NEW YORK STATE | Department of Health

New York State Patient Centered Medical Homes Quarterly Report

December 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 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 the 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 previous 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 their 2017 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 and focuses on the Advanced Primary Care (APC) model. The NYS Medicaid Delivery System Reform Incentive Payment (DSRIP) program requires participating providers 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; about 12% of all PCMH practices and providers in the country operate in NYS.

* 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 2016, there were 1,382 practices recognized as a PCMH, of which 52% achieved the highest level of recognition, level 3 under 2014 standards. Practices with 4-10 providers currently make up the largest portion of PCMH-recognized practices. There were 1,248 (90%) of practices that self-reported a primary care specialty of Family Medicine, Geriatrics, Internal Medicine, or Pediatrics. About 29% of practices were found to have more than one of these primary care specialties. Additionally, 10% of practices with a primary care specialty reported having one or more subspecialties outside of primary care.

There were 6,317 providers recognized as a PCMH. Almost 60% 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 December 2016, 5,477 (25%) primary care physician (PCPs) in MMC were recognized as a PCMH-recognized provider and about half of Medicaid managed care (MMC) enrollees were assigned to a PCMH-recognized PCP*. Of those enrollees, 65% 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 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 (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 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2016 through December 2016 for 151,611 unique enrollees.

To learn more about the New York Statewide 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

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

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of December 2016.

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

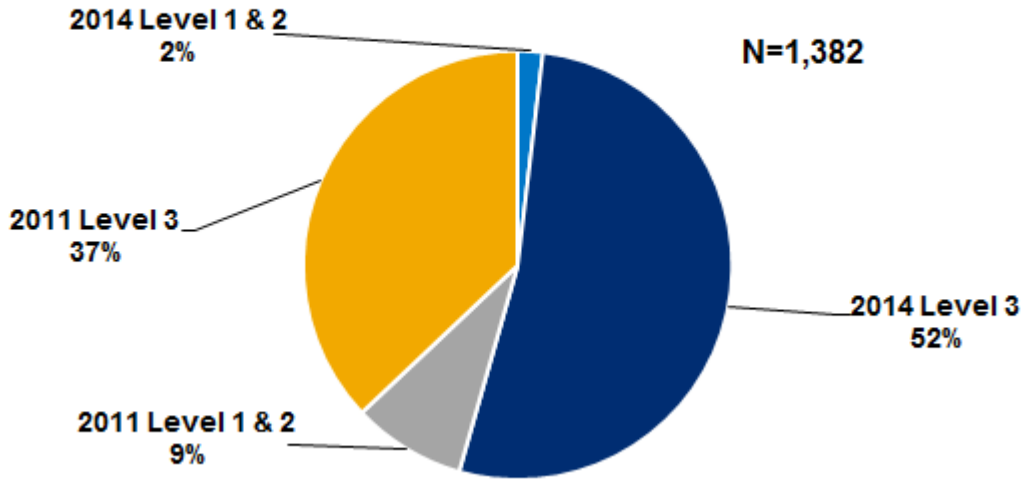


Figure 1b shows the number of PCMH-recognized practices that are recognized under NCQA's 2011 and 2014 standards by level from July 2016 to December 2016. The remaining 2011 practice recognitions are expected to expire by the end of 2018.

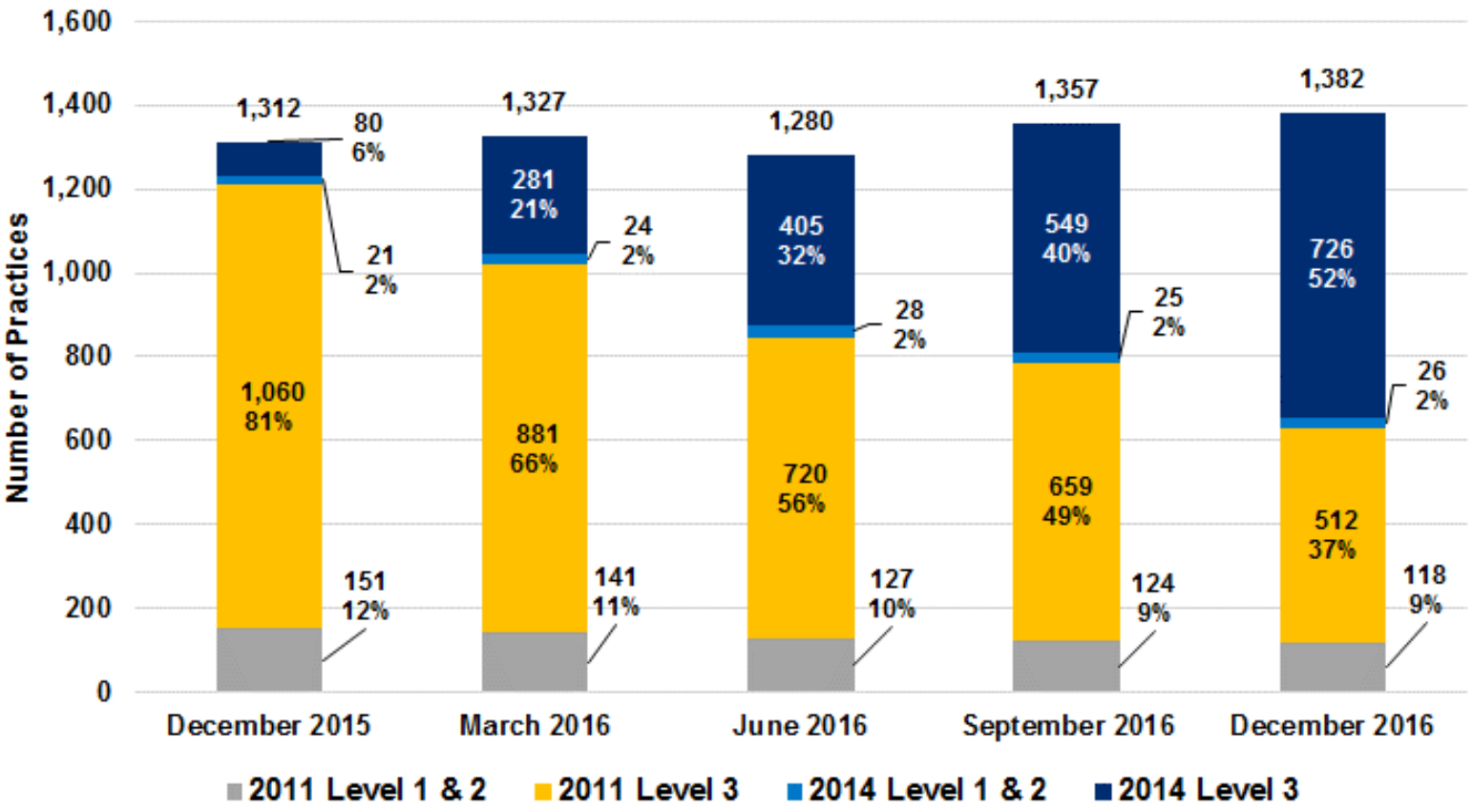
Figure 1b: PCMH-Recognized Practices Standard Year and Level by Month

