



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



December 2018

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 NCQA's 2011, 2014, 2017, or NYS PCMH 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 program. As of December 2018, there are currently 31 practices and 73 providers recognized under the 2017 standards, and 137 practices and 613 providers recognized under the NYS PCMH.



There are many initiatives throughout NYS that focus on improving primary care, including NCQA's PCMH, the Adirondack Medical Home Demonstration (ADK), and NYS PCMH. More details about these programs can be found on the [NYS PCMH Homepage](#). NYS PCMH is an innovative model for primary care transformation released by the New York State Department of Health (NYSDOH) on April 1, 2018. 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. Effective May 1, 2018, NYS Medicaid only provides incentive payments to providers recognized under the following programs: level 3 PCMH under NCQA's 2014 standards; PCMH under NCQA's 2017 standards; ADK; or NYS PCMH.

NYS currently has the greatest number of practices and providers* recognized as a PCMH by NCQA compared to all other states in the country; almost 18% of all PCMH practices and over 14% of providers in the country operate in NYS. As of December 2018, there were 2,379 practices recognized as a PCMH, of which 98% achieved recognition from NCQA's 2014 level 3 standards and above. Smaller practices, with only one provider working at the site currently makes 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 December 2018, there were 8,750 providers recognized as a PCMH, of which over 98% achieved recognition from NCQA's 2014 level 3 standards and above.

As of December 2018, 7,519 (33%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (65%) 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 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. Over \$217 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2018 through December 2018. Over \$10 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2018 through December 2018.



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 December 2018. There are no practices recognized under the 2011 standards.

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	49	2%
	3	2,160	91%
2017 Standards		31	1%
NYS PCMH		137	6%
Total		2,379	100%

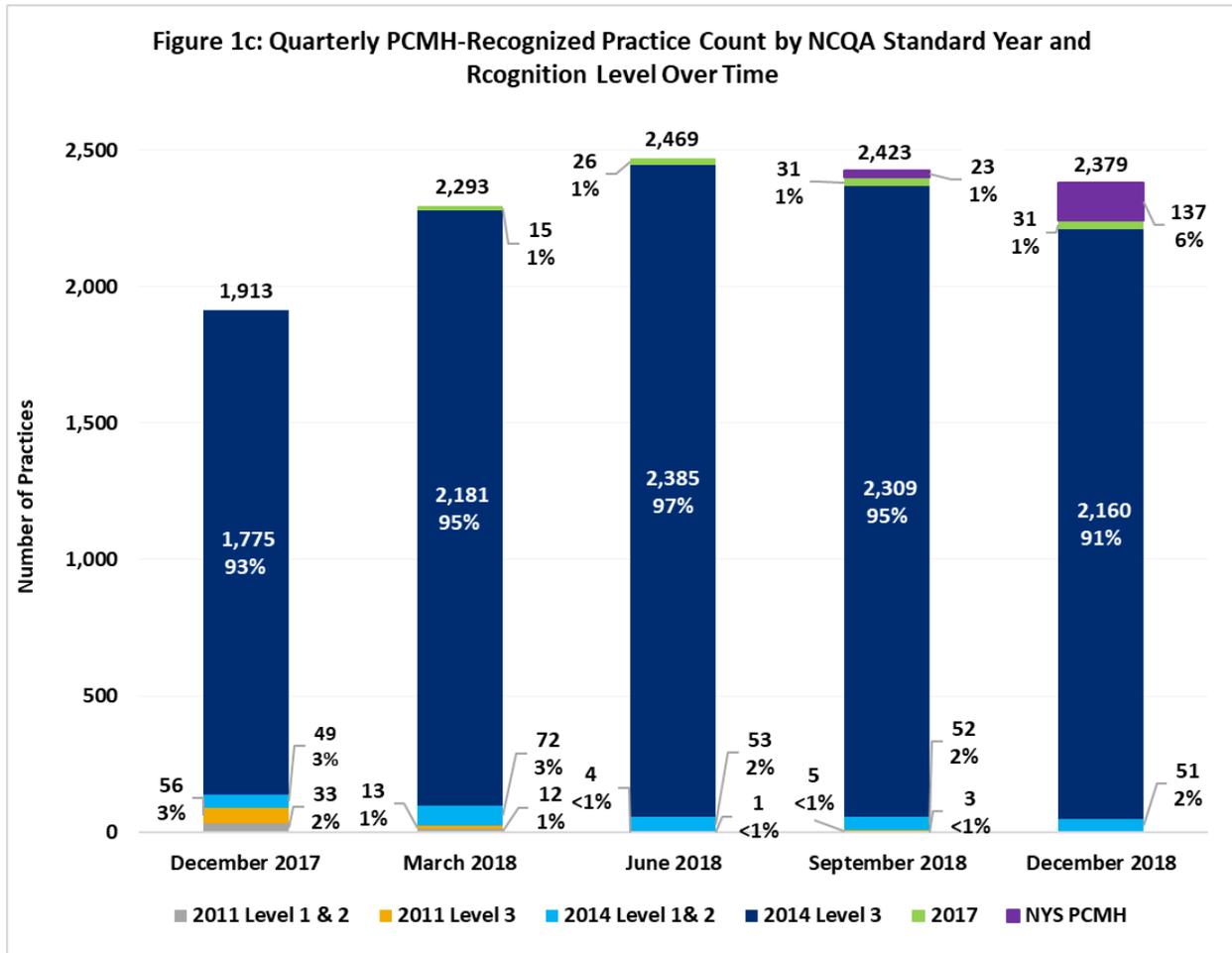
Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's standards by level from July 2018 to December 2018.

