



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



March 2020

Program Highlights and Background

A Patient-Centered Medical Home (PCMH) is a model of care where each enrollee has an ongoing relationship with a personal physician and a care team. The physician and care team, which can include nurse practitioners, physician assistants, registered nurses, social workers, and care coordinators, take collective responsibility for meeting all the enrollee's health care needs. The PCMH model also emphasizes greater care through open scheduling, expanded hours, enhanced communication among all involved with an enrollee's care, and any other means to ensure that an enrollee obtains proper care in a culturally and linguistically appropriate manner. The National Committee for Quality Assurance (NCQA) designed multiple recognition programs to objectively measure the degree to which a primary care practice meets the operational principles of the PCMH model.

NCQA's PCMH recognition is awarded to practices and their providers that meet a set of predetermined standards for providing high quality primary care services. As of the dates applicable to the data in this report, practices and their providers in New York State (NYS) can be recognized under one of the following NCQA standards:

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



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

On April 1, 2018, the New York State Department of Health (NYSDOH) released NYS PCMH, an innovative model for primary care transformation. NYS collaborated with NCQA to develop this exclusive transformation model for all eligible primary care providers in New York State. NYS PCMH will expand access to high-performing primary care which is key to improving value in health care and achieving the Triple Aim goals of improved health, better health care and consumer experience, and lower cost. NYS PCMH requires practices to achieve a higher number of criteria to achieve recognition, with emphasis placed on behavioral health, care management, population health, value-based payment arrangements, and health information technology capabilities.

NYS currently has the greatest number of practices and providers* recognized as a PCMH by NCQA compared to all other states in the country; 18.5% of all PCMH practices and 14.5% of providers in the country operate in NYS. As of March 2020, there were 2,527 practices recognized as a PCMH, of which 99% achieved recognition from NCQA's 2014 level 3 standards and above. Smaller practices with only one provider working at the site currently make up the largest portion of PCMH-recognized practices.

*NCQA recognized providers include the following credentials: Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse practitioner (NP), Family Nurse Practitioner (FNP), Acute Care Nurse Practitioner (ACNP), Certified Registered Nurse Practitioner (CRNP), Adult Nurse Practitioner (ANP), Pediatric Nurse Practitioner (PNP), and Physician Assistant (PA).

Program Highlights and Background

As of March 2020, there were 9,075 providers recognized as a PCMH, of which over 98% achieved recognition from NCQA's 2014 level 3 standards and above. There were 4 practices and 12 providers recognized under the 2017 standards, and 1,981 practices and 7,221 providers recognized under the NYS PCMH.

As of March 2020, 7,830 (33%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (66%) of Medicaid managed care (MMC), Health and Recovery Plan (HARP), and HIV Special Needs Plan (SNP) enrollees were assigned to a PCMH-recognized PCP*. Of those enrollees, the majority were assigned to a PCMH-recognized provider who achieved recognition under the NYS PCMH recognition standards.

Office-based practitioners and Article 28 clinics recognized as PCMHs by NCQA receive additional payment for primary care services through the New York Statewide Medicaid PCMH Incentive Payment Program, in two ways. 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 \$210 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2019 through December 2019. Effective July 1, 2018, NYS Medicaid provides incentive payments to providers recognized under the following programs: level 3 PCMH under NCQA's 2014 standards; PCMH under NCQA's 2017 standards; or NYS PCMH.



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

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

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Section 1: Practice Information

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of March 2020.