	Recognition Level	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016
2011 Standards	1	6 (<1%)	6 (<1%)	6 (<1%)	5 (<1%)	3 (<1%)	6 (<1%)
	2	122 (9%)	120 (9%)	118 (9%)	118 (9%)	113 (8%)	112 (8%)
	3	712 (53%)	679 (50%)	659 (49%)	609 (44%)	559 (41%)	512 (37%)
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	3 (<1%)	2 (<1%)	2 (<1%)
	2	30 (2%)	29 (2%)	23 (2%)	26 (2%)	26 (2%)	24 (2%)
	3	480 (36%)	519 (38%)	549 (40%)	606 (44%)	666 (48%)	726 (52%)
Total		**1,352**	**1,355**	**1,357**	**1,367**	**1,369**	**1,382**

The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: December 2016).

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's 2011 and 2014 recognition standards and levels from December 2015 to December 2016.

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 continue to decline, while the number of PCMH-recognized practices achieving 2014 recognition continues to grow. As of December 2016, 52% of PCMH-recognized practices achieved 2014 Level 3 recognition.

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

Section 1: Practice Information

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

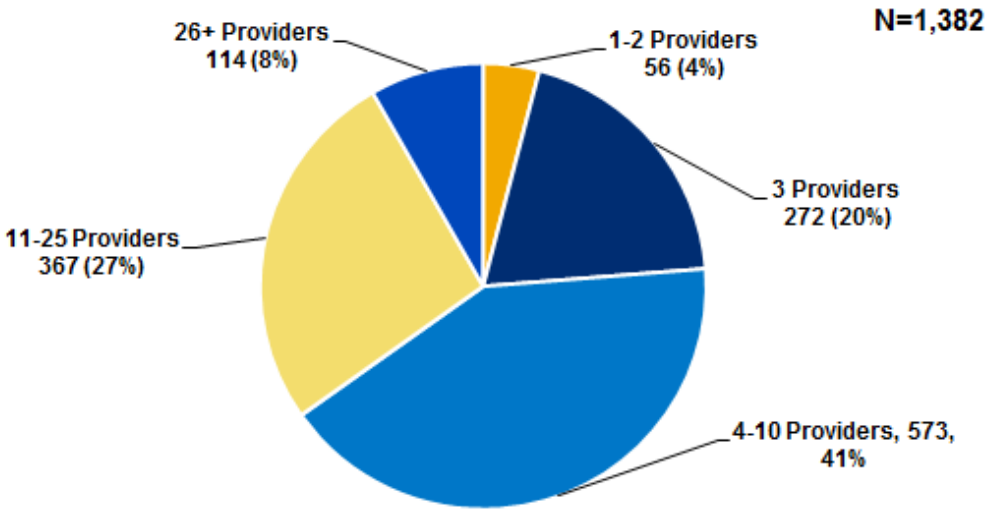
Figure 1d shows the number and percent of all NYS PCMH-recognized practices by region*.

Figure 1d: NYS PCMH-Recognized Practices by Region

Region	Number of PCMH-Recognized Practices	Percent of PCMH-Recognized Practices
New York City	540	39%
Central	71	5%
Finger Lakes	133	10%
Long Island	95	7%
Mid-Hudson	69	5%
Northeast	86	6%
Northern Metropolitan	72	5%
Utica/Adirondacks	84	6%
Western	232	17%
Total	1,382	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers.