Figure 1b: PCMH Recognized Practices by Standard Year and Level Over Time							
	Recognition Level	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018
2011 Standards	2	4 (<1%)	4 (<1%)	3 (<1%)	1 (<1%)	0	0
	3	3 (<1%)	6 (<1%)	5 (<1%)	4 (<1%)	0	0
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	51 (2%)	51 (2%)	50 (2%)	50 (2%)	50 (2%)	49 (2%)
	3	2,387 (96%)	2,376 (96%)	2,309 (95%)	2,251 (95%)	2,245 (94%)	2,160 (91%)
2017 Standards		28 (1%)	31 (1%)	31 (1%)	31 (1%)	31 (1%)	31 (1%)
NYS PCMH		2 (<1%)	6 (<1%)	23 (1%)	44 (1%)	62 (3%)	137 (6%)
Total		2,477	2,476	2,423	2,383	2,390	2,379

The data in Figure 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: December 2018).

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's recognition standards and levels from December 2017 to December 2018.



There were no PCMH-recognized practices under the 2011 standards in December 2018. There was a slight decrease in the number of PCMH-recognized practices achieving 2014 recognition from June 2018 to December 2018. This drop is largely due to the expiration of the recognition status of many practices under this recognition level. The number of PCMH-recognized practices achieving PCMH under NCQA's 2017 standards remains steady while the number of practices under the NYS PCMH recognition level continues to grow. As of December 2018, 91% of PCMH-recognized practices achieved 2014 level 3 recognition, 1% of PCMH-recognized practices achieved NCQA's 2017 standards, and 6% of PCMH-recognized practices achieved NYS PCMH recognition which is the highest recognition standard and year practices can achieve.

