



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



March 2016

Program Background and Highlights

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 of the patient's health care needs. A PCMH 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 a recognition program to objectively measure the degree to which a primary care practice meets the operational principles of a PCMH.

NCQA's PCMH recognition is awarded to practices and their providers that meet a set of predetermined standards for improving primary care. Providers York are recognized as level 1, 2, or 3 (3 is the highest recognition) under the NCQA's 2011 standards or NCQA's 2014 standards. Primary care practices continue to achieve higher levels of recognition under more rigorous standards. NCQA's 2008 standards have expired; there are no longer any practices in NYS with a 2008 PCMH-recognition. 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 previous standards. As of March 21, 2015, practices could only apply for PCMH recognition under the 2014 standards as the 2011 standards are slowly phased out to promote the higher care standards. A comparison of the 2011 and 2014 standards can be found here: <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx>.



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 PCMH by NCQA as part of the New York Medicaid Statewide PCMH Incentive Payment Program and the Adirondack Medical Home Demonstration. More detail about these programs can be found on the [PCMH Homepage](#). Additionally, the NYS Health Innovation Plan (SHIP) positions the state towards achieving the Triple Aim, improved health, better health care and consumer experience, lowered costs and focuses on the Advanced Primary Care (APC) model which also holds PCMH concepts at its core. The Delivery System Reform Incentive Payment (DSRIP) program requires providers to achieve PCMH recognition or meet APC milestones 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; nearly 15% of all PCMH practices and providers in the country are located in NYS.

* 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 Background and Highlights (continued)

The number of PCMH-recognized practices in NYS increased from 1,117 in March 2015 to 1,327 in March 2016. Of these 1,327 practices, 87% achieved the highest level of recognition (level 3) under 2011 or 2014 standards. Additionally, practices with 4-10 providers make up a largest portion of PCMH-recognized practices.

The number of PCMH-recognized providers in NYS increased from 4,813 in March 2015 to 6,158 in March 2016. Of these 6,158 providers, 92% achieved the highest level of recognition (level 3) under the 2011 or 2014 standards. As of March 2016, 77% of all recognized providers have achieved recognition under 2011 standards. It is anticipated that this proportion will decrease as more practices apply for recognition under the 2014 standards; as of March 2016 23% of providers have already achieved 2014 recognition standards.

Practices in NYS have also begun to take additional steps towards providing better care for patients with chronic conditions by achieving recognition under NCQA's diabetes recognition program (DRP). About 11% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

As of March 2016, 48% of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized primary care physician (PCP), up from 44% in March 2015. Of those enrollees, 92% were receiving care from a PCMH-recognized provider who has achieved the level 3 PCMH recognition under the 2011 or 2014 standards. As of March 2016, 5,401 (27%) PCPs in MMC* were recognized as a PCMH provider, up from 26% in March 2015.

Office-based practitioners and Article 28 clinics recognized as PCMHs by the NCQA receive additional payment for primary care services through the New York Medicaid Statewide PCMH Incentive Payment Program in two ways. Enhanced payments are given to providers for MMC, Child Health Plus (CHP), Health and Recovery Plans (HARP), and HIV Special Needs Plan (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. About \$124 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2015 through December 2015. Nearly \$5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from April 2015 through March 2016 for 148,472 unique enrollees.



* Source: Panel data is a list of MMC enrollees and the providers they are assigned to, submitted quarterly by MMC plans. The data is reported to the NYS Department of Health by the MMC plans quarterly.

Table of Contents

Section 1: Practice Information

Figure 1a: PCMH-Recognized Practice Count by Recognition Level.....	5
Figure 1b: PCMH-Recognized Practices by Recognition Level Over Time.....	5
Figure 1c: NYS PCMH-Recognized Practices by Size.....	6

Section 2: Provider Information

Figure 2a: PCMH-Recognized Provider Count by Recognition Level.....	7
Figure 2b: PCMH-Recognized Provider Count by Recognition Level Over Time.....	7
Figure 2c: PCMH-Recognized Providers-Standard Years by Month.....	8
Figure 2d: Growth in PCMH-Recognized Providers by Quarter.....	8
Figure 2e: 2011 Over Time	9
Figure 2f: 2014 Over Time.....	9
Figure 3: Proportion of all PCPs in MMC that are a PCMH.....	10
Figure 4: MMC Providers by Specialty and PCMH-Recognition Status.....	11
Figure 5: PCMH Recognition by State March 2016.....	12
Figure 6a: Proportion of all PCMH-Providers with DRP Recognition.....	13
Figure 6b: DRP Recognition by State March 2016.....	13
Figure 7a: PCMH-Recognized Providers Participating in DSRIP.....	14
Figure 7b: Providers in DSRIP with PCMH 2014 Level 3 Recognition.....	14

Section 3: Enrollee Information

Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level March 2016.....	15
Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter.....	15
Figure 10: March 2016 NYS MMC Demographics.....	16

Section 4: Fiscal Information

Figure 11: MMC/FHP Medical Home Spending January 2015 – December 2015.....	17
Figure 12a: PCMH Add-Ons by Level for Statewide FFS January 2016 – March 2016.....	17
Figure 12b: PCMH Add-Ons by Level for Statewide FFS April 2015-March 2016.....	17

Important Links.....	18
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Section 1: Practice Information

The most recently available data for this section is: March 2016.

Figure 1a shows the number of distinct PCMH-recognized practices in NYS by NCQA recognition level* as of March 2016.

