



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



December 2021

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. 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.

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 than prior standards, 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* with NCQA PCMH recognition compared to all other states in the country; 19.7% of all PCMH practices and 16.1% of providers in the country operate in NYS. As of December 2021, 2,240 practices and 9,057 providers have achieved recognition under the NYS PCMH standards. Smaller practices with only one provider working at the site currently make up the largest portion of PCMH-recognized practices.

As of December 2021, 8,842 (35%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (67%) of Medicaid

¹NCQA 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).

²Source: 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.

Program Highlights and Background

managed care (MMC), Health and Recovery Plan (HARP), and HIV Special Needs Plan (SNP) enrollees were assigned to a PCMH-recognized PCP*. All of these enrollees were assigned to a NYS PCMH-recognized provider.

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. For managed care enrollees, DOH provides payments to the health plans through a non-risk payment for the sole purpose of health plans making enhanced payments to qualified providers. For Medicaid fee-for-service (FFS) enrollees, payments are made to qualified providers by DOH as an 'add-on' for qualifying visits. Over \$241 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2021 through December 2021. Effective July 1, 2018, NYS Medicaid provided 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.

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

Table of Contents

Section 1: Practice Information

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

Section 2: Provider Information

Figure 2: Quarterly PCMH-Recognized Provider Count by NCQA Standard Year and Recognition Level Over Time.....	8
Figure 3: Proportion of all PCPs in MMC That are Recognized as a PCMH by Quarter.....	9
Figure 4: MMC PCPs by Specialty and PCMH-Recognition Status.....	10
Figure 5: PCMH-Recognized providers by Top Adopting States.....	11

Section 3: Enrollee Information

Figure 6: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees	12
Figure 7a: MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter.....	13
Figure 7b: Auto Assignment Rates Between PCMH-Recognized and Non-PCMH Recognized PCPs in MMC, HARP, and HIV SNP.....	13
Figure 8: NYS MMC Enrollee Characteristics.....	14

