



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



December 2019

Program Highlights and Background

A Patient-Centered Medical Home (PCMH) is a model of care where each enrollee has an on-going 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 one of the following NCQA standards:

- PCMH 2014 Level 1, 2 or 3
- PCMH 2017
- New York State PCMH (NYS PCMH)



In PCMH 2014 standards, practices received a higher score or level if they demonstrated more elements of the patient-centered care model. The last day practices could submit an application to be recognized under the 2014 standards was September 30, 2017. NCQA's 2017 standards were released on April 3, 2017 with an increased focus on social determinants of health, community connections and the integration of behavioral health. The leveling structure was eliminated in the 2017 PCMH program and recognition became valid for one-year periods instead of the previous three-year period to measure progress more frequently.

On April 1, 2018, the New York State Department of Health (NYSDOH) released NYS PCMH, an innovative model for primary care transformation. 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. NYS PCMH requires practices to achieve a higher number of criteria to achieve recognition, with emphasis placed on behavioral health, care management, population health, value-based payment arrangements, and health information technology capabilities.

NYS currently has the greatest number of practices and providers* recognized as a PCMH by NCQA compared to all other states in the country; 17.6% of all PCMH practices and 13.9% of providers in the country operate in NYS. As of December 2019, there were 2,614 practices recognized as a PCMH, of which 98.5% achieved recognition from NCQA's 2014 level 3 standards and above. 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 December 2019, there were 9,518 providers recognized as a PCMH, of which 98.94% achieved recognition from NCQA's 2014 level 3 standards and above. There were 9 practices and 17 providers recognized under the 2017 standards, and 1,460 practices and 5,718 providers recognized under the NYS PCMH.

As of December 2019, 8,189 (35%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and over half (69%) 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 recognition under the NYS PCMH recognition 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. For managed care enrollees, DOH provides payments to the health plans through a non-risk payment for the sole purpose of health plans making enhanced payments to qualified providers. For Medicaid fee-for-service (FFS) enrollees, payments are made to qualified providers by DOH as an 'add-on' for qualifying visits. Over \$210 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2019 through December 2019. Effective July 1, 2018, NYS Medicaid provides incentive payments to providers recognized under the following programs: level 3 PCMH under NCQA's 2014 standards; PCMH under NCQA's 2017 standards; or NYS PCMH.



To learn more about the New York Statewide Medicaid PCMH Incentive Payment Program please visit: the [Department of Health website](#)

*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.

Table of Contents

Section 1: Practice Information

Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level	5
Figure 1b: PCMH-Recognized Practices by Standard Year and Level Over Time	5
Figure 1c: Quarterly PCMH-Recognized Practice Count by NCQA Standard Year and Recognition Level Over Time	6
Figure 1d: NYS PCMH-Recognized Practices by QARR Region	7
Figure 1e: NYS PCMH-Recognized Practice Sizes by Number of Providers	7
Figure 1f: PCMH-Recognized Practices by Top Adopting States	8

Section 2: Provider Information

Figure 2a: PCMH-Recognized Provider Percentage by NCQA Standard Year and Recognition Level	9
Figure 2b: PCMH-Recognized Providers by Standard Year and Recognition Level Over Time	9
Figure 2c: Quarterly PCMH-Recognized Provider Count by NCQA Standard Year and Recognition Level Over Time	10
Figure 3a: Proportion of all PCPs in MMC That are Recognized as a PCMH by Quarter	11
Figure 3b: PCMH-recognized PCPs in MMC by Level and Standard Year	11
Figure 4: MMC PCPs by Specialty and PCMH-Recognition Status	12
Figure 5: PCMH-Recognized providers by Top Adopting States	13

Section 3: Enrollee Information

Figure 7 Figure 6a: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees	14
Figure 6b: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level	14
Figure 7a: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter	15
Figure 7b: Auto Assignment Rates Between PCMH-Recognized and Non-PCMH Recognized PCPs in MMC, HARP, and HIV SNP	15
Figure 8: NYS MMC Enrollee Characteristics	16

Section 4: Expenditures

Figure 9: Medical Home Spending by MMC Product Line January 2019 through December 2019	17
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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 2019.

