



**Department
of Health**

New York State Patient Centered Medical Homes Quarterly Report



September 2017

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. Practices and their providers in New York State (NYS) can be recognized under NCQA's 2011, 2014, or 2017 standards. NCQA's 2017 standards were released on April 3, 2017. Practices can no longer apply for the 2011 standards and the last day practices could submit an application to be recognized under the 2014 standards was September 30, 2017. The leveling structure was eliminated in the 2017 PCMH standards. It is expected that providers recognized under the 2011 standards will phase out by June 2018. There are currently no practices or providers recognized under the 2017 standards.



There are many initiatives throughout NYS that focus on improving primary care and use PCMH concepts as a foundation. Effective July 1, 2017 NYS Medicaid only provides incentive payments to providers recognized as a level 2 or 3 PCMH under the 2014 standards or 2017-recognized PCMH as part of New York's Statewide Medicaid PCMH Incentive Payment Program. Incentives for the Adirondack Medical Home Demonstration (ADK) remain unchanged. 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 recognition, 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* recognized as a PCMH by NCQA compared to all other states in the country; over 12% of all PCMH practices and almost 12% of providers in the country operate in NYS.

As of September 2017, there were 1,610 practices recognized as a PCMH, of which 85% achieved the highest level of recognition, level 3, under 2014 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 September 2017, there were 7,131 providers recognized as a PCMH. Of which 90% 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 September 2017, 6,181 (27%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (55%) 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 (94%) 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. Incentive payments are given to providers for MMC, HARP, HIV SNP, and Child Health Plus (CHP) enrollees through the enrollee's health plan via capitation payments, or as an 'add-on' for qualifying visits for Medicaid fee-for-service (FFS) enrollees. Approximately \$126 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2017 through September 2017. Over \$5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2017 through September 2017 for 116,096 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 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 September 2017. There are no practices recognized as a level 1 under the 2014 standards and there are no practices recognized under the 2017 standards as of September 2017.

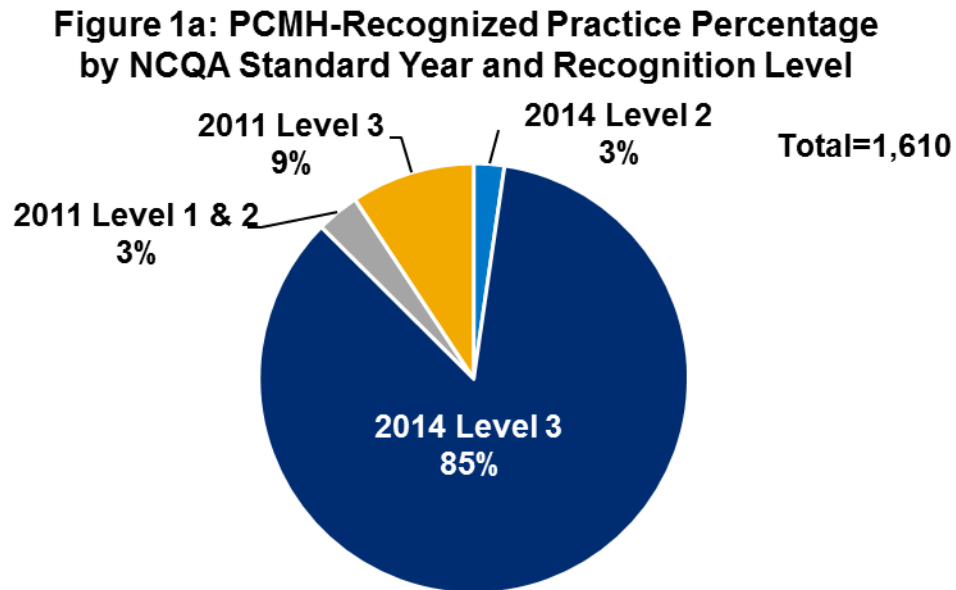


Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's 2011 and 2014 standards by level from April 2017 to September 2017. The remaining 2011 practice recognitions are expected to expire by June 2018.