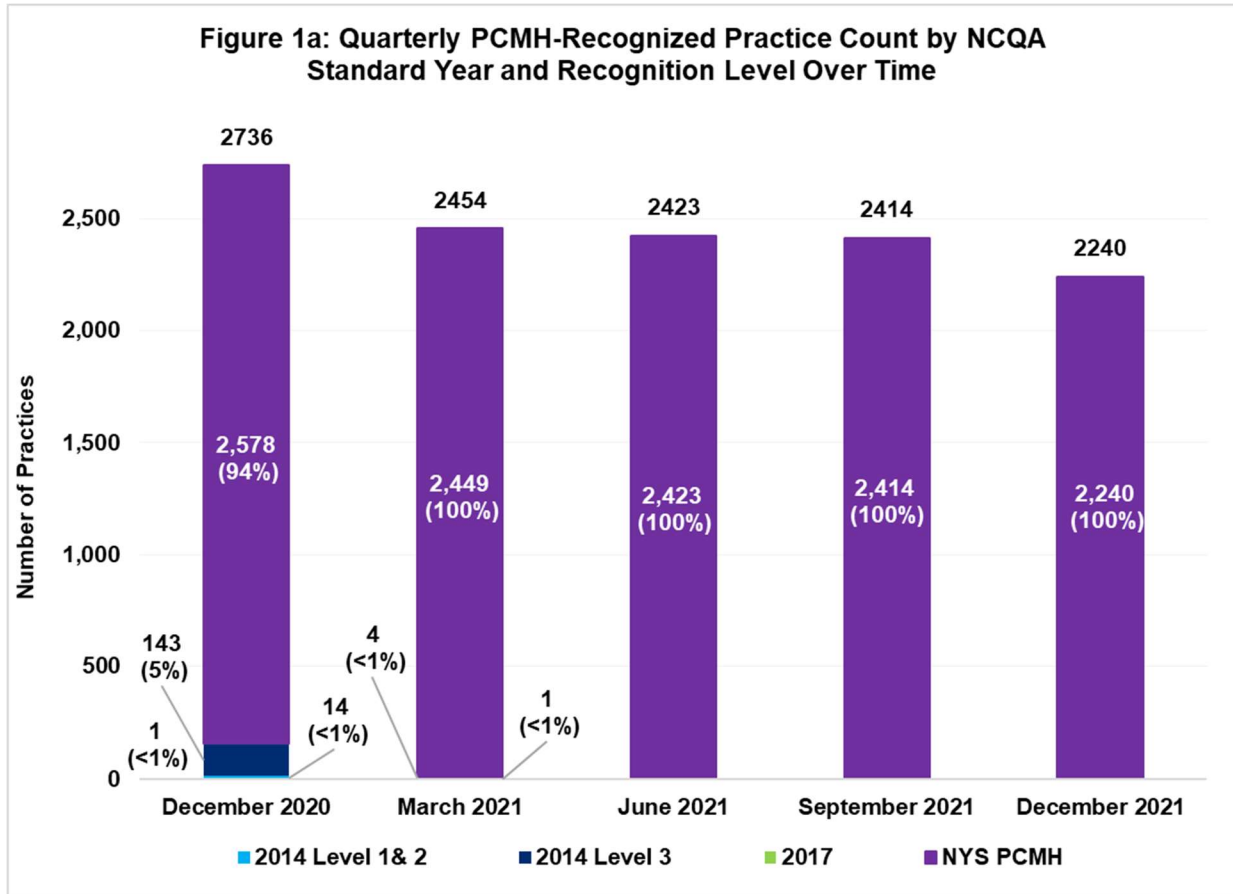
Section 4: Expenditures

Figure 9: Medical Home Spending by MMC Product Line January 2021 through December 2021.....	15
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Important links.....	16
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Section 1: Practice Information

Figure 1a illustrates the number of PCMH-recognized practices by NCQA's recognition standards and levels from December 2020 to December 2021.



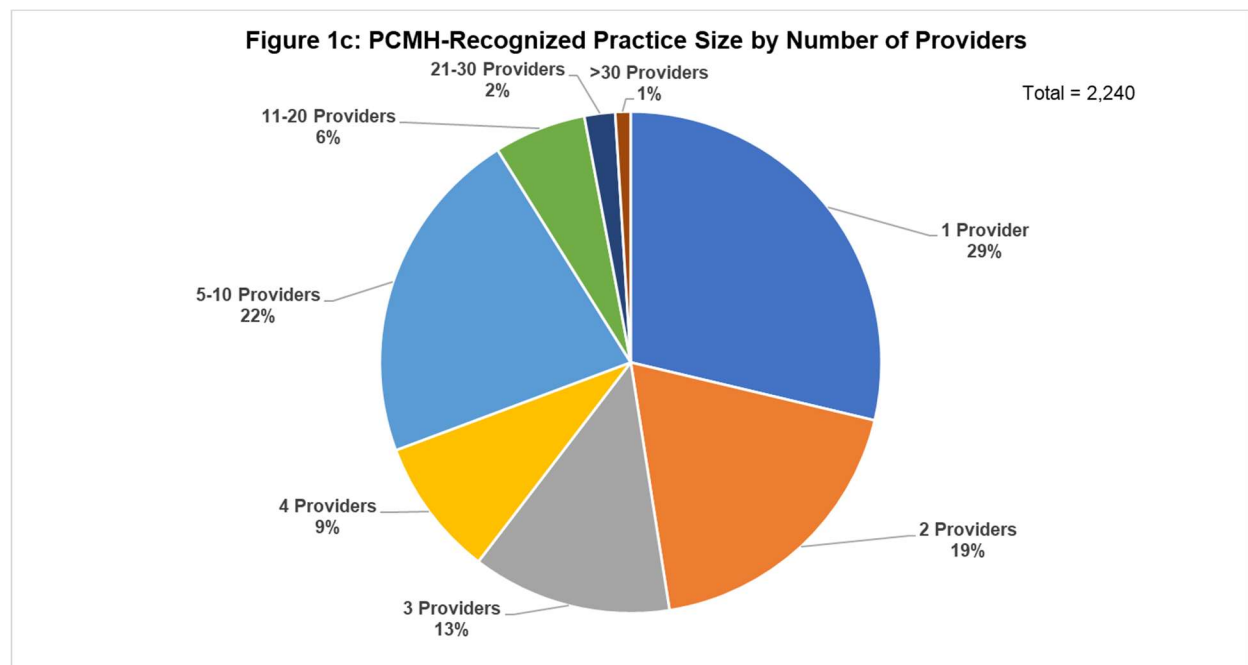
The number of PCMH-recognized practices with PCMH 2014 or 2017 recognition have been reduced to zero during the time period of December 2020 to December 2021. This drop is due to the expiration of all recognition standards except NYS PCMH. By June of 2021, all recognized practices had achieved NYS PCMH recognition.

