



Department
of Health

New York State Patient Centered Medical Homes Quarterly Report



June 2015

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 in New York State (NYS) are recognized as level 1, 2, or 3 (3 is the highest recognition) under one of three sets of standards of PCMH recognition. NCQA's 2008 standards are the oldest and are almost phased out as more stringent standards were developed overtime. NCQA's 2011 standards were built off of the first set of standards, and then later enhanced, creating NCQA's newest and most stringent 2014 standards. Primary care practices continue to achieve higher levels of recognition under more rigorous standards. NCQA's 2014 standards place a heavier focus on integrating health information technology and behavioral health care services into primary care in comparison to the previous 2008 and 2011 standards. As of March 21, 2015, practices could only apply for PCMH recognition under the 2014 standards as the 2011 standards are phased out. A link to a comparison of the 2011 and 2014 standards can be found at the end of this report.



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 the NCQA which is part of the New York Medicaid Statewide PCMH Incentive Payment Program. More detail about this program can be found in the March 2015 Medicaid Update (https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf). Additionally, the NYS Health Innovation Plan (SHIP) positions the state towards achieving the Triple Aim (improved health, better health care and consumer experience, and 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 2014 PCMH recognition or align with APC principles 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.

* 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)

NYS currently has the greatest number of practices and providers* recognized as PCMHs by the NCQA compared to all other states in the nation; over 12% of all PCMH practices and providers in the nation operate in NYS.

The number of PCMH-recognized providers in NYS increased from 5,277 in June 2014 to 6,198 in June 2015. Of these 6,198 providers, 91% have achieved the highest level of recognition (level 3) under the 2011 or 2014 standards. As of June 2015, 98% 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 – similar to the trend of a continuous decrease in the proportion of 2008 recognized providers when the 2011 standards were released by NCQA. Practices with 4-10 providers make up the largest portion of PCMH-recognized practices.

Practices in New York 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). Just under 20% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

As of June 2015, 48% of Medicaid managed care (MMC) enrollees were receiving care from a PCMH-recognized primary care physicians (PCP), up from 42% in June 2014. Of those enrollees, 89% were receiving care from a PCMH-recognized provider who has achieved level 3 PCMH recognition under the 2011 or 2014 standards. As of June 2015, 5,423 (28%) providers in MMC* were recognized as a PCMH provider, up from 24% in June 2014.

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), 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) patients. About \$55 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans year to date. Over \$2.5 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2015 to June 2015 for 84,542 unique enrollees.



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

Report Layout

This report includes the following PCMH activity in NYS as of June 2015:

- The number of PCMH-recognized providers by level
- Changes in the number of PCMH-recognized providers by level over time
- Changes in the number of PCMH-recognized providers by standard year over time
- The number of PCMH-recognized providers by practice size
- Trends in the number of PCMH-recognized providers participating with MMC
- Providers participating in MMC by specialty type, both PCMH and nonPCMH-recognized provider populations
- A comparison of PCMH and Diabetes Recognition Program (DRP) recognitions in New York compared to other states
- The number of PCMH-recognized providers who are participating in DSRIP
- Changes in the number of Medicaid enrollees that receive care from PCMH-recognized providers and demographic information about these enrollees compared to the total MMC population.
- The amount spent by NYS Medicaid on PCMHs for MMC, CHP, HIV SNP, and Medicaid FFS enrollees.

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: Provider Information

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

Figure 1a shows the number of distinct PCMH-recognized providers in NYS by NCQA recognition level* as of June 2015.