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

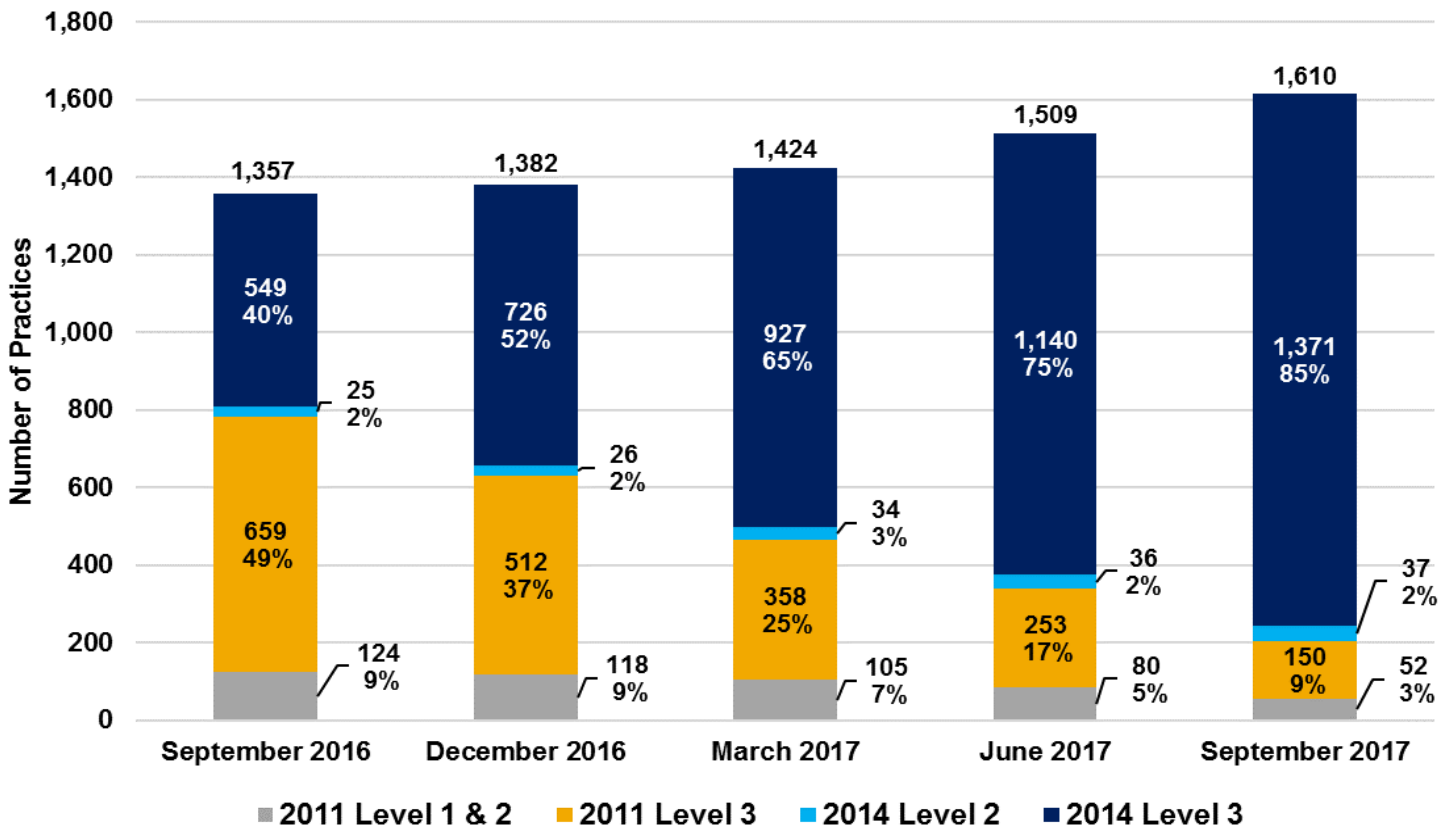
| | Recognition Level | April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | September 2017 |
|----------------|-------------------|---------------|----------------|----------------|----------------|----------------|----------------|
| 2011 Standards | 1 | 3 (<1%) | 2 (<1%) | 2 (<1%) | 2 (<1%) | 2 (<1%) | 2 (<1%) |
| | 2 | 96 (6%) | 91 (6%) | 78 (5%) | 61 (4%) | 57 (4%) | 50 (3%) |
| | 3 | 344 (23%) | 293 (20%) | 253 (17%) | 222 (15%) | 181 (12%) | 150 (9%) |
| 2014 Standards | 2 | 34 (2%) | 32 (2%) | 36 (2%) | 36 (2%) | 34 (2%) | 37 (3%) |
| | 3 | 1002 (68%) | 1,056 (72%) | 1,140 (76%) | 1,205 (79%) | 1,291 (82%) | 1,371 (85%) |
| Total | | 1,479 | 1,474 | 1,509 | 1,526 | 1,565 | 1,610 |

The data in Figure 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: September 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 September 2016 to September 2017.

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 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 PCMH under the 2014 standards or under the 2017 standards. As of September 2017, 85% of PCMH-recognized practices achieved 2014 level 3 recognition, which is the highest recognition standard and year practices have achieved.

