Department of Health

New York State Patient Centered Medical Homes Quarterly Report

March 2017

Program Highlights and Background

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 the patient's health care needs. The PCMH model 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 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. Providers in New York State (NYS) are recognized as level 1, 2, or 3 (3 is the highest recognition) under 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 2011 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. NCQA plans to release an updated set of standards in April 2017.

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 New York's Statewide Medicaid 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 providers in the state towards achieving the Triple Aim: healthier people, better care, and smarter spending, and focuses on the Advanced Primary Care (APC) model. The NYS Medicaid Delivery System Reform Incentive Payment (DSRIP) program requires certain providers that are participating in primary care transformation projects 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 12% of all PCMH practices and about 12% of providers in the country operate in NYS.

As of March 2017, there were 1,424 practices recognized as a PCMH, of which 65% achieved the highest level of recognition, level 3 under 2014 standards. Practices with 5-10 providers currently make up the largest portion of PCMH-recognized practices. About 26% of practices were found to have more than one primary care specialty.

***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 2017, there were 6,601 providers recognized as a PCMH. About 72% achieved the highest level of recognition, under 2014 standards. It is anticipated that the proportion of practices and providers recognized under the 2014 standards will continue to increase as practices recognized under 2011 standards convert to higher standards and new practices join the program.

As of March 2017, 5,796 (25%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and just over half of Medicaid managed care (MMC), HIV Special Needs Plan (SNP), and Health and Recovery Plan (HARP) enrollees were assigned to a PCMH-recognized PCP.* Of those enrollees, 80% were assigned to a PCMH-recognized provider who 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 Statewide Medicaid PCMH Incentive Payment Program, in two ways. Enhanced payments are given to providers for MMC, Child Health Plus (CHP), HARP, and 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 $131 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2016 through December 2016. Roughly $5.5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from April 2016 through March 2017 for 147,387 unique enrollees.

To learn more about the New York Statewide Medicaid PCMH Incentive Payment Program please visit: [Frequently Asked Questions: Patient Centered Medical Homes]

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

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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

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of March 2017. There are no practices recognized as a level 1 under the 2014 standards.

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

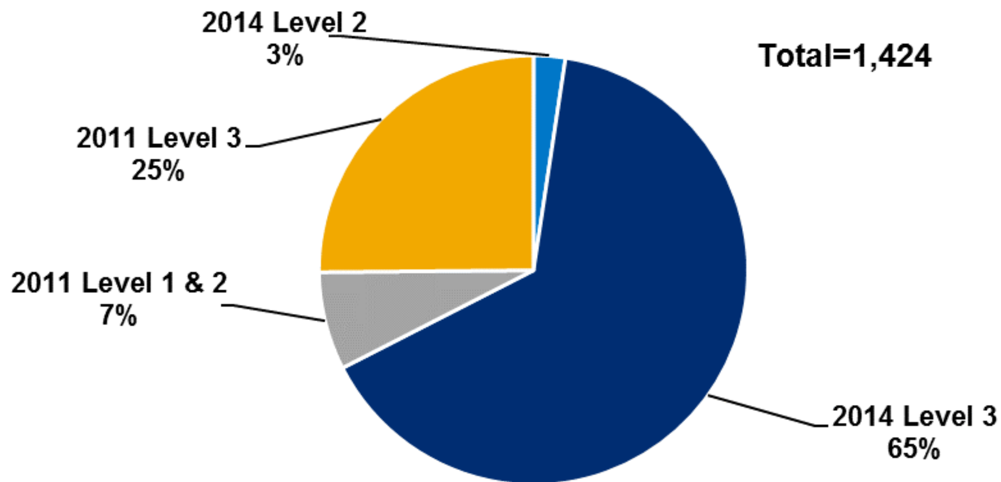


Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's 2011 and 2014 standards by level from October 2016 to March 2017. The remaining 2011 practice recognitions are expected to expire by the end of 2018.

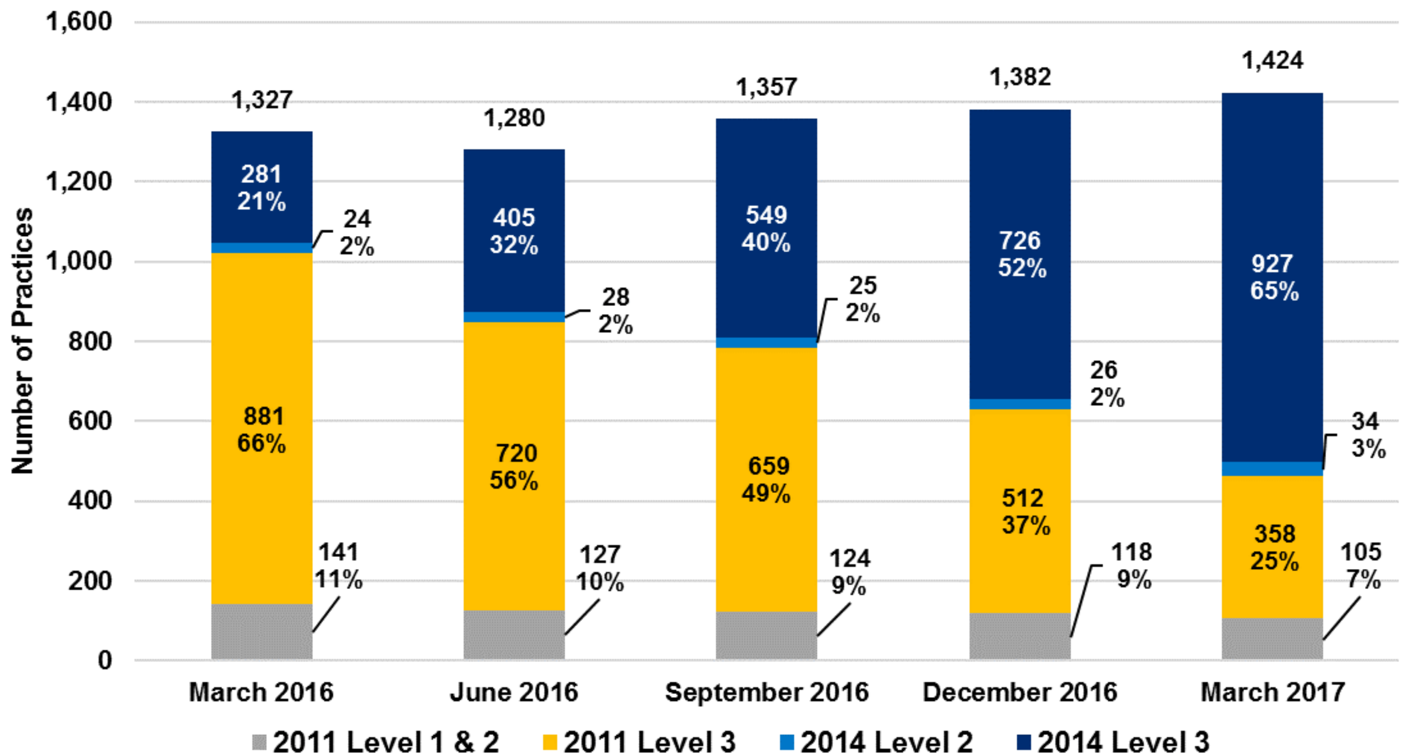
Figure 1b: PCMH-Recognized Practices' Standard Year and Level by Month