Section 1: Practice Information

Figure 1b shows the number and percent of all PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region.* Most recognized practices are located in the NYC (41%) and Western New York (18%) regions.

Figure 1b: PCMH-Recognized Practices in NYS by QARR Region		
Region	Number of PCMH-Recognized Practices	Percent of PCMH Recognized Practices
Central	222	10%
Hudson Valley	214	10%
Long Island	258	12%
NYC	912	41%
Northeast	230	10%
Western	404	18%
All	2,240	100%

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

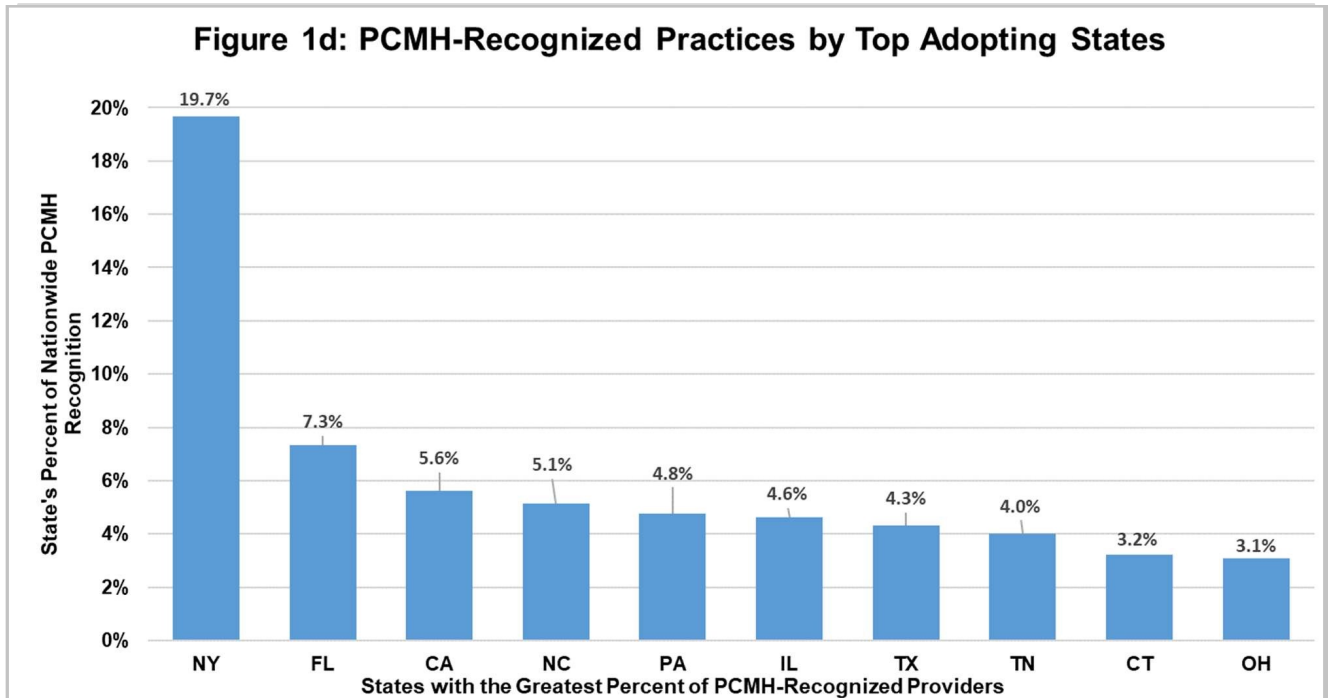


The data in Figure 1b and Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: December 2021).

