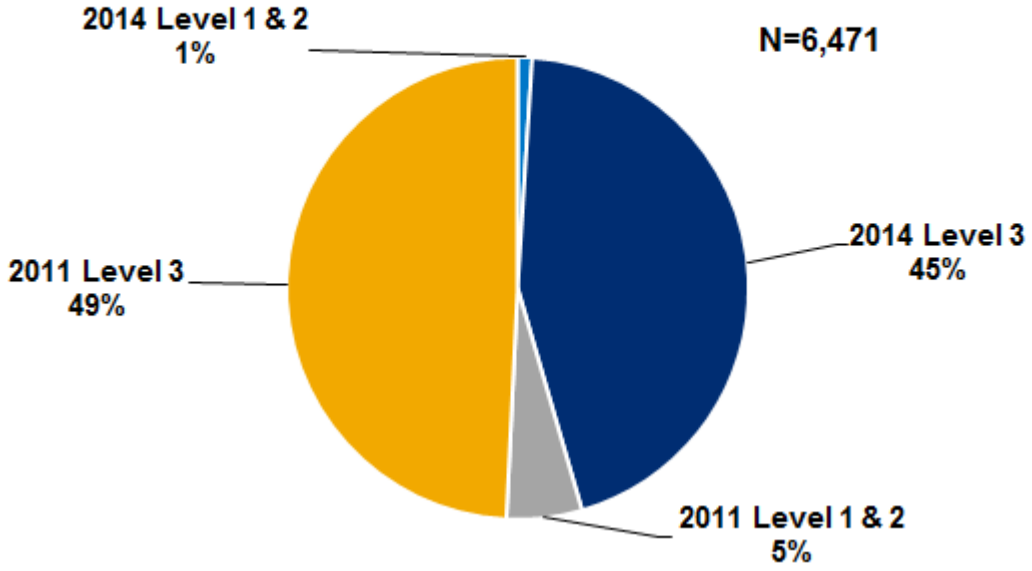


Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards, 2014 standards, and by level from April 2016 to September 2016. The remaining 2011 providers are expected to phase out by the end of 2018.

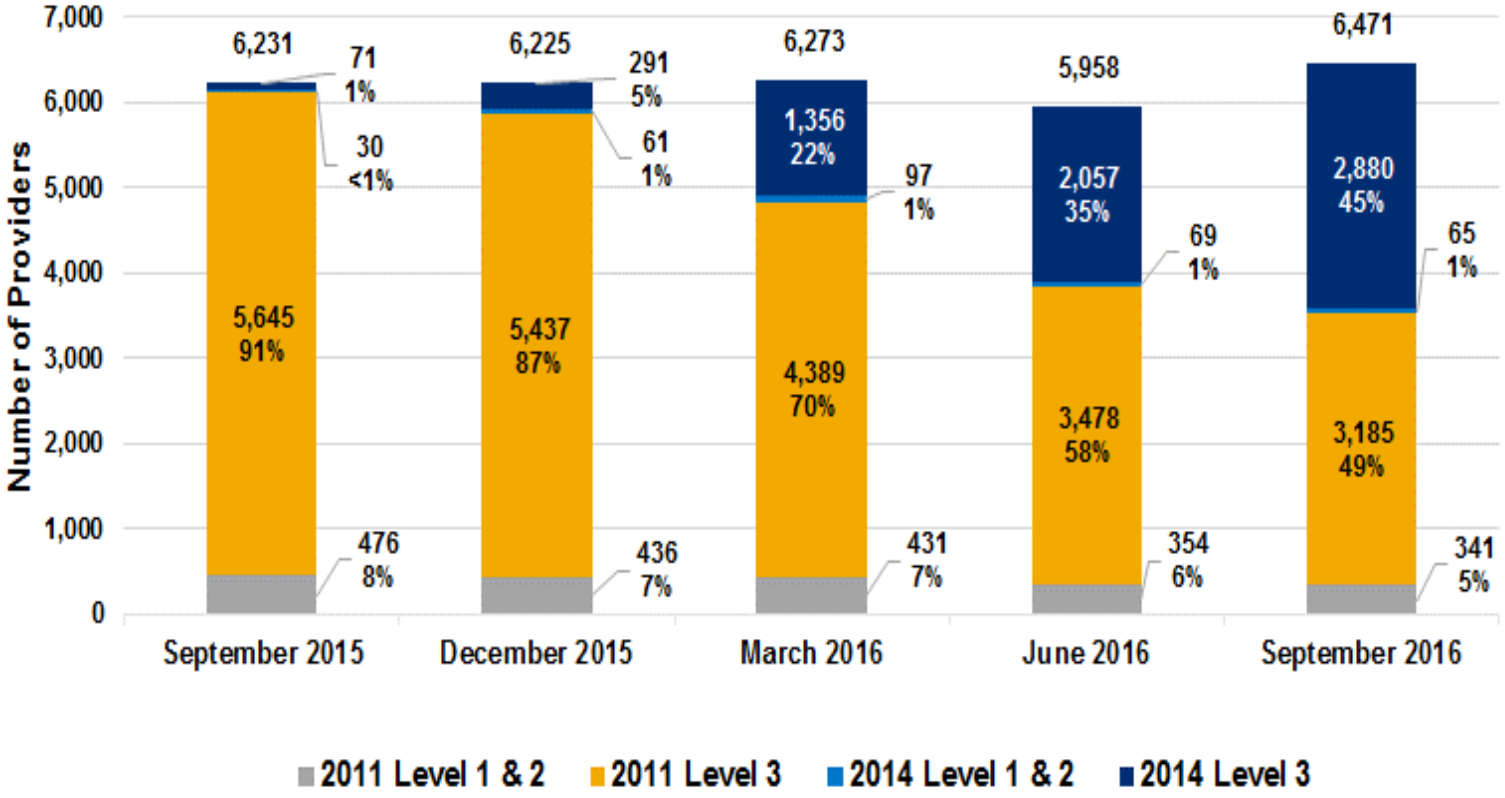
Figure 2b: PCMH-Recognized Providers Standard Year and Level by Month