Figure 1a: PCMH-Recognized Practice Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	Number of	Percent
		PCMH recognized practices	
2014 Standards	1	2	<1%
	2	37	1%
	3	1,106	42%
2017 Standards		9	<1%
NYS PCMH		1,460	56%
Total		2,614	100%

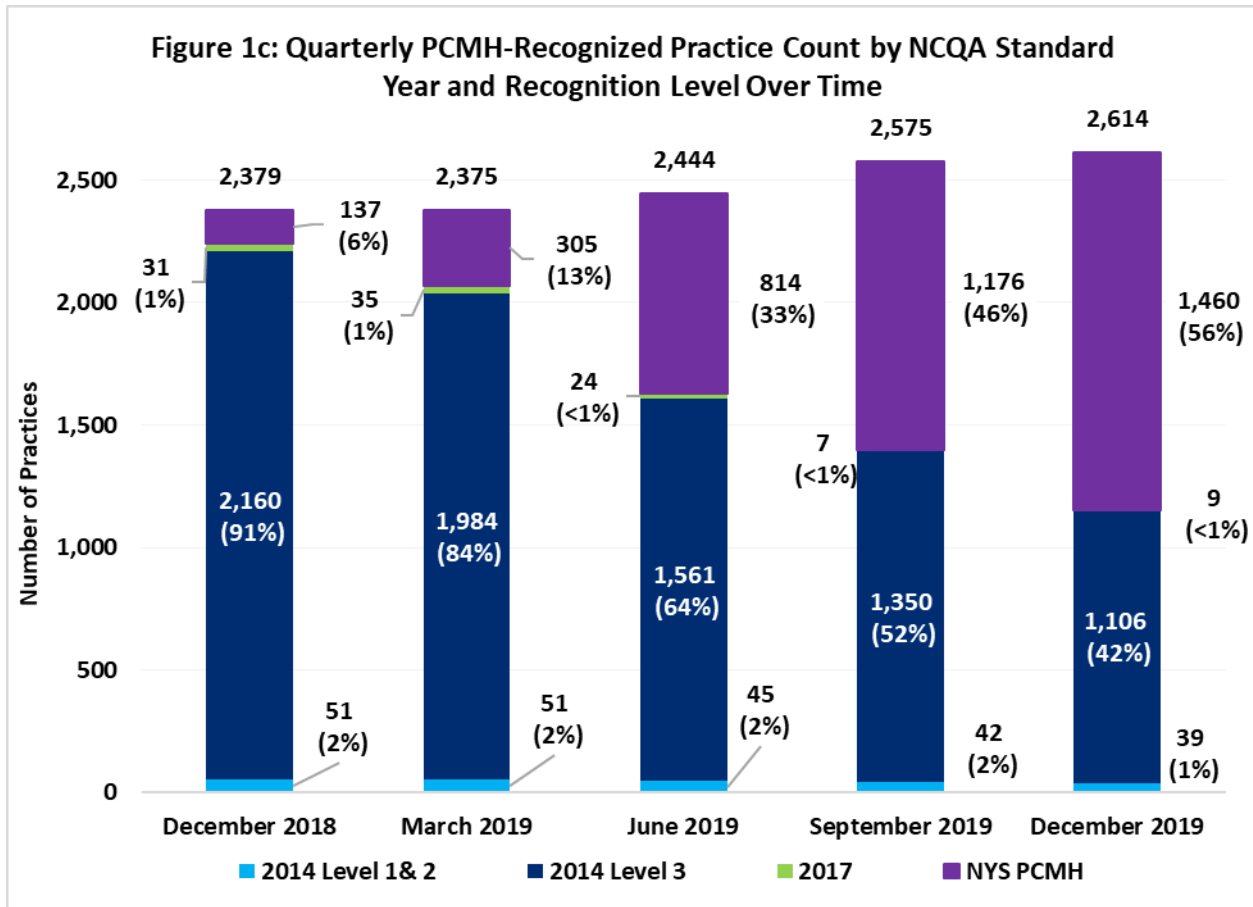
Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's standards by level from July 2019 to December 2019.