*The regions in Figure 1b are the Quality Assurance Reporting Requirements regions and can be found here: https://www.health.ny.gov/health_care/managed_care/reports/eqarr/2022/about.htm

Section 1: Practice Information

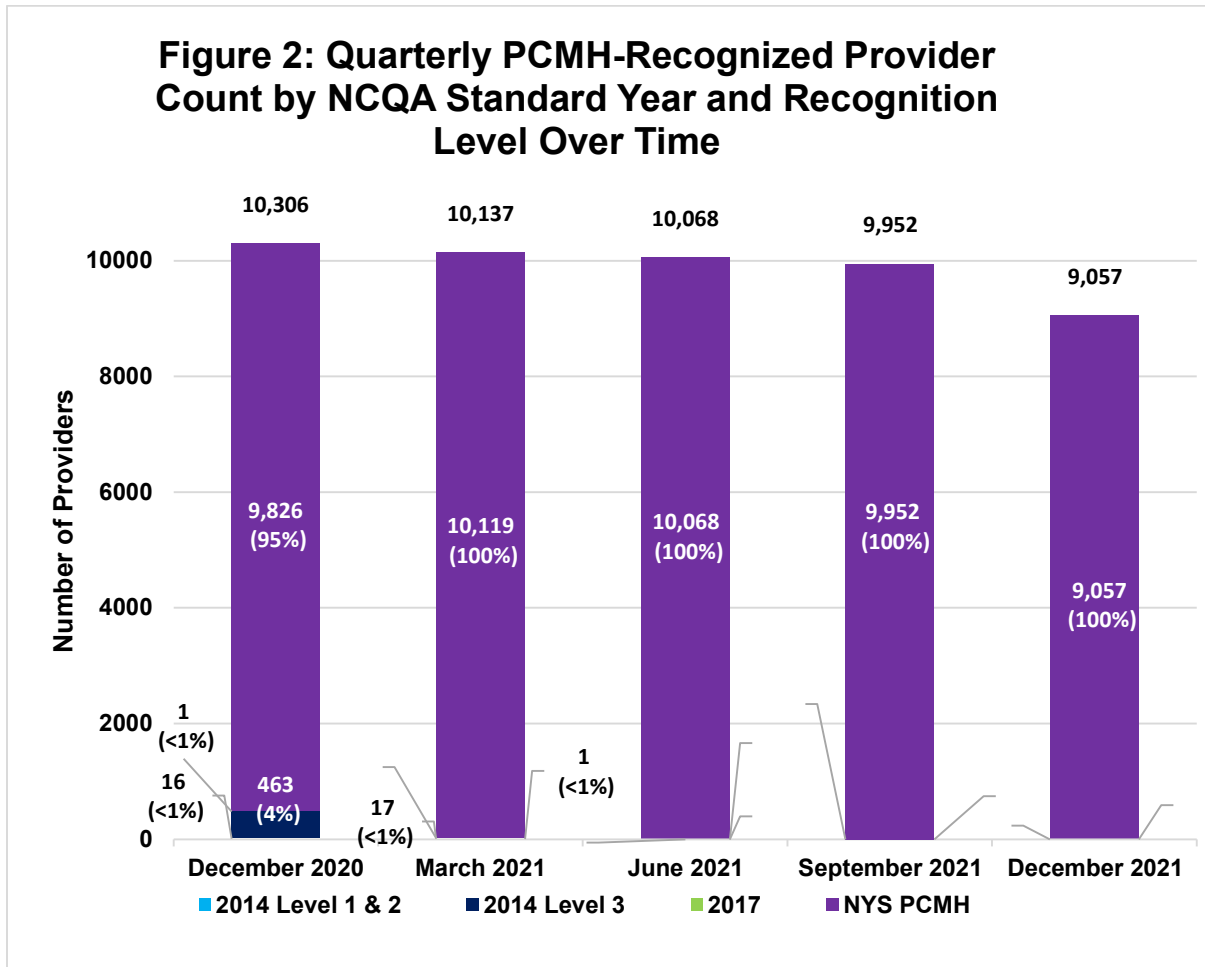
Figure 1d displays the 10 states with the most NCQA PCMH-recognized practices in the country as of December 2021. These states account for 62% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 38% of PCMH-recognized practices in the country. NYS remains the state with the highest percentage of practices with NCQA's PCMH recognition with around 20% of all NCQA PCMH-recognized practices in the country operating in NYS. 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 1d was retrieved from NCQA's website at: <https://reportcards.ncqa.org/practices> (for this report: December 2021).