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

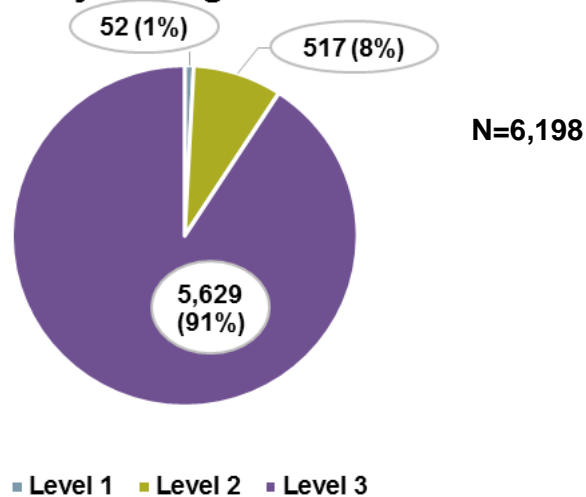
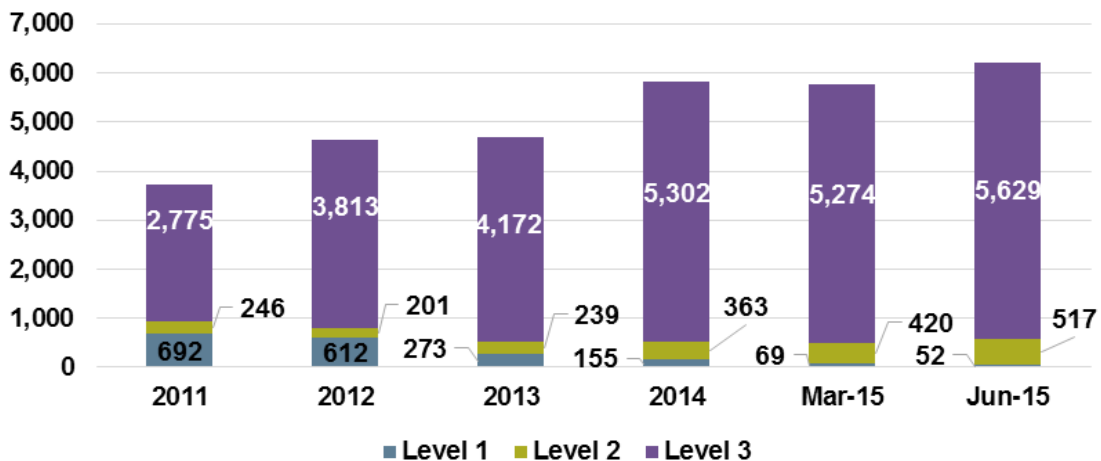


Figure 1b shows changes in the number of PCMH-recognized providers by NCQA recognition level from 2011 to June 2015.

Figure 1b: PCMH-Recognized Providers by Recognition Level Over Time (June 2015 Total=6,198)



* NYS Medicaid stopped providing PCMH 'add-ons' to all level 1 PCMH-recognized providers (effective 1/1/2013), 2008 standard level 2 PCMH-recognized providers (effective 7/1/2013) and 2008 standard level 3 PCMH-recognized providers (effective 4/1/2015) though these providers may be recognized as a PCMH by the NCQA.

The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: June 2015).

Section 1: Provider Information (continued)

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

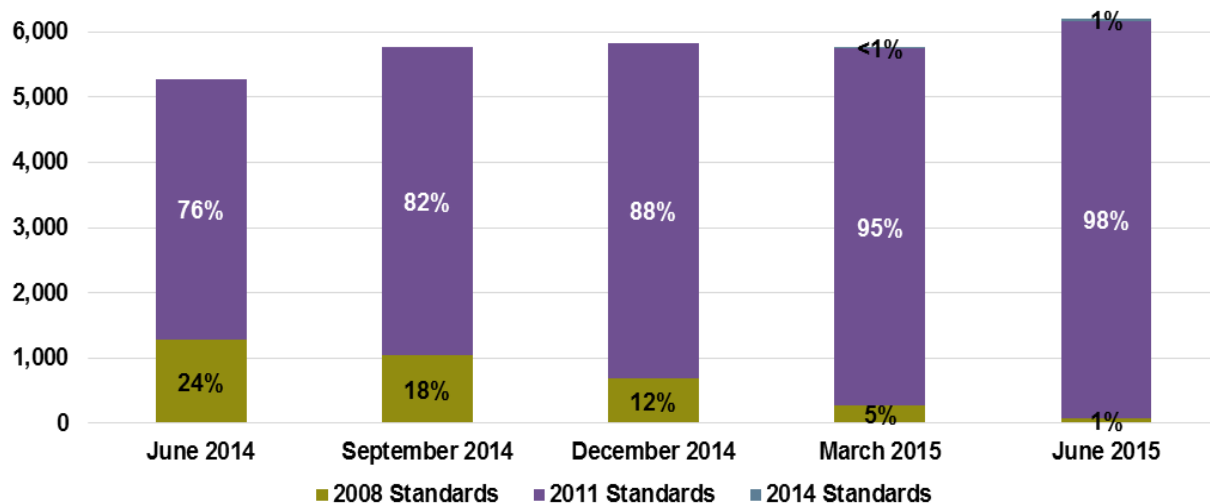
Figure 1c shows the number of PCMH-recognized providers that are recognized as medical homes under NCQA's 2008 standards, 2011 standards, and 2014 standards from January 2015 to June 2015.