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



There are 8,468 provider-location combinations as of December 2016

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

*The regions in Figure 1d contain the following counties:
New York City: New York, Bronx, Queens, Kings, Richmond
Central: Cayuga, Chenango, Columbia, Cortland, Delaware, Greene, Madison, Onondaga, Ostego, Schoharie, Tompkins
Finger Lakes: Allegany, Broome, Schuyler, Seneca, Steuben, Tioga, Wayne, Yates
Long Island: Nassau, Suffolk
Mid-Hudson: Dutchess, Orange, Sullivan, Ulster
Northeast: Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Warren, Washington
Northern Metro: Putnam, Rockland, Westchester
Utica/Adirondack: Clinton, Essex, Franklin, Hamilton, Herkimer, Jefferson, Lewis, Oneida, Oswego, Saint Lawrence
Western: Erie, Genesee, Monroe, Niagara, Orleans, Wyoming

Figure 1f shows number and percent of PCMH-recognized practices by self-reported primary care specialty. There were 29% (406) practices with more than one specialty; these practices are classified as 'multiple' in the graph below. About 10% of all PCMH-recognized practices did not report a primary care specialty to NCQA.

Figure 1f: NYS PCMH-Recognized Practices by Primary Care Specialty

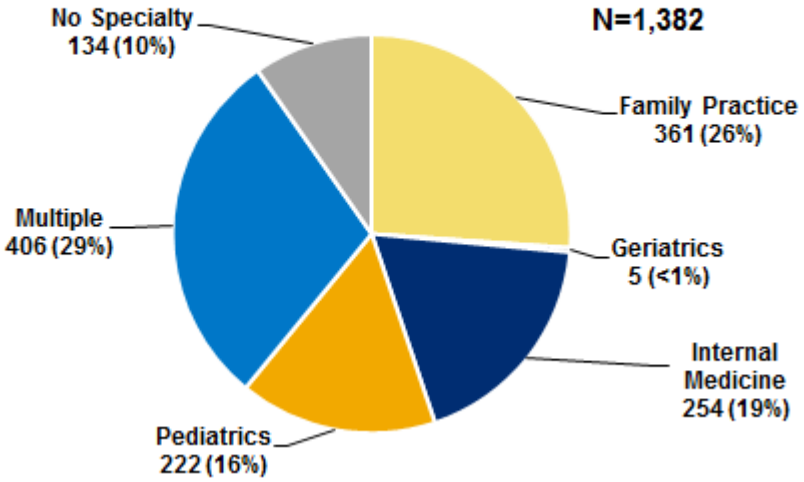
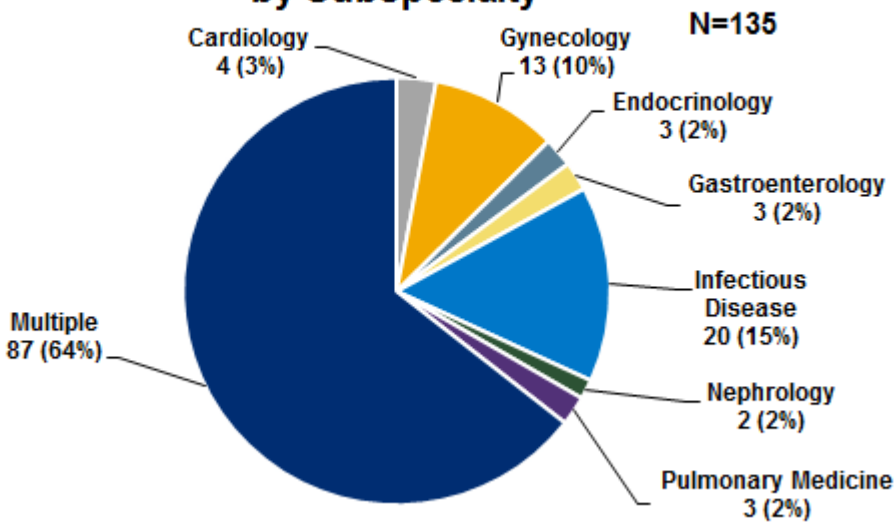


Figure 1g shows the number and percent of PCMH-recognized practices that offer additional specialty care services onsite. Nearly 10% (135) of PCMH-recognized practices reported having at least one subspecialty. Of those practices, 64% (87) had more than one subspecialty and are classified as 'multiple' in the graph below. The most common subspecialties reported were: Infectious Disease, Gynecology and Cardiology.

Figure 1g: NYS PCMH-Recognized Practices by Subspecialty



The data in Figures 1f and 1g was derived from the most recently available NCQA recognized provider lists (for this report: December 2016).

Section 2: Provider Information

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

Figure 2a shows the number of unique PCMH-recognized providers in NYS by NCQA standard year and recognition level as of December 2016.