Figure 1b: PCMH-Recognized Practices by Standard Year and Level Over Time							
	Recognition Level	July 2019	August 2019	September 2019	October 2019	November 2019	December 2019
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	42 (1.69%)	41 (1.6%)	40 (1.55%)	40 (1.53%)	38 (1.45%)	37 (1.42%)
	3	1,462 (58.81%)	1,415 (55.32%)	1,350 (52.43%)	1,302 (49.75%)	1,224 (46.77%)	1,106 (42.31%)
2017 Standards		6 (<1%)	7 (<1%)	7 (<1%)	9 (<1%)	9 (<1%)	9 (<1%)
NYS PCMH		974 (39.18%)	1,093 (42.73%)	1,176 (45.67%)	1,264 (48.3%)	1,344 (51.36%)	1,460 (55.85%)
Total		2,486	2,558	2,575	2,617	2,617	2,614

The data in Figure 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: December 2019).

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's recognition standards and levels from December 2018 to December 2019.



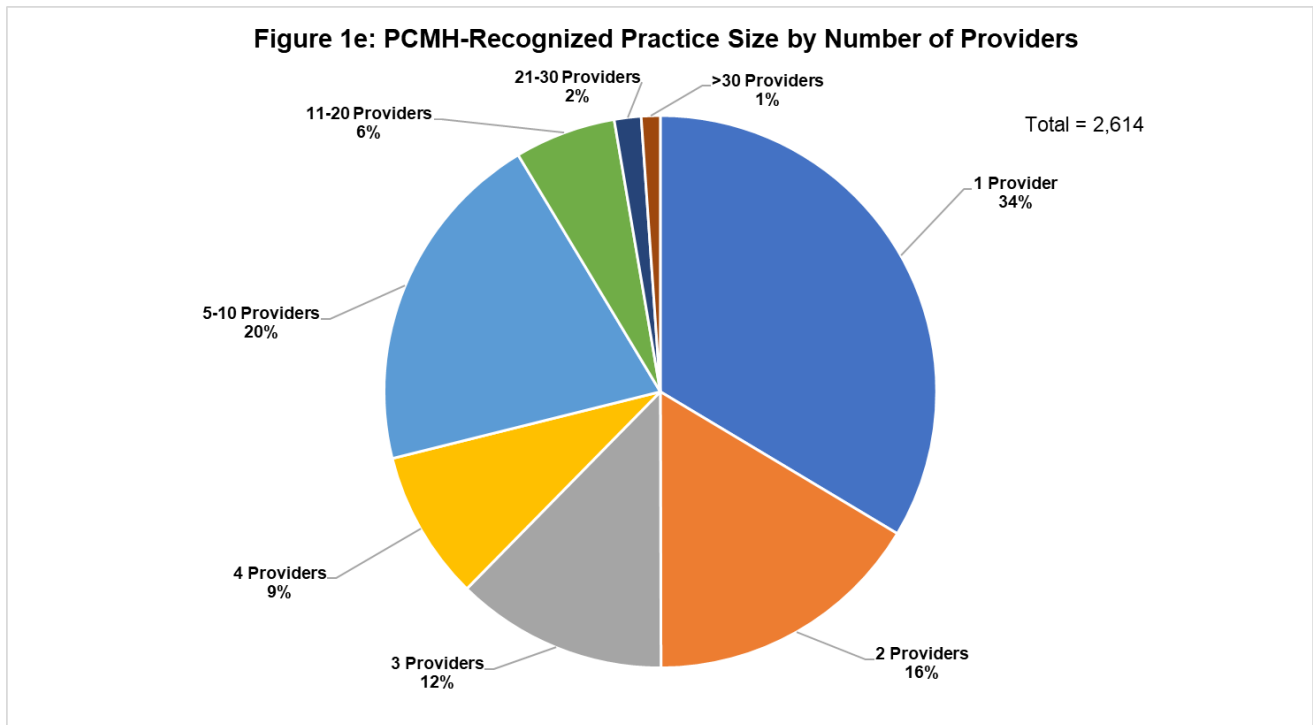
There was a slight decline in the number of PCMH-recognized practices with 2014 recognition from December 2018 to December 2019. This drop is largely due to the expiration of the recognition status of many practices under this recognition level. The number of PCMH-recognized practices achieving PCMH under NCQA's 2017 standards is decreasing and practices recognized under the NYS PCMH recognition level continues to grow. As of December 2019, 42% of PCMH-recognized practices achieved 2014 Level 3 recognition, <1% of PCMH-recognized practices achieved NCQA's 2017 standards, and 56% of PCMH-recognized practices achieved NYS PCMH recognition.