Figure 1c: PCMH-Recognized Providers By Month (Statewide Only)						
	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015
2008 Standards	519 (9%)	345 (6%)	272 (5%)	207 (4%)	115 (2%)	83 (1%)
2011 Standards	5,191 (91%)	5,332 (94%)	5,471 (95%)	5,572 (96%)	5,644 (97%)	6,072 (98%)
2014 Standards	0 (0%)	6 (<1%)	20 (<1%)	25 (<1%)	36 (1%)	43 (1%)
Total	5,710 (100%)	5,683 (100%)	5,763 (100%)	5,804 (100%)	5,795 (100%)	6,198 (100%)

Providers working in two locations with different recognition standards are categorized according to the more recent set of standards.

Figure 1d illustrates the number of PCMH-recognized providers by recognition standards from June 2014 to June 2015. The percentage of providers recognized under the 2011 standards has steadily increased.

Figure 1d: Growth in PCMH-Recognized Providers By Quarter



*The 2011 and 2014 standards build on 2008 standards, and are better aligned with new health information technology criteria. Providers working in two locations with different medical home recognition standards in each location are categorized based upon the more recent set of standards. A comparison of the 2008 and 2011 programs is available on the NCQA's website and can be found on page 14 of this report. A link for a comparison of the 2011 and 2014 programs can also be found on page 3 and 14 of this report.

The data in Figure 1c and Figure 1d was derived from the most recently available NCQA recognized provider lists (for this report: June 2015).

Section 1: Provider Information (continued)

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

Figure 1e shows the number of distinct PCMH-recognized providers by recognition level under the 2008 standards in New York State from June 2014 through June 2015. It is anticipated that there will no longer be any providers recognized under the 2008 standards by the end of calendar year 2015.

Figure 1e: 2008 Over Time

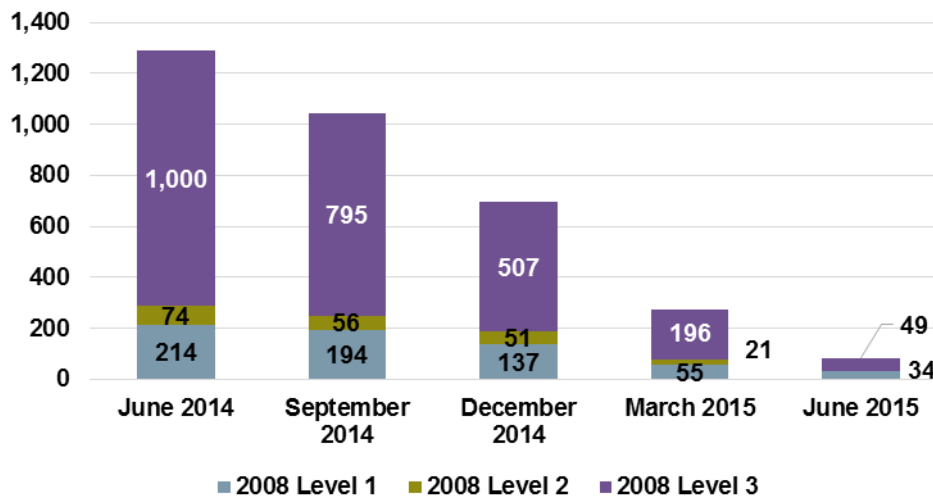
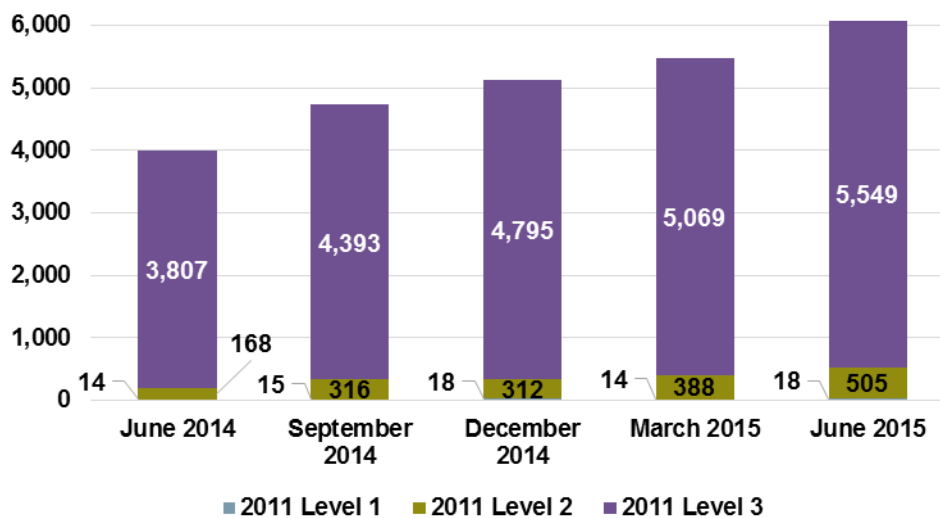


Figure 1f shows the number of distinct PCMH-recognized providers by recognition level under the 2011 standards in New York State from June 2014 through June 2015. The majority (98%) of PCMH-recognized providers in New York State are recognized under the 2011 standards.