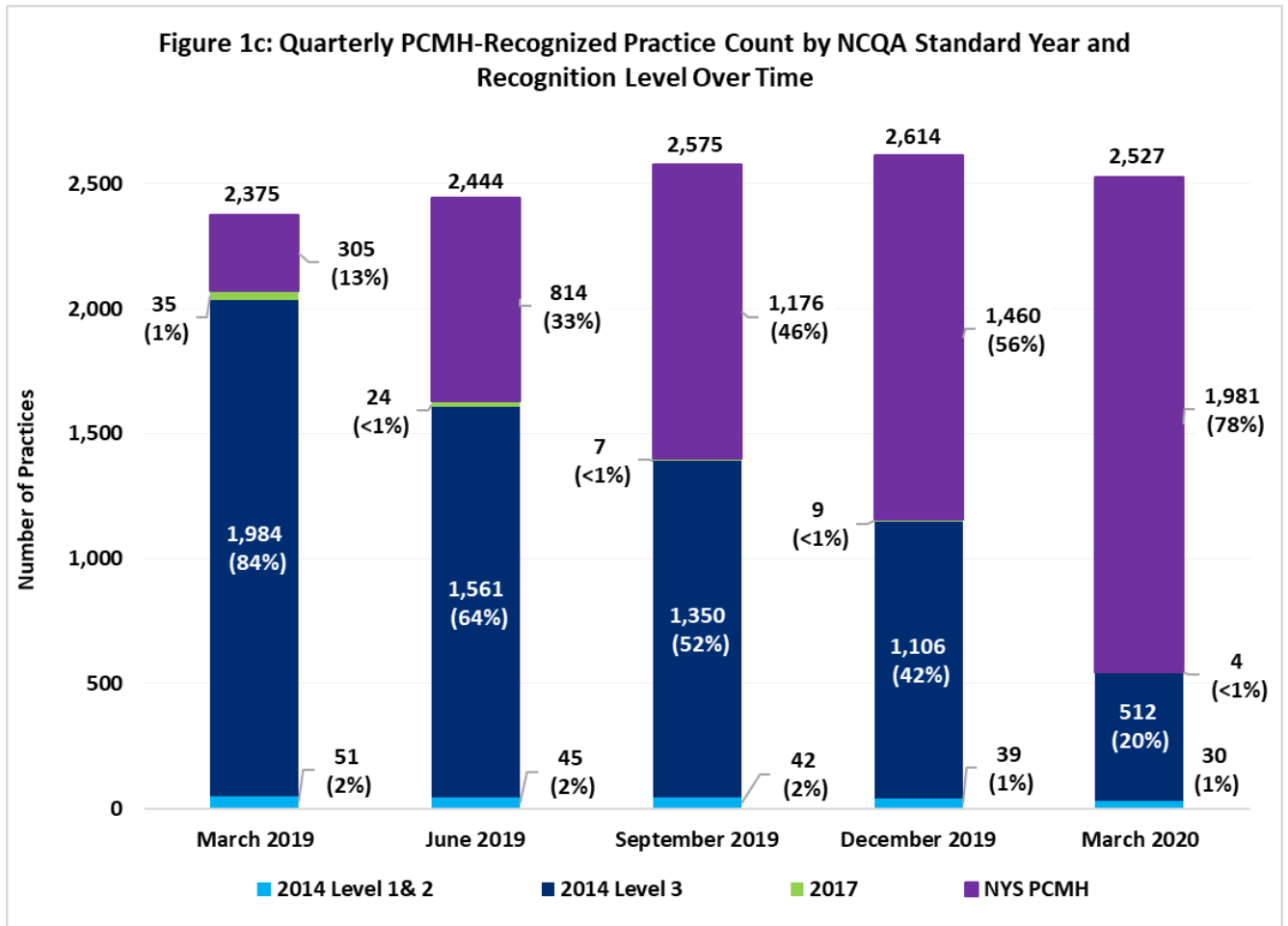
Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	Number of PCMH recognized practices	Percent
2014 Standards	1	2	<1%
	2	28	1%
	3	512	20%
2017 Standards		4	<1%
NYS PCMH		1,981	78%
Total		2,527	100%

Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's standards by level from October 2019 to March 2020.

Figure 1b: PCMH-Recognized Practices by Standard Year and Level Over Time							
	Recognition Level	October 2019	November 2019	December 2019	January 2020	February 2020	March 2020
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	40 (2%)	38 (1%)	37 (1%)	35 (1%)	31 (1%)	28 (1%)
	3	1,302 (49%)	1,224 (46%)	1,106 (42%)	844 (33%)	609 (23%)	512 (20%)
2017 Standards		9 (<1%)	9 (<1%)	9 (<1%)	9 (<1%)	5 (<1%)	4 (<1%)
NYS PCMH		1,264 (48%)	1,344 (51%)	1,460 (55%)	1,701 (66%)	2,052 (76%)	1,981 (78%)
Total		2,617	2,617	2,614	2,591	2,699	2,527

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's recognition standards and levels from March 2019 to March 2020.