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

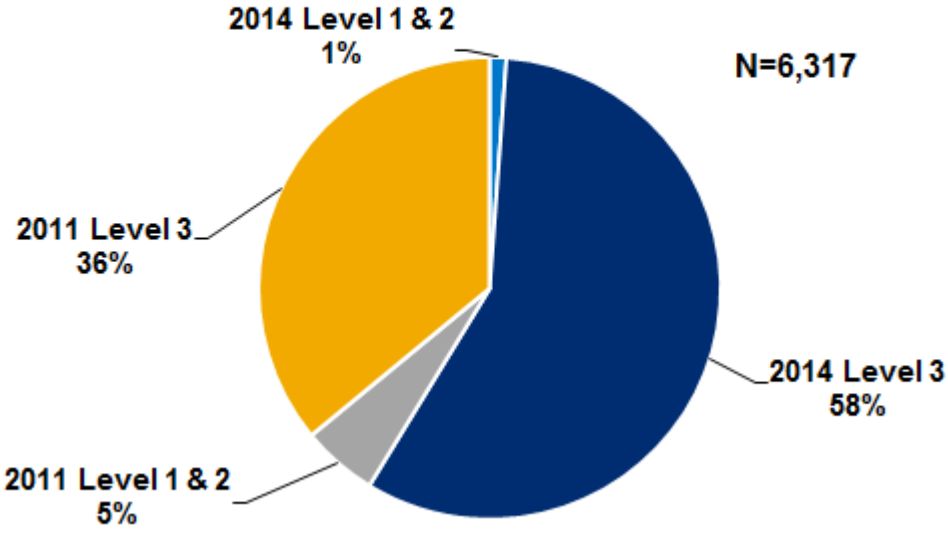


Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 standards, 2014 standards, and by level from July 2016 to December 2016. The remaining 2011 providers are expected to phase out by the end of 2018.

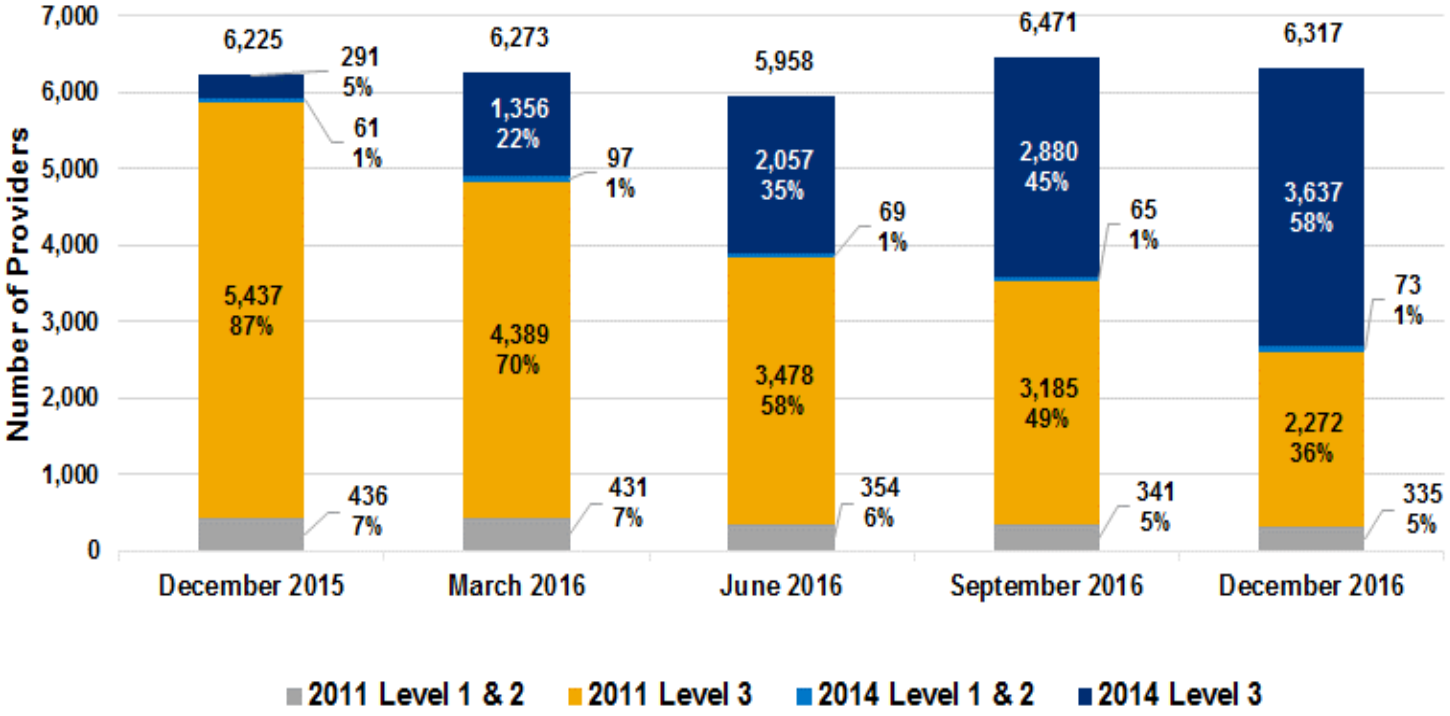
Figure 2b: PCMH-Recognized Providers Standard Year and Level by Month

	Recognition Level	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016
2011 Standards	1	16 (<1%)	16 (<1%)	16 (<1%)	16 (<1%)	12 (<1%)	16 (<1%)
	2	338 (5%)	333 (5%)	325 (5%)	325 (5%)	322 (5%)	319 (5%)
	3	3,434 (54%)	3,259 (51%)	3,185 (49%)	2,870 (45%)	2,430 (39%)	2,272 (36%)
2014 Standards	1	3 (<1%)	3 (<1%)	3 (<1%)	4 (<1%)	2 (<1%)	2 (<1%)
	2	76 (1%)	75 (1%)	62 (1%)	61 (1%)	64 (1%)	71 (1%)
	3	2,522 (39%)	2,701 (42%)	2,880 (45%)	3,104 (49%)	3,393 (54%)	3,637 (58%)
Total		**6,389**	**6,387**	**6,471**	**6,380**	**6,223**	**6,317**

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

Figure 2c shows the number of PCMH-recognized providers by standard and recognition level from December 2015 to December 2016.