Figure 1f: 2011 Over Time



The data in Figure 1e and Figure 1f was derived from the most recently available NCQA recognized provider lists (for this report: June 2015).

Section 1: Provider Information (continued)

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

Figure 1g shows the number of distinct PCMH-recognized providers by recognition level under the 2014 standards in New York State as of June 2015. This number is expected to grow significantly as a result of the numerous PCMH initiatives throughout the state including the Delivery System Reform Improvement Program (DSRIP) and the Statewide PCMH Incentive Payment Program. There are no level 1 PCPs recognized at the 2014 PCMH standard as of June 2015.

Figure 1g: 2014 Over time

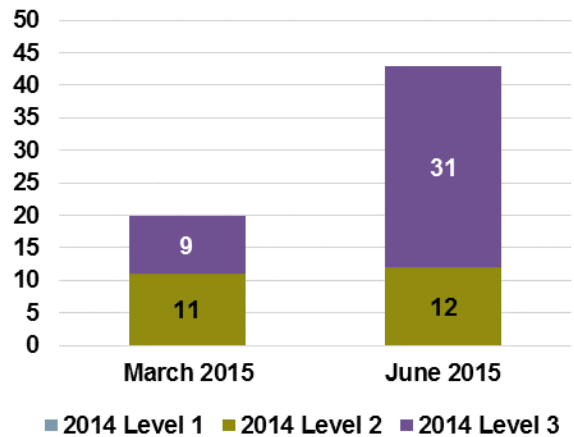
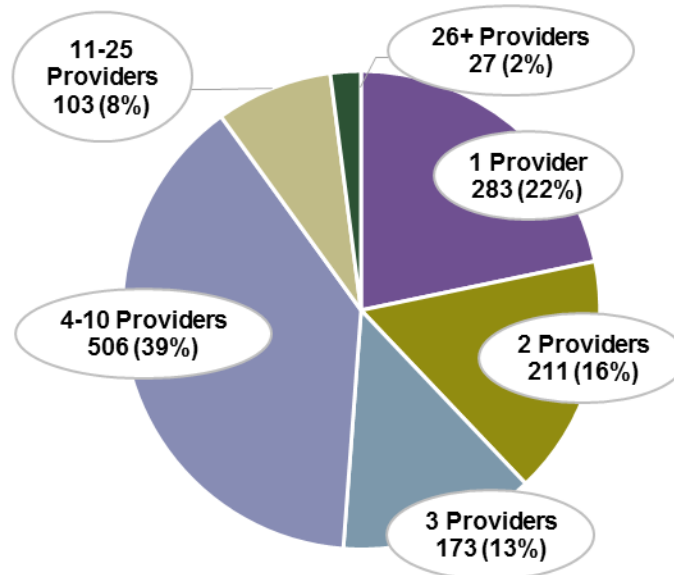


Figure 2 shows the percentage of NYS PCMH-recognized practices by practice size. Practices with 4-10 providers make up the largest proportion of PCMH-recognized practices. The largest practices, those with 26 or more providers, make up the smallest proportion.

Figure 2: NYS PCMH-Recognized Practices by Size



There are 7,931 unique provider-location combinations as of June 2015.

The data in Figure 1g and Figure 2 was derived from the most recently available NCQA-recognized provider lists (for this report: June 2015).

Section 1: Provider Information (continued)

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

Figure 3 shows the proportion of PCMH-recognized Primary Care Physicians (PCPs) that participate in Medicaid managed care (MMC). There are 5,423 (28%) PCPs participating in MMC that are recognized as medical home providers as of June 2015. It is anticipated that this rate will continue to increase over time. For this figure, PCPs are defined as having at least one of the following specialties: family medicine, pediatrics, internal medicine, and general practice.