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

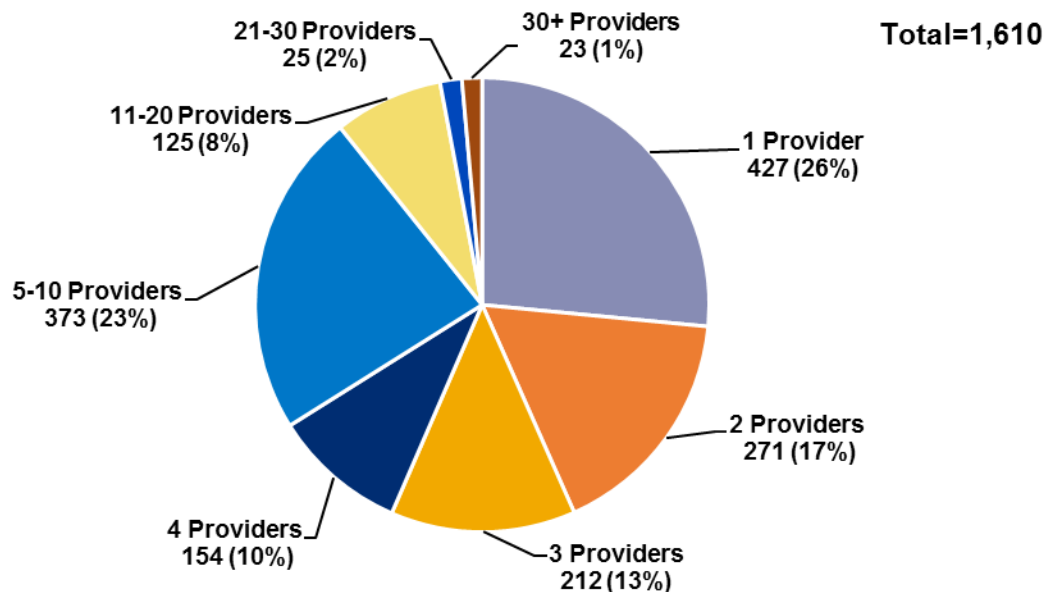
Section 1: Practice Information

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 | 127 | 8% |
| Hudson Valley | 139 | 9% |
| Long Island | 116 | 7% |
| NYC | 681 | 42% |
| Northeast | 167 | 10% |
| Western | 380 | 24% |
| Total | 1,610 | 100% |

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers. Practices with only one reported provider (26%) make up the largest proportion of PCMH-recognized practices, but there is also a high proportion of practices with 5-10 providers (23%).

Figure 1e: NYS PCMH-Recognized Practice Size by Number of Providers



The data in Figure 1d and Figure 1e was derived from the most recently available NCQA-recognized provider lists (for this report: September 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 displays the 10 states with the most NCQA PCMH-recognized practices in the country as of September 2017. Over 12% 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.