	Recognition Level	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
2011 Standards	1	5 (<1%)	3 (<1%)	6 (<1%)	3 (<1%)	3 (<1%)	3 (<1%)
	2	118 (9%)	113 (8%)	112 (8%)	108 (8%)	103 (7%)	102 (7%)
	3	609 (44%)	559 (41%)	512 (37%)	462 (33%)	408 (29%)	358 (25%)
2014 Standards	1	3 (<1%)	2 (<1%)	2 (<1%)	0	0	0
	2	26 (2%)	26 (2%)	24 (2%)	26 (2%)	29 (2%)	34 (3%)
	3	606 (44%)	666 (48%	726 (52%)	787 (57%)	860 (61%)	927 (65%)
Total:		1,367	1,369	1,382	1,386	1,403	1,424

The data in Figures 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: March 2017).

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's 2011 and 2014 recognition standards and levels from March 2016 to March 2017.



The number of PCMH-recognized practices under 2011 standards continues to decline, while the number of PCMH-recognized practices achieving 2014 recognition continues to grow. There are currently no practices recognized as a level 1 2014 PCMH. As of March 2017, 65% of PCMH-recognized practices achieved 2014 level 3 recognition, which is the highest recognition standard and year available.

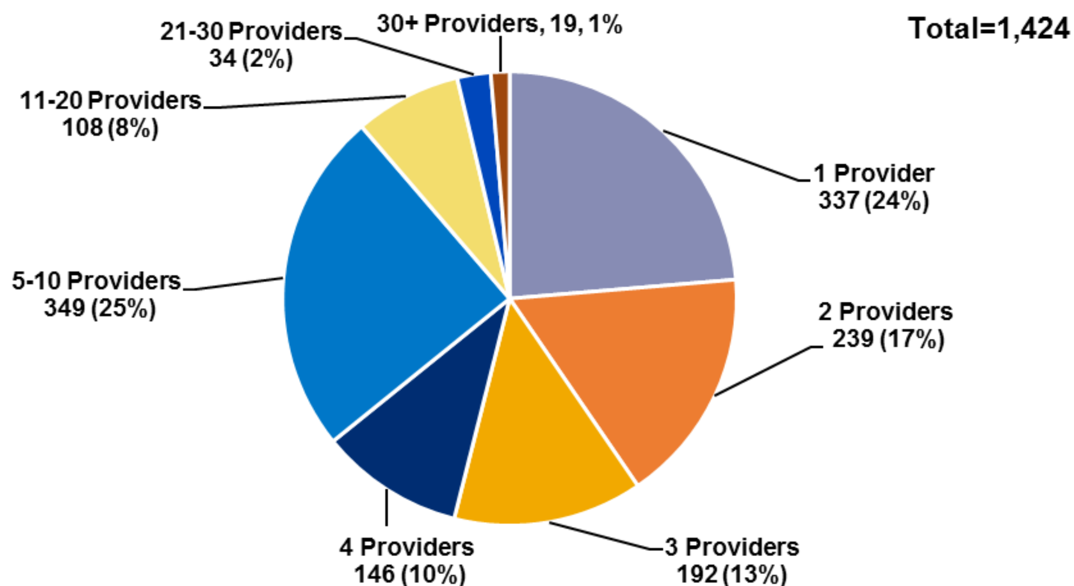
The data in Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: March 2017).

Section 1: Practice Information

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region.*

Figure 1d: NYS PCMH-Recognized Practices by QARR Region		
Region	**Number of PCMH-Recognized Practices**	**Percent of PCMH-Recognized Practices**
Central	117	8%
Hudson Valley	147	10%
Long Island	98	7%
NYC	561	40%
Northeast	157	11%
Western	344	24%
Total	1,424	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers. Practices with 5-10 (25%) make up the largest proportion of PCMH-recognized practices, but there is also a high proportion of practices with only one provider (24%).



The data in Figure 1d and 1e was derived from the most recently available NCQA-recognized provider lists (for this report: March 2017).

*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 shows the number and percent of PCMH-recognized practices by self-reported primary care specialty. There were 364 (26%) practices with more than one primary care specialty; these practices are classified as 'multiple' in the graph below. About 23% of all PCMH-recognized practices did not report a primary care specialty to NCQA.