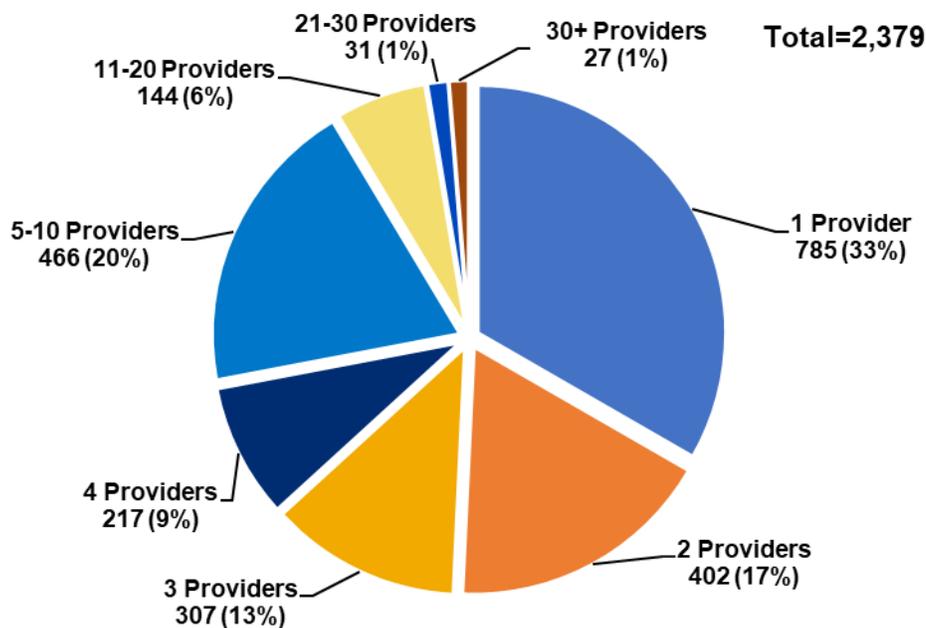
Section 1: Practice Information

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region.* The majority of recognitions are in NYC (46%) and Western New York (18%).

Figure 1d: NYS PCMH Recognized Practices by QARR Region		
Region	Number of PCMH Recognized Practices	Percent of PCMH Recognized Practices
Central	220	9%
Hudson Valley	220	9%
Long Island	192	8%
NYC	1,083	46%
Northeast	236	10%
Western	428	18%
Total	2,379	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices 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 (20%).

Figure 1e: PCMH-Recognized Practices by Number of Providers



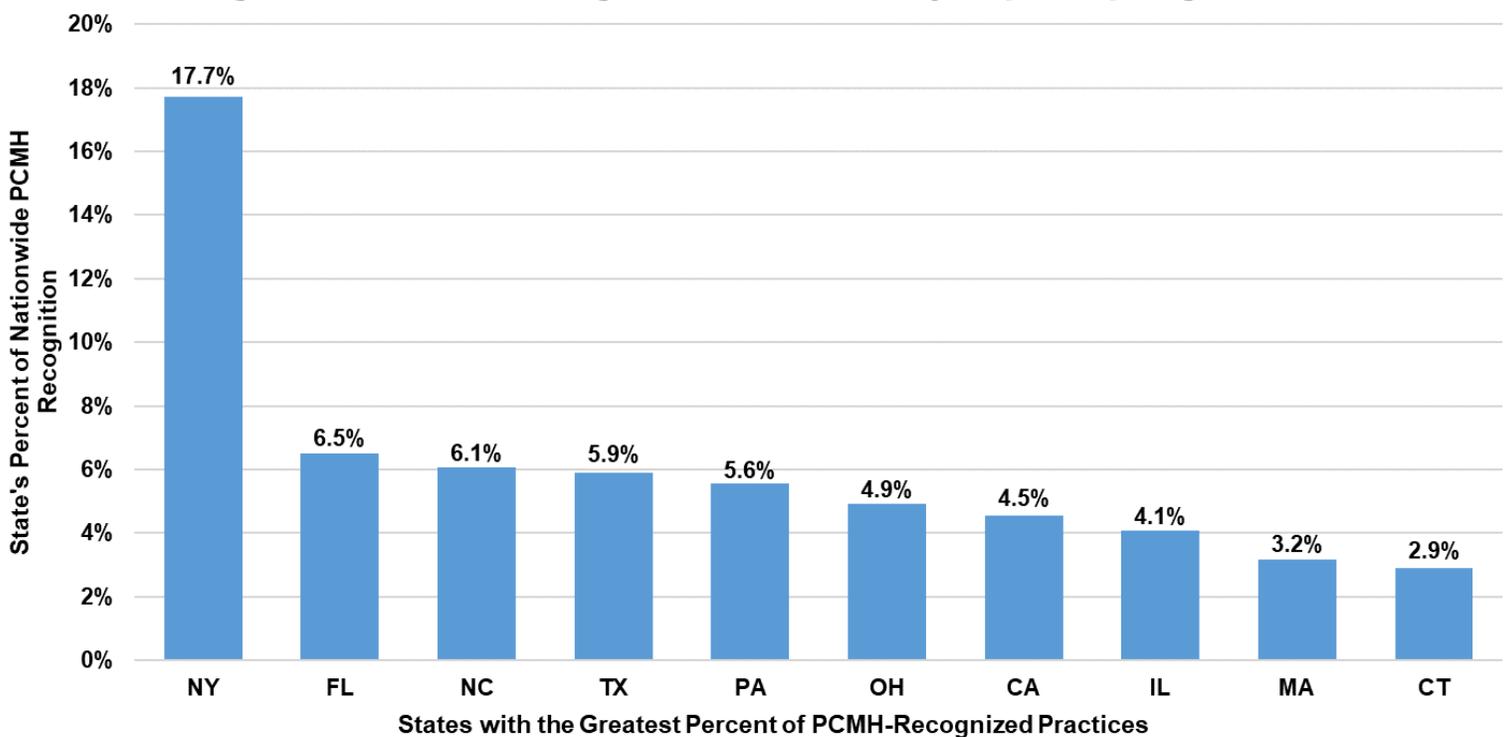
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: December 2018).