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 practices achieving 2014 recognition continues to grow. As of December 2016, 58% of PCMH-recognized practices achieved 2014 level 3 recognition. For a closer look at the 2011 and 2014 recognition trends, please see Figures 2d and 2e.

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

Figure 2d shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in NYS from December 2015 to December 2016.

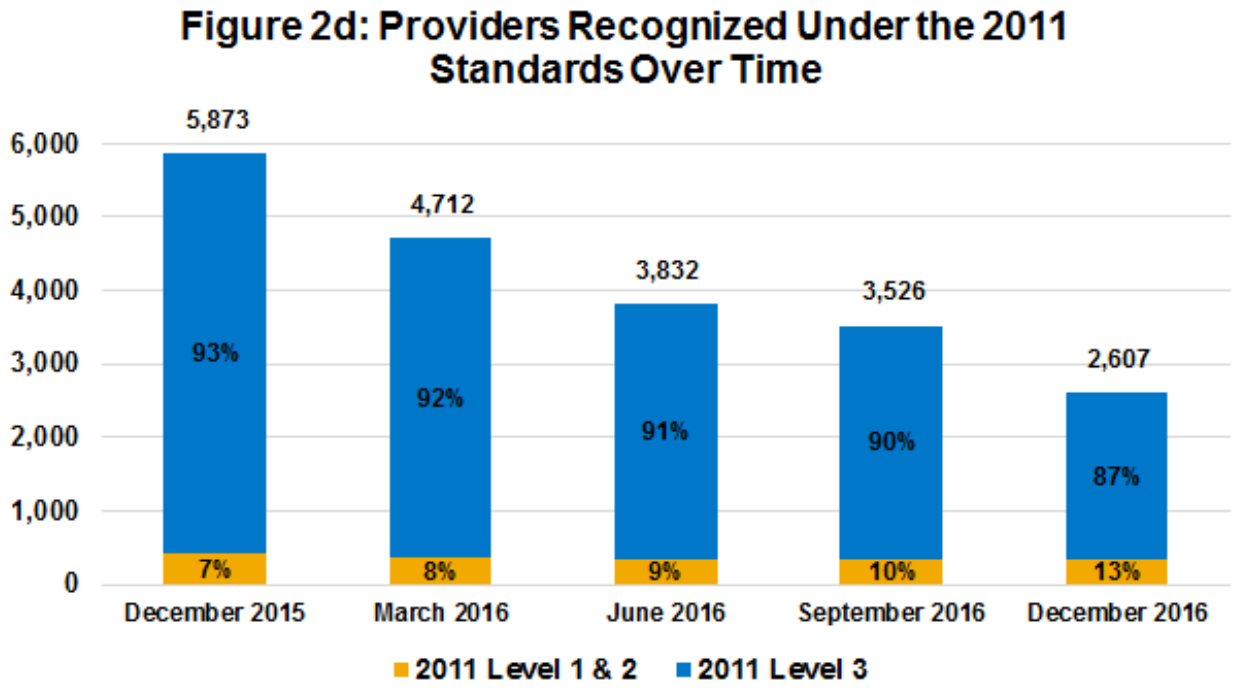
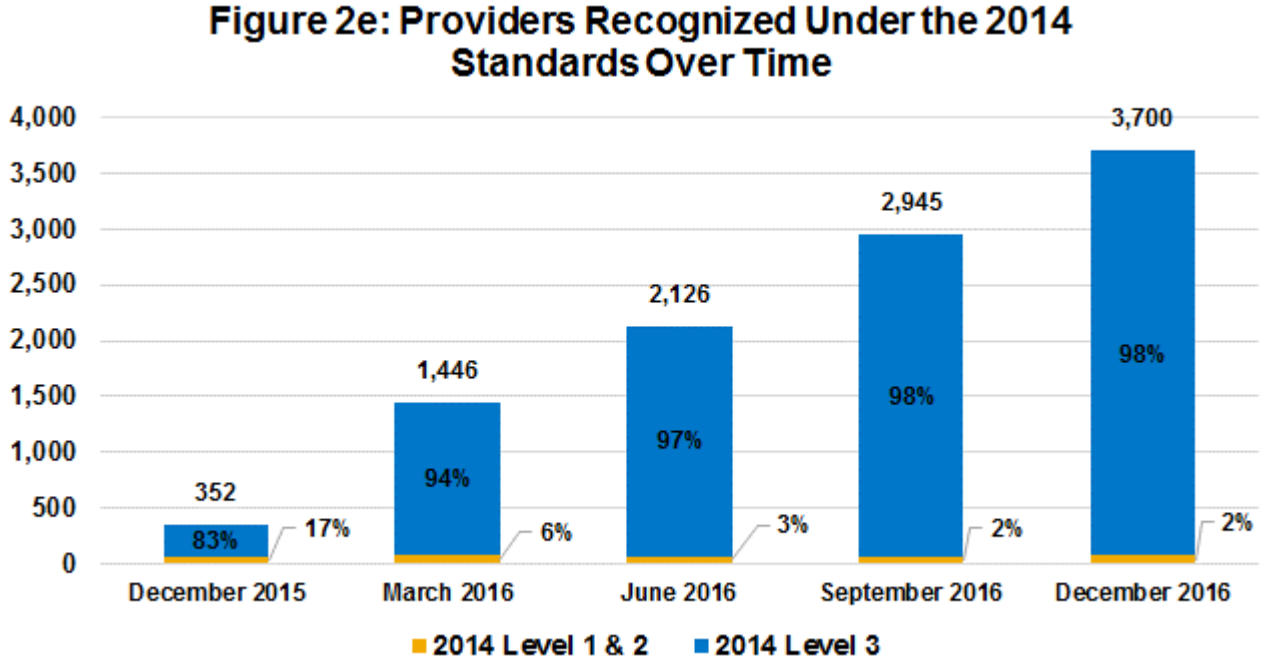