Figure 1a: PCMH-Recognized Practice Count by Recognition Level

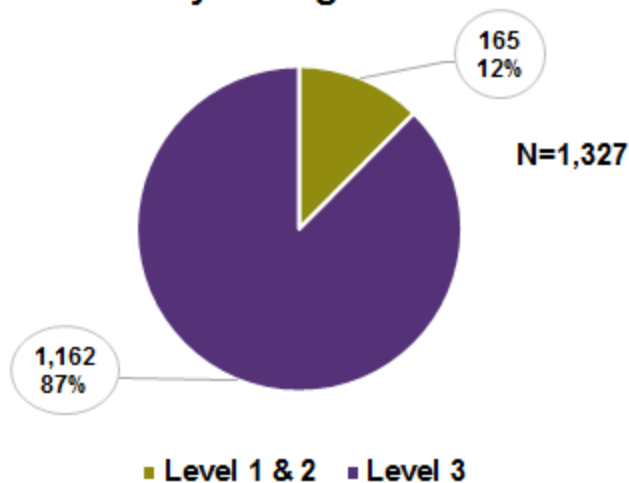
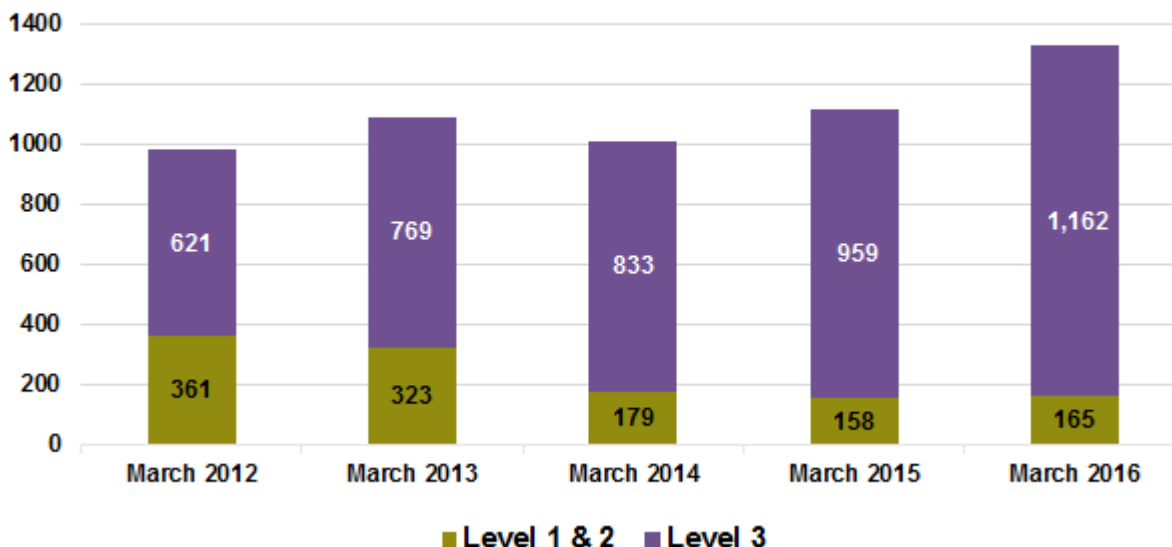


Figure 1b shows the growth in the number of PCMH-recognized practices in NYS by recognition level from March 2012 to March 2016.

Figure 1b: PCMH-Recognized Practices by Recognition Level Over Time



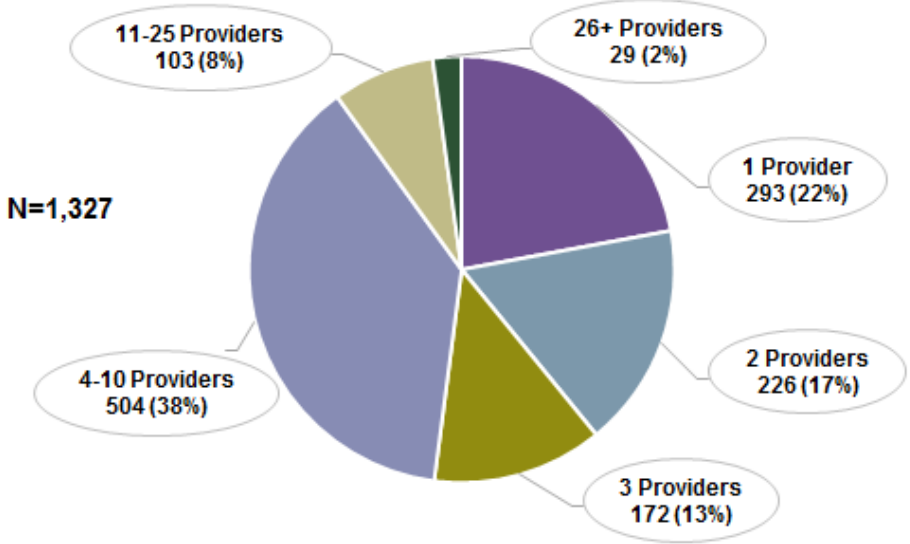
* NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized practices (effective 1/1/2013). The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: March 2016).

Section 1: Practice Information

The most recently available data for this section is: March 2016.

Figure 1c shows the number of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size.

Figure 1c: NYS PCMH-Recognized Practices by Size



There are 8,069 unique provider-location combinations as of March 2016.

The data in Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: March 2016)

Section 2: Provider Information

The most recently available data for this section is: March 2016.