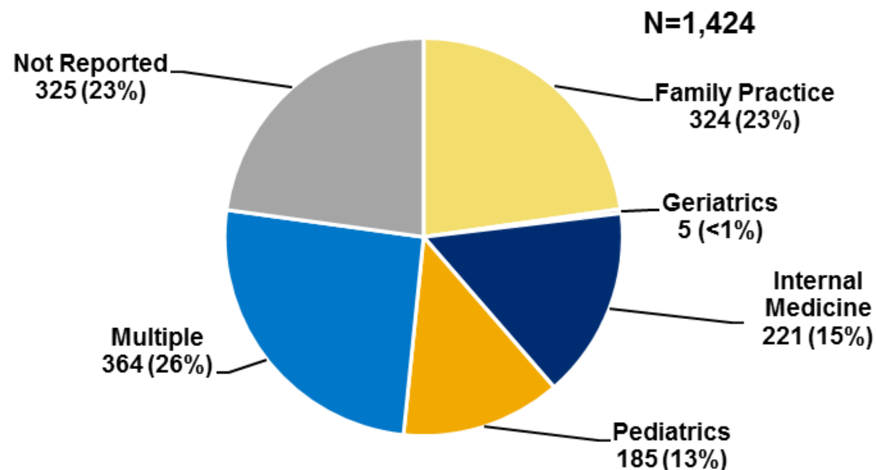


Figure 1g shows the number and percent of PCMH-recognized practices that also offer specialty care services. The most common subspecialties reported were: Gynecology (55), Infectious Disease (34), and Cardiology (34).

Figure 1g: NYS PCMH-Recognized Practices by Subspecialty

Subspecialty	Number of PCMH-recognized practices	Percent of PCMH-recognized practices
Gynecology	55	4%
Infectious Disease	34	2%
Cardiology	34	2%
Endocrinology	25	2%
Gastroenterology	15	1%
Immunology	12	1%
Pulmonology	10	1%
Nephrology	5	< 1%
Rheumatology	3	< 1%
Oncology	3	< 1%
HIV	1	< 1%
Tropical Medicine	1	< 1%
Neurology	1	< 1%
Psychiatry	1	< 1%
Podiatry	1	< 1%

The data in figures 1f and 1g was derived from the most recently available NCQA recognized provider lists (for this report: March 2017).

Figure 1h displays the 10 states with the most NCQA PCMH-recognized practices in the country as of March 2017. Over 12% of all PCMH-recognized providers in the country practice in NYS. Although NYS continues to remain the state with the largest number of practices with NCQA's PCMH recognition, the difference is slowly decreasing as more practices throughout the rest of the country continue to receive this recognition. This may be due to the growing number of initiatives across the country geared towards reforming primary care that use NCQA's PCMH model.

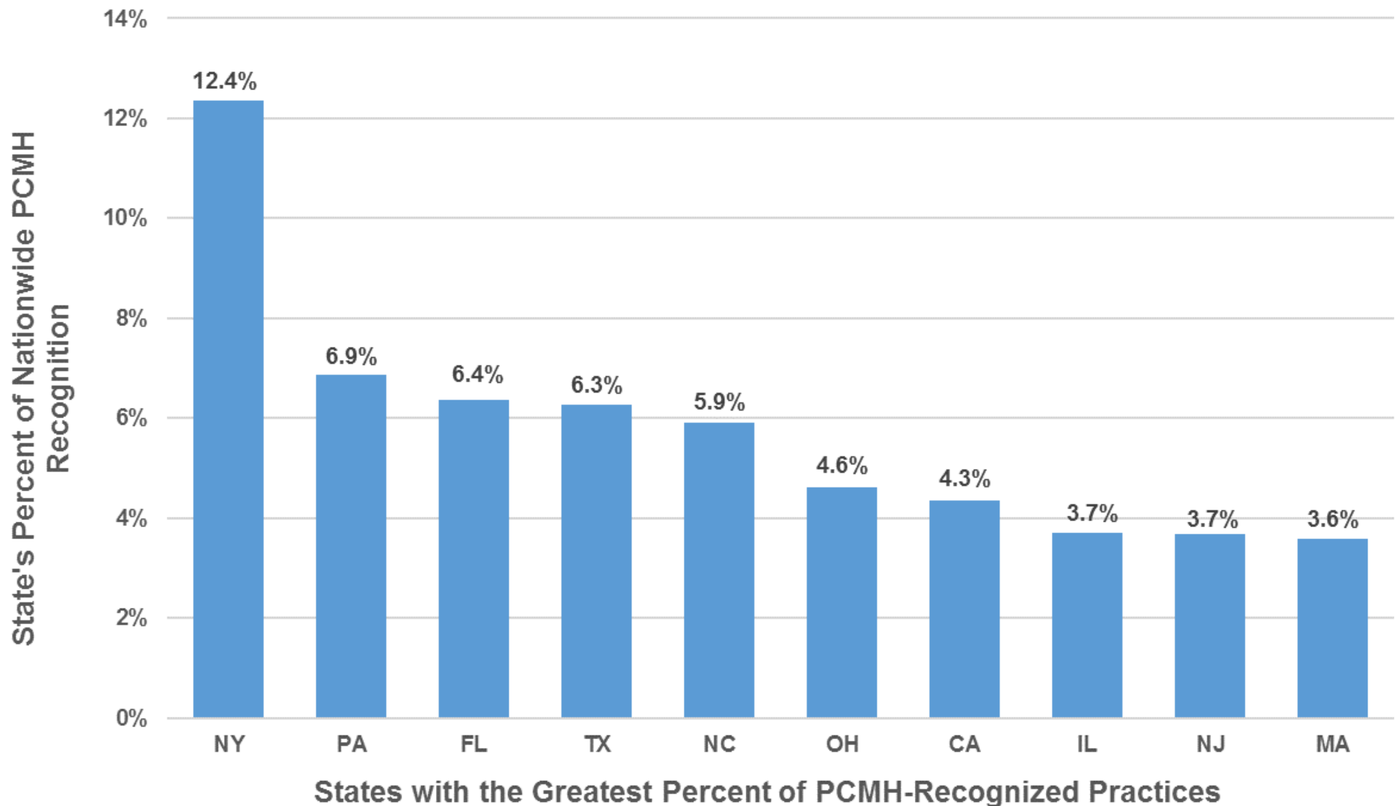


Figure 1h only represents states with the greatest number of PCMH-recognized practices. These 10 states account for 58% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 42% of PCMH-recognized practices in the country. This figure only represents the PCMH practices that are recognized by the NCQA. Practices may participate in other primary care transformation programs that are similar to NCQA's model.