	Recognition Level	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
2011 Standards	1	20 (<1%)	20 (<1%)	16 (<1%)	16 (<1%)	16 (<1%)	16 (<1%)
	2	409 (6%)	397 (6%)	338 (6%)	338 (5%)	333 (5%)	325 (5%)
	3	4,237 (67%)	4,133 (64%)	3,478 (58%)	3,434 (54%)	3,259 (51%)	3,185 (49%)
2014 Standards	1	10 (<1%)	9 (<1%)	3 (<1%)	3 (<1%)	3 (<1%)	3 (<1%)
	2	82 (1%)	89 (1%)	66 (1%)	76 (1%)	75 (1%)	62 (1%)
	3	1,548 (25%)	1,780 (28%)	2,057 (35%)	2,522 (39%)	2,701 (42%)	2,880 (45%)
Total:		6,306	6,428	5,958	6,389	6,387	6,471

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: September 2016).

Figure 2c shows the number of PCMH-recognized providers by standard and recognition level from September 2015 to September 2016.

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 practices achieving 2014 recognition continues to grow. As of September 2016, 45% of PCMH-recognized practices achieved 2014 Level 3 recognition. For a closer look at the 2011 and 2014 recognition trends, please see Figures 2d and 2e.

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

Figure 2d shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in NYS from September 2015 to September 2016.