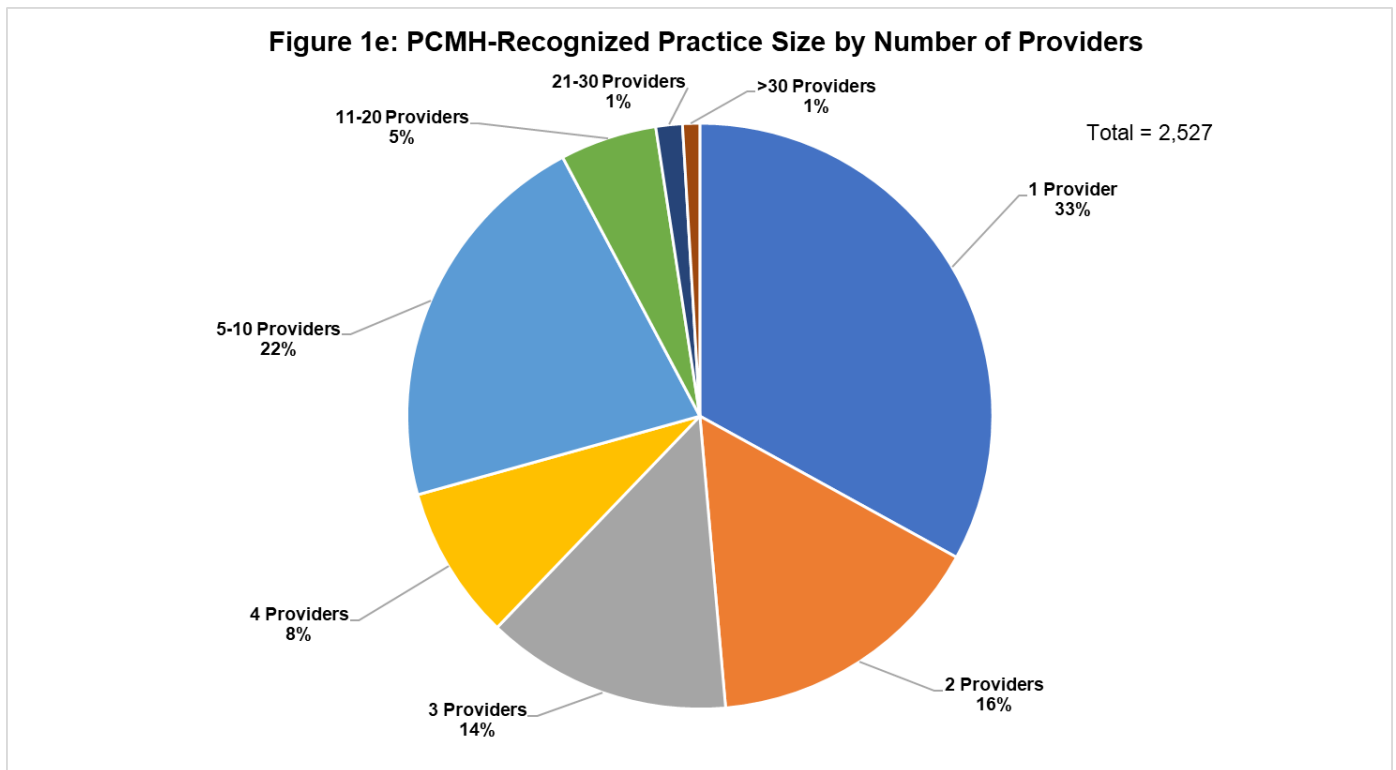
The number of PCMH-recognized practices with 2014 recognition decreased significantly from March 2019 to March 2020. This drop is largely due to the expiration of the recognition status of many practices under this recognition level. The number of practices with PCMH 2017 recognition also decreased while the number of practices with NYS PCMH recognition increased rapidly. As of March 2020, 20% of PCMH-recognized practices have 2014 Level 3 recognition, less than 1% of practices have PCMH 2017 recognition, and 78% have NYS PCMH recognition.

Section 1: Practice Information

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region. * The majority of recognized practices are located in the NYC (43%) and Western New York (17%) regions.

QARR Region	Number of Practices	Percent of Total
Albany	230	9%
Buffalo	228	9%
Central New York	283	11%
NYC	1087	43%
Northwest New York	260	10%
Western New York	439	17%
Total	2527	100%

Figure 1e shows the number and percent of PCMH-recognized practices in NYS by number of providers. Practices with only one reported provider (33%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (22%).



