



Department
of Health

Patient Centered Medical Homes (PCMHs)



March 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.

There are many initiatives throughout New York State (NYS) that focus on improving primary care and use PCMH concepts as a foundation. 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 holds PCMH concepts at its core. The Delivery System Reform Incentive Payment (DSRIP) program, require providers to achieve PCMH recognition or APC. These initiatives 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 PCMHs by the NCQA compared to all other states in the nation; 14.0% of all PCMH practices and providers in the nation operate in NYS. The state with the second largest number of NCQA-recognized PCMH practices and providers is California at 6.7% (about 7 percentage points lower than NYS).

Primary care practices continue to achieve higher levels of recognition under more stringent and evolving standards. NCQA's 2011 and 2014 standards place a heavier focus on integrating health information technology and behavioral health care services into primary care in comparison to the initial 2008 set of standards.



The number of PCMH-recognized providers in NYS increased from 4,813 in March 2014 to 5,763 in March 2015. Of these 5,763 providers, 88% have achieved the highest level of recognition (level 3) under the more stringent 2011 and 2014 standards. About 95% of all recognized providers have achieved recognition under 2011 or 2014 standards. The number of PCMH recognized providers is expected to fluctuate as all recognitions under the 2008 standards are expiring in 2015 and as providers transition to 2014 standards.

* 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)

Practices with a greater number of providers make up a larger portion of PCMH-recognized practices as compared to statewide primary care practices. Additionally, although the majority of PCMH providers are recognized under the 2011 standards, there are still about 300 providers who have not yet transitioned from 2008 standards to 2011 or 2014 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 20% of all PCMH-recognized providers in NYS have also achieved NCQA's DRP recognition.

As of March 2015, 44% 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, 87% 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 2015, 4,984 (29%) providers in MMC* were recognized as a PCMH provider, up from 27% in June 2014.

Office-based practitioners and Article 28 clinics recognized as PCMHs by the NCQA receive additional payment for primary care services provided to Medicaid enrollees in two ways. Enhanced payments are given to providers for MMC, Family Health Plus (FHP), 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 \$100 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans in 2014. Over \$1.2 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2015 to March 2015 for 49,067 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.

The National Committee for Quality Assurance's Patient-Centered Medical Home

- The NCQA's PCMH recognition is awarded to practices and their providers that meet a set of standards for improving primary care, including increased care coordination and access to care.
- Providers in NYS are currently recognized as level 1, 2, or 3 (3 is the highest recognition) under the NCQA's 2008 standards, NCQA's more stringent 2011 standards, or NCQA's newly released 2014 standards. After March 21, 2015, practices are only able to achieve recognition under the 2014 standards. A comparison of the 2011 and 2014 standards is available at:
<http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx>
- NYS Medicaid provides incentive payments to providers recognized as a PCMH by the NCQA as explained in detail in the March 2015 Medicaid Update.
https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf



Report Layout

- This report includes the following snapshot of PCMH activity in NYS as of March 2015:
 - Changes in the number of PCMH-recognized providers in NYS over time.
 - Providers participating in MMC by specialty type.
 - A comparison of PCMH and Diabetes Recognition Program (DRP) recognitions in New York vs. other states.
 - The number of PCMH-recognized providers, who also participate 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, FHP, CHP, HIV SNP, and Medicaid FFS enrollees.
- This report does not present programmatic results related to quality or satisfaction.