The data in figure 1h was retrieved on March, 31, 2017 from NCQA's website at: http://recognition.ncqa.org/

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 2017.

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

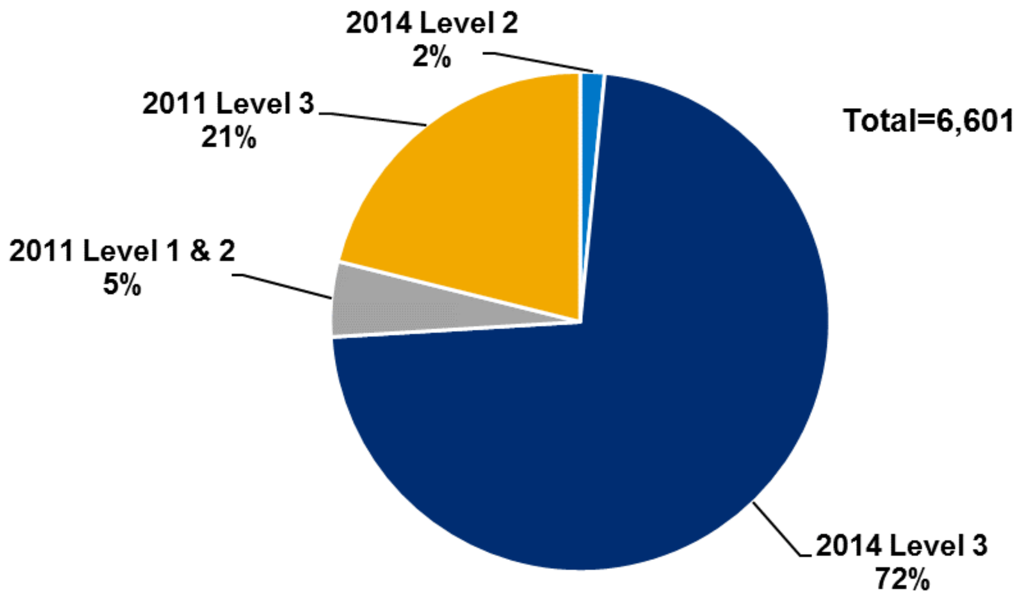


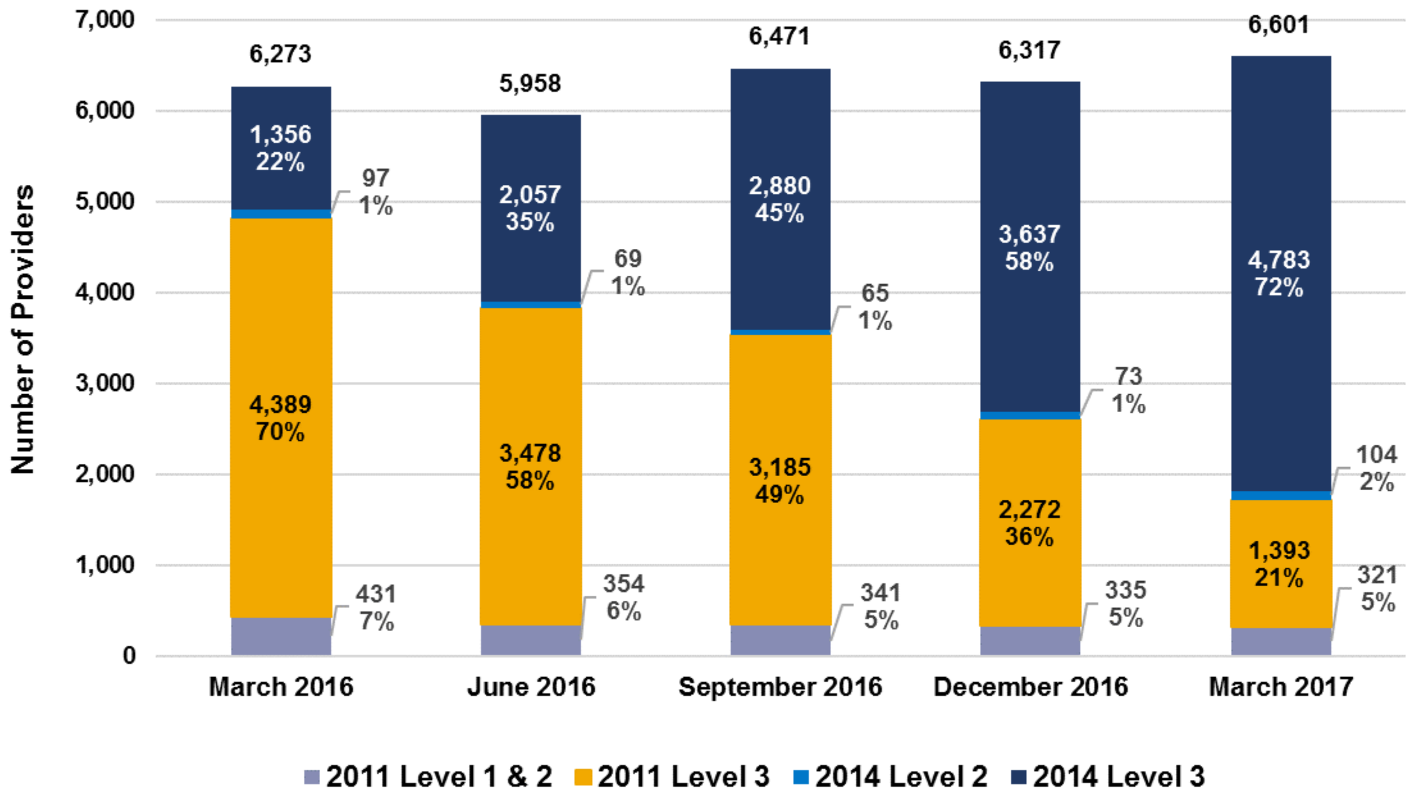
Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards, 2014 standards, and by level from October 2016 to March 2017. The remaining 2011 providers are expected to phase out by the end of 2018.