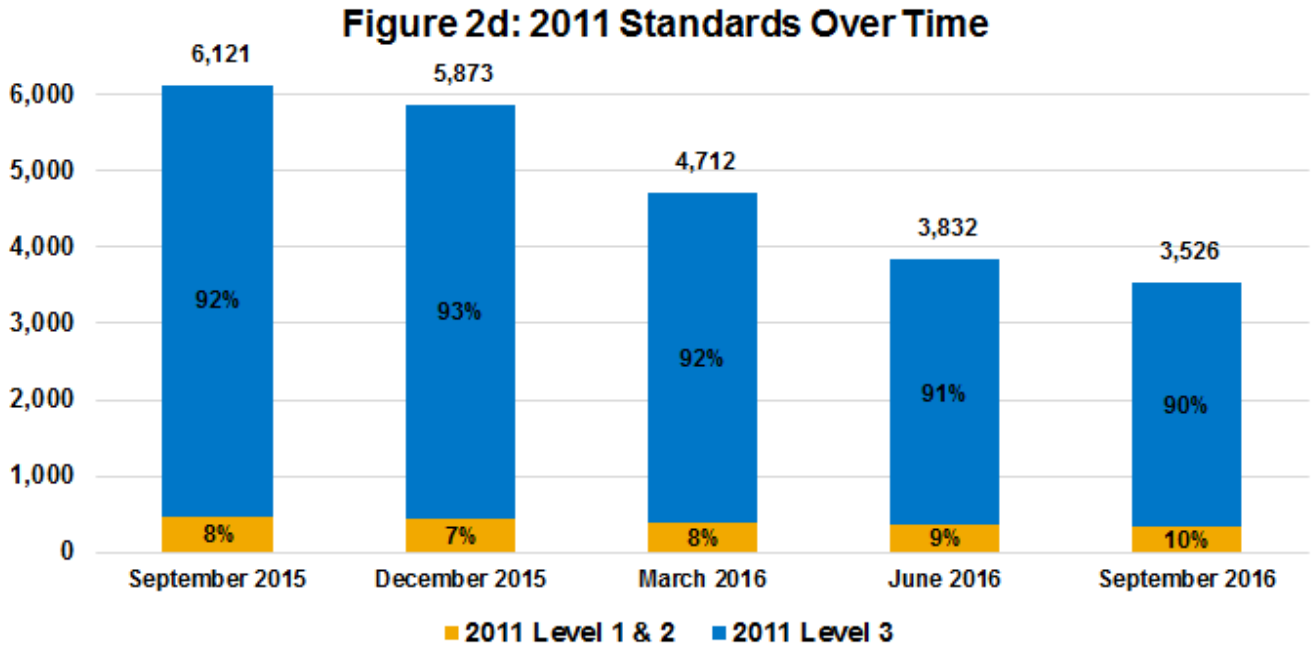
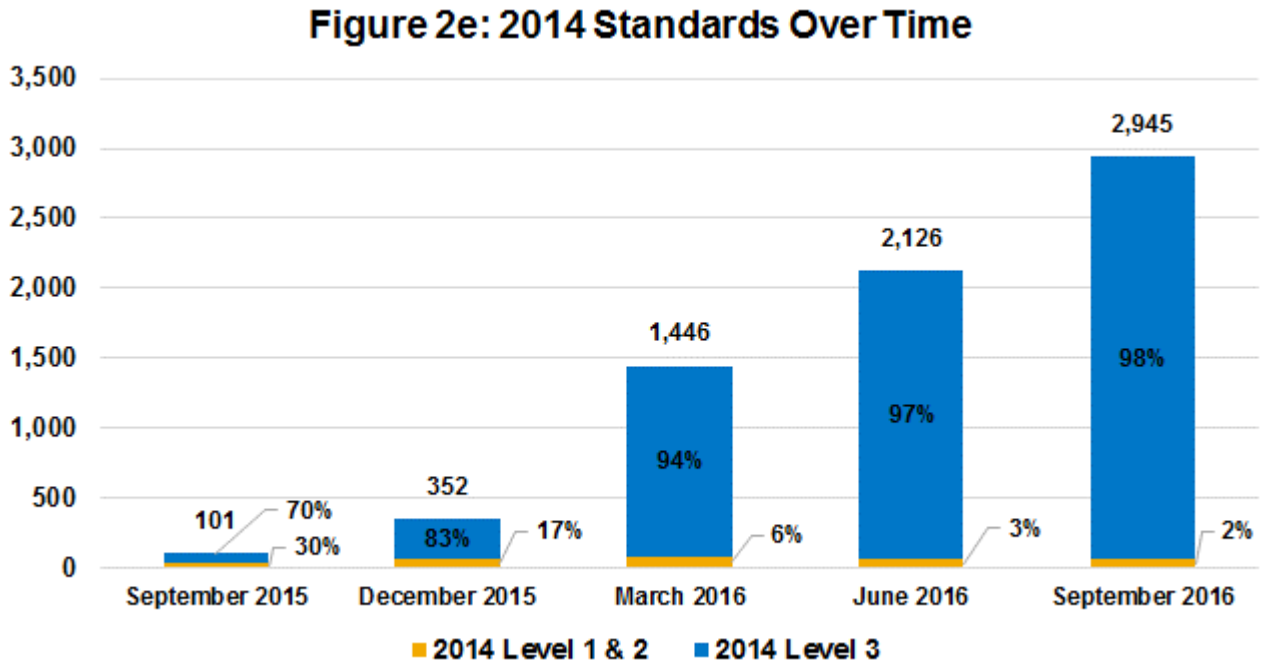


Figure 2e shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in NYS as of September 2016. This number is expected to grow over time as a result of the numerous PCMH initiatives throughout the state, more specifically the DSRIP and the New York Medicaid Statewide PCMH Incentive Payment Programs.