Figure 3: Penetration Rate of all PCPs in MMC that are Recognized as a PCMH					
	June 2014	September 2014	December 2014	March 2015	June 2015
PCMH PCPs participating in MMC	4,602	5,056	5,090	5,064	5,423
All PCPs participating in MMC	19,521	19,712	20,040	19,766	19,537
PCMH Penetration Rate in MMC	24%	26%	25%	26%	28%

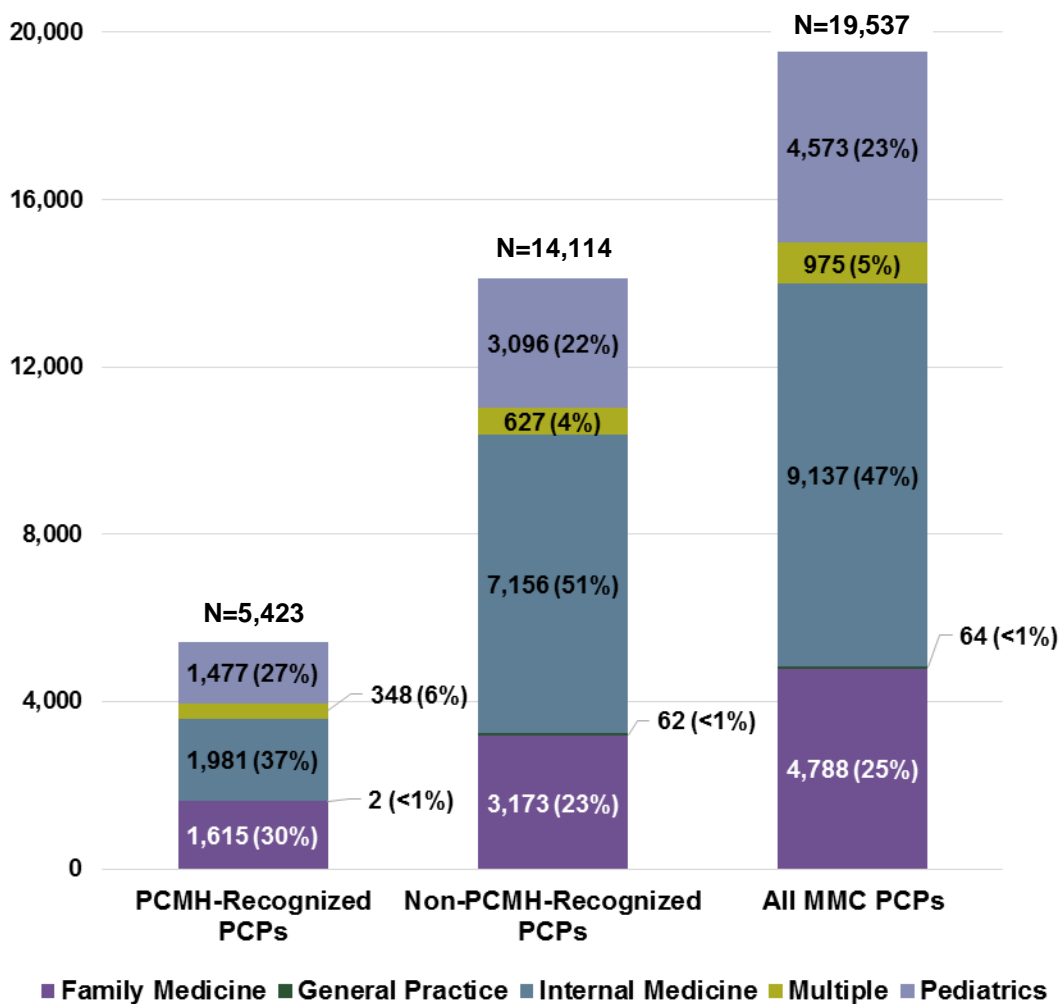
The data in Figure 3 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: June 2015) and June 2015 provider network data.

Section 1: Provider Information (continued)

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

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of June 2015, there are 775 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