*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 December 2018. Almost 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 states with the greatest number of PCMH-recognized practices. These 10 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 December 2018. The majority of providers are recognized as a 2014 level 3.

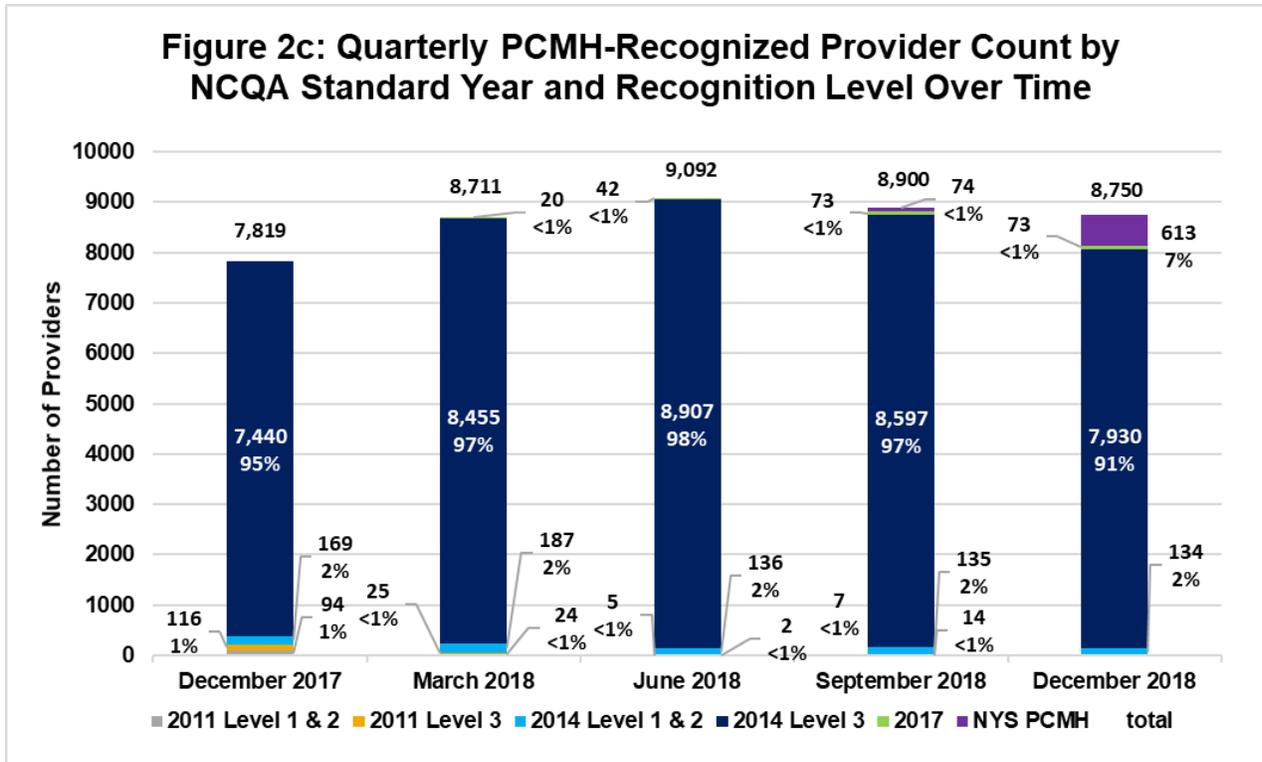
Figure 2a: PCMH Recognized Provider Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	# of PCMH Recognized Providers	Percent
2014 Standards	1	2	<1%
	2	132	2%
	3	7,930	91%
2017 Standards		73	<1%
NYS PCMH		613	7%
Total		8,750	100%

Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's standards, and by level from July 2018 to December 2018.

Figure 2b: PCMH Recognized Providers by Standard Year and Recognition Level Over Time							
	Recognition Level	July 2018	August 2018	September 2018	October 2018	November 2018	December 2018
2011 Standards	2	14 (<1%)	14 (<1%)	14 (<1%)	2 (<1%)	0	0
	3	5 (<1%)	7 (<1%)	7 (<1%)	6 (<1%)	0	0
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	134 (1%)	134 (1%)	133 (1%)	135 (2%)	137 (2%)	132 (1%)
	3	8,928 (98%)	8,893 (97%)	8,597 (97%)	8,400 (95%)	8,296 (95%)	7,930 (91%)
2017 Standards		47 (<1%)	73 (<1%)	73 (<1%)	73 (<1%)	73 (<1%)	73 (<1%)
NYS PCMH		4 (<1%)	15 (<1%)	74 (<1%)	181 (2%)	258 (3%)	613 (7%)
Total		9,134	9,138	8,900	8,799	8,766	8,750

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from December 2017 to December 2018.



The number of PCMH-recognized providers under NCQA's 2014 level 3 recognition level decreased from the previous quarters. This decline is largely due to the expiration of the recognition status among NCQA's 2014 level 3 providers. There are no longer any PCMH-recognized providers under NCQA's 2011 standards. The number of providers recognized under NCQA's 2017 standards remains steady and there is a large increase among the number of providers recognized under NYS PCMH standards.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participate with MMC from December 2017 to December 2018. PCPs are defined as MDs, DOs, NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 7,519 PCMH-recognized PCPs that participate with MMC as of December 2018. 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.

Figure 3a: Proportion of All PCPs in MMC That are Recognized as a PCMH by Quarter					
	December 2017	March 2018	June 2018	September 2018	December 2018
PCMH PCPs participating with MMC	6,622	7,596	7,944	7,697	7,519
All PCPs participating with MMC	21,586	24,747	25,165	23,423	22,872
PCMH Penetration Rate in MMC	31%	31%	32%	33%	33%