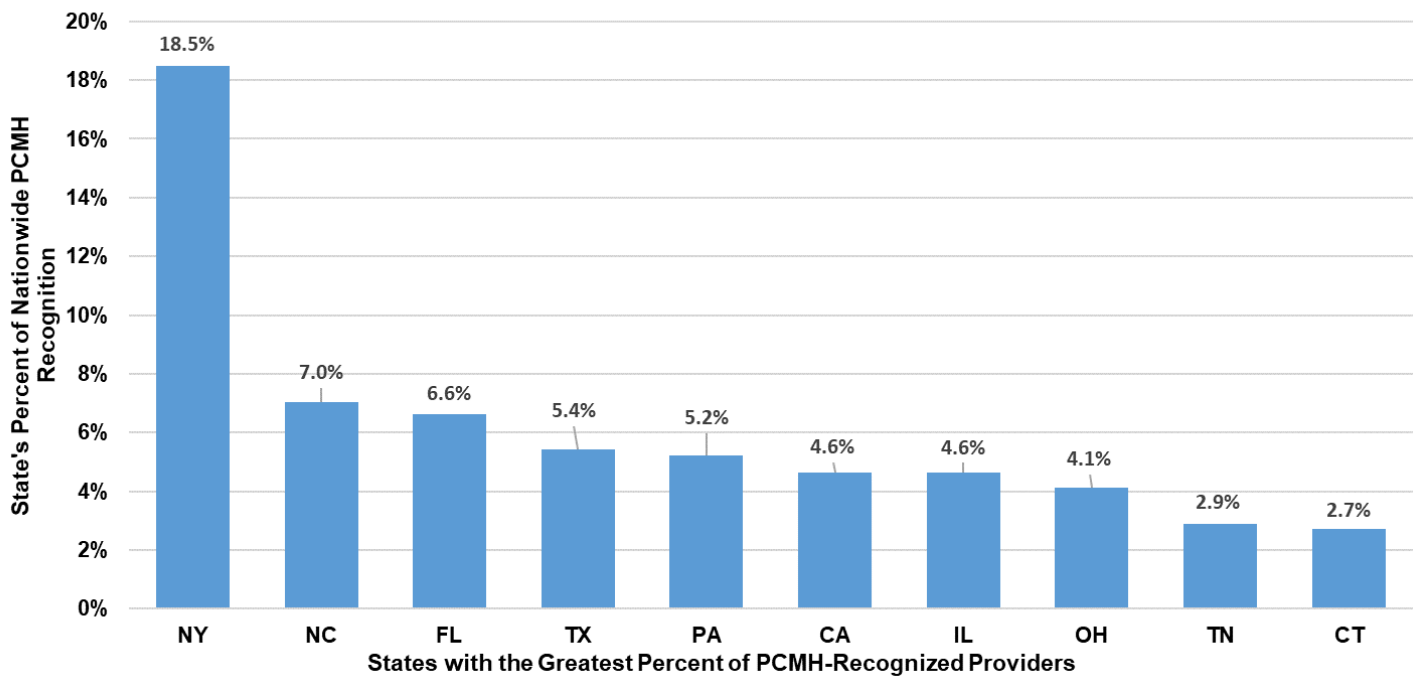
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: March 2020).

*The regions in Figure 1d are the Quality Assurance Reporting Requirements regions and can be found here: http://www.health.ny.gov/health_care/managed_care/reports/eqarr/2016/about.htm:

Section 1: Practice Information

Figure 1f displays the 10 states with the most NCQA PCMH-recognized practices in the country as of March 2020. Over 18% of all PCMH-recognized practices in the country operate in NYS. NYS remains the state with the highest percentage of practices with NCQA's PCMH recognition. Figure 1f only includes the 10 states with the greatest number of PCMH-recognized practices. These states account for 61% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 39% of PCMH-recognized practices in the country. This figure only represents the PCMH practices that are recognized by NCQA. Practices may participate in other primary care transformation programs that are similar to NCQA's model.

Figure 1f: PCMH-Recognized Practices by Top Adopting States



Section 2: Provider Information

Figure 2a shows the number of unique PCMH-recognized providers in NYS by NCQA standard year and recognition level as of March 2020. The majority of providers have NYS PCMH recognition.

	Recognition Level	# of PCMH Recognized Providers	Percent
2014 Standards	1	2	<1%
	2	79	<1%
	3	1,761	19%
2017 Standards		12	<1%
NYS PCMH		7,221	80%
Total		9,075	100%

