



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



March 2021

Program Highlights and Background

A Patient-Centered Medical Home (PCMH) is a model of care where each enrollee has an on-going 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; 19.5% of all PCMH practices and 16% of providers in the country operate in NYS. As of March 2021, there were 2,454 practices recognized as a PCMH, of which 2,449 (99%) achieved recognition from the NYS PCMH standards. 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 2021, 9,044 (39%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (69%) 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 \$232 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2020 through December 2020. 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 2021.

Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	Number of PCMH recognized practices	Percent
	2	1	<1%
2014 Standards	3	4	<1%
NYS PCMH		2,449	100%
Total		2,454	100%

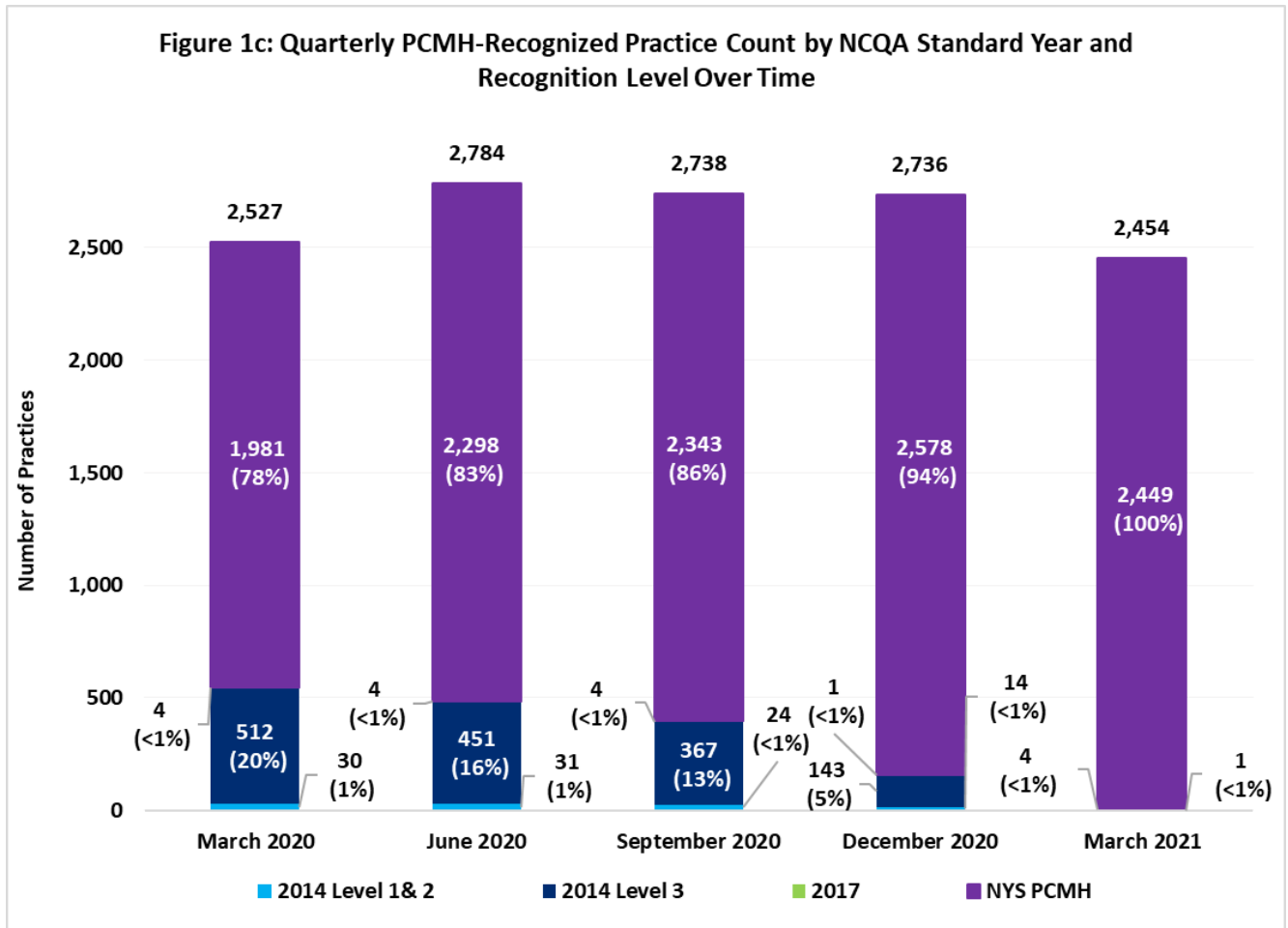
Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's standards by level from October 2020 to March 2021.