Section 1: Provider Information

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

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

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

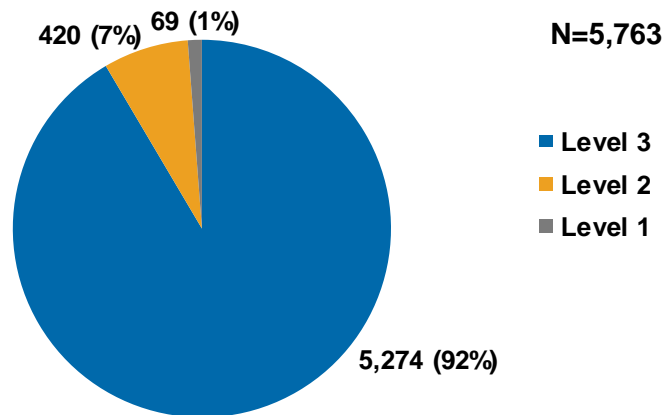
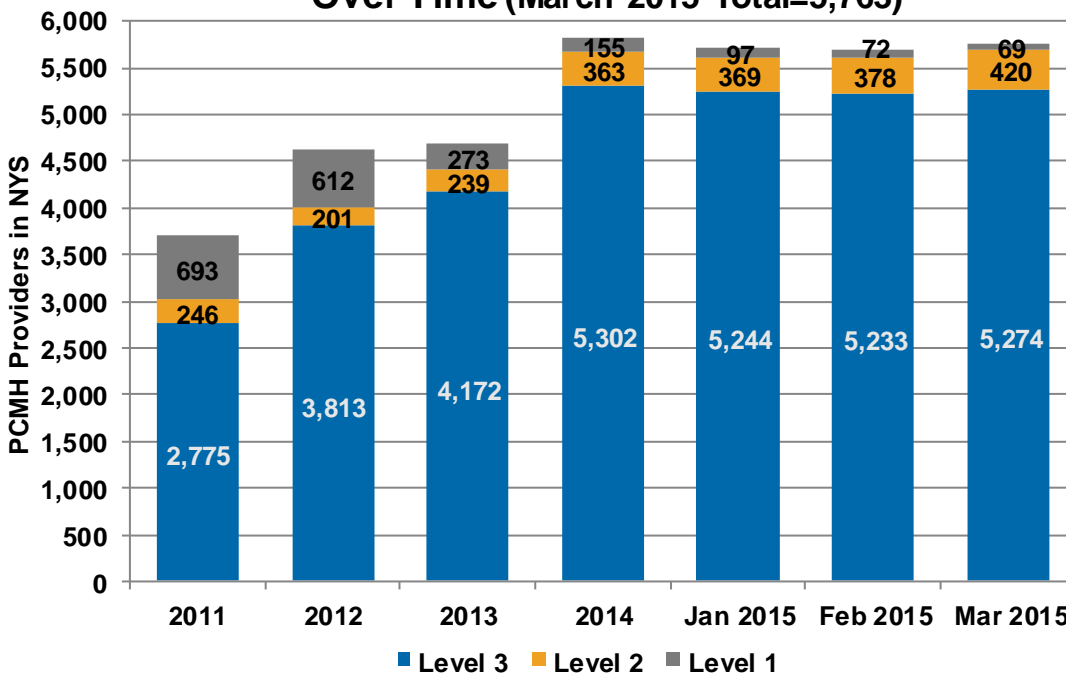


Figure 1b shows changes in the number of PCMH-recognized providers by NCQA recognition level from 2011 to March 2015.

Figure 1b: PCMH-Recognized Providers by Recognition Level Over Time (March 2015 Total=5,763)



* 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 hold current PCMH recognition by the NCQA.