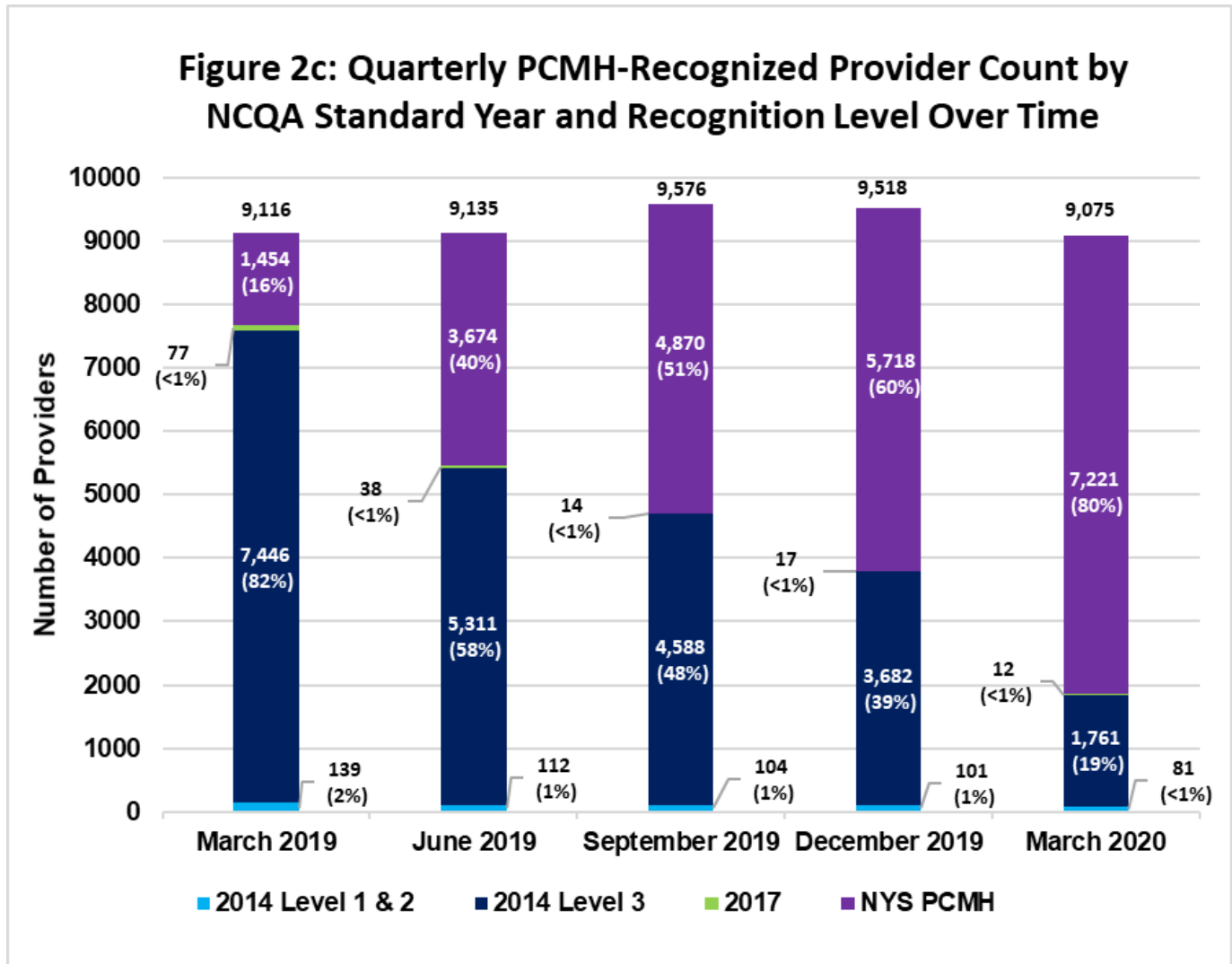
Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's standards, and by level from October 2019 to March 2020.

	Recognition Level	October	November	December	January	February	March
		2019	2019	2019	2020	2020	2020
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	103 (1%)	100 (1%)	99 (1%)	100 (1%)	87 (<1%)	79 (<1%)
	3	4,338 (45%)	4,174 (43%)	3,682 (39%)	2,866 (30%)	2,033 (21%)	1,761 (19%)
2017 Standards		17 (<1%)	17 (<1%)	17 (<1%)	17 (<1%)	13 (<1%)	12 (<1%)
NYS PCMH		5,173 (54%)	5,362 (56%)	5,718 (60%)	6,500 (69%)	7,661 (78%)	7,221 (80%)
Total		9,633	9,655	9,518	9,485	9,796	9,075

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: March 2020).

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from March 2019 to March 2020.



The number of PCMH-recognized providers with 2014 recognition continues to decrease due to the expiration of many providers' 2014 recognition. The percentage of PCMH-recognized providers with 2014 Level 3 recognition decreased to from 82% to 19% during the time period shown. The number of PCMH-recognized providers under NCQA's 2017 standards also decreased while the number of NYS PCMH recognized providers increased dramatically from 1,454 to 7,221.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participated with MMC from March 2019 to March 2020. PCPs are defined as MDs, DOs, and NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 7,830 PCMH-recognized PCPs that participate with MMC as of March 2020. Around 86% of PCMH-recognized PCPs participate with MMC. There may be other PCMH-recognized PCPs that participate with FFS Medicaid that are not included in this figure. Although only 33% of MMC providers are recognized as a PCMH, over half of the Medicaid population is assigned to these PCPs, indicating that these providers have large Medicaid panels. On page 15, Figure 7a shows the number of MMC enrollees assigned to PCMH-recognized PCPs.