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 (44%) and Western New York (17%).

Figure 1d: NYS PCMH-Recognized Practices by QARR Region		
Region	Number of PCMH-Recognized Practices	Percent of PCMH Recognized Practices
Central	232	9%
Hudson Valley	248	9%
Long Island	282	11%
NYC	1,156	44%
Northeast	256	10%
Western	440	17%
Total	2,614	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers. Practices with only one reported provider (34%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (20%).



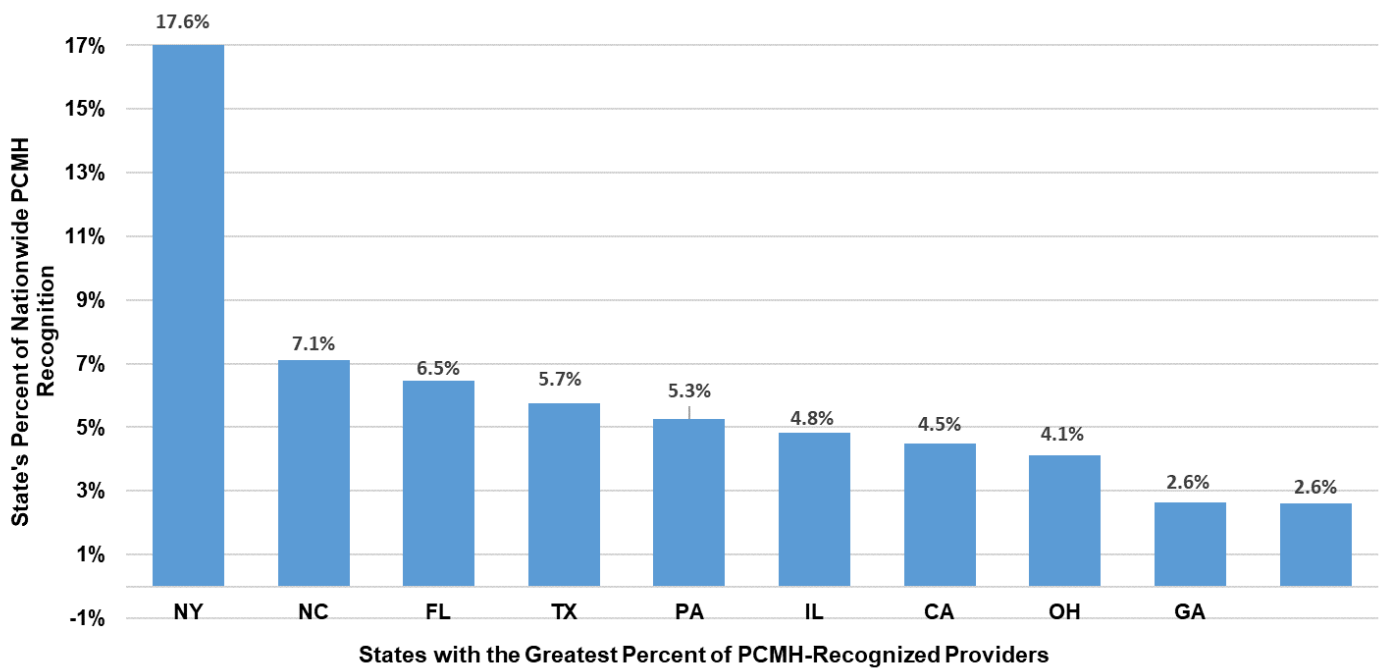
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: December 2019).

*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 2019. 17.6% 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 nearly 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 2019. The majority of providers are recognized under NYS PCMH standards.