Figure 2a shows the number of distinct PCMH-recognized providers in NYS by recognition level* as of March 2016.

Figure 2a: PCMH-Recognized Provider Count by Recognition Level

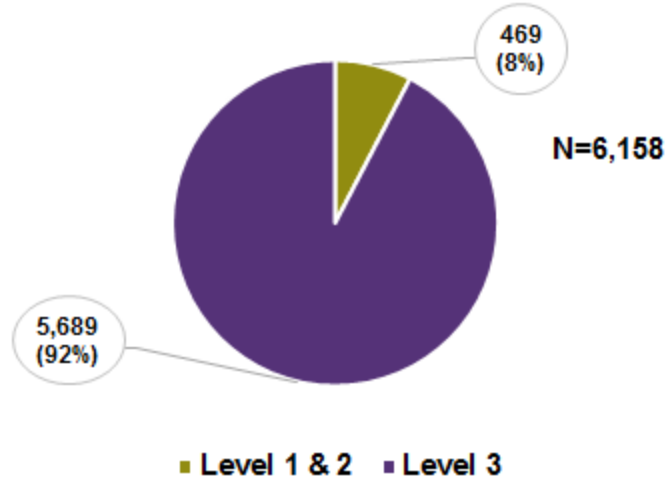
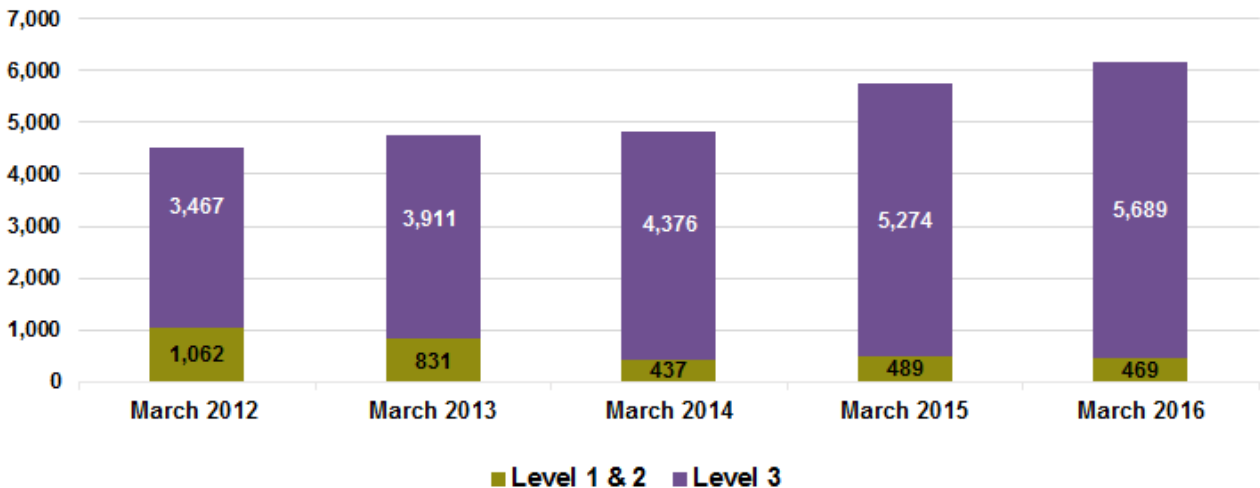


Figure 2b shows the growth in the number of PCMH-recognized providers in NYS by recognition level from March 2012 to March 2016.

Figure 2b: PCMH-Recognized Provider Count by Recognition Level Over Time



* NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers (effective 1/1/2013)

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: March 2016).

Section 2: Provider Information (continued)

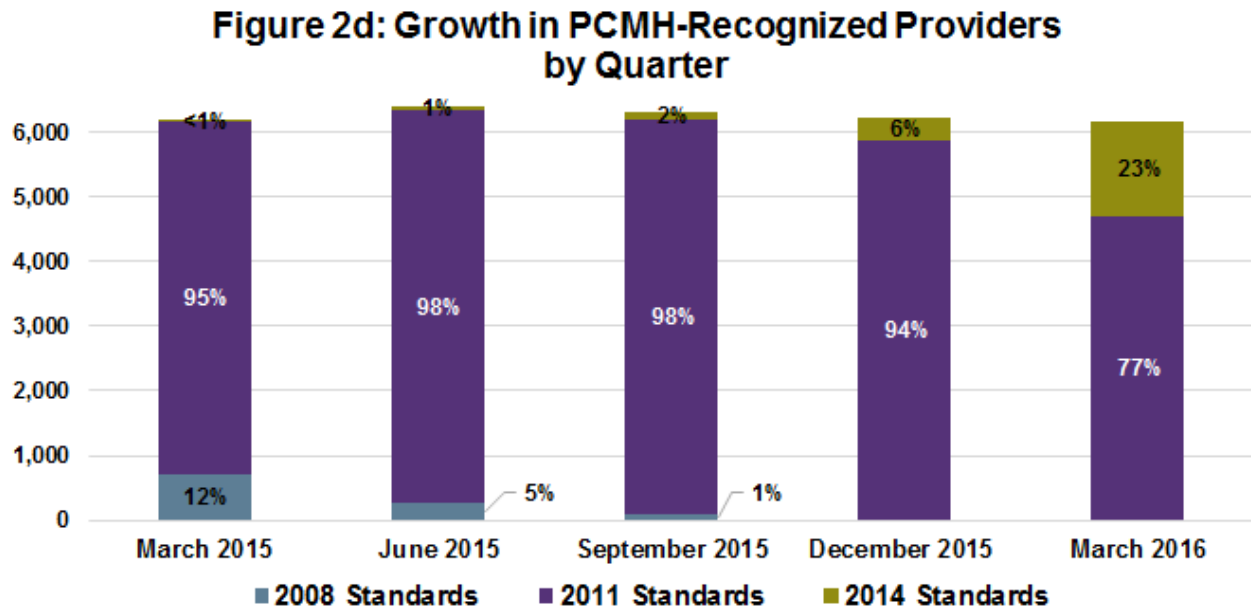
The most recently available data for this section is: March 2016.