Section 2: Provider Information

Figure 2 shows the number of PCMH-recognized providers by standard year and recognition level from December 2020 to December 2021.



The number of PCMH-recognized providers with 2014 recognition and NCQA's 2017 standards have been reduced to zero due to the expiry of 2014 and 2017 recognition standards. The number of PCMH recognized providers decreased from 9,826 in December 2020 to 9,057 in December 2021.

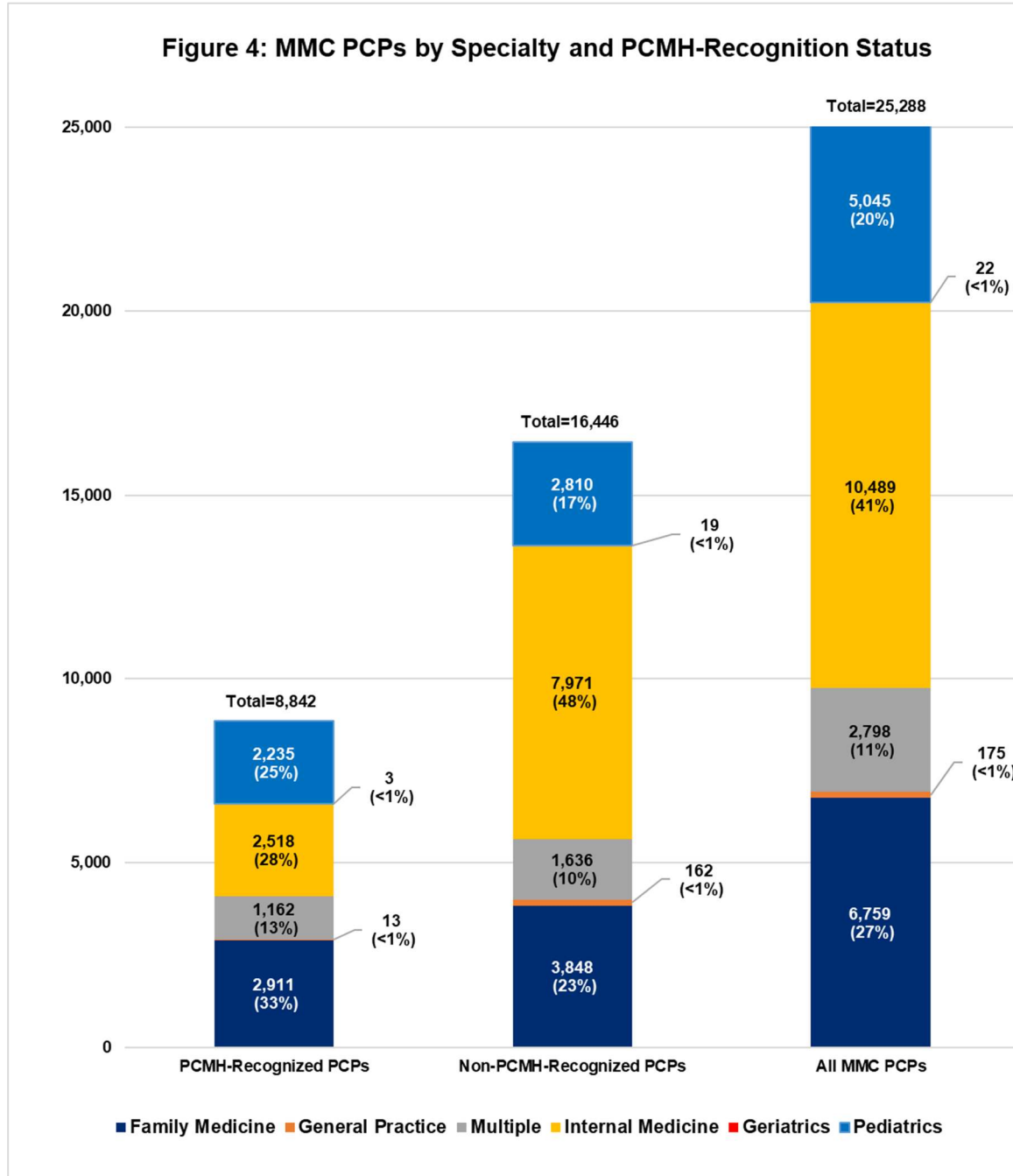
Section 2: Provider Information

Figure 3 shows the proportion of PCMH-recognized PCPs that participated with MMC from December 2020 to December 2021. 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 8,842 PCMH-recognized PCPs that participate with MMC as of December 2021. Around 98% 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 35% 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 13, Figure 7a shows the number of MMC enrollees assigned to PCMH-recognized PCPs.