	Recognition Level	# of PCMH Recognized Providers	Percent
2014 Standards	1	2	<1%
	2	99	1%
	3	3,682	39%
2017 Standards		17	<1%
NYS PCMH		5,718	60%
Total		9,518	100%

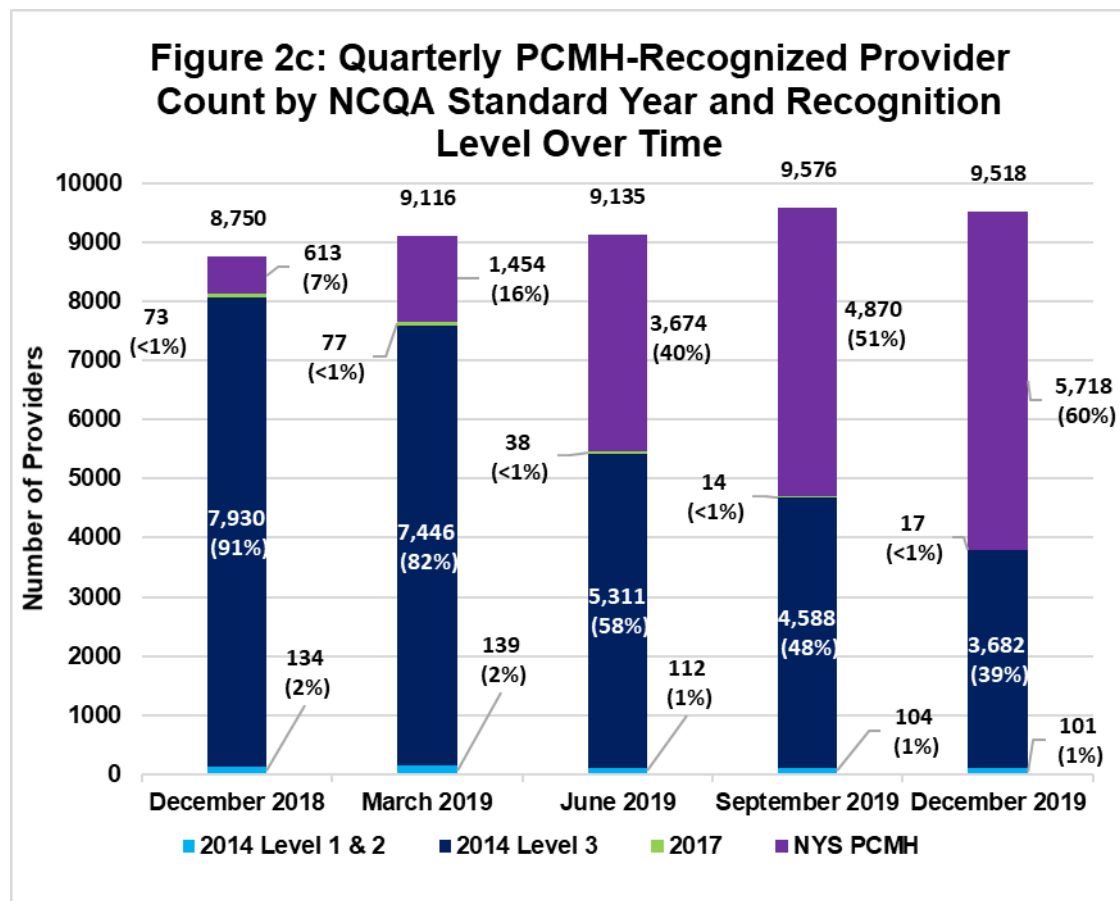
Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's standards, and by level from July 2019 to December 2019.

	Recognition Level	July	August	September	October	November	December
		2019	2019	2019	2019	2019	2019
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	110 (1.17%)	103 (1.07%)	102 (1.07%)	103 (1.07%)	100 (1.04%)	99 (1.04%)
	3	5,010 (53.46%)	4,889 (50.79%)	4,588 (47.91%)	4,338 (45.03%)	4,174 (43.23%)	3,682 (38.68%)
2017 Standards		9 (<1%)	14 (<1%)	14 (<1%)	17 (<1%)	17 (<1%)	17 (<1%)
NYS PCMH		4,241 (45.25%)	4,618 (47.97%)	4,870 (50.86%)	5,173 (53.7%)	5,362 (55.54%)	5,718 (60.08%)
Total		9,372	9,626	9,576	9,633	9,655	9,518

The data in Figure 2a and Figure 2b was derived from the most recently available NCQA recognized provider lists (for this report: December 2019).

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from December 2018 to December 2019.



The number of PCMH-recognized providers under 2014 Level 3 recognition decreased to 39%. The number of PCMH-recognized providers with 2014 recognition continues to decrease due to the expiration of many providers under NCQA's 2014 standards. The number of PCMH-recognized providers under NCQA's 2017 standards remains nearly unchanged, and there has been an increase in the number of recognized providers under NYS PCMH standards.