Figure 2c shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards, and 2014 standards from October 2015 to March 2016. The recent dip in recognized providers is expected to reverse as those with expiring 2011 recognitions become recognized under 2014 standards.

Figure 2c: PCMH-Recognized Providers-Standard Years by Month						
	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016
2011 Standards	6,066 (98%)	5,987 (98%)	5,873 (94%)	5,466 (88%)	4,921 (80%)	4,712 (77%)
2014 Standards	124 (2%)	152 (2%)	352 (6%)	728 (12%)	1,251 (20%)	1,446 (23%)
Total	6,190	6,139	6,225	6,194	6,172	6,158

Providers working in two locations with different recognition standards are categorized based upon the more recent set of standards and highest level of achievement; providers are only included once for their highest recognition achieved.

Figure 2d illustrates the number of PCMH-recognized providers by recognition standards from March 2015 to March 2016.



Providers working in two locations with different medical home recognition standards in each location are categorized based upon the more recent set of standards.

The data in Figure 2c and Figure 2d was derived from the most recently available NCQA recognized provider lists (for this report: March 2016).

Section 2: Provider Information (continued)

The most recently available data for this section is: March 2015.

Figure 2e shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in NYS as of March 2016. The majority (77%) of PCMH-recognized providers in NYS are recognized under the 2011 standards.

Figure 2e: 2011 Standards Over Time

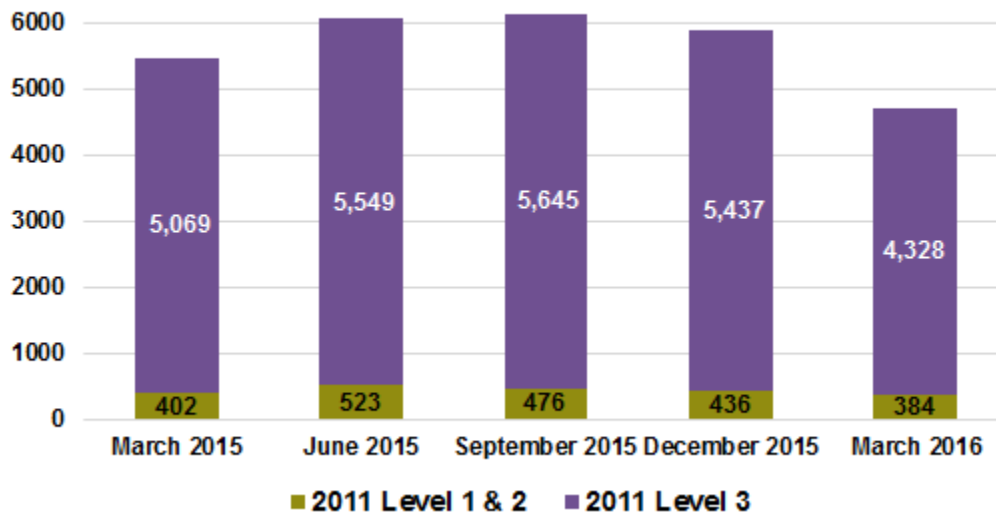
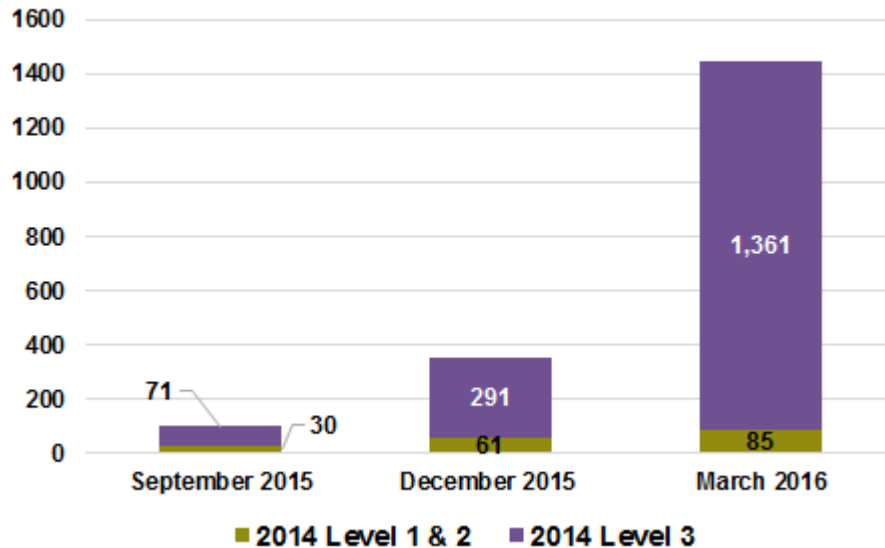


Figure 2f shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in NYS as of March 2016. This number is expected to grow overtime as a result of the numerous PCMH initiatives throughout the state including the DSRIP and the Statewide PCMH Incentive Payment Program.