	March 2019	June 2019	September 2019	December 2019	March 2020
PCMH PCPs participating with MMC	7,771	7,878	8,214	8,189	7,830
All PCPs participating with MMC	23,274	23,274	23,553	23,439	23,445
PCMH Penetration Rate in MMC	33%	34%	35%	35%	33%

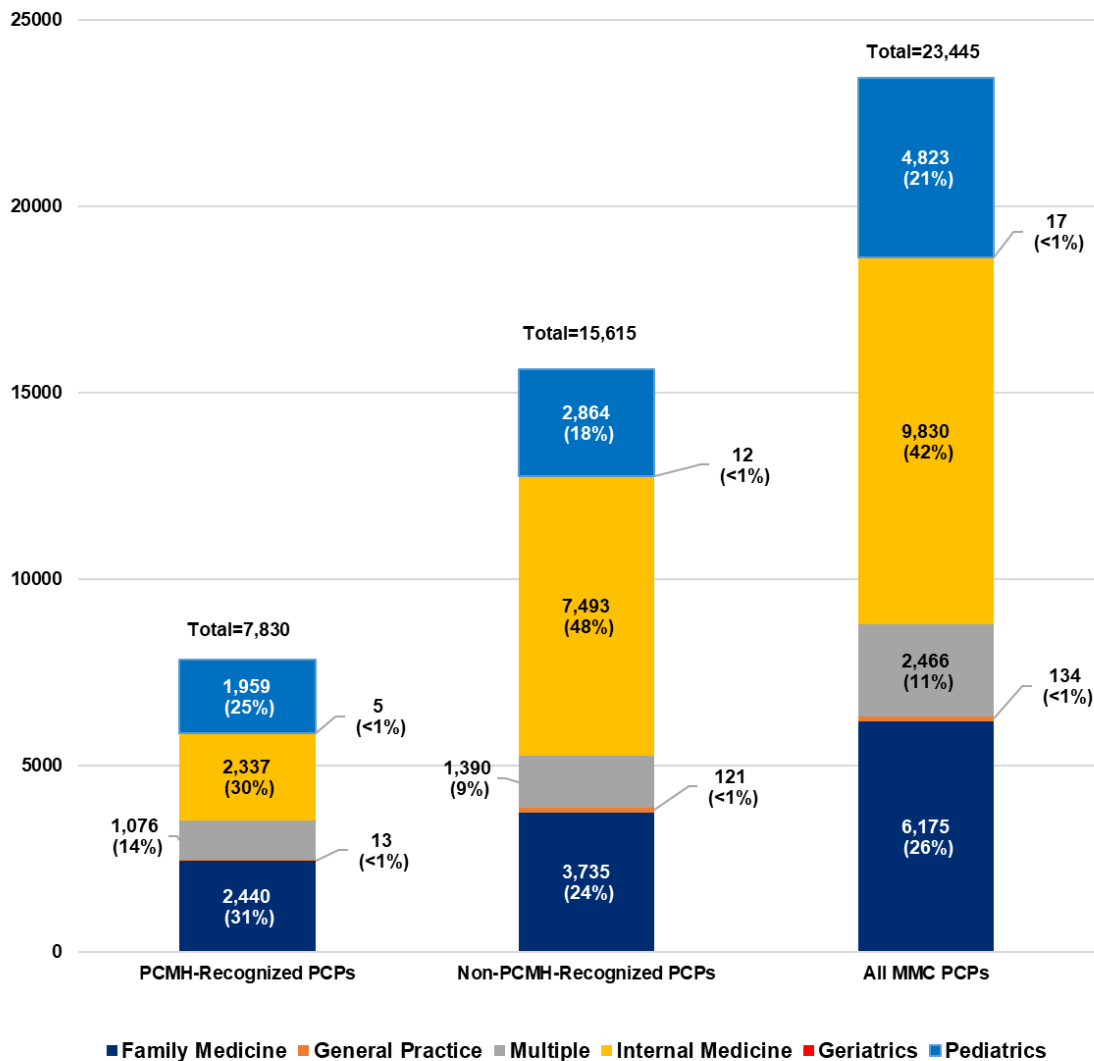
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of March 2020.