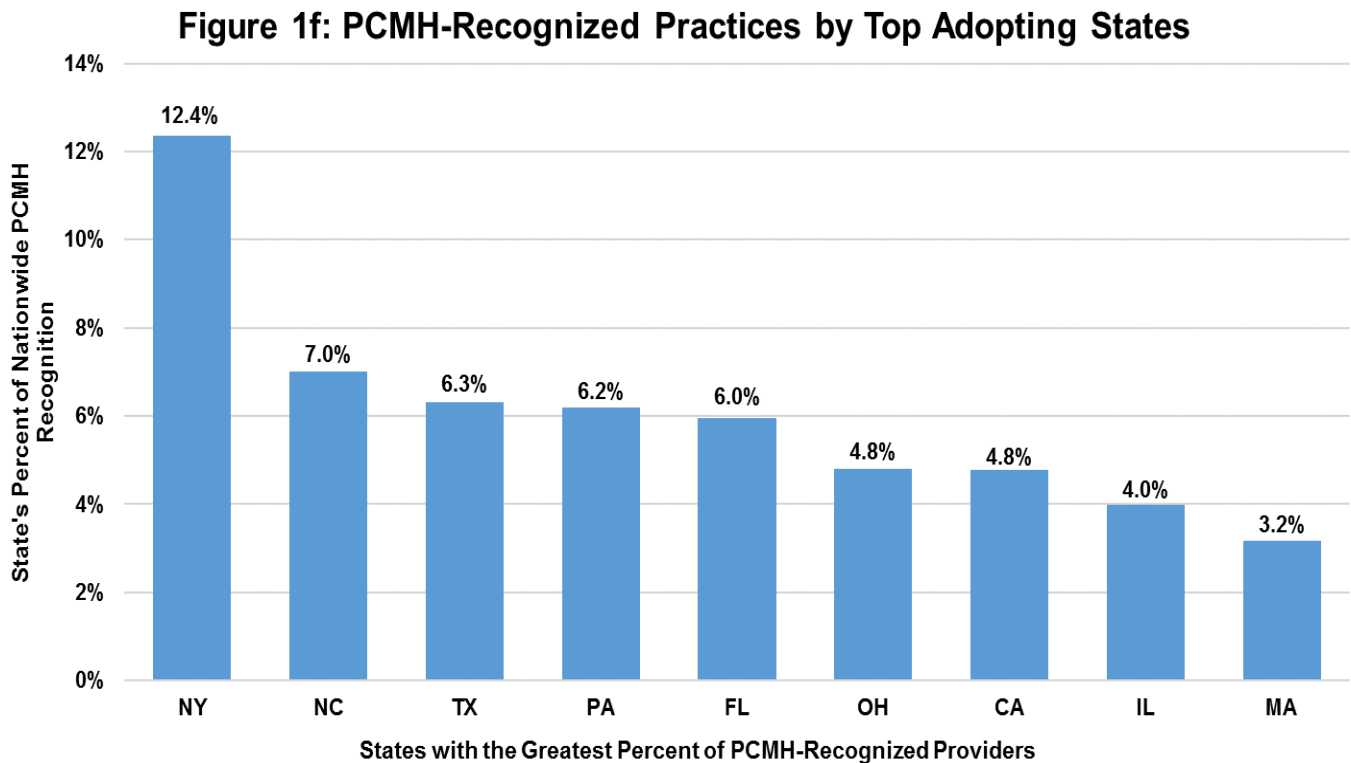


Figure 1f only includes states with the greatest number of PCMH-recognized practices. These 10 states account for 55% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 45% of PCMH-recognized practices in the country. This figure 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.

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 September 2017. The majority of providers are recognized as a 2014 level 3, indicating larger practices may have converted faster than the smaller practices.

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

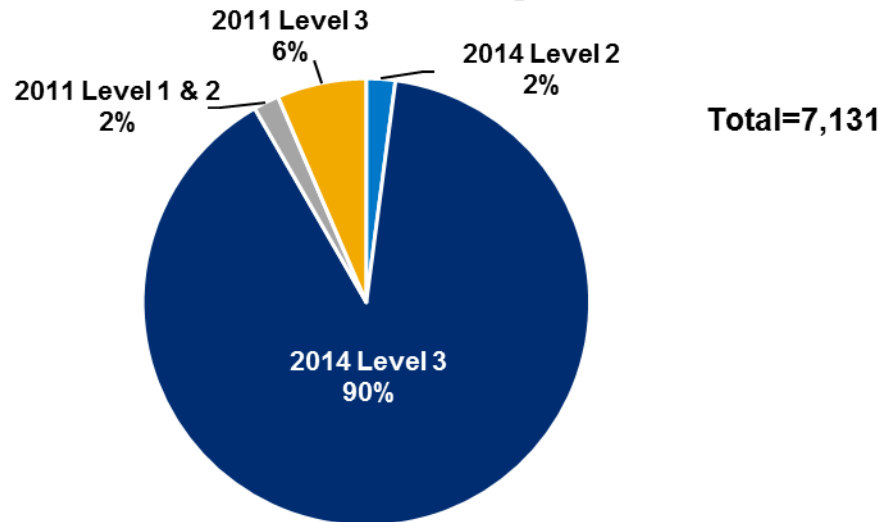


Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards and 2014 standards, and by level from April 2017 to September 2017. The remaining 2011 providers are expected to phase out by June 2018.