Figure 2e shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in NYS as of December 2016. This number is expected to grow over time as a result of the numerous PCMH initiatives throughout the state, more specifically the DSRIP and the New York Medicaid Statewide PCMH Incentive Payment Programs.



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

Figure 3 shows the proportion of PCMH-recognized PCPs that participate with MMC from December 2015 to December 2016. PCPs are defined as MDs, DOs, or NPs who have a primary or secondary specialty in either Internal Medicine, Family Medicine, Pediatrics, or General Practice. There are 5,477 PCMH-recognized PCPs that participate with Medicaid as of December 2016.

Figure 3: Proportion of all PCPs in MMC that are a PCMH

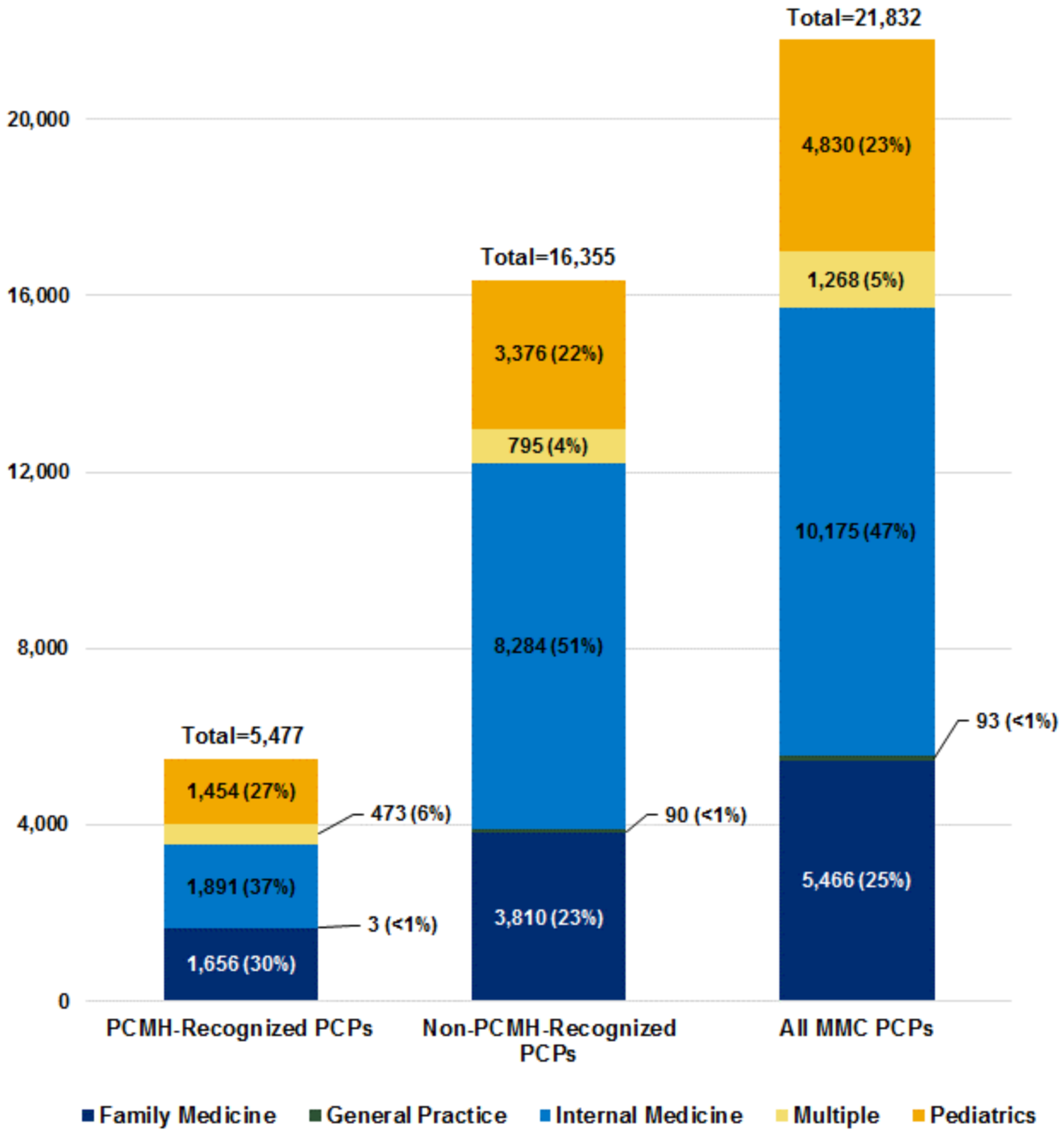
	December 2015	March 2016	June 2016	September 2016	December 2016
PCMH PCPs participating with MMC	5,339	5,401	5,189	5,616	5,477
All PCPs participating with MMC	19,975	20,414	20,799	20,791	21,832
PCMH Penetration Rate in MMC	**27%**	**27%**	**25%**	**27%**	**25%**

Although only 25% of MMC providers are recognized as a PCMH, these providers serve almost half of the Medicaid population, indicating that these providers have large Medicaid patient panels. Figure 8 of this report shows the number of MMC members assigned to PCMH-recognized PCPs. There may be other PCMH-recognized PCPs that participate with FFS Medicaid that are not included in this figure.