	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2014 Standards	1	1	<1%
	2	33	<1%
	3	1,465	19%
2017 Standards		10	<1%
NYS PCMH		6,321	81%
Total		7,830	100%

Section 2: Provider Information

Figure 4 shows the percentage of PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC in NYS. As of March 2020, there are 1,245 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.

Figure 4: MMC PCPs by Specialty and PCMH-Recognition Status

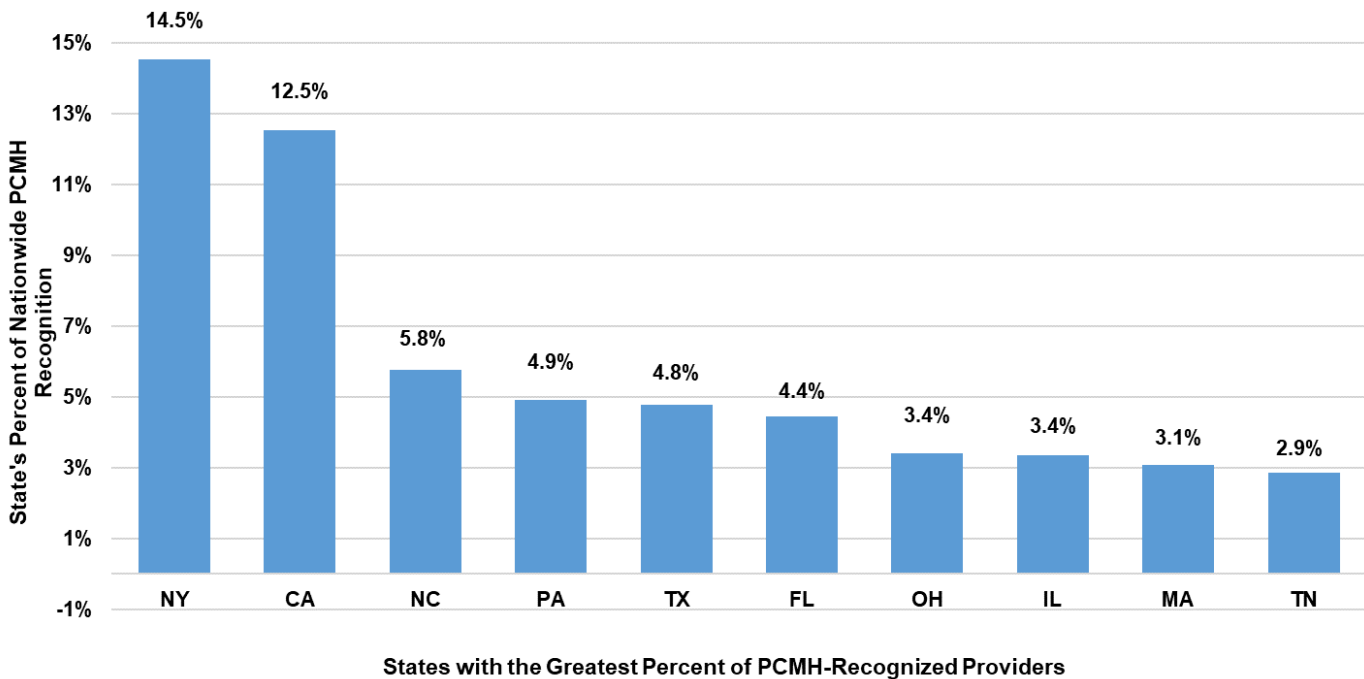


The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: March 2020) and March 2020 PNDS.

Section 2: Provider Information

Figure 5 displays the 10 states with the most NCQA PCMH-recognized providers in the country as of March 2020. Over 14% of all PCMH-recognized providers in the country practice in NYS. As of March 2020, NYS had the highest percentage of providers compared to the other states. Figure 5 represents states with the greatest number of PCMH-recognized providers. These 10 states account for 60% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 40% of PCMH-recognized providers in the country. This figure only represents the PCMH providers that are recognized by the NCQA. Providers may participate in other primary care transformation programs that are similar to NCQA's model.

Figure 5: PCMH-Recognized Providers by Top Adopting States



Section 3: Enrollee Information

Figure 6a shows the PCMH penetration rate for MMC, HARP, and HIV SNP enrollees. A higher proportion of HIV SNP enrollees are assigned to a PCMH recognized PCP compared to other Medicaid product types.