Figure 2f: 2014 Standards Over Time



The data in Figure 2e and Figure 2f was derived from the most recently available NCQA recognized provider lists (for this report: March 2016).

Section 2: Provider Information (continued)

The most recently available data for this section is: March 2016.

Figure 3 shows the proportion of PCMH-recognized PCPs that participate with MMC. There are 5,401 (27%) PCPs participating with MMC that are recognized as a PCMH provider as of March 2016. [Figure 9](#) of this report shows the number of MMC members assigned to PCMH-recognized PCPs.

Figure 3: Proportion of all PCPs in MMC that are a PCMH					
	March 2015	June 2015	September 2015	December 2015	March 2016
PCMH PCPs participating with MMC	5,064	5,423	5,401	5,339	5,401
All PCPs participating with MMC	19,766	19,537	19,694	19,975	20,414
PCMH Penetration Rate in MMC	26%	28%	27%	27%	27%

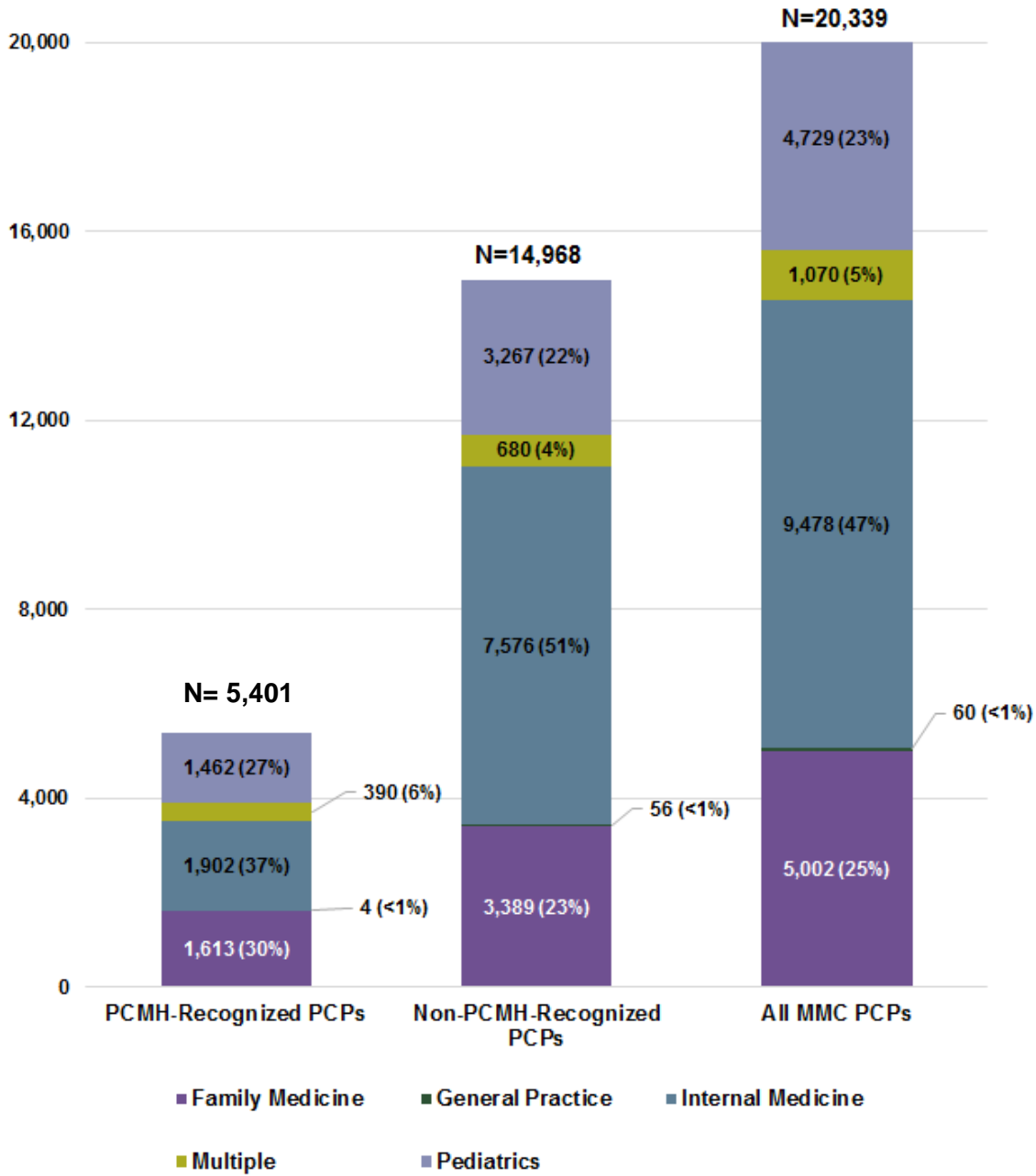
The data in Figure 3 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: March 2016) and March 2016 provider network data.

Section 2: Provider Information (continued)

The most recently available data for this section is: March 2016.

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of March 2016, there are 757 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 FFS Medicaid.