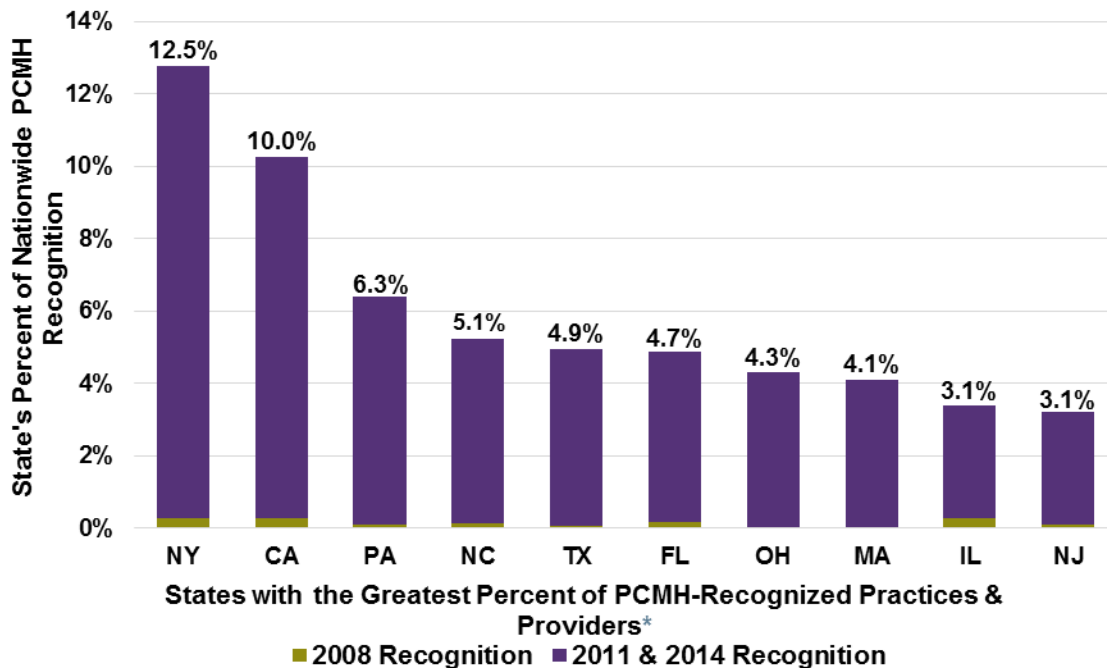
The data in Figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: June 2015) and June 2015 provider network data.

Section 1: Provider Information (continued)

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

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of June 2015. Over 12% of all PCMH-recognized practices and providers in the country practice in New York. Although New York continues to remain the state with the largest number of practices and providers with this recognition, the margin is slowly decreasing as more practices throughout the country continue to seek PCMH recognition from NCQA. It should also be noted that the population of practices and providers recognized under the 2008 standards have almost phased out completely by June 2015.

**Figure 5: PCMH Recognition By State
June 2015**



*Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 58% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 42% of PCMH-recognized practices and providers in the country. This figure only represents medical home providers that are recognized by the NCQA. Not all states use the NCQA's PCMH recognition for medical home program initiatives.

The data in Figure 5 was retrieved on June 30, 2015 from NCQA's website at: <http://recognition.ncqa.org/>

Section 1: Provider Information (continued)

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

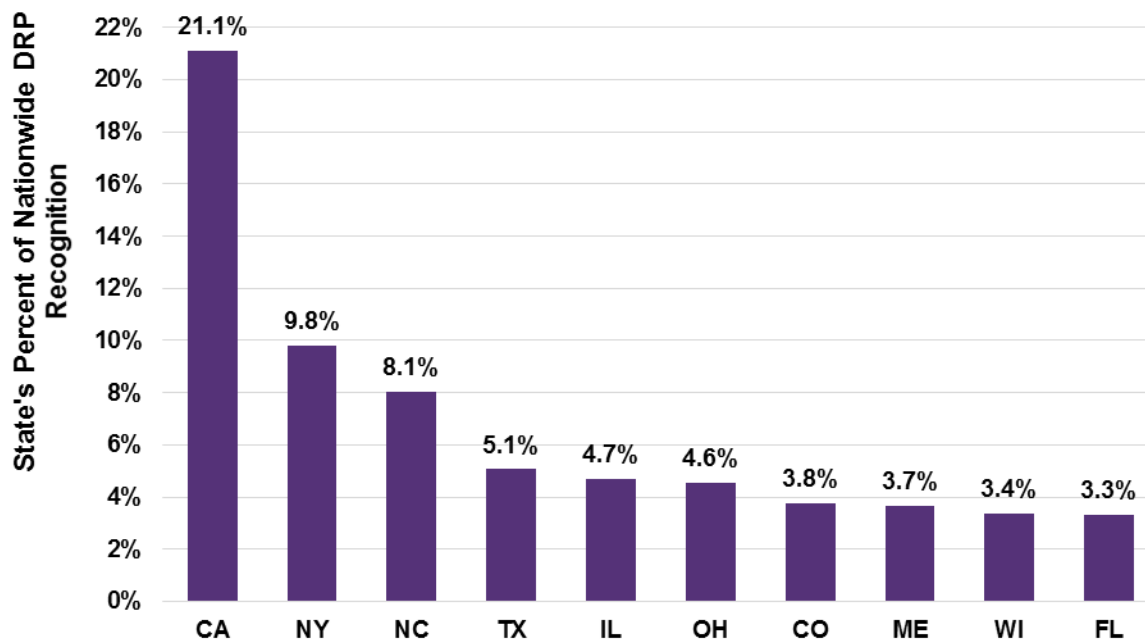
The NCQA developed the Diabetes Recognition Program (DRP), which is a voluntary program designed to recognize clinicians who use performance-based measures and provide high quality care to their patients with diabetes. DRP-recognition can be awarded to both practices and individual providers. For more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