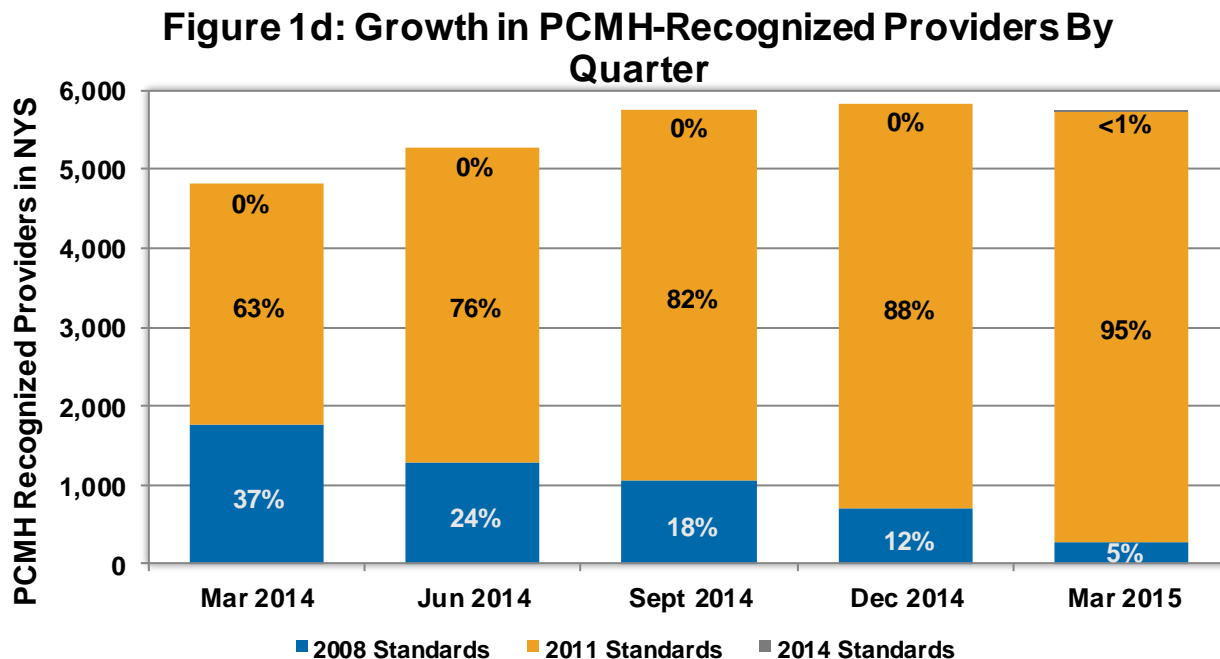
The data in Figure 1a and Figure 1b was derived from the most recently available NCQA recognized provider lists (for this report: March 2015).

Section 1: Provider Information (continued)

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 October 2014 to March 2015.

Figure 1c: PCMH-Recognized Providers: Standard Years By Month (Statewide Only)						
	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015
2008 Standards	926 (16%)	838 (14%)	695 (12%)	519 (9%)	345 (6%)	272 (5%)
2011 Standards	4,850 (84%)	5,017 (86%)	5,125 (88%)	5,191 (91%)	5,332 (94%)	5,471 (95%)
2014 Standards	0 (0%)	0 (0%)	0 (0%)	0 (0%)	6 (<1%)	20 (<1%)
Total	5,776	5,855	5,820	5,710	5,683	5,763
<i>Providers working in two locations with different medical home recognition standards are categorized based upon the more recent set of standards.</i>						

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



* 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: March 2015).

Section 1: Provider Information (continued)

Figure 1e shows the number of distinct PCMH-recognized providers in NYS by NCQA recognition level and year of standard as of March 2015.

Figure 1e: NYS PCMH-Recognized Provider Count by Standard Year and Recognition Level