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participated with MMC from December 2018 to December 2019. PCPs are defined as MDs, DOs, and NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 8,189 PCMH-recognized PCPs that participate with MMC as of December 2019. 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 35% 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 2018	March 2019	June 2019	September 2019	December 2019
PCMH PCPs participating with MMC	7,519	7,771	7,878	8,214	8,189
All PCPs participating with MMC	22,872	23,274	23,274	23,553	23,439
PCMH Penetration Rate in MMC	33%	33%	34%	35%	35%

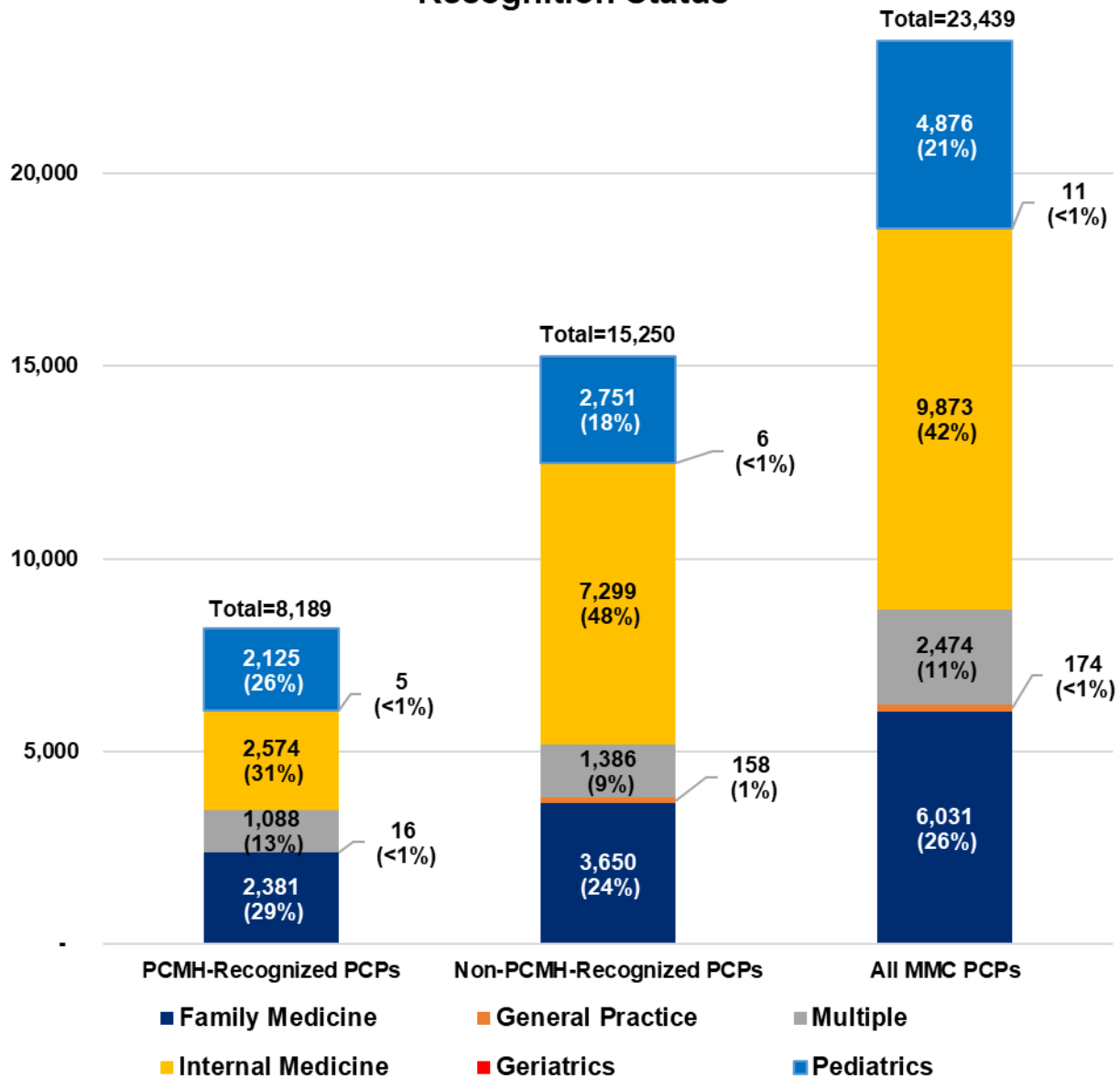
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of December 2019.