Figure 3: Proportion of All PCPs in MMC That are Recognized as a PCMH by Quarter					
	December 2020	March 2021	June 2021	September 2021	December 2021
PCMH PCPs participating with MMC	9,187	9,044	8,935	8,921	8,842
All PCPs participating with MMC	22,906	23,218	23,413	23,750	25,288
PCMH Penetration Rate in MMC	40	39	38	38	35

Section 2: Provider Information

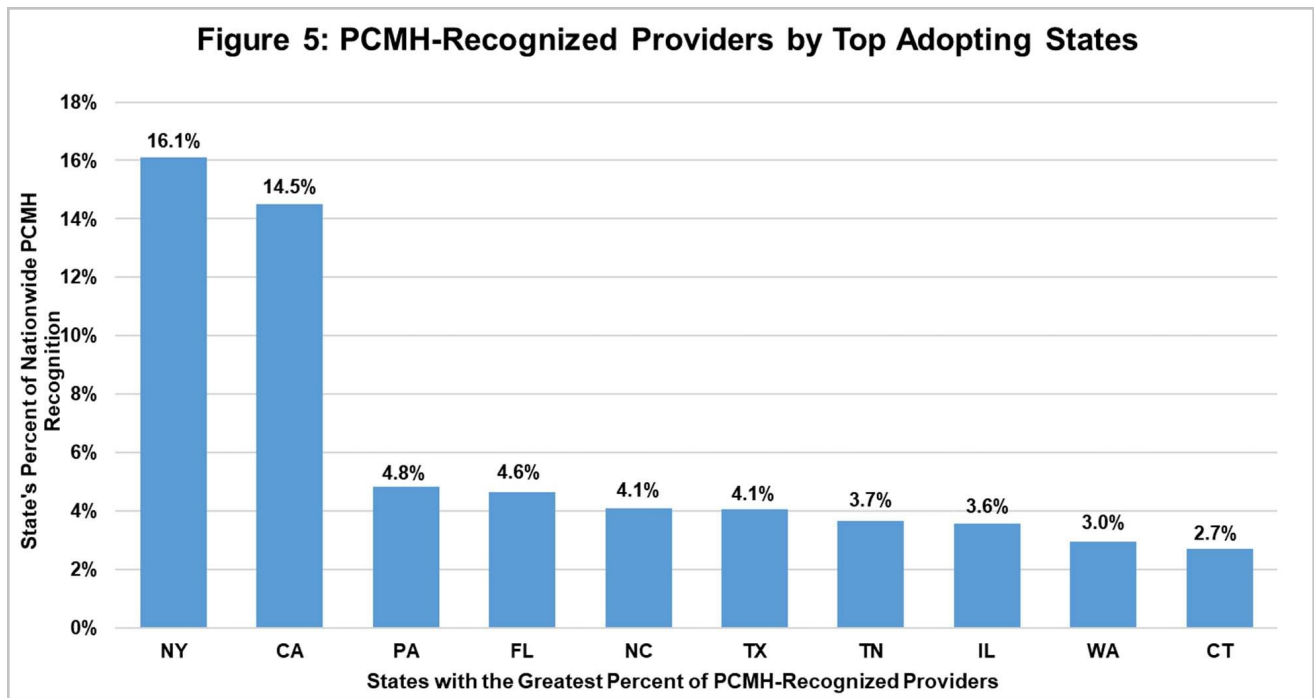
Figure 4 shows the percentage of PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC in NYS. As of December 2021, there are 215 PCMH-recognized providers that do not participate with MMC or have another specialty outside of the primary care specialties presented in this 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: December 2021) and December 2021 PNDS.