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

	Recognition Level	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
2011 Standards	1	16 (<1%)	12 (<1%)	16 (<1%)	12 (<1%)	12 (<1)	12(<1%)
	2	325 (5%)	322 (5%)	319 (5%)	316 (5%)	308 (5%)	309 (5%)
	3	2,870 (45%)	2,430 (39%)	2,272 (36%)	1,818 (29%)	1,603 (25%)	1,393 (21%)
2014 Standards	1	4 (<1%)	2 (<1%)	2 (<1%)	0	0	0
	2	61 (1%)	64 (1%)	71 (1%)	78 (1%)	84 (1%)	104 (2%)
	3	3,104 (49%)	3,393 (54%)	3,637 (58%)	3,997 (64%)	4,514 (69%)	4,783 (72%)
Total:		6,380	6,223	6,317	6,221	6,521	6,601

The data in figures 2a and 2b were derived from the most recently available NCQA-recognized provider lists (for this report: March 2017).

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from March 2016 to March 2017.



The number of PCMH-recognized providers under 2011 standards continues to decline, while the number of PCMH-recognized providers achieving 2014 recognition continues to grow. As of March 2017, 72% of PCMH-recognized providers achieved 2014 level 3 recognition. For a closer look at the 2011 and 2014 recognition trends, please see Figures 2d and 2e.

The data in figures 2c were derived from the most recently available NCQA-recognized provider lists (for this report: March 2017).

Figure 2d shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in NYS from March 2016 to March 2017.

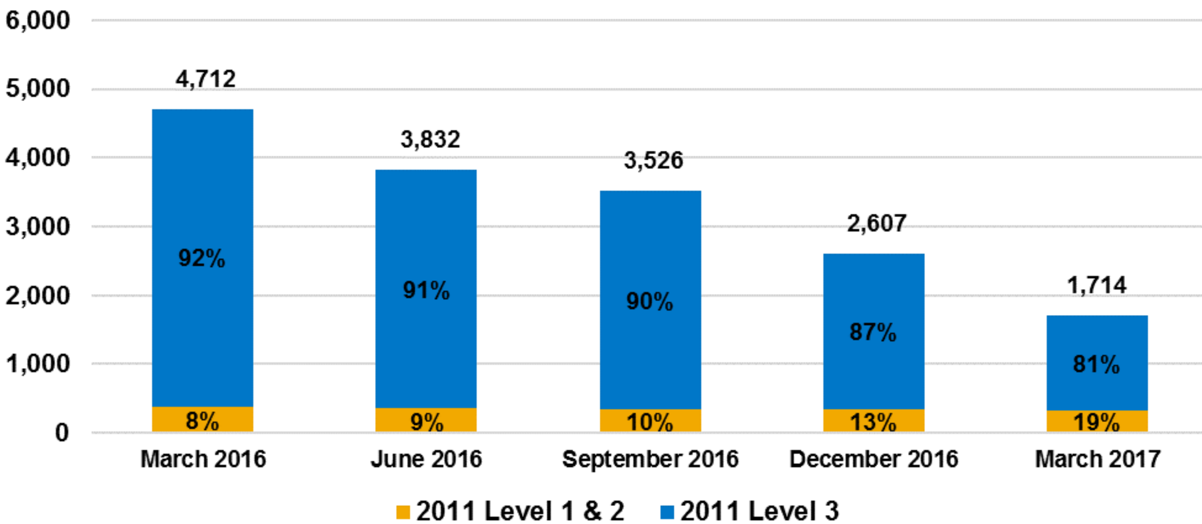
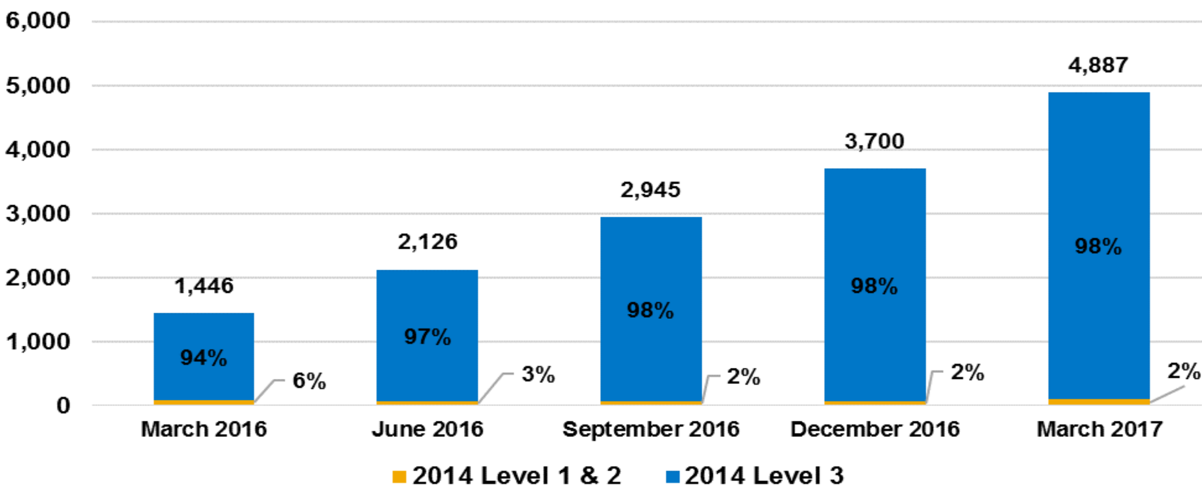


Figure 2e shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in NYS as of March 2017. This number is expected to grow over time as a result of the numerous PCMH initiatives throughout the state.