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	1	<1%
	2	53	<1%
	3	3,092	38%
2017 Standards		14	<1%
NYS PCMH		5,029	61%
Total		8,189	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 2019, there are 1,329 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

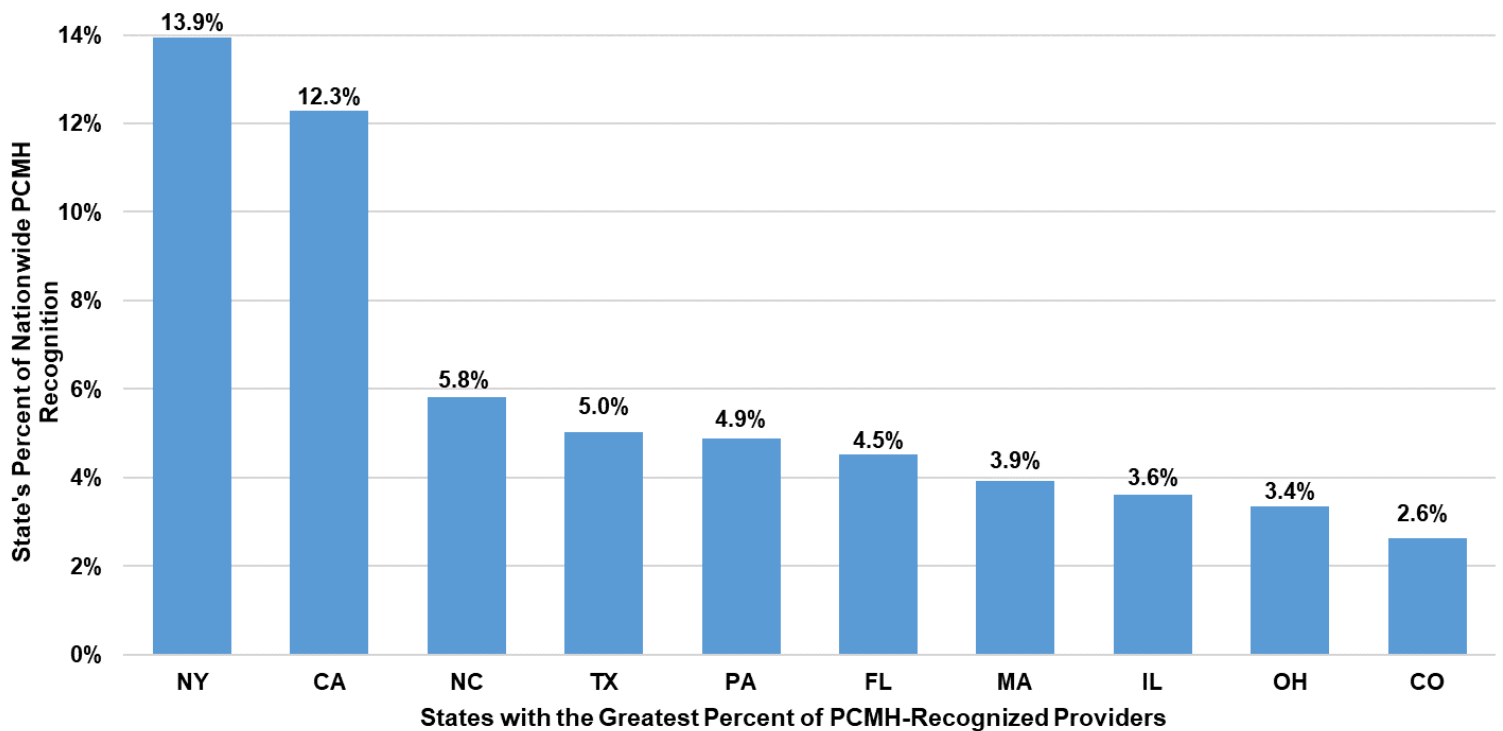


The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: December 2019) and December 2019 PNDS.