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

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, NYS non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of December 2016, there are 840 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 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 2016) and December 2016 provider network data

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of December 2016. Nearly 12% of all PCMH-recognized practices and providers in the country practice in NYS. Although NYS continues to remain the state with the largest number of practices and providers with this recognition, the difference is slowly decreasing as more practices throughout the country continue to receive PCMH recognition from NCQA. 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: PCMH Recognition by Top Adopting States

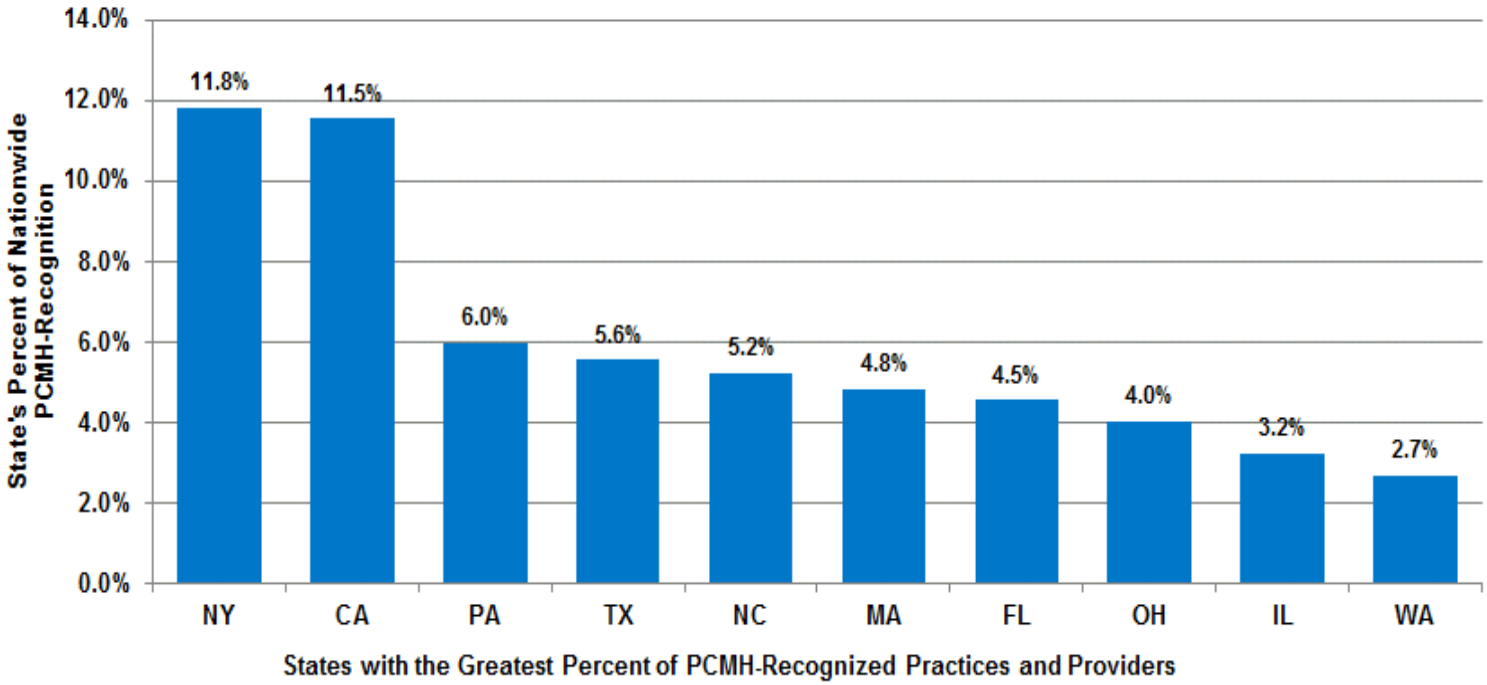


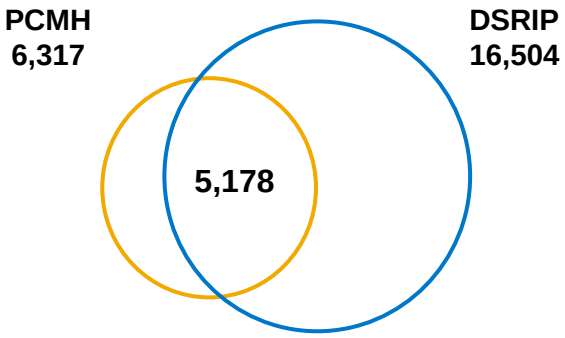
Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 59% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 41% of PCMH-recognized practices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

The data in Figure 5 was retrieved on December 31, 2016 from NCQA's website at: http://recognition.ncqa.org/

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 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/.