The data in Figure 2d and Figure 2e was derived from the most recently available NCQA recognized provider lists (for this report: March 2017).

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participate with MMC from March 2016 to March 2017. PCPs are defined as MDs, DOs, or NPs who have a primary or secondary specialty in either Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 5,796 PCMH-recognized PCPs that participate with MMC as of March 2017. Around 88% 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 25% 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 patient panels. Figure 8 shows the number of MMC members assigned to PCMH-recognized PCPs.

Figure 3a: Proportion of all PCPs in MMC that are Recognized as a PCMH by Quarter

	March 2016	June 2016	September 2016	December 2016	March 2017
PCMH PCPs participating with MMC	5,401	5,189	5, 616	5,477	5,796
All PCPs participating with MMC	20,414	20,799	20,791	21,832	23,179
PCMH Penetration Rate in MMC	27%	25%	27%	25%	25%

Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of March 2017.

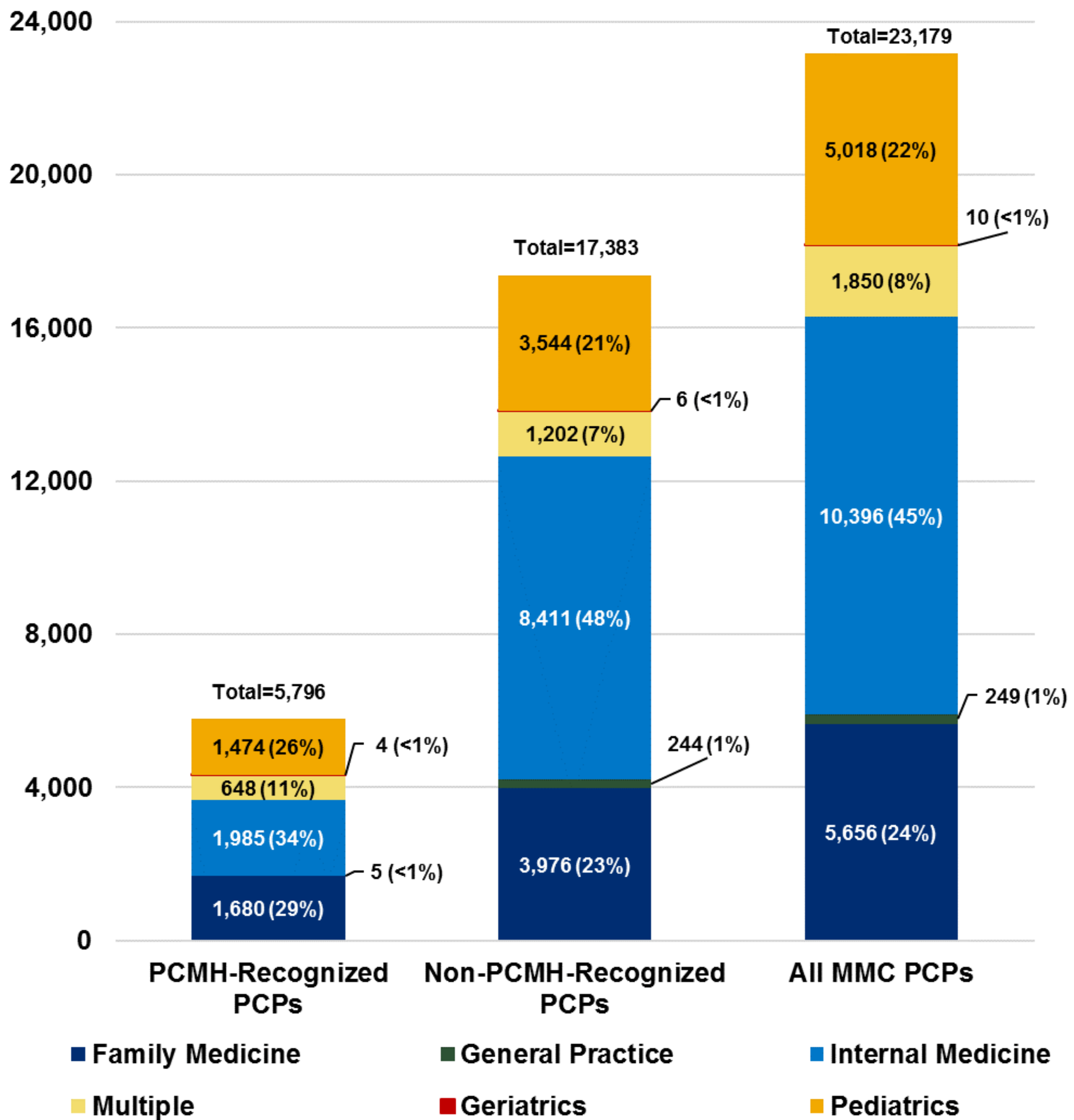
Figure 3b: PCMH-recognized PCPs in MMC by Level and Standard Year

	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2011 Standards	1	11	<1%
	2	217	4%
	3	1, 193	20%
2014 Standards	1	-	-
	2	93	2%
	3	4, 282	74%
Total:		5,796	100%

The data in Figure 3a & 3b was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: March 2017) and March 2017 provider network data.

Section 2: Provider Information

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, NYS non-PCMH-recognized PCPs, and all PCPs that participate with MMC. As of March 2017, there are 805 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 also participate in Medicaid FFS.