The data in Figure 2e and Figure 2f was derived from the most recently available NCQA recognized provider lists (for this report: September 2016).

Figure 3 shows the proportion of PCMH-recognized PCPs that participate with MMC from September 2015 to September 2016. PCPs are defined as MD, DO, and NP who have a primary or secondary specialty in either internal medicine, family medicine, pediatrics, or general practice. There are 5,616 PCMH-recognized PCPs that participate with Medicaid as of September 2016.

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

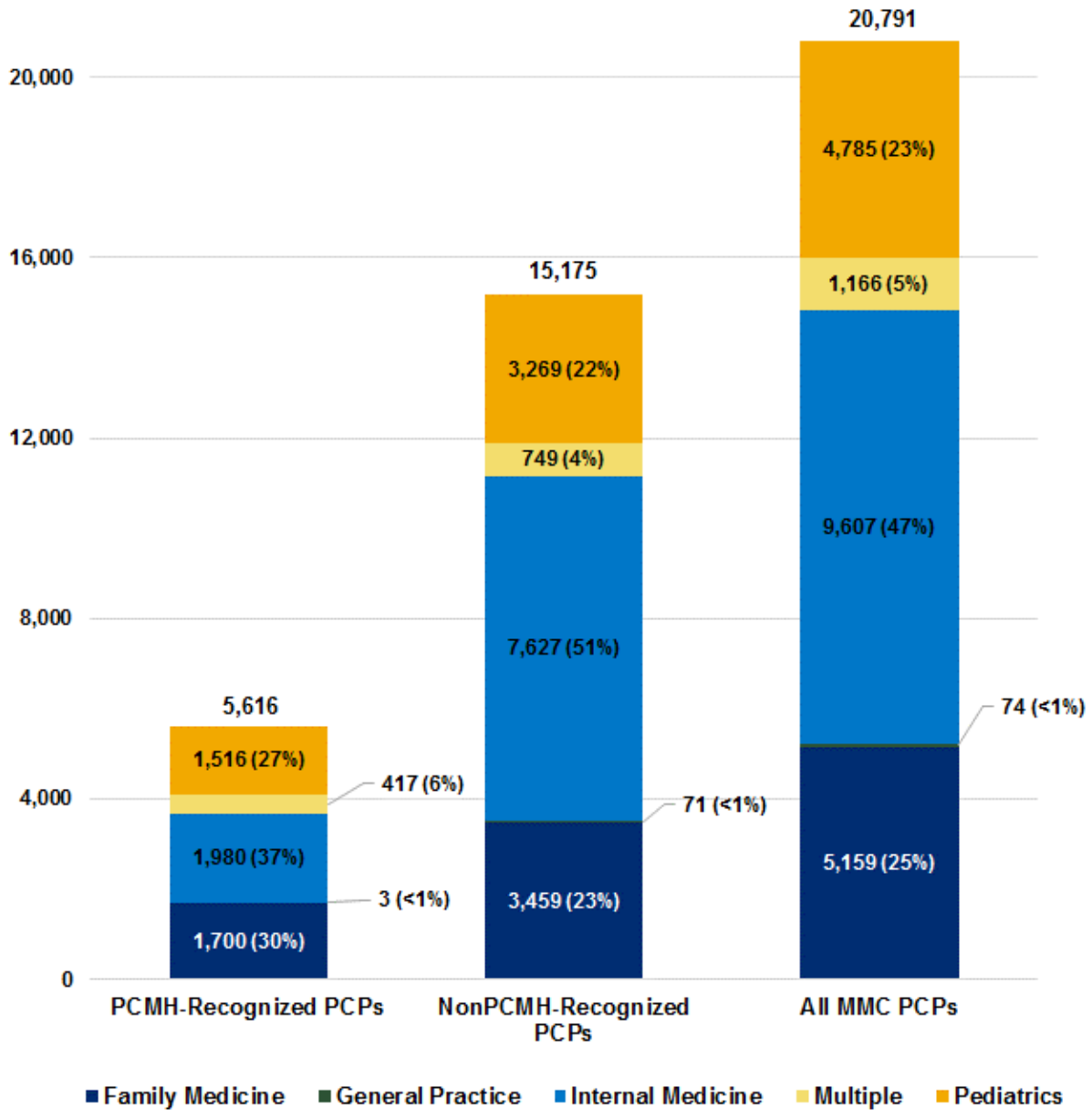
	September 2015	December 2015	March 2016	June 2016	September 2016
PCMH PCPs participating with MMC	5,401	5,339	5,401	5,189	5,616
All PCPs participating with MMC	19,694	19,975	20,414	20,799	20,791
PCMH Penetration Rate in MMC	27%	27%	27%	25%	27%