Figure 6a shows the proportion of PCMH-recognized providers that are also DRP-recognized by NCQA as of June 2015 in NYS.

Figure 6a: Proportion of all PCMH-Providers with DRP Recognition	
PCMH-Recognized Providers with DRP Recognition: June 2015	1,111 providers
Total PCMH-Recognized Providers: June 2015	6,198 providers
18% of PCMH providers in New York 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 June 2015. Almost 10% of all awarded DRP recognitions in the country are in NYS; the state with the most recognitions to date is California (21%).

**Figure 6b: DRP Recognition By State
June 2015**



*Figure 6b only represents states with the greatest number of DRP recognized practices and providers. These states only account for 68% of all DRP recognitions in the country; all other states that are not included in this graph represent the remaining 32% 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: June 2015).

The data in Figure 6b was retrieved on June 30, 2015 from NCQA’s website at: <http://recognition.ncqa.org/>.

Section 1: Provider Information (continued)

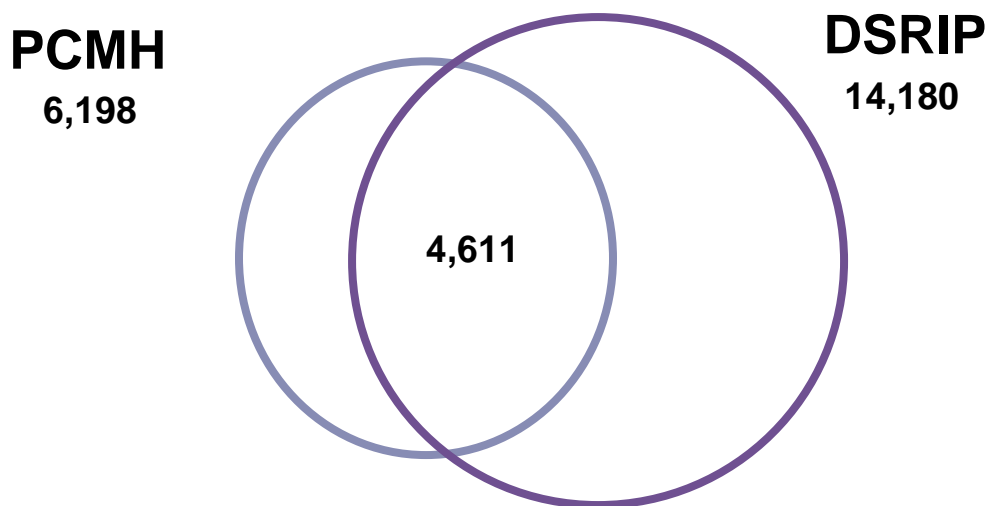
The most recently available data for this section is: June 2015.

In April 2014 New York finalized the terms and conditions with the federal government for the Delivery System Reform Incentive Payment (DSRIP) Program waiver which allows New York to reinvest \$8 billion in federal savings generated by the 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. All DSRIP funds are based on performance linked to achievement of specific project milestones. For more information on the New York DSRIP program please see: http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/.

The DSRIP program also requires that participating practices achieve level 3 PCMH recognition under the 2014 standards from NCQA or align with the APC principles by March 31, 2018*. Approximately 33% of DSRIP providers have already achieved PCMH-recognition.

Figure 7 displays the number of providers who are PCMH-recognized in NYS, the number of primary care providers who participate in the Delivery System Reform Incentive Payment (DSRIP) program, and the number of providers who participate in both PCMH and DSRIP. More than 80% of PCMH-recognized providers are participating in the DSRIP program.

Figure 7: PCMH-Recognized Primary Care Providers* Participating in DSRIP



The data in Figure 7 was derived from the most recently available DSRIP network dataset (May 2015), the most recently available NCQA recognized provider lists (for this report: June 2015), and provider network data from Quarter 2, 2014 through Quarter 2, 2015. 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.