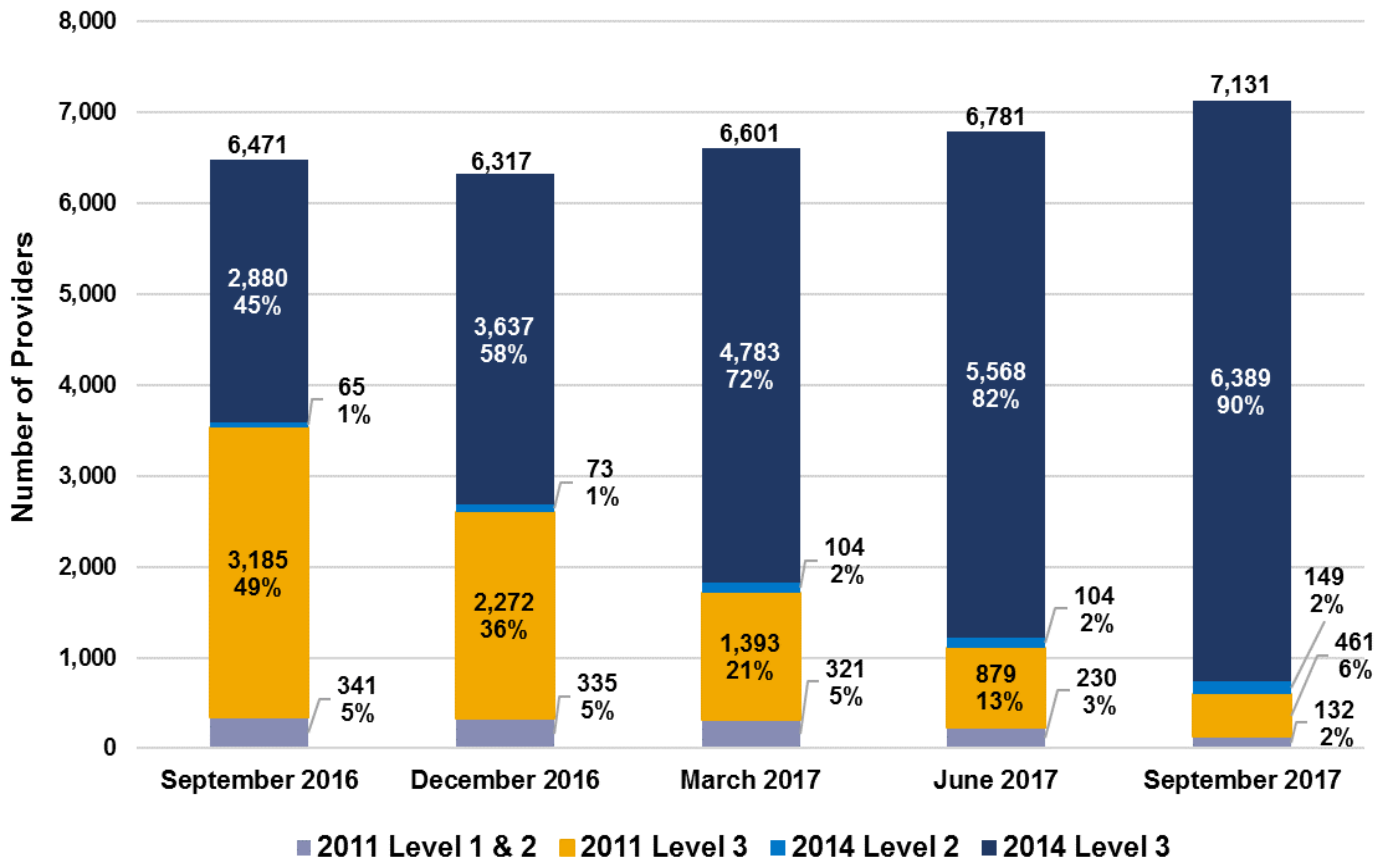
Figure 2b: PCMH-Recognized Providers Standard Year and Recognition Level by Month

| | Recognition Level | April 2017 | May 2017 | June 2017 | July 2017 | August 2017 | September 2017 |
|----------------|-------------------|--------------|--------------|--------------|--------------|--------------|----------------|
| 2011 Standards | 1 | 12 (<1%) | 4 (<1%) | 4 (<1%) | 4 (<1%) | 4 (<1%) | 4 (<1%) |
| | 2 | 291 (4%) | 269 (4%) | 226 (4%) | 161 (2%) | 153 (2%) | 128 (2%) |
| | 3 | 1,384 (20%) | 1,088 (16%) | 879 (13%) | 779 (11%) | 577 (8%) | 461 (6%) |
| 2014 Standards | 2 | 97 (1%) | 85 (1%) | 104 (1%) | 104 (2%) | 95 (1%) | 149 (2%) |
| | 3 | 4,990 (74%) | 5,257 (79%) | 5,568 (82%) | 5,723 (85%) | 6,107 (88%) | 6,389 (90%) |
| Total | | 6,774 | 6,703 | 6,781 | 6,771 | 6,936 | 7,131 |

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from September 2016 to September 2017. The number of PCMH-recognized providers increased almost every quarter.

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 providers achieving 2014 recognition continues to grow. As of September 2017, 90% of PCMH-recognized providers achieved 2014 level 3 recognition.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participate with MMC from September 2016 to September 2017. PCPs are defined as MDs, DOs, or NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 6,181 PCMH-recognized PCPs that participate with MMC as of September 2017. Around 87% 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 27% 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 PCPs in MMC That are Recognized as a PCMH by Quarter | | | | | |
|--|----------------|---------------|------------|-----------|----------------|
| | September 2016 | December 2016 | March 2017 | June 2017 | September 2017 |
| PCMH PCPs participating with MMC | 5,616 | 5,477 | 5,796 | 5,961 | 6,181 |
| All PCPs participating with MMC | 20,791 | 21,832 | 23,179 | 21,722 | 22,949 |
| PCMH Penetration Rate in MMC | 27% | 25% | 25% | 27% | 27% |