Although only 27% of MMC providers are recognized as a PCMH these providers serve almost half of the Medicaid population, indicating that these providers have a large Medicaid patient panels. Figure 8 of this report shows the number of MMC members assigned to PCMH-recognized PCPs. There may be other PCMH-recognized PCPs that participate with FFS Medicaid that are not included in this figure.

The data in Figure 3 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: September 2016) and September 2016 provider network data.

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, NYS non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of September 2016, there are 855 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.

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: September 2016) and September 2016 provider network data

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of September 2016. Over 13% of all PCMH-recognized practices and providers in the country practice in NYS. Although NYS continues to remain the state with the largest number of practices and providers with this recognition, the difference is slowly decreasing as more practices throughout the country continue to receive PCMH recognition from NCQA. This may be due to the growing number of initiatives across the country geared towards reforming primary care and are based on PCMH concepts. In September 2015, NYS made up 12.5% of the country's PCMH population, with California as the second largest state with 10% of the PCMH population (as per the September 2015 PCMH Quarterly Report).

Figure 5: PCMH Recognition By State
September 2016

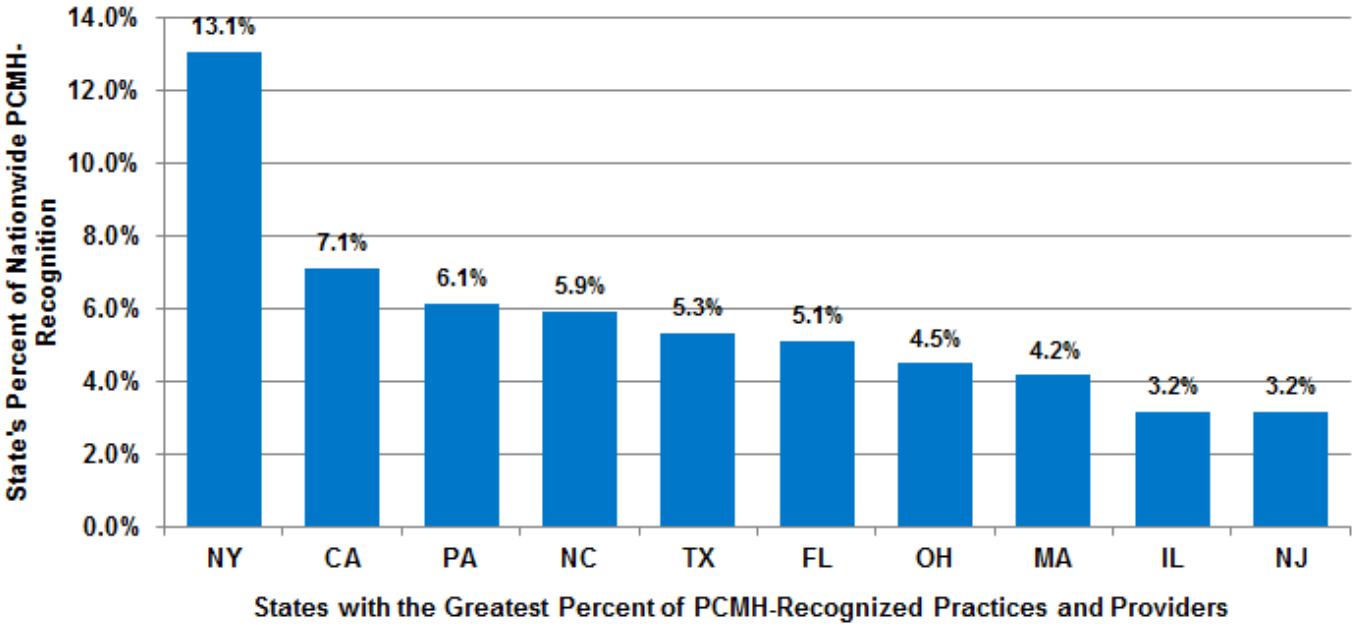


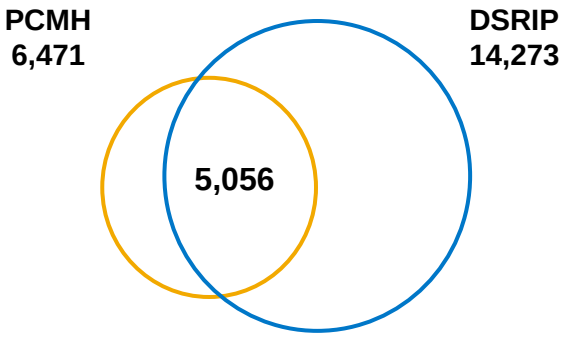
Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 58% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 42% of PCMH-recognized practices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

The data in Figure 5 was retrieved on September 30, 2016 from NCQA's website at: http://recognition.ncqa.org/

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

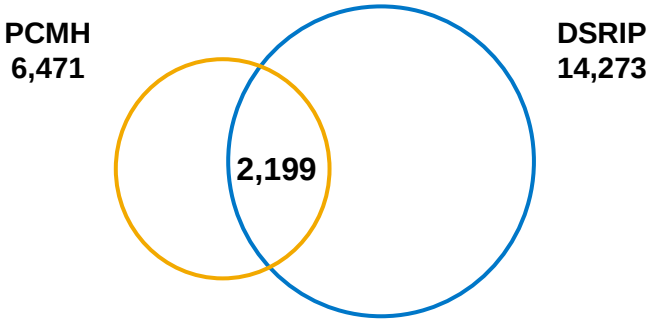
Figure 6a displays the number of providers who are PCMH-recognized in NYS, the number of PCPs who participate in the DSRIP program, and the number of providers who are recognized as both a PCMH and participating in DSRIP. Currently 78% (5,056) of PCMH-recognized providers are participating in the DSRIP program.