The data in figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: March 2017) and March 2017 provider network data.

Figure 5 displays the states with the most NCQA PCMH-recognized providers in the country as of March 2017. Nearly 12% of all PCMH-recognized providers in the country practice in NYS. Although NYS continues to remain the state with the largest number of providers with NCQA's PCMH recognition, the difference is slowly decreasing, as more providers throughout the rest of the country continue to receive this recognition. This may be due to the growing number of initiatives across the country geared towards reforming primary care that use NCQA's PCMH model.

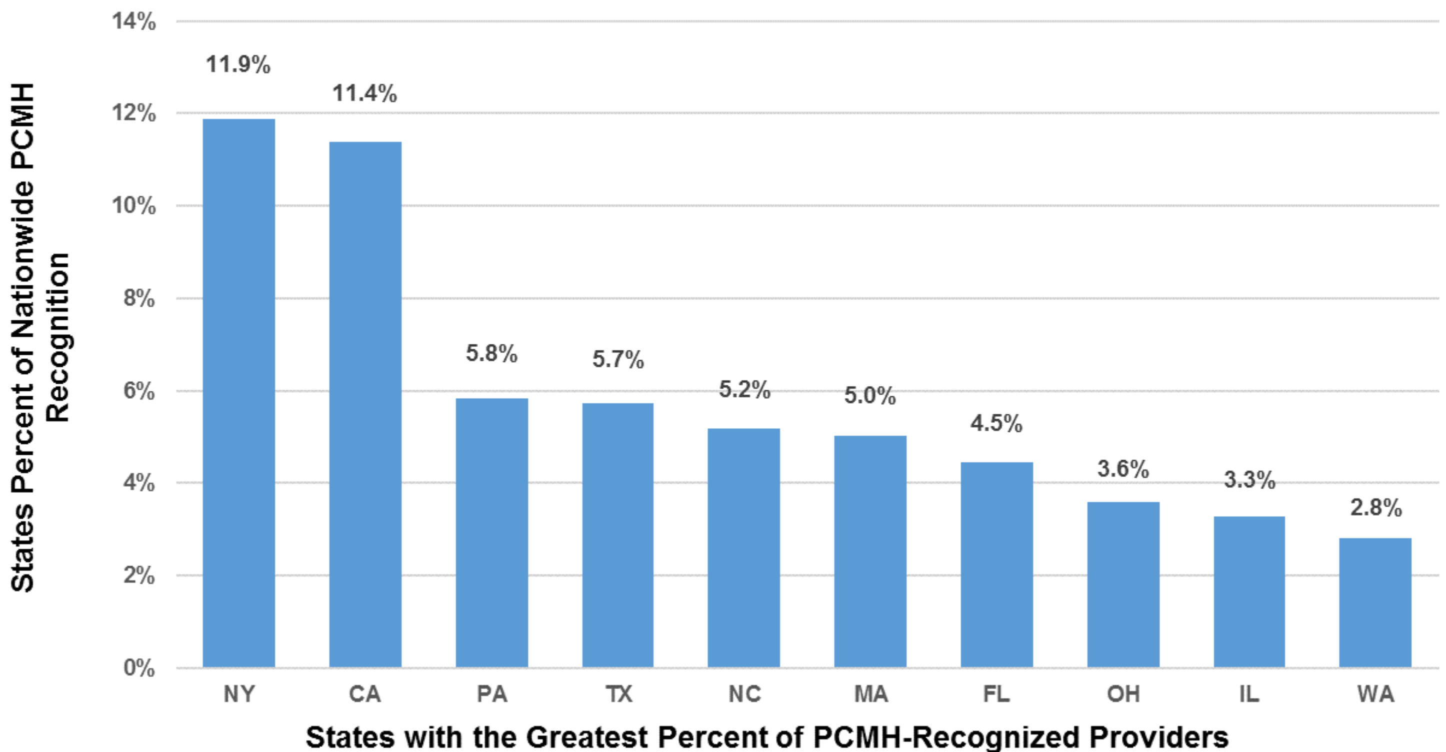


Figure 5 only represents states with the greatest number of PCMH-recognized providers. These 10 states account for 59% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 41% of PCMH-recognized providers in the country. This figure 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.

The data in figure 5 was retrieved on March 31, 2017 from NCQA's website at: http://recognition.ncqa.org/

Section 2: Provider Information

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 and 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. The DSRIP program requires certain primary care practices and their providers that are participating in specific transformation programs to achieve APC recognition or 2014 level 3 PCMH recognition by March 31, 2018. As of March 2017, there are no practices certified under the APC program. For more information on the NYS DSRIP program please see:
http://www.health.ny.gov/healthcare/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 a PCMH and participate in DSRIP. As of March 2017, 81% (5,340) of PCMH-recognized providers are participating in the DSRIP program.

Figure 6a: PCMH-Recognized Providers Participating in DSRIP

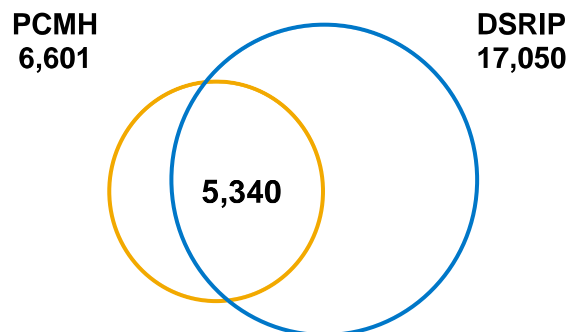
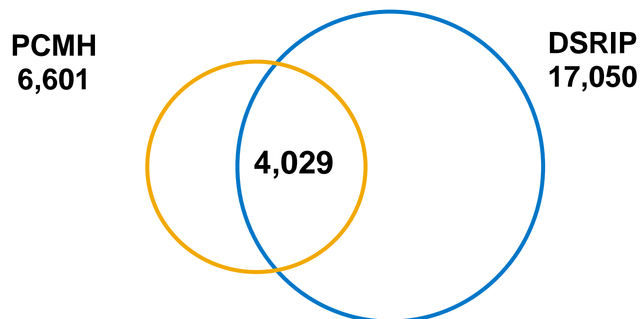


Figure 6b shows the number of providers who are recognized as a PCMH in NYS, the number of PCPs participating in DSRIP, and the number of providers in DSRIP who achieved 2014 Level 3 PCMH-Recognition as of March 2017.