Section 2: Provider Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of December 2019. Nearly 14% of all PCMH-recognized providers in the country practice in NYS. As of December 2019, 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 60% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 40% 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 Assigned to a PCMH-Recognized Provider	2,799,590	92,487	11,724	2,903,801
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,266,531	40,025	2,150	1,308,706
Total Enrollees	4,066,121	132,512	13,874	4,212,507
PCMH Penetration Rate	69%	70%	85%	69%

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 2019. The majority of enrollees are assigned to PCPs with NYS PCMH 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
2014 Standards	1	122	7	0	129
	2	15,583	394	0	15,977
	3	1,017,518	32,940	6,488	1,056,946
2017 Standards		4,028	24	0	4,052
NYS PCMH		1,762,339	59,122	5,236	1,826,697
Total Enrollees		2,799,590	92,487	11,724	2,903,801

Figure 6a and Figure 6b use plan reported panel data (for this report: December 2019) and the December 2019 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 2018 to December 2019. As of December 2019, 69% 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 2018	March 2019	June 2019	September 2019	December 2019
MMC Enrollees Assigned to PCMHs	2,838,103	2,812,924	2,826,383	2,863,086	2,903,801
Enrollees Assigned to Non-PCMHs	1,531,068	1,483,958	1,425,319	1,337,948	1,308,706
Total Enrollees	4,369,171	4,296,882	4,251,702	4,201,034	4,212,507
PCMH Penetration Rate	65%	65%	66%	68%	69%

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 2019, 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
Enrollees Assigned to a PCMH-Recognized Provider	1,497,159 (52%)	925,387 (32%)	481,255 (17%)	0 (0%)	2,903,801 (100%)
Enrollees Assigned to a non-PCMH-Recognized Provider	695,607 (53%)	363,802 (28%)	187,129 (14%)	62,168 (5%)	1,308,706 (100%)
Total	2,192,766 (52%)	1,289,189 (31%)	668,384 (16%)	62,168 (1%)	4,212,507 (100%)

Medicaid (FFS): There were 130,762 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2019 to December 31, 2019.

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 Assigned to PCMH-Recognized Providers	MMC Enrollees Assigned to Non-PCMH-Recognized Providers
Region	New York City	58.62%	53.91%
	Central	6.79%	8.64%
	Long Island	7.38%	11.87%
	Hudson Valley	8.45%	11.17%
	Northeast	5.79%	4.58%
	Western	12.96%	9.83%
Race	Black	18%	15.68%
	White	25.33%	32.97%
	Asian	11.09%	10.31%
	Hispanic	11.49%	7.8%
	Other	34.09%	33.25%
Aid Category	Safety Net	25.68%	32%
	Supplemental Security Income	7.93%	6.97%
	TANF	66.35%	60.99%
	Other	<1%	<1%
Age	0-20	48.78%	41.31%
	21-54	40.15%	46.28%
	55-64	9.9%	11.1%
	65-74	<1%	<1%
	75+	<1%	<1%
Gender	Male	46.71%	47.58%
	Female	53.29%	52.41%

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 2019 through December 2019.

Figure 9: Medical Home Spending by MMC Product Line January 2019 through December 2019					
	MMC	HARP	HIV SNP	CHP	Total
Total	\$ 186,412,257	\$ 5,696,837	\$ 693,745	\$ 17,627,792	\$ 210,430,630

*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.

For more information on PCMH initiatives in Medicaid, please visit:

https://www.health.ny.gov/health_care/medicaid/program/update/medup-pa-pn.htm#patiented

Important Links

Information on New York State PCMH Initiatives in Medicaid

https://www.health.ny.gov/health_care/medicaid/program/update/medup-pa-pn.htm#patiented

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

New York State PCMH Brochure

https://www.health.ny.gov/technology/nys_pcmh/docs/pcmh_brochure.pdf

New York State PCMH Standards and Guidelines

<http://store.ncqa.org/index.php/catalog/product/view/id/3100/s/2017-pcmh-standards-and-guidelines-for-new-york-state-practices-only-epub/>

NCQA PCMH-Recognition State Comparison

<http://reportcards.ncqa.org/#/practices/list>

Previous PCMH Quarterly Reports

https://www.health.ny.gov/technology/nys_pcmh/

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 email at:

pcmh@health.ny.gov