*This analysis is limited to Medicaid providers only because DSRIP is a program specific to Medicaid. Providers in this analysis have a primary or secondary specialty in one of the following: family medicine, pediatrics, internal medicine, or general practice.

*This report has been updated to reflect the correct deadline for PCMH achievement under the DSRIP program.

Section 2: Enrollee Information

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

Figure 8 shows the number of NYS MMC enrollees assigned to PCMH-recognized PCPs, by level and standard year, as of June 2015.

Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level June 2015			
Recognition Standards (Year)	Recognition Level	Number of Enrollees Assigned	Percent Enrollees Assigned
2008	1	17,560	1%
	2	0	0%
	3	30,409	2%
2011	1	2,799	<1%
	2	162,471	8%
	3	1,793,969	88%
2014	1	0	0%
	2	2,046	<1%
	3	14,884	1%
Total:		2,024,138	100%

Figure 9 shows the number of MMC members assigned to PCMH-recognized PCPs from June 2014 to June 2015. As of June 2015, 48% of the MMC members in the state are assigned to PCMH-recognized PCPs.

Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter					
	June 2014	September 2014	December 2014	March 2015	June 2015
MMC members assigned to PCMHs	1,664,029	1,834,378	1,851,804	1,852,320	2,024,138
MMC members not assigned to PCMHs	2,275,156	2,204,553	2,378,516	2,337,344	2,167,232
Total	3,939,185	4,038,931	4,230,320	4,189,664	4,191,370
PCMH Penetration Rate	42%	45%	44%	44%	48%

Figure 8 and Figure 9 use plan-reported panel data (a quarterly roster of MMC enrollees and the providers they are assigned to) (for this report: June 2014 – June 2015) and the NCQA recognized provider lists (for this report: June 2015). Providers recognized at any point during the quarter of interest were included in the count of PCMH-recognized providers.

Section 2: Enrollee Information (continued)

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

Figure 10 shows select demographics of MMC enrollees assigned to PCMH-recognized PCPs, as compared to the demographics of all MMC enrollees. There is some variation between groups among location, race, and age categories. Demographic characteristics are more similar between groups with respect to aid and gender categories.

Figure 10: June 2015 New York State MMC Demographics			
Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	New York City	63%	62%
	Rest of State	37%	38%
Race	Black	17%	14%
	White	25%	28%
	Asian	7%	9%
	Hispanic	25%	22%
	Other	26%	27%
Aid Category	Safety Net	23%	25%
	Supplemental Security Income	9%	8%
	Temporary Assistance for Needy Families	67%	65%
	Other	1%	2%
Age	0-20	48%	45%
	21-54	42%	44%
	55-64	9%	9%
	65-74	1%	1%
	75+	<1%	1%
Gender	Male	45%	46%
	Female	55%	54%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 84,542* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2015 through June 2015. There were 145,538* unique Medicaid FFS enrollees that had a qualifying visit with a PCMH-recognized provider from July 2014 through June 2015.

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

Demographic data presented in Figure 10 is based on enrollee data (for this report: June 2015).

Section 3: Fiscal Information

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

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).

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.

Figure 11 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, Child Health Plus (CHP), and HIV Special Needs Plans (SNP) from January 2015 to June 2015.

Figure 11: MMC/FHP Medical Home Spending January 2015 - June 2015				
	MMC	CHP	HIV SNP	Total
Level 1	-	-	-	-
Level 2	\$1,992,192	\$138,852	\$15,844	\$2,146,888
Level 3	\$50,289,738	\$2,544,730	\$367,894	\$53,202,362
Total	\$52,281,930	\$2,683,582	\$383,738	\$55,349,250
*The Family Health Plus (FHP) program ended on December 31, 2014. PCMH PMPM payments are only given for MMC, CHP, and HIV SNP Medicaid lines of business.				

Figure 12a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2015 to June 2015. Figure 12b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from July 2014 to June 2015.

Figure 12a: PCMH add-ons by level for Statewide FFS January 2015 - June 2015		Figure 12b: PCMH add-ons by level for Statewide FFS July 2014 - June 2015	
Year to Date		Cumulative - Rolling Year	
Level 1	-	Level 1	-
Level 2	\$125,584	Level 2	\$170,198
Level 3	\$2,412,527	Level 3	\$4,865,552
Total	\$2,538,111	Total	\$5,035,750

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: June 2015).

The amounts in Figure 12a and Figure 12b was derived from claims data from July 2014 to June 2015.

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