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



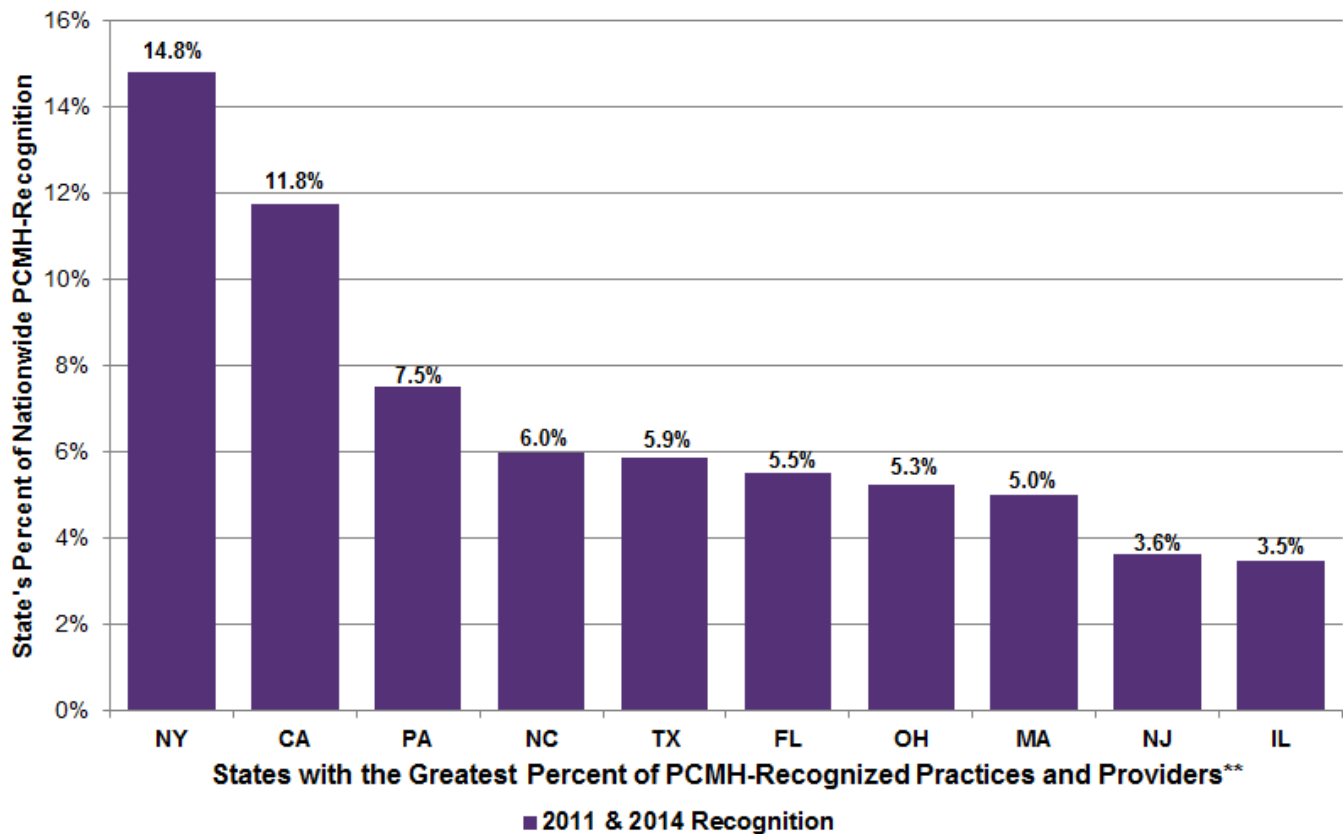
The data in Figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: March 2016) and March 2016 provider network data. Specialties are derived from PNDS plan reported data.

Section 2: Provider Information (continued)

The most recently available data for this section is: March 2016 .

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of March 2016. Although NYS continues to remain the state with the largest number of practices and providers with PCMH recognition, the difference is decreasing as more practices throughout the country continue to achieve PCMH-recognition. Nearly 15% of all PCMH-recognized practices and providers in the country practice in NYS, but this is only a small increase from 14% in March 2015 (as per the [March 2015 PCMH Quarterly Report](#)).

**Figure 5: PCMH Recognition By State
March 2016**



*Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 68.9% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 31.1% of PCMH-recognized practices and providers in the country. This figure only represents medical home providers that are recognized by the NCQA. Practices and providers may participate in other non-PCMH programs for quality improvement initiatives.

Section 2: Provider Information (continued)

The most recently available data for this section is: March 2016.