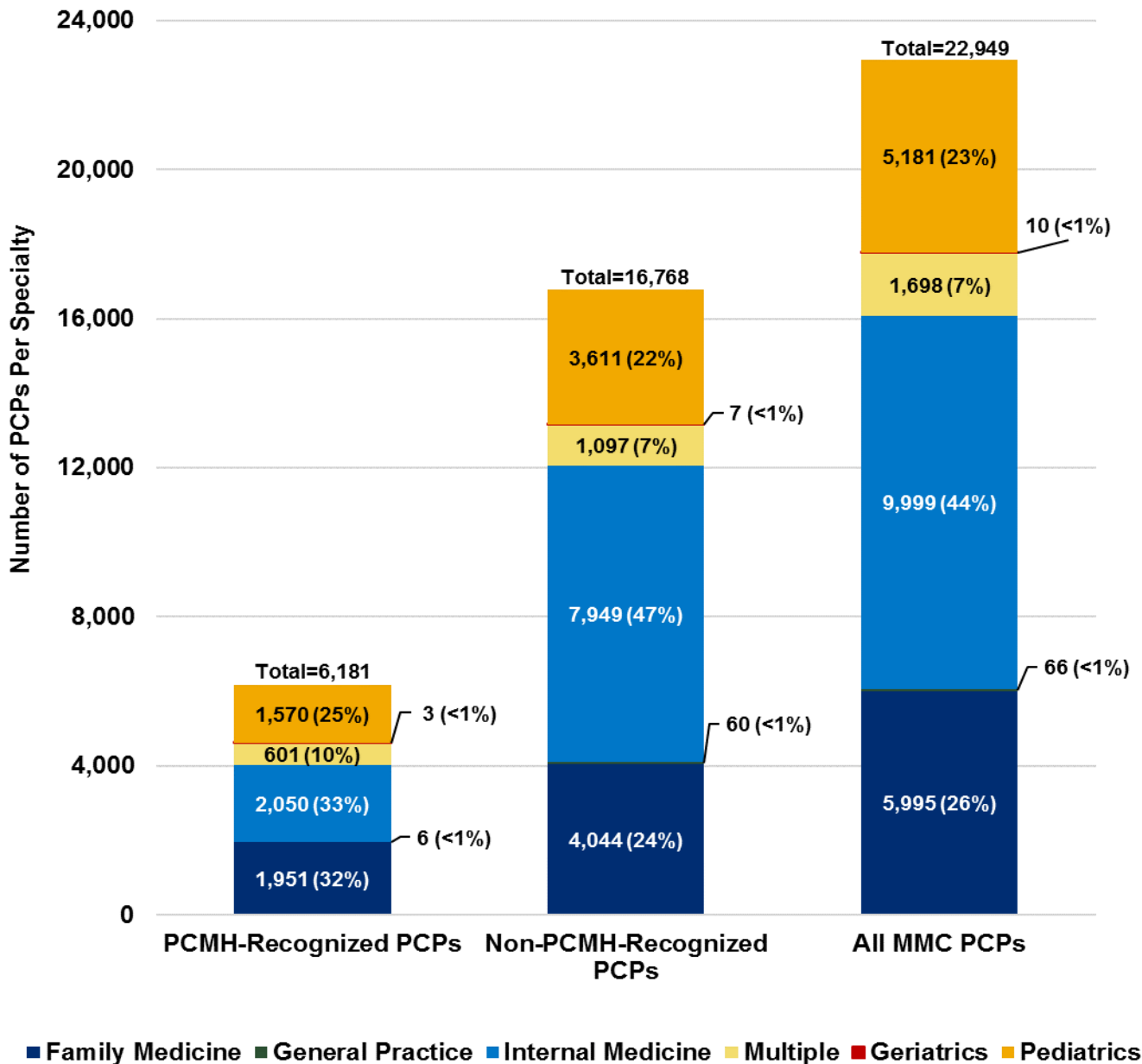
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of September 2017.

| Figure 3b: PCMH PCPs in MMC by Level and Standard Year | | | |
|---|-------------------|---------------------|----------------------|
| | Recognition Level | Number of PCMH PCPs | Percent of PCMH PCPs |
| 2011 Standards | 1 | 3 | <1% |
| | 2 | 87 | 1% |
| | 3 | 354 | 6% |
| 2014 Standards | 2 | 101 | 2% |
| | 3 | 5,636 | 91% |
| Total | | 6,181 | 100% |

Section 2: Provider Information

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 2017, there are 1,223 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: September 2017) and September 2017 PNDS.

Section 2: Provider Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of September 2017. Nearly 12% of all PCMH-recognized providers in the country practice in NYS. September 2017 was the first time that NYS and California had the same percentage of recognized providers. However, California has fewer recognized practices than New York, as per Figure 1f on page 8.