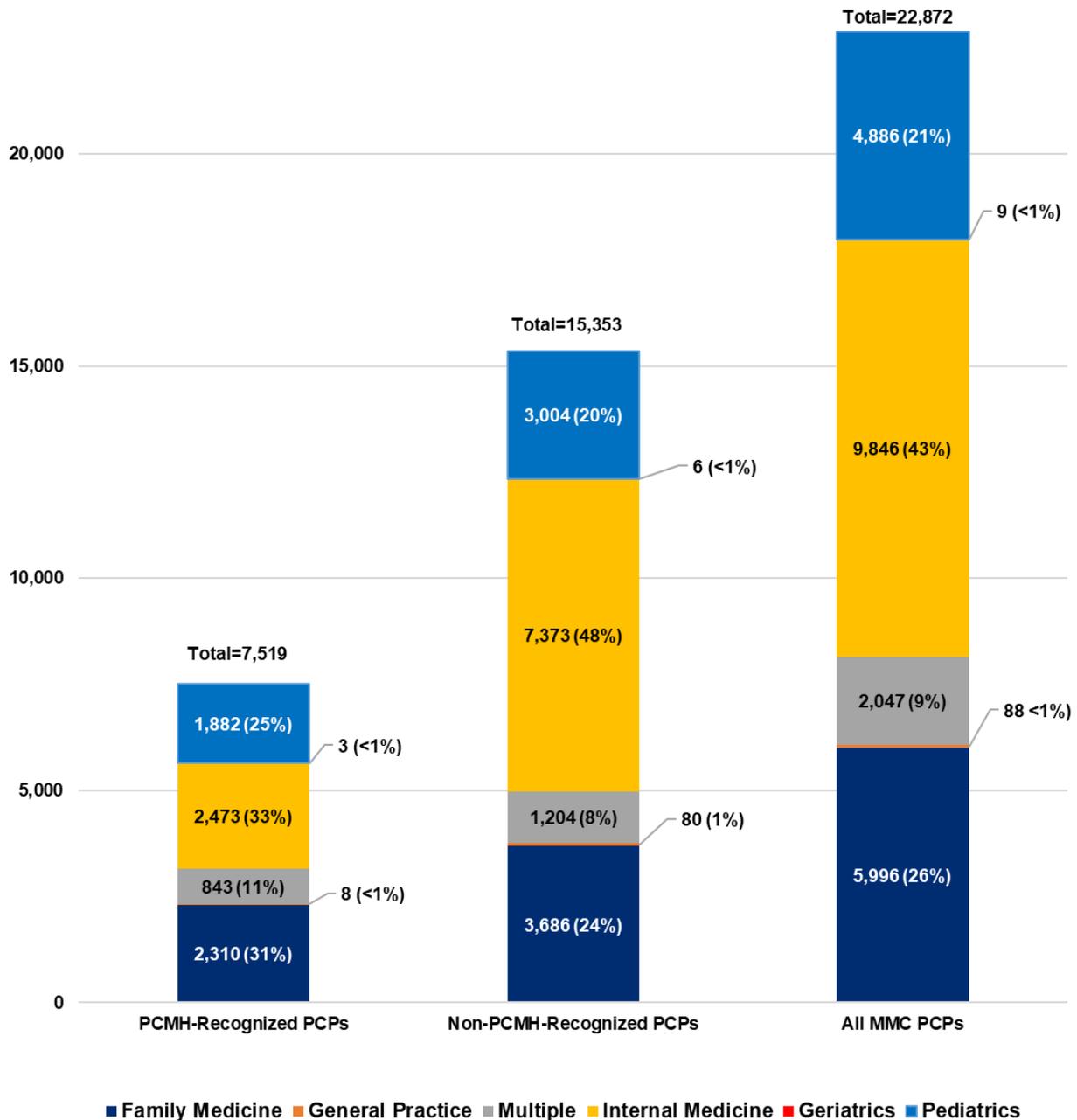
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of December 2018.