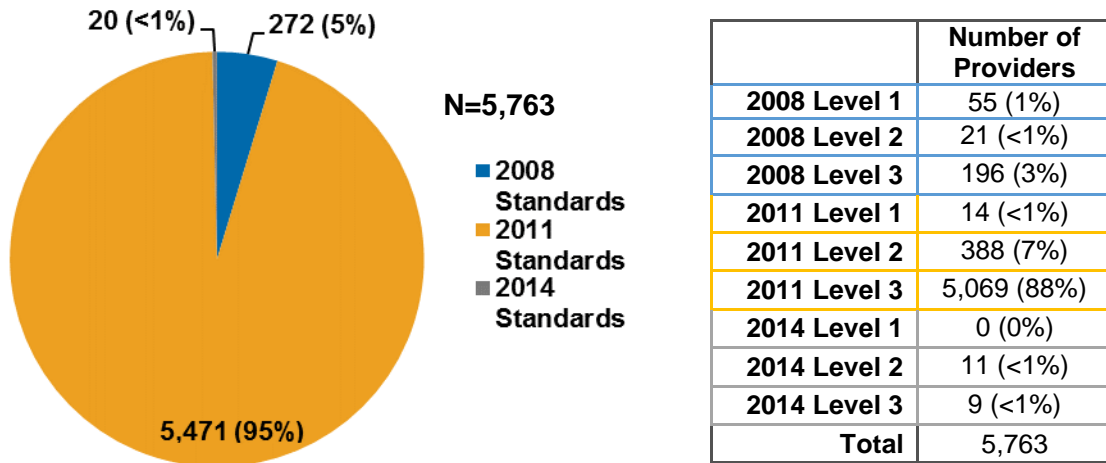
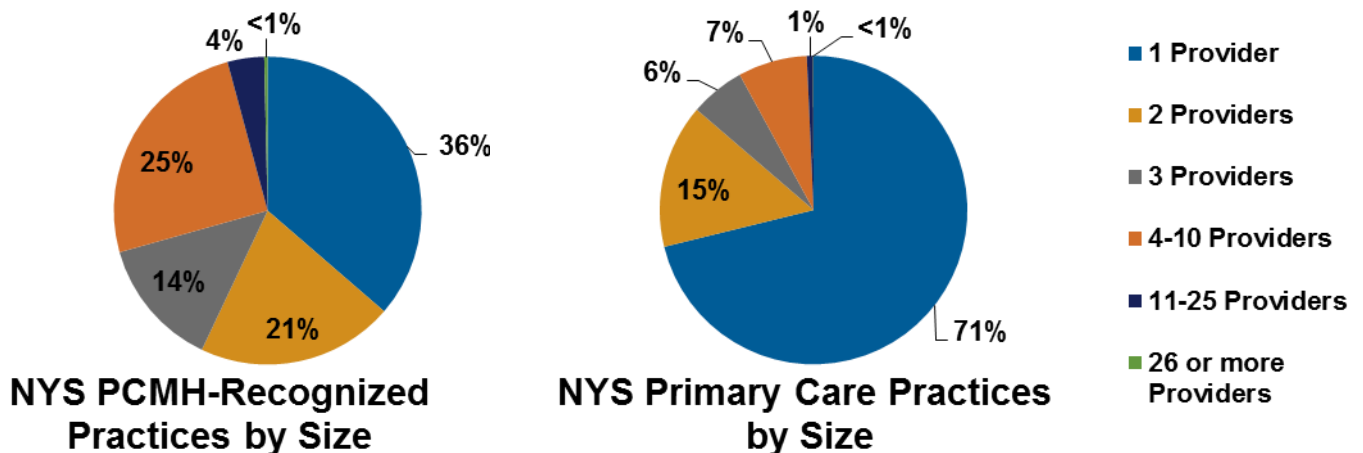


Figure 2 shows the percentage of NYS PCMH-recognized practices and the percentage of all NYS primary care practices by practice size. Compared to all NYS primary care practices, PCMH practices have a smaller percentage of solo practitioners and greater percentages of practices with 2-25 providers.

Figure 2: NYS PCMH-Recognized Primary Care Practices by Size



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

The data in Figure 2 was derived from SK&A Physician data (May 2014). Practice size is a count of doctors at that practice site.

Section 1: Provider Information (continued)

Figure 3 shows the proportion of PCMH-recognized Primary Care Physicians (PCPs) that participate with Medicaid managed care (MMC). There are 4,984 (29%) PCPs participating with MMC that are recognized as medical home providers in March 2015.

Figure 3: Proportion of all PCPs in MMC that are Recognized as a PCMH			
	September 2014	December 2014	March 2015
PCPs participating in MMC:	16,822	17,023	16,989
PCPs participating in MMC that are PCMHs:	4,966 (30%)	4,994 (29%)	4,984 (29%)

Figure 4 shows percentage of NYS PCMH-recognized MMC PCPs and the percentage of all NYS MMC PCPs by specialty. Internal Medicine made up a smaller percentage of PCMH-recognized MMC PCPs than of the number of MMC PCPs statewide.