Figure 6a: PCMH-Recognized Providers Participating in DSRIP



The DSRIP program requires participating primary care practices and their providers to achieve APC certification or 2014 level 3 PCMH recognition by March 31, 2018. Only 15% (2,199) providers have met the requirement of achieving 2014, level 3 PCMH status as of September 2016. There are currently no practices certified under the APC program. Figure 6b shows the number of providers in DSRIP with 2014 Level 3 PCMH Recognition.

Figure 6b: Providers in DSRIP with PCMH 2014 Level 3 Recognition



The data in Figure 6a and 6b was derived from the most recently available DSRIP network dataset (June 2016), the most recently available NCQA recognized provider lists (for this report: September 2016), and provider network data from Quarter 3, 2015 through Quarter 3, 2016. PCPs are defined as MDs, DOs, and NPs that specialize in internal medicine, family medicine, pediatrics, and general practice.

Figure 7 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year as of September 2016.

Figure 7: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level September 2016

Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent of Enrollees Assigned
2011	1	2,835	<1%
	2	74,347	3%
	3	851,818	42%
2014	1	1,380	<1%
	2	42,282	2%
	3	1,054,880	52%
Total:		2,027,542	100%

Figure 8 shows the number of MMC members assigned to PCMH-recognized PCPs from September 2015 to September 2016. As of September 2016, 49% of MMC members in the state are assigned to PCMH-recognized PCPs.

Figure 8: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter from September 2015-September 2016

	September 2015	December 2015	March 2016	June 2016	September 2016
MMC members assigned to PCMHs	2,001,727	1,937,839	1,946,020	1,972,641	2,027,542
MMC members not assigned to Non-PCMHs	2,198,695	2,159,555	2,110,320	2,139,056	2,116,262
Total	4,200,422	4,097,394	4,056,340	4,111,697	4,143,804
PCMH Penetration Rate	48%	47%	48%	48%	49%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 108,842 unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2016 through September 2016. There were 140,370 unique Medicaid FFS enrollees who had a qualifying visit with a PCMH-recognized provider from October 2015 through September 2016.