Figure 3b: PCMH Recognized PCPs in MMC by Level and Standard Year			
	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2014 Standards	1	2	<1%
	2	87	1%
	3	6,825	91%
2017 Standards		59	<1%
NYS PCMH		546	7%
Total		7,519	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 December 2018, there are 1,231 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

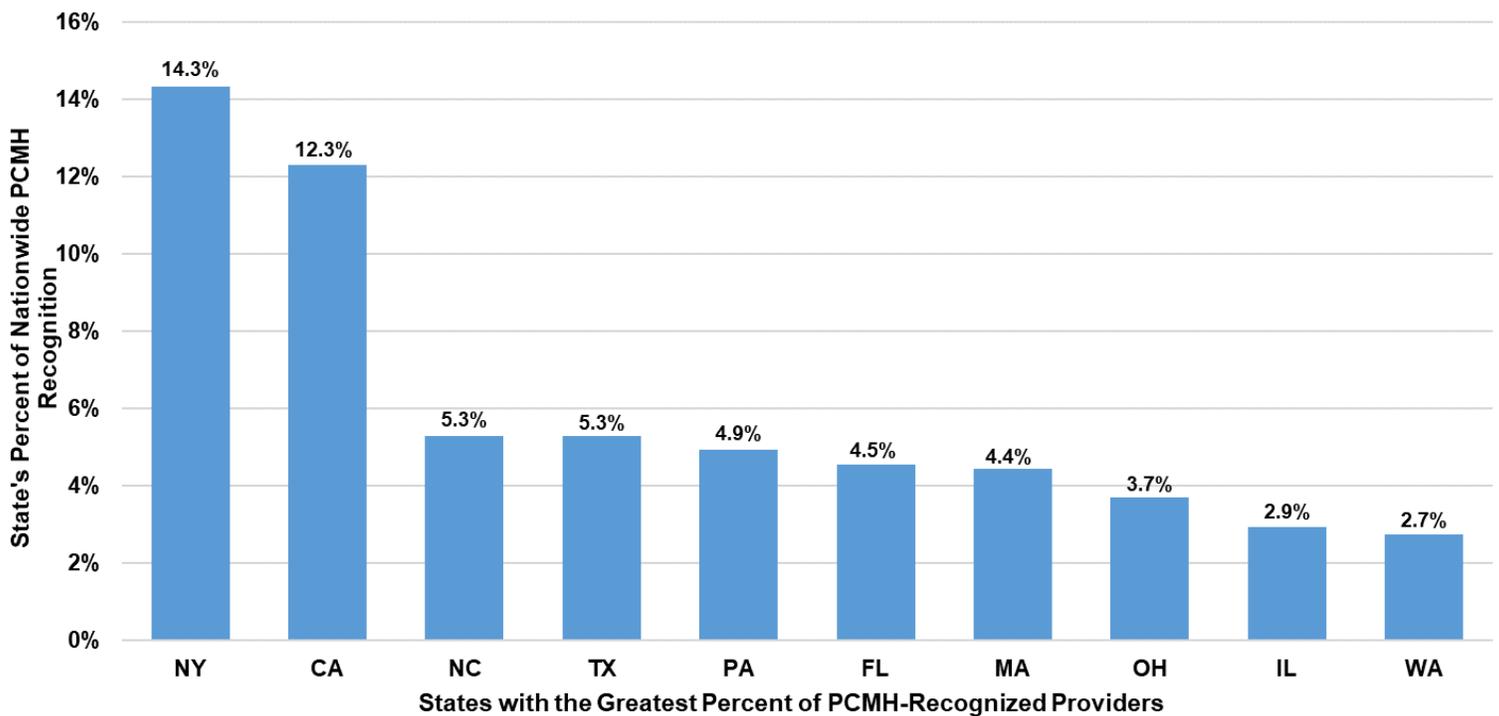


The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: December 2018) and December 2018 PNDS.

Section 2: Provider Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of December 2018. Over 14% of all PCMH-recognized providers in the country practice in NYS. As of December 2018, 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 As assigned to a PCMH Recognized Provider	2,742,633	83,935	11,535	2,838,103
Total Enrollees As assigned to a non PCMH Recognized Provider	1,487,705	41,122	2,241	1,531,068
Total Enrollees	4,230,338	125,057	13,776	4,369,171
PCMH Penetration Rate	65%	67%	84%	65%

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 December 2018. The majority of enrollees are assigned to PCPs recognized at NCQA's 2014 level 3 standards.