Figure 5: PCMH-Recognized Providers by Top Adopting States

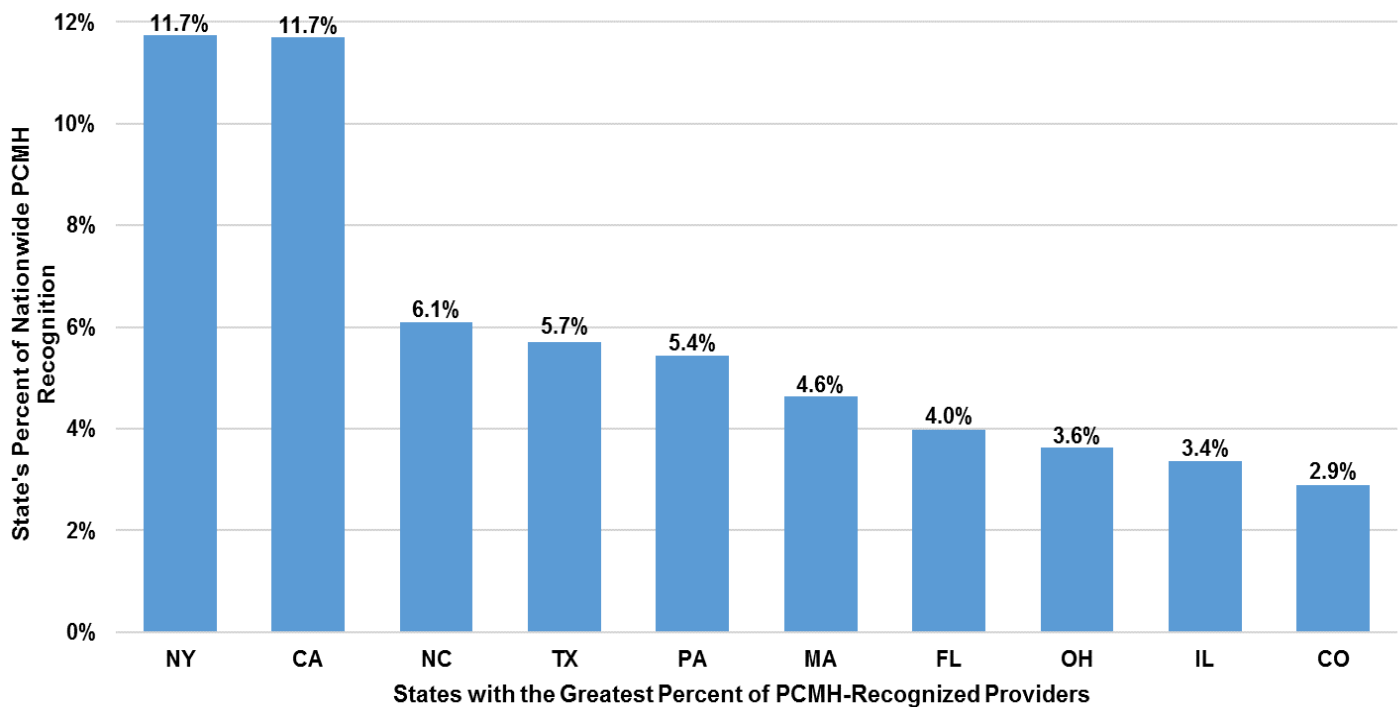


Figure 5 represents states with the greatest number of PCMH-recognized providers. These 10 states account for 59% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 41% of PCMH-recognized providers in the country. This figure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

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 | 2,305,524 | 56,657 | 8,874 | 2,371,055 |
| Total Enrollees Assigned to a non-PCMH-Recognized Provider | 1,879,018 | 35,027 | 4,602 | 1,918,647 |
| Total Enrollees | 4,184,542 | 91,684 | 13,476 | 4,289,702 |
| PCMH Penetration Rate | 55% | 62% | 66% | 55% |

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 September 2017. The majority of enrollees are assigned to PCPs recognized at the highest standard year and level of 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 |
| 2011 | 1 | 1,328 | 53 | 0 | 1,381 |
| | 2 | 35,593 | 1,036 | 3 | 36,632 |
| | 3 | 74,037 | 1,820 | 20 | 75,877 |
| 2014 | 2 | 34,889 | 865 | 217 | 35,971 |
| | 3 | 2,159,677 | 52,883 | 8,634 | 2,221,144 |
| Total Enrollees | | 2,305,524 | 56,657 | 8,874 | 2,371,055 |

Figure 6a and Figure 6b use plan-reported panel data (for this report: July 2017 – September 2017) and the September 2017 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 September 2016 to September 2017. As of September 2017, 55% of NYS MMC enrollees are assigned to PCMH-recognized PCPs.

| Figure 7a: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter | | | | | |
|---|----------------|---------------|------------|-----------|----------------|
| | September 2016 | December 2016 | March 2017 | June 2017 | September 2017 |
| MMC Enrollees Assigned to PCMHs | 2,027,542 | 2,197,039 | 2,232,759 | 2,280,758 | 2,371,055 |
| Enrollees Assigned to Non-PCMHs | 2,116,262 | 1,905,083 | 1,947,796 | 2,001,068 | 1,918,647 |
| Total Enrollees | 4,143,804 | 4,102,122 | 4,180,555 | 4,281,826 | 4,289,702 |
| PCMH Penetration Rate | 49% | 54% | 53% | 53% | 55% |

*HARP data wasn't available until March of 2017.