Figure 1b: PCMH-Recognized Practices by Standard Year and Level Over Time							
	Recognition Level	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)
	2	14 (1%)	13 (<1%)	12 (<1%)	2 (<1%)	1 (<1%)	1 (<1%)
	3	341 (13%)	279 (10%)	143 (5%)	73 (3%)	8 (<1%)	4 (<1%)
2017 Standards		1 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)
NYS PCMH		2,366 (87%)	2,408 (89%)	2,578 (94%)	2,216 (97%)	2,230 (100%)	2,449 (100%)
Total		2,724	2,703	2,736	2,291	2,239	2,454

The data in Figure 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: March 2021).

Section 1: Practice Information

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



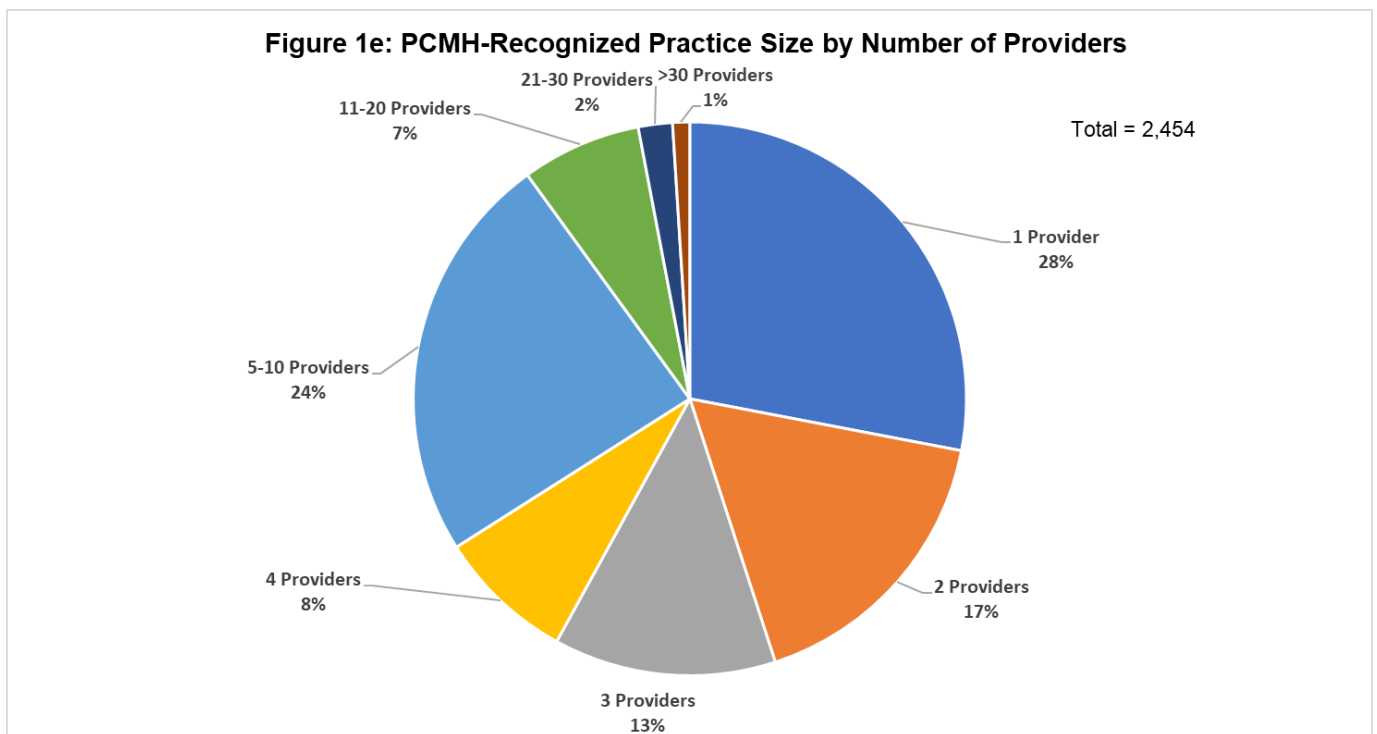
The number of PCMH-recognized practices with the 2014 standard continued to decline from March 2020 to March 2021 while there was a steady increase in the number of NYS PCMH practices. As of March 2021, less than 1% of PCMH-recognized practices have 2014 Level 3 recognition, all the PCMH 2017 recognition have expired, and 99.8% have NYS PCMH recognition. **To reduce the impact of COVID-19 on the recognition process, NCQA and NYS froze PCMH accreditation expirations through December 31, 2020.**