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	126	7	0	133
	2	28,606	506	2	29,114
	3	2,450,531	76,054	11,070	2,537,655
2017 Standards		23,673	312	259	24,244
NYS PCMH		239,697	7,056	204	246,957
Total Enrollees		2,742,633	83,935	11,535	2,838,103

Figure 6a and Figure 6b use plan reported panel data (for this report: December 2018) and the December 2018 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 December 2017 to December 2018. As of December 2018, 65% 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					
	December 2017	March 2018	June 2018	September 2018	December 2018
MMC Enrollees Assigned to PCMHs	2,528,466	2,885,746	2,996,928	2,893,272	2,838,103
Enrollees Assigned to Non PCMHs	1,792,296	1,513,075	1,417,613	1,474,733	1,531,068
Total Enrollees	4,320,762	4,398,821	4,414,541	4,368,005	4,369,171
PCMH Penetration Rate	59%	66%	68%	66%	65%

Figure 7b shows the rate of auto-assignment between PCMH-recognized and non-PCMH recognized practices in MMC. Auto-assignment is a process where an enrollee is assigned to a PCP by their health plan when the enrollee did not select a PCP. As of December 2018, 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	1,482,560 (52%)	897,804 (32%)	457,739 (16%)	0 (0%)	2,838,103 (100%)
Total Enrollees Assigned to a non PCMH Recognized Provider	857,086 (56%)	401,877 (26%)	239,131 (16%)	32,974 (2%)	1,531,068 (100%)
Total	2,339,646 (54%)	1,299,681 (30%)	696,870 (16%)	32,974 (1%)	4,369,171 (100%)

Medicaid (FFS): There were 186,199 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2018 to December 2018.

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 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 As signed to PCMH Recognized Providers	MMC Enrollees As signed to Non PCMH Recognized Providers
Region	New York City	61%	53%
	Central	7%	7%
	Long Island	6%	13%
	Hudson Valley	8%	11%
	Northeast	6%	4%
	Western	12%	10%
Race	Black	19%	16%
	White	25%	32%
	Asian	11%	11%
	Hispanic	13%	9%
	Other	33%	33%
Aid Category	Safety Net	26%	31%
	Supplemental Security Income	8%	7%
	TANF	66%	62%
	Other	<1%	<1%
Age	0 20	48%	43%
	21 54	41%	45%
	55 64	10%	11%
	65 74	1%	1%
	75+	<1%	<1%
Gender	Male	47%	47%
	Female	53%	53%

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 2018 through December 2018.

Figure 9: Medical Home Spending by MMC Product Line January 2018 through December 2018					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$ 195,255,757	\$ 5,159,316	\$ 660,322	\$ 16,135,624	\$ 217,211,020

*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.

Figure 10 shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2018 through December 2018.

Figure 10: PCMH Add Ons by Level for Statewide FFS January 2018 through December 2018	
Year to Date	
Level 2	\$ 23,272
Level 3	\$ 10,302,820
Total	\$ 10,326,092

In order to continue to incentivize this highest standards and rewards practices and their providers for their achievements, NYS stopped providing incentives for the following programs and levels on these dates:

- As of January 1, 2013, all level 1 incentive payments were suspended
- As of July 1, 2013, 2008 standard level 2 incentive payments were suspended
- As of April 1, 2015, all payments for 2008-recognized providers were suspended

Important Links

Patient Centered Medical Home Frequently Asked Questions

https://www.health.ny.gov/technology/innovation_plan_initiative/docs/pcmh_faq.pdf

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 the Adirondack Medical Home Demonstration

https://www.health.ny.gov/technology/innovation_plan_initiative/pcmh/docs/2014_pcmh_initiative.pdf

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