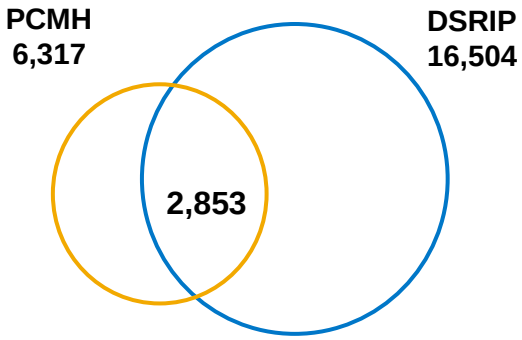
Figure 6a displays the number of providers who are PCMH-recognized in NYS, the number of PCPs who participate in the DSRIP program, and the number of providers who are recognized as a PCMH and participate in DSRIP. As of December 2016, 82% (5,178) of PCMH-recognized providers are participating in the DSRIP program.

Figure 6a: PCMH-Recognized Providers Participating in DSRIP



The DSRIP program requires certain primary care practices, that are participating in primary care transformation projects, to achieve either APC certification or 2014 level 3 PCMH recognition by March 31, 2018. There are currently no practices certified under the APC program. Figure 6b shows the number of PCMH-recognized providers, the number of PCPs participating in DSRIP, and the number of DSRIP PCPs that have achieved 2014 Level 3 PCMH Recognition. Not all DSRIP PCPs are required to become APC certified or PCMH-recognized.

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 (for this report: December 2016), and provider network data from Quarter 4, 2015 through Quarter 4, 2016. PCPs are defined as MDs, DOs, and NPs that specialize in internal medicine, family medicine, pediatrics, and general practice.

Figure 7 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year as of December 2016.

Figure 7: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level

Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent of Enrollees Assigned
2011	1	2,759	<1%
	2	69,187	3%
	3	576,435	29%
2014	1	1,733	<1%
	2	37,866	2%
	3	1,306,400	65%
Total		1,994,380	100%

Figure 8 shows the number of MMC members assigned to PCMH-recognized PCPs from December 2015 to December 2016. As of December 2016, 48% of New York MMC members are assigned to PCMH-recognized PCPs.

Figure 8: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter from December 2015 - December 2016

	December 2015	March 2016	June 2016	September 2016	December 2016
MMC members assigned to PCMHs	1,937,839	1,946,020	1,972,641	2,027,542	1,994,380
MMC members not assigned to Non-PCMHs	2,159,555	2,110,320	2,139,056	2,116,262	2,138,219
Total	4,097,394	4,056,340	4,111,697	4,143,804	4,132,599
PCMH Penetration Rate	47%	48%	48%	49%	48%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 151,611 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider during calendar year 2016.

Figure 7 and Figure 8 use plan-reported panel data (for this report: December 2015 – December 2016) and the December 2016 NCQA recognized provider lists.

Section 3: Enrollee Information

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

Figure 9 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of MMC enrollees assigned to non-PCMH-recognized providers. There is a higher proportion of MMC enrollees assigned to a PCMH-recognized provider in Western NY, of Black and Hispanic racial groups those that receive Temporary Assistance to Needy Families, and that are 20 or younger as compared to the demographics of MMC 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	60%	59%
	Central	3%	5%
	Finger Lakes	4%	3%
	Long Island	6%	12%
	Mid-Hudson	4%	3%
	Northeast	3%	4%
	Northern Metropolitan	6%	6%
	Utica/Adirondacks	3%	4%
	Western	11%	4%
Race	Black	20%	16%
	White	26%	29%
	Asian	9%	14%
	Hispanic	20%	15%
	Other	25%	26%
Aid Category	Safety Net	22%	25%
	Supplemental Security Income	8%	7%
	Temporary Assistance for Needy Families	65%	60%
	Other	5%	8%
Age	0-20	50%	44%
	21-54	40%	43%
	55-64	9%	10%
	65-74	1%	2%
	75+	<1%	<1%
Gender	Male	45%	47%
	Female	55%	53%

Demographic data presented in Figure 9 is based on third quarter panel and Medicaid enrollment data (for this report: December 2016).

* Count includes both the Adirondack Demonstration PCMH program and the Statewide PCMH program.

Section 4: Expenditures

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

The figures in this section display the amounts paid for the New York Medicaid Statewide PCMH Incentive Payment Program. This program only pays practices and their providers recognized as either level 2 or 3 under the 2011 or 2014 standards. These figures exclude amounts paid through the Adirondack Region Medical Home Demonstration. For more information on the Adirondack Region Medical Home Demonstration please see: http://www.adkmedicalhome.org/.

Figure 10 shows the amount spent on PCMH-recognized providers via increased capitation payments to practices for their MMC, CHP, HIV SNP, HARP enrollees from January 2016 through December 2016.

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

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

PCMH PMPM payments are given for MMC, CHP, HIV SNP and HARP products. The HARP plans began serving NYC members in October 2015 and began serving the rest of the state July 2016.

Figure 11 shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2016 through December 2016*.

Figure 11: PCMH Add-Ons by Level for Statewide FFS January 2016-December 2016

	Year to Date
Level 2	$ 381,525
Level 3	$ 4,758,900
Total	$ 5,140,425

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 Family Health Plus (FHP) program ended on December 31, 2014.

The amounts in Figure 11 were derived from claims data from January 2016 through December 2016. The amounts in this figure may under represent expenditures because a customary 6-month run-out was not applied.

Important Links

About NCQA's Patient-Centered Medical Home Recognition
http://www.ncqa.org/Programs/Recognition/PatientCenteredMedicalHomePCMH.aspx

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/

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

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