Section 2: Provider Information

Figure 5 displays the 10 states with the most NCQA PCMH-recognized providers in the country as of December 2021. These 10 states account for 61% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 39% of PCMH-recognized providers in the country. NYS represents 16.1% of all NCQA PCMH-recognized providers in the country. As of December 2021, NYS had the highest percentage of providers compared to the other states. 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 6 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 6: 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 signed to a PCMH Recognized Provider	3,423,409	107,120	12,965	3,543,494
Total Enrollees As signed to a non PCMH Recognized Provider	1,671,543	46,096	2,341	1,719,980
Total Enrollees	5,094,952	153,216	15,306	5,263,474
PCMH Penetration Rate	67	70	85	67

Section 3: Enrollee Information

Figure 7a shows the number of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs from December 2020 to December 2021. As of December 2021, 67% of NYS MMC enrollees are assigned to PCMH-recognized PCPs.

Figure 7a: MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter					
	December 2020	March 2021	June 2021	September 2021	December 2021
MMC Enrollees Assigned to PCMHs	3,590,019	3,428,460	3,429,095	3,519,565	3,543,494
Enrollees Assigned to Non PCMHs	1,382,144	1,538,197	1,614,177	1,659,153	1,719,980
Total Enrollees	4,972,163	4,966,657	5,043,272	5,178,718	5,263,474
PCMH Penetration Rate	72	69	68	68	67

Figure 7b shows the rate of auto-assignment between PCMH-recognized and non-PCMH recognized practices in MMC. Auto-assignment is a process where an enrollee is assigned to a PCP by their health plan when the enrollee did not select a PCP. As of December 2021, 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	Unassigned	Total Enrollees
Total Enrollees As signed to a PCMH Recognized Provider	1,998,522 56%	1,532,854 43%	12,118 0%	0 0	3,543,494 100%
Total Enrollees As signed to a non PCMH Recognized Provider	901,936 52%	709,440 41%	3,133 0%	105,471 6%	1,719,980 100%
Total	2,900,458 (55%)	2,242,294 (43%)	15,251 (0%)	105,471 (2%)	5,263,474 (100%)

Medicaid (FFS): There were 74,458 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2021 to December 2021.

Section 3: Enrollee Information

Figure 8 shows how select demographics of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs, are distributed 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 the Northeastern and Western regions of New York. A higher proportion of Black, Asian and Hispanic New Yorkers, those who receive TANF or Supplemental Security Income, and those who are 0-20 years of age are also assigned to NYS PCMH providers when compared to the demographics of the percent of enrollees assigned to non-NYS PCMH-recognized providers.

Figure 8: MMC, HARP, and HIV SNP Enrollee Characteristics			
Demographic Category		Members Assigned to PCMH Providers (%)	Members Assigned to Non-PCMH Providers (%)
Region	New York City	55.9	58.2
	Central	7.1	7.7
	Long Island	7.7	12.6
	Hudson Valley	8.5	10.3
	Northeast	6.5	3.8
	Western	14.3	7.3
Race	Black	14.9	13.5
	White	21.9	23.9
	Asian	8.4	8.3
	Hispanic	9.2	6.7
	Other	45.7	47.6
Aid Category	Safety Net	30.1	38.6
	Supplemental Security Income	6.8	5.7
	TANF	63.1	55.6
	Other	0.1	0.1
Age	0-20	45.3	34.8
	21-54	42.8	51.0
	55-64	9.8	11.6
	65-74	1.7	2.1
	75+	0.3	0.5
Gender	Male	47.5	48.3
	Female	52.5	51.7

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 2021 through December 2021.

Figure 9: Medical Home Spending by MMC Product Line January 2021 through December 2021					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$ 217,868,098	\$ 7,124,215	\$ 851,220	\$15,825,815	\$ 241,669,348
*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

New York State PCMH Brochure

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

New York State PCMH Standards and Guidelines

<https://store.ncqa.org/recognition/patient-centered-medical-home-pcmh.html>

NCQA PCMH-Recognition State Comparison

<https://reportcards.ncqa.org/practices>

<https://reportcards.ncqa.org/clinicians>

Previous PCMH Quarterly Reports

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

Questions?

Contact the Office of Quality and Patient Safety, NYSDOH, via email at:

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