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 (41%) and Western New York (18%) regions.

Figure 1d: PCMH-Recognized Practices in NYS by QARR Region		
Region	Number of PCMH-Recognized Practices	Percent of PCMH-Recognized
Central	244	10%
Hudson Valley	237	10%
Long Island	282	11%
NYC	999	41%
Northeast	259	11%
Western	433	18%
Total	2,454	100%

Figure 1e shows the number and percent of PCMH-recognized practices in NYS by number of providers. Practices with only one reported provider (28%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (24%).



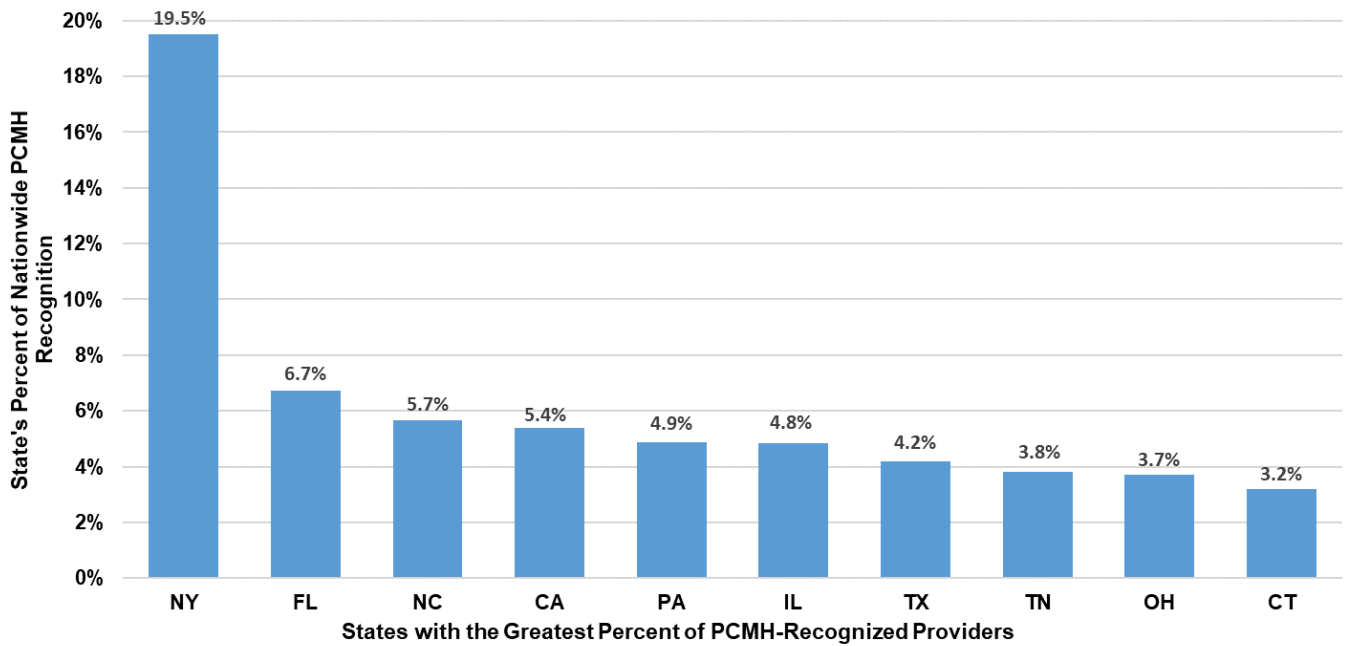
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: March 2021).