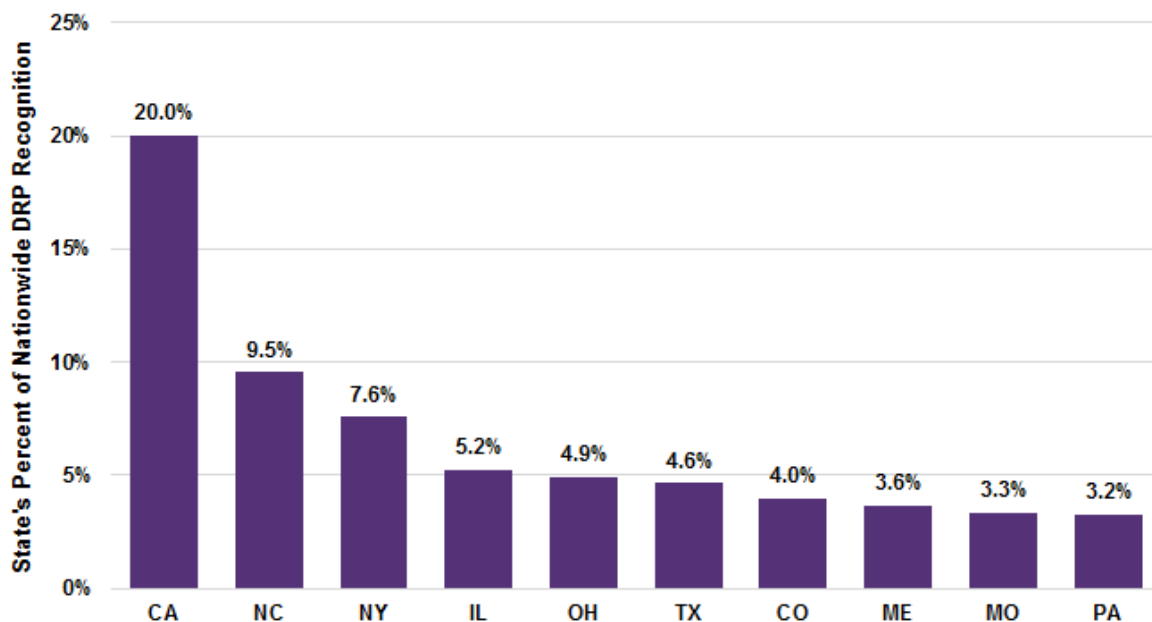
NCQA developed the Diabetes Recognition Program (DRP), which is a voluntary program designed to recognize clinicians who use performance-based measures and provide high quality care to their patients with diabetes. DRP-recognition can be awarded to both practices and individual providers. For more information on NCQA's DRP please visit: <http://www.ncqa.org/tabid/139/Default.aspx>.

Figure 6a shows the proportion of PCMH-recognized providers in NYS that are also DRP-recognized by NCQA as of March 2016.

Figure 6a: Proportion of all PCMH-Providers with DRP Recognition	
PCMH-Recognized Providers with DRP Recognition	688 providers
Total PCMH-Recognized Providers	6,158 providers
11% of PCMH providers in NYS also have DRP Recognition from NCQA	

Figure 6b displays the states with the greatest number of DRP recognitions awarded to both practices and providers in the country as of March 2016. About 8% of all awarded DRP recognitions in the country are in NYS.

**Figure 6b: DRP Recognition By State
March 2016**



*Figure 6b only represents states with the greatest number of DRP recognized practices and providers. These states account for 65.9% of all DRP recognitions in the country; all other states that are not included in Figure 6b represent the remaining 34.1% of DRP recognitions. This figure only represents DRP recognitions granted by the NCQA. Practices and providers may participate in other programs for quality improvement for diabetic patients throughout the country.

The data in Figure 6a was derived from the most recently available NCQA recognized provider lists (for this report: March 2016).

The data in Figure 6b was retrieved on March 31, 2016 from NCQA's website at: <http://recognition.ncqa.org/>.

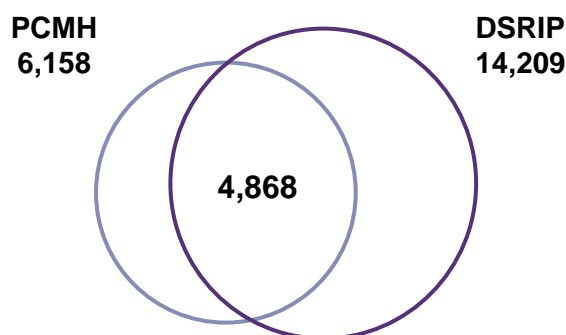
Section 2: Provider Information (continued)

The most recently available data for this section is: March 2016.

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. The 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 to 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. For more information on the NYS DSRIP program please see: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/.

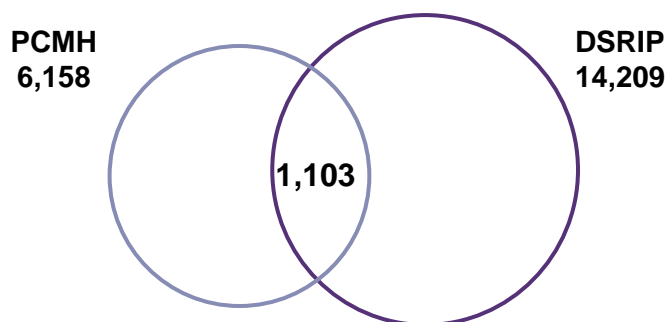
Figure 7a displays the number of providers who are PCMH-recognized in NYS, the number of PCPs who participate in the DSRIP program, and the number of providers who participate in both PCMH and DSRIP. Approximately 80% of PCMH-recognized providers are participating in the DSRIP program.

Figure 7a: PCMH-Recognized Providers Participating in DSRIP



The DSRIP program requires participating practices achieve APC recognition or level 3 PCMH recognition under the NCQA 2014 standards by March 31, 2018. Currently, there are no practices that have achieved APC recognition. Although 34% of PCPs in DSRIP have achieved PCMH recognition, only 8% (1,103) providers have met the requirement of achieving 2014, level 3 PCMH status as of March 2016.

Figure 7b: Providers in DSRIP with PCMH 2014 Level 3 Recognition



The data in Figure 7a and 7b was derived from the most recently available DSRIP network dataset (June 2016), the most recently available NCQA recognized provider lists (for this report: March 2016), and provider network data from Quarter 1, 2015 through Quarter 1, 2016. Primary care providers are defined as MDs, DOs, and NPs that specialize in Internal Medicine, Family Medicine, Pediatrics, General Practice, Adolescent Family Medicine, and Adolescent Pediatrics.

Section 3: Enrollee Information

The most recently available data for this section is: March 2016.

Figure 8 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year as of March 2016.

Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level December 2015			
Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent of Enrollees Assigned
2011	1	3,016	<1%
2011	2	86,360	4%
2011	3	1,230,075	63%
2014	1	1,447	<1%
2014	2	43,001	2%
2014	3	582,121	30%
Total:		1,946,020	100%

Figure 9 shows the number of MMC members assigned to PCMH-recognized PCPs from March 2015 to March 2016. As of March 2016, 48% of MMC members in the state are assigned to PCMH-recognized PCPs.

Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter					
	March 2015	June 2015	September 2015	December 2015	March 2016
MMC members assigned to PCMHs	1,852,320	2,024,138	2,001,727	1,937,839	1,946,020
MMC members not assigned to PCMHs	2,337,344	2,167,232	2,198,695	2,159,555	2,110,320
Total	4,189,664	4,191,370	4,200,422	4,097,394	4,056,340
PCMH Penetration Rate	44%	48%	48%	47%	48%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 50,061* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2016 through March 2016. There were 148,472* unique Medicaid FFS enrollees who had a qualifying visit with a PCMH-recognized provider from April 2015 through March 2016.

Figure 8 and Figure 9 use plan-reported panel data (for this report: March 2015 – March 2016) and the March 2016 NCQA recognized provider lists. The total MMC enrollee count is lower than the count displayed in NYS DOH's Medicaid Managed Care enrollment report because this report counts only MMC enrollees with an assigned PCP. Providers recognized at any point during the quarter of interest were included in the count of PCMH-recognized providers.

Section 3: Enrollee Information (continued)

The most recently available data for this section is: March 2016.

Figure 10 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of all MMC enrollees. There are few demographic differences between those who are assigned to a PCMH and the entire MMC population based on the categories shown in this report.

Figure 10: March 2016 NYS MMC Demographics			
Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Region	New York City	61%	60%
	Central	3%	4%
	Finger Lakes	5%	4%
	Long Island	6%	9%
	Mid-Hudson	4%	4%
	Northeast	3%	3%
	Northern Metro	4%	5%
	Utica/Adirondacks	3%	3%
	Western	11%	8%
Race	Black	18%	16%
	White	26%	28%
	Asian	8%	10%
	Hispanic	23%	20%
	Other	25%	26%
Aid Category	Safety Net	22%	25%
	Supplemental Security Income	9%	8%
	Temporary Assistance for Needy Families	68%	66%
	Other	1%	1%
Age	0-20	50%	47%
	21-54	40%	42%
	55-64	9%	9%
	65-74	1%	1%
	75+	<1%	<1%
Gender	Male	45%	46%
	Female	55%	54%

Demographic data presented in Figure 10 is based on panel and Medicaid enrollment data (for this report: March 2016).

* Count includes both the [Adirondack Demonstration PCMH program](#) and the Statewide PCMH program.

Section 4: Fiscal Information

The most recently available data for this section is: March 2016.

The figures in this section include the amounts paid for increased capitation payments and medical home 'add-ons' by MMC and FFS Medicaid. These figures exclude amounts paid through the [Adirondack Region Medical Home Demonstration](#) (ADK).

Figure 11 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, CHP, SNP and HARP from January 2015 through December 2015. Plans are not required to report Medical Home PMPM for the first Quarter of the year.

Figure 11: MMC Medical Home Spending January 2015 - December 2015					
	MMC	CHP	HIV SNP	HARP	Total
Level 2	\$5,692,635	\$406,093	\$34,392	\$4,484	\$6,137,604
Level 3	\$111,334,113	\$5,680,064	\$426,177	\$116,274	\$117,556,628
Total	\$117,026,748	\$6,086,157	\$460,569	\$120,758	\$123,694,232
*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH PMPM payments are only given for MMC, CHP, HIV SNP and HARP products. The HARP plans began serving NYC members in October 2015 and will begin serving the rest of the state July 2016.					

Figure 12a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2016 through March 2016. Figure 12b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from April 2015 to March 2016.

Figure 12a: PCMH Add-Ons by Level for Statewide FFS January 2016-March 2016		Figure 12b: PCMH Add-Ons by Level for Statewide FFS April 2015-March 2016	
Year to Date		Cumulative- Rolling Year	
Level 2	\$70,117	Level 2	\$243,967
Level 3	\$978,132	Level 3	\$4,601,400
Total	\$1,048,249	Total	\$4,845,367

NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers as of January 1, 2013. NYS Medicaid suspended PCMH 'add-ons' to 2008 standard level 2 PCMH-recognized providers as of July 1, 2013 and 2008 standard level 3 PCMH-recognized providers as of April 1, 2015.

The amounts in Figure 11 reflect the capitation that managed care plans paid to PCMH-recognized providers and were derived from Medicaid Managed Care Operating Reports (MMCOR) (for this report: December 2015).

The amounts in Figure 12a and Figure 12b was derived from claims data from April 2015 through March 2016.

Important Links

About NCQA's Patient-Centered Medical Home Recognition

<http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx>

Joint Principles of the Patient-Centered Medical Home

<http://www.medicalhomeinfo.org/downloads/pdfs/jointstatement.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 2008 and 2011 Programs

<http://www.ncqa.org/Portals/0/Programs/Recognition/PPC-PCMH%202008%20vs%20PCMH%202011Crosswalk%20FINAL.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://recognition.ncqa.org>

NCQA Diabetes Recognition Program

<http://www.ncqa.org/tabid/139/Default.aspx>

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 Region Medical Home Pilot

<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