Figure 7 and Figure 8 use plan-reported panel data (for this report: September 2015 – September 2016) and the September 2016 NCQA recognized provider lists.

Section 3: Enrollee Information

The most recently available data for this section is: September 2016.

Figure 9 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of MMC enrollees assigned to non-PCMH-recognized providers. There are few differences between the two groups based on the categories displayed in this report.

Figure 9: September 2016 NYS MMC Demographics

Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	MMC Enrollees Assigned to Non-PCMH-Recognized Providers
Region	New York City	60%	59%
	Central	4%	4%
	Finger Lakes	5%	4%
	Long Island	6%	9%
	Mid-Hudson	4%	4%
	Northeast	3%	3%
	Northern Metropolitan	4%	5%
	Utica/Adirondacks	3%	4%
	Western	11%	8%
Race	Black	19%	17%
	White	26%	28%
	Asian	8%	11%
	Hispanic	22%	19%
	Other	25%	25%
Aid Category	Safety Net	21%	23%
	Supplemental Security Income	9%	9%
	Temporary Assistance for Needy Families	65%	62%
	Other	5%	6%
Age	0-20	50%	47%
	21-54	40%	42%
	55-64	9%	9%
	65-74	1%	1%
	75+	<1%	<1%
Gender	Male	45%	46%
	Female	55%	54%

Demographic data presented in Figure 9 is based on third quarter panel and Medicaid enrollment data (for this report: September 2016).

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

Section 4: Expenditures

The most recently available data for this section is: September 2016.

The figures in this section display the amounts paid for the New York Medicaid Statewide PCMH Incentive Payment Program. This program only pays practices and their providers recognized as either level 2 or 3 under the 2011 or 2014 standards. These figures exclude amounts paid through the Adirondack Region Medical Home Demonstration. For more information on the Adirondack Region Medical Home Demonstration please see the last page of this report.

Figure 10 shows the amount spent on PCMH-recognized providers via increased capitation payments to practices for their MMC, CHP, HIV SNP, and HARP enrollees from January 2016 through September 2016.

Figure 10: MMC Medical Home Spending January 2016 - September 2016

	MMC	CHP	HIV SNP	HARP	Total
Level 2	$5,924,482	$303,727	$12,400	$26,396	$6,267,005
Level 3	$71,432,539	$3,953,620	$219,240	$871,145	$76,476,545
Total	$77,357,022	$4,257,347	$231,640	$897,541	$82,743,550

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

Figure 11a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2016 through September 2016. Figure 11b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from October 2015 to September 2016.

Figure 11a: PCMH Add-Ons by Level for Statewide FFS January 2016-September 2016

Year to Date	
Level 2	$260,778
Level 3	$2,907,502
Total	$3,168,280

Figure 11b: PCMH Add-Ons by Level for Statewide FFS October 2015-September 2016

Cumulative- Rolling Year	
Level 2	$313,234
Level 3	$4,094,558
Total	$4,407,792

NYS Medicaid stopped providing PCMH incentives and payments to all level 1 PCMH-recognized providers as of January 1, 2013. NYS Medicaid also suspended PCMH incentives and payments to 2008 standard level 2 PCMH-recognized providers as of July 1, 2013. On April 1, 2015 all payments for 2008-recognized providers were terminated.

The amounts in Figure 10 reflect the capitation that managed care plans paid to PCMH-recognized providers and were derived from MMC Operating Reports (MMCOR) (for this report: September 2016).

The amounts in Figure 11a and Figure 11b were derived from claims data from October 2015 through September 2016.

Important Links

About NCQA's Patient-Centered Medical Home Recognition
http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx

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/PCMH2011PCMH2014Crosswalk.aspx

NCQA PCMH-Recognition State Comparison
http://reportcards.ncqa.org/#/practices/list

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 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/

Patient Centered Medical Home Frequently Asked Questions
http://www.health.ny.gov/health_care/medicaid/redesign/faqs.htm

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