*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 2021. Over 19% 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 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. 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 2021. Almost all providers have NYS PCMH recognition.

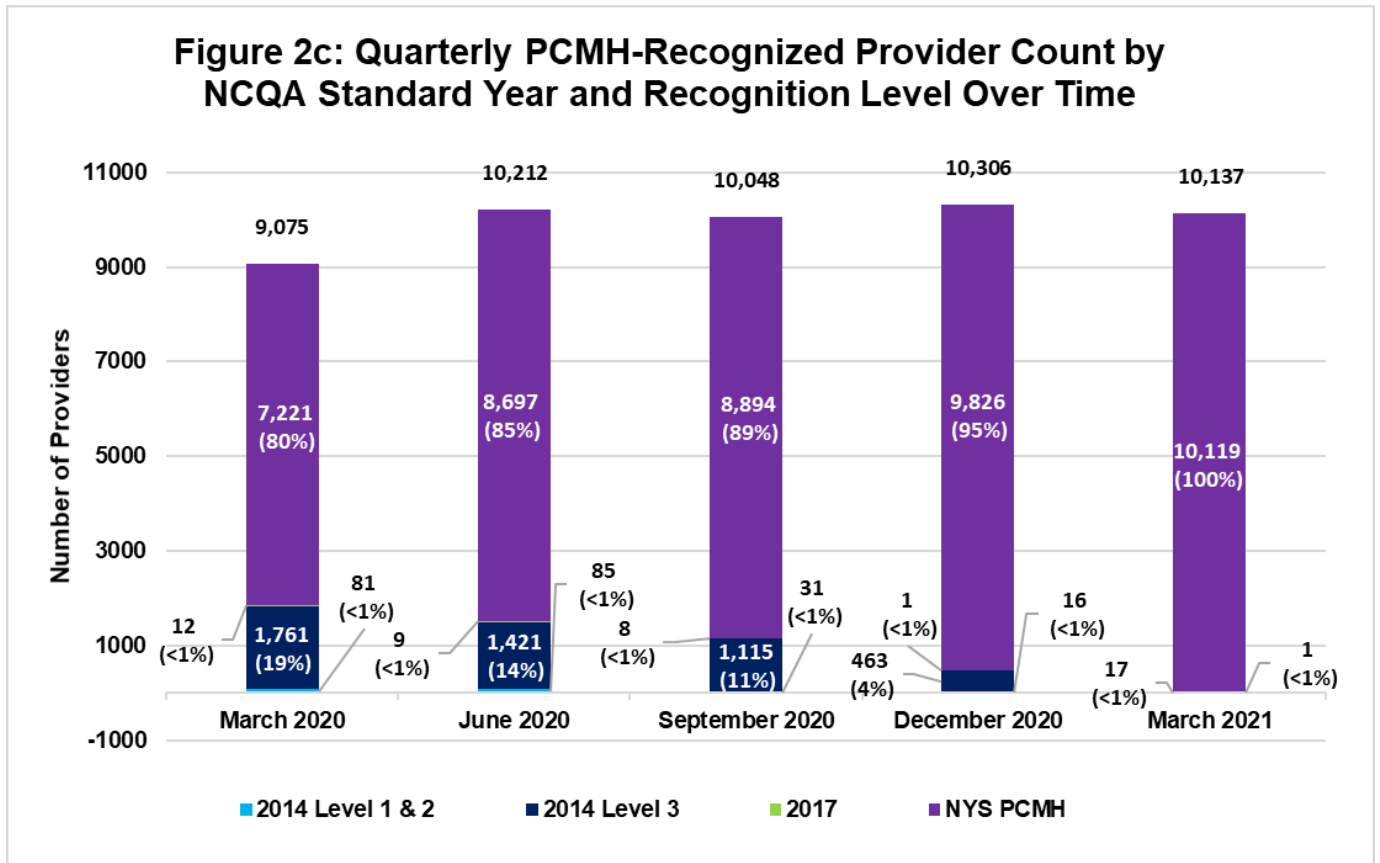
	Recognition Level	Number of PCMH recognized practices	Percent
	2	1	<1%
2014 Standards	3	17	<1%
NYS PCMH		10,119	100%
Total		10,137	100%

Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's standards, and by level from October 2020 to March 2021.

	Recognition Level	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	0 (0%)	0 (0%)	0 (0%)
	2	18 (<1%)	19 (<1%)	14 (<1%)	2 (<1%)	1 (<1%)	1 (<1%)
	3	1,082 (11%)	840 (8%)	463 (5%)	226 (3%)	21 (<1%)	17 (<1%)
2017 Standards		1 (<1%)	1 (<1%)	1 (<1%)	0 (0%)	0 (0%)	0 (0%)
NYS PCMH		8,949 (89%)	9,138 (91%)	9,826 (95%)	8,704 (97%)	8,663 (100%)	10,119 (100%)
Total		10,052	10,000	10,306	8,932	8,685	10,137

Section 2: Provider Information

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



The number of PCMH-recognized providers with the 2014 standard continued to decrease from 1,761(19%) to 1 (<1%) during the time period shown. The number of PCMH-recognized providers under NCQA's 2017 standards has also been reduced to zero, while the number of NYS PCMH recognized providers increased dramatically from 7,221 to 10,119.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participated with MMC from March 2020 to March 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 9,044 PCMH-recognized PCPs that participate with MMC as of March 2021. Around 89% 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 39% 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.

Figure 3a: Proportion of All PCPs in MMC That are Recognized as a PCMH by Quarter					
	March 2020	June 2020	September 2020	December 2020	March 2021
PCMH PCPs participating with MMC	7,830	8,820	8,683	9,187	9,044
All PCPs participating with MMC	23,445	22,563	22,808	22,906	23,218
PCMH Penetration Rate in MMC	33	39	38	40	39

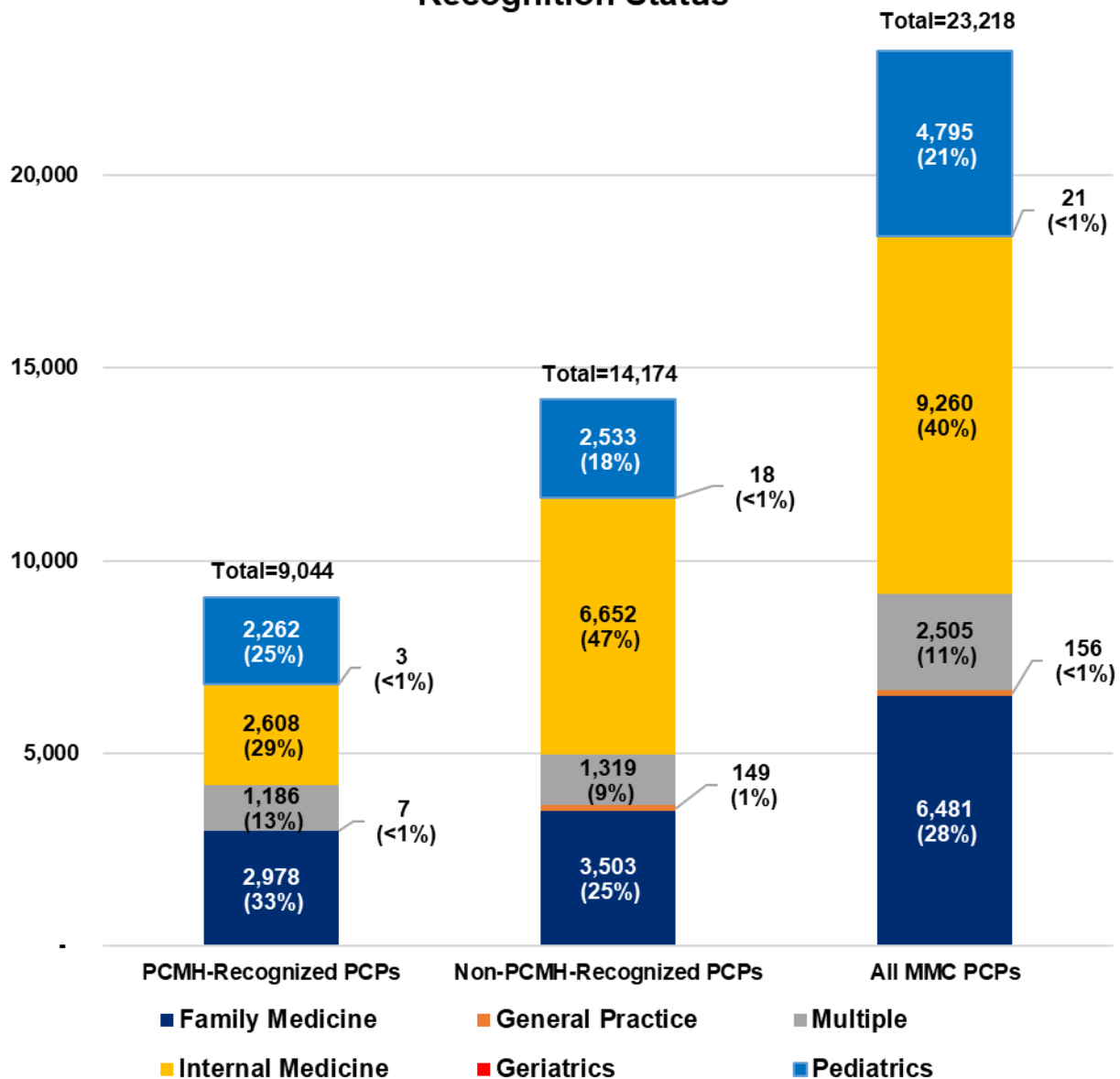
Figure 3b shows all MMC PCPs are recognized under NYS PCMH as of March 2021.

Figure 3b: PCMH-Recognized PCPs in MMC by Level and Standard Year			
	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2014 Standards	3	49	<1%
NYS PCMH		8,995	100%
Total		9,044	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 2021, there are 1,093 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

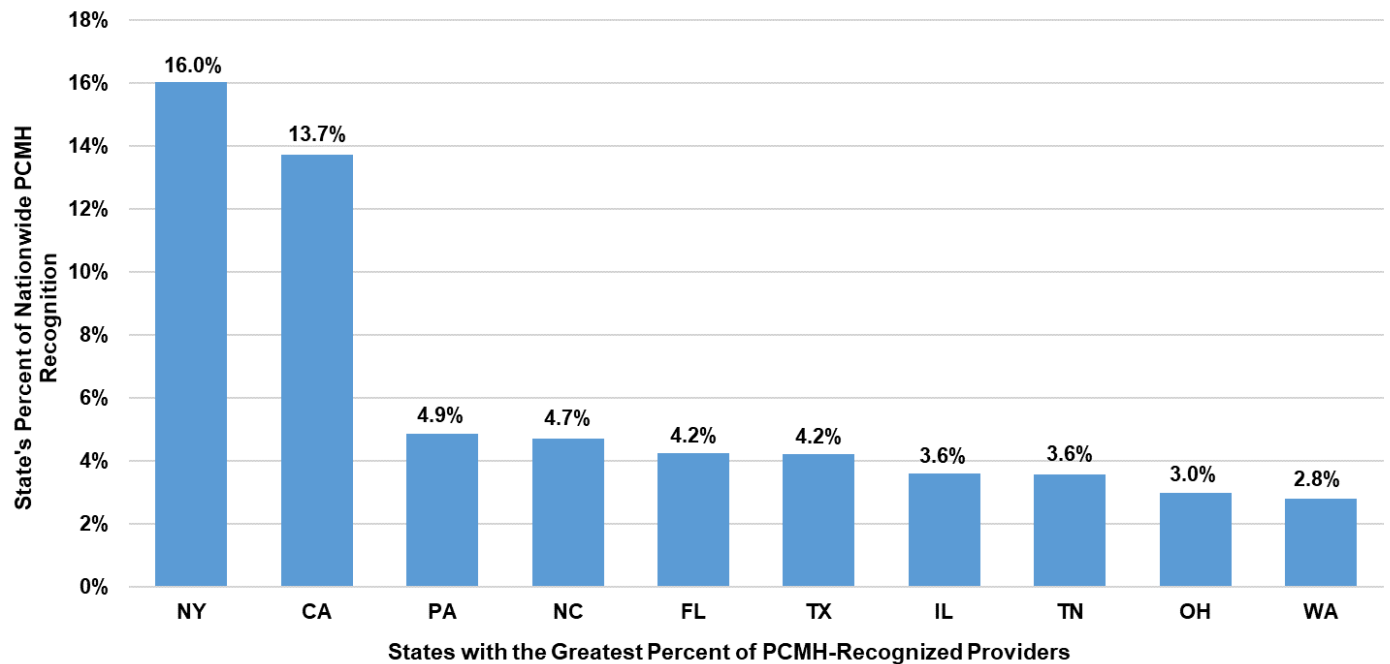


The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: March 2021) and March 2021 PNDS.

Section 2: Provider Information

Figure 5 displays the 10 states with the most NCQA PCMH-recognized providers in the country as of March 2021. NYS represents 16% of all PCMH-recognized providers in the country. As of March 2021, 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 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. 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	3,321,419	94,250	12,791	3,428,460
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,498,321	37,821	2,055	1,538,197
Total Enrollees	4,819,740	132,071	14,846	4,966,657
PCMH Penetration Rate	69	71	86	69

Figure 6b shows the number of NYS MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs by level and standard year as Quarter 1 of 2021. The majority of enrollees are assigned to PCPs recognized at NCQA's NYS PCMH standards recognition.

Figure 6b: MMC, HARP, and HIV SNP 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	2	101	1	0	102
	3	21,906	857	1	22,764
NYS PCMH		3,299,412	93,392	12,790	3,405,594
Total Enrollees		3,321,419	94,250	12,791	3,428,460

Figure 6a and Figure 6b use plan reported panel data (for this report: March 2021) and the March 2021 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 2020 to March 2021. As of March 2021, 69% 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 2020	June 2020	September 2020	December 2020	March 2021
MMC Enrollees Assigned to PCMHs	2,749,695	3,221,524	3,396,715	3,590,019	3,428,460
Enrollees Assigned to Non-PCMHs	1,446,457	1,282,732	1,412,800	1,382,144	1,538,197
Total Enrollees	4,196,152	4,504,256	4,809,515	4,972,163	4,966,657
PCMH Penetration Rate	66	72	71	72	69

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 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	Un-assigned	Total Enrollees
Total Enrollees Assigned to a PCMH-Recognized Provider	2,119,242 62%	1,296,393 38%	12,825 <1%	0 0	3,428,460 100%
Total Enrollees Assigned to a non-PCMH-Recognized Provider	909,343 59%	562,254 37%	3,549 <1%	63,051 4%	1,538,197 100%
Total	3,028,585 61%	1,858,647 37%	16,374 <1%	63,051 1%	4,966,657 100%

Medicaid (FFS): There were 27,363 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 March 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 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: 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	57.6
	Central	7.4	7.3
	Long Island	7.6	12.7
	Hudson Valley	8.5	10.7
	Northeast	6.4	3.9
	Western	14.1	7.8
Race	Black	17.2	15.1
	White	27.2	30.7
	Asian	10.4	10.1
	Hispanic	8.1	5.8
	Other	37.1	38.4
Aid Category	Safety Net	29.6	37.5
	Supplemental Security Income	6.7	5.6
	TANF	63.7	56.9
	Other	<0.1	0.1
Age	0-20	45.8	36.6
	21-54	42.8	49.8
	55-64	9.8	11.5
	65-74	1.3	1.6
	75+	0.3	0.4
Gender	Male	47.2	48.2
	Female	52.8	51.8

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 2020 through December 2020.

Figure 9: Medical Home Spending by MMC Product Line January 2020 through December 2020					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$206,292,886	\$6,785,593	\$771,195	\$18,658,103	\$232,507,777

*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:

pcmh@health.ny.gov