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 September 2017, 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 Providers in MMC, HARP, and HIV SNP | | | | |
|--|--------------------|--------------------|------------------|---------------------|
| | Not Auto-Assigned | Auto-Assigned | Not Reported | Total Enrollees |
| Total Enrollees Assigned to a PCMH-Recognized Provider | 1,196,451 (50%) | 894,573 (38%) | 280,031 (12%) | 2,371,055 (100%) |
| Total Enrollees Assigned to a non-PCMH-Recognized Provider | 1,084,295 (56%) | 624,291 (33%) | 210,061 (11%) | 1,918,647 (100%) |
| Total | 2,280,746 (53%) | 1,518,864 (36%) | 490,092 (11%) | 4,289,702 (100%) |

*Not Reported includes new enrollees that have not selected a PCP, and haven't been auto-assigned.

Medicaid (FFS): There were 116,096 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment with a PCMH-recognized provider from January 1, 2017 to September 2017. 146,394 unique Medicaid FFS enrollees had a qualifying visit resulting in an add-on payment with a PCMH recognized provider from October 2016 through September 2017.

Section 3: Enrollee Information

Figure 8 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/ethnic groups, those that receive TANF and Supplemental Security Income, and that are in age group 0-20 as compared to the demographics 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 | 62% | 56% |
| | Central | 5% | 9% |
| | Long Island | 6% | 12% |
| | Hudson Valley | 7% | 10% |
| | Northeast | 5% | 5% |
| | Western | 15% | 8% |
| Race | Black | 20% | 16% |
| | White | 24% | 32% |
| | Asian | 11% | 12% |
| | Hispanic | 17% | 11% |
| | Other | 28% | 29% |
| Aid Category | Safety Net | 25% | 29% |
| | Supplemental Security Income | 9% | 7% |
| | TANF | 66% | 64% |
| | Other | <1% | <1% |
| Age | 0-20 | 48% | 44% |
| | 21-54 | 41% | 44% |
| | 55-64 | 9% | 10% |
| | 65-74 | 1% | 1% |
| | 75+ | 1% | 1% |
| Gender | Male | 46% | 47% |
| | Female | 54% | 53% |

Section 4: Expenditures

The figures in this section display the amounts paid for the New York Statewide Medicaid PCMH Incentive Payment Program. On July 1, 2017 NYS began providing incentives only for practices recognized as 2014 level 2 or 3 PCMH, or recognized under the 2017 standards.

Figure 9 shows the expenses incurred for PCMH-recognized providers via increased capitation payments to practices for their MMC, HARP, HIV SNP, and CHP enrollees from January 2017 through September 2017.

| Figure 9: Medical Home Expenses by Product Line January 2017 through September 2017 | | | | | |
|--|---------------|-------------|----------------|-------------|---------------|
| | MMC | HARP | HIV SNP | CHP | Total |
| Total | \$115,528,361 | \$2,509,628 | \$368,538 | \$7,519,387 | \$125,925,914 |

*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 enrollees throughout the rest of the state in July 2016.

Figure 10a shows FFS Medicaid add-on expenses for PCMH-recognized providers from January 2017 through September 2017. Figure 10b shows FFS Medicaid add-on expenses for PCMH-recognized providers from October 2016 through September 2017.

| Figure 10a: PCMH Add-Ons by Level for Statewide FFS January 2017 through September 2017 | | Figure 10b: PCMH Add-Ons by Level for Statewide FFS October 2016 through September 2017 | |
|--|-------------|--|-------------|
| Year to Date | | Cumulative Rolling Year | |
| Level 2 | \$271,324 | Level 2 | \$362,997 |
| Level 3 | \$5,000,727 | Level 3 | \$6,281,697 |
| Total | \$5,272,051 | Total | \$6,644,694 |

NYS Medicaid stopped providing PCMH incentive payments to all level 1 PCMH-recognized providers as of January 1, 2013. NYS Medicaid also suspended PCMH incentive 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.

On July 1, 2017, all payments for 2011-recognized providers were terminated.

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/PCM H2011PCMH2014Crosswalk.aspx>

Comparison of NCQA's 2014 and 2017 standards

http://www.ncqa.org/Portals/0/Programs/Recognition/PCMH/PCMH%202014-PCMH%202017%20Crosswalk%206.19.17_Final_web.pdf

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 2011 Standard NCQA Recognition Payments Ending

https://www.health.ny.gov/health_care/medicaid/program/update/2017/2017-04.htm

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