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 (March 2017), and March 2017 provider network data. PCPs are defined as MDs, DOs, and NPs that specialize in internal medicine, family medicine, pediatrics, geriatrics, and general practice

Section 3: Enrollee Information

Figure 7a shows the number of NYS MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs by level and standard year as of March 2017. The majority of enrollees are assigned to PCPs recognized at the highest standard year and level of recognition. Some new enrollees may not have an assigned PCP yet.

Figure 7a: 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**
2011	1	2,314	63	0	2,377
	2	59,680	1,504	875	62,059
	3	318,520	7,412	1,107	327,039
2014	1	-	-	-	-
	2	38,247	715	237	39,199
	3	1,659,680	36,118	6,254	1,702,052
Total:		2,078,441	45,812	8,453	2,132,726

Figure 7b shows the PCMH penetration rate for MMC, HARP, and HIV SNP members. A higher proportion of HIV SNP enrollees are assigned to a PCMH recognized PCP compared to other Medicaid product types.

Figure 7b: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees				
	Assigned MMC Enrollees	**Assigned HARP Enrollees**	**Assigned HIV SNP Enrollees**	**Total**
Total assigned to a PCMH recognized provider	2,078,441	45,812	8,473	2,132,726
Total assigned to a non-PCMH recognized provider	2,009,307	33,058	5,464	2,047,829
Total	4,087,748	78,870	13,937	4,180,555
PCMH Penetration Rate	51%	58%	61%	51%

Figure 7a and Figure 7b use plan-reported panel data (for this report: March 2016 – March 2017) and the March 2017 NCQA recognized provider lists.

Figure 8 shows the number of MMC, HARP, and HIV SNP members assigned to PCMH-recognized PCPs from March 2016 to March 2017. As of March 2017, 51% of NYS MMC members are assigned to PCMH-recognized PCPs.

Figure 8: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter

	March 2016	June 2016	September 2016	December 2016	March 2017
MMC Members Assigned to PCMHs	1,946,020	1,972,641	2,027,542	1,994,380	2,132,706
Members Assigned to Non-PCMHs	2,110,320	2,139,056	2,116,262	2,138,219	2,047,829
Total	4,056,340	4,111,697	4,143,804	4,132,599	4,180,555
PCMH Penetration Rate	48%	48%	49%	48%	51%

Medicaid (FFS): There were 48,527 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment with a PCMH-recognized provider during the first quarter of 2017. 147,387 unique Medicaid FFS enrollees had a qualifying visit resulting in an add-on payment with a PCMH recognized provider from April 2016 through March 2017.

Figure 8 uses plan-reported panel data (for this report: March 2016 – March 2017) and the March 2017 NCQA recognized provider lists.

Section 3: Enrollee Information

Figure 9 shows select demographics of MMC, HARP, and HIV SNP enrollees assigned to PCMH-recognized PCPs, 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 Western New York and New York City, of Black and Hispanic racial groups, those that receive Temporary Assistance to Needy Families (TANF), and that are 20 or younger as compared to the demographics of enrollees assigned to non-PCMH-recognized providers.

Figure 9: 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	61%	58%
	Central	5%	8%
	Long Island	6%	12%
	Hudson Valley	8%	9%
	Northeast	5%	5%
	Western	15%	8%
Race	Black	20%	16%
	White	25%	30%
	Asian	10%	14%
	Hispanic	19%	13%
	Other	26%	27%
Aid Category	Safety Net	24%	29%
	Supplemental Security Income	9%	8%
	TANF	67%	64%
	Other	<1%%	<1%
Age	0-20	49%	44%
	21-54	41%	44%
	55-64	9%	10%
	65-74	1%	1%
	75+	<1%	1%
Gender	Male	46%	47%
	Female	54%	53%

Demographic data presented in Figure 9 is based March 2017 panel, March 2017 Medicaid enrollment data, and NCQA-recognized provider lists (for this report: March 2017).

Section 4: Expenditures

The figures in this section display the amounts paid for the New York Statewide Medicaid PCMH Incentive Payment Program. This program only pays practices and their providers recognized as either level 2 or 3 under NCQAs 2011 or 2014 standards as of March 2017.

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 December 2016. The 2017 PCMH capitation spending is not yet available.

Figure 10: MMC Medical Home Spending January 2016 through December 2016

	MMC	CHP	HIV SNP	HARP	Total
Total	$121,713,231	$7,313,151	$336,281	$1,662,330	$131,024,993

*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH payments are only given for MMC, CHP, HIV SNP, and HARP products, and Medicaid FFS Add-ons. 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 2017 through March 2017. Figure 11b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from April 2016 through March 2017.

Figure 11a: PCMH Add-Ons by Level for Statewide FFS January 2017 through March 2017		Figure 11b: PCMH Add-Ons by Level for Statewide FFS April 2016 through March 2017	
Year to Date		Cumulative Rolling Year	
Level 2	$ 103,382	**Level 2**	$ 405,901
Level 3	$ 1,506,787	**Level 3**	$ 5,116,952
Total	$ 1,610,168	**Total**	$ 5,522,853

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: December 2016).

The amounts in Figures 11a and 11b were derived from claims data from April 2016 through March 2017. The amounts in these figures may under represent expenditures because a customary 6-month run-out was not applied.

Important Links

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

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/

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