Figure 6a: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees				
	Assigned MMC Enrollees	Assigned HARP Enrollees	Assigned HIV SNP Enrollees	Total Enrollees
Total Enrollees Assigned to a PCMH-Recognized Provider	2,651,387	87,724	10,584	2,749,695
Total Enrollees Assigned to a non-PCMH- Recognized Provider	1,402,092	40,989	3,376	1,446,457
Total Enrollees	4,053,479	128,713	13,960	4,196,152
PCMH Penetration Rate	65%	68%	76%	66%

Figure 6b shows the number of NYS MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs by level and standard year as of March 2020. The majority of enrollees are assigned to PCPs recognized at NCQA's NYS PCMH standards recognition.

Figure 6b: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level					
Recognition Standard Year	Recognition Level	Assigned MMC Enrollees	Assigned HARP Enrollees	Assigned HIV SNP Enrollees	Total Enrollees
2014 Standards	1	111	7	0	118
	2	8,647	252	0	8,899
	3	474,237	15,705	2,206	492,148
2017 Standards		618	21	0	639
NYS PCMH		2,167,774	71,739	8,378	2,247,891
Total Enrollees		2,651,387	87,724	10,584	2,749,695

Figure 6a and Figure 6b use plan reported panel data (for this report: March 2020) and the March 2020 NCQA recognized PCMH provider lists.

Section 3: Enrollee Information

Figure 7a shows the number of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs from March 2019 to March 2020. As of March 2020, 66% 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					
	March 2019	June 2019	September 2019	December 2019	March 2020
MMC Enrollees Assigned to PCMHs	2,812,924	2,826,383	2,863,086	2,903,801	2,749,695
Enrollees Assigned to Non-PCMHs	1,483,958	1,425,319	1,337,948	1,308,706	1,446,457
Total Enrollees	4,296,882	4,251,702	4,201,034	4,212,507	4,196,152
PCMH Penetration Rate	65%	66%	68%	69%	66%

Figure 7b shows the rate of auto-assignment between PCMH-recognized and non-PCMH recognized practices in MMC. Auto-assignment is a process where an enrollee is assigned to a PCP by their health plan when the enrollee did not select a PCP. As of March 2020, the majority of MMC, HARP, and HIV SNP enrollees were not auto-assigned. Enrollees assigned to a PCMH-recognized provider had the highest rate of auto-assignment.

Figure 7b: Auto-Assignment Rates Between PCMH-Recognized and Non-PCMH Recognized PCPs in MMC, HARP, and HIV SNP					
	Not Auto-Assigned	Auto-Assigned	Not Reported	Un-assigned	Total Enrollees
Total Enrollees Assigned to a PCMH-Recognized Provider	1,383,010 (50%)	908,502 (33%)	458,183 (17%)	0 (0%)	2,749,695 (100%)
Total Enrollees Assigned to a non-PCMH-Recognized Provider	719,894 (50%)	434,549 (30%)	210,418 (15%)	81,596 (6%)	1,446,457 (100%)
Total	2,102,904 (50%)	1,343,051 (32%)	668,601 (16%)	81,596 (2%)	4,196,152 (100%)

Medicaid (FFS): There were 36,565 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2020 to March 2020.

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 all regions except for Long Island and the Hudson Valley, of Black, Asian and Hispanic racial/ethnic groups, those that receive TANF or Supplemental Security Income, and that are in age group 0-20 as compared to the demographics of the percent of enrollees assigned to non-PCMH-recognized providers.

Figure 8: NYS MMC Enrollee Characteristics			
Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	MMC Enrollees Assigned to Non-PCMH-Recognized Providers
Region	New York City	57.34%	55.94%
	Central	7.48%	7.15%
	Long Island	7.27%	11.45%
	Hudson Valley	7.44%	13.22%
	Northeast	6.28%	3.98%
	Western	14.19%	8.26%
Race	Black	17.83%	15.75%
	White	26.45%	30.52%
	Asian	11.12%	10.38%
	Hispanic	10.98%	8.43%
	Other	33.61%	34.92%
Aid Category	Safety Net	25.78%	31.56%
	Supplemental Security Income	8.01%	6.83%
	TANF	66.17%	61.56%
	Other	<1%	<1%
Age	0-20	48.56%	42.43%
	21-54	40.40%	45.23%
	55-64	9.90%	11.04%
	65-74	<1%	<1%
	75+	<1%	<1%
Gender	Male	46.65%	47.51%
	Female	53.35%	52.49%

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 2019 through December 2019.

Figure 9: Medical Home Spending by MMC Product Line January 2019 through March 2020					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$ 186,412,257	\$ 5,696,837	\$ 693,745	\$ 17,627,792	\$ 210,430,630

*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

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

Previous PCMH Quarterly Reports

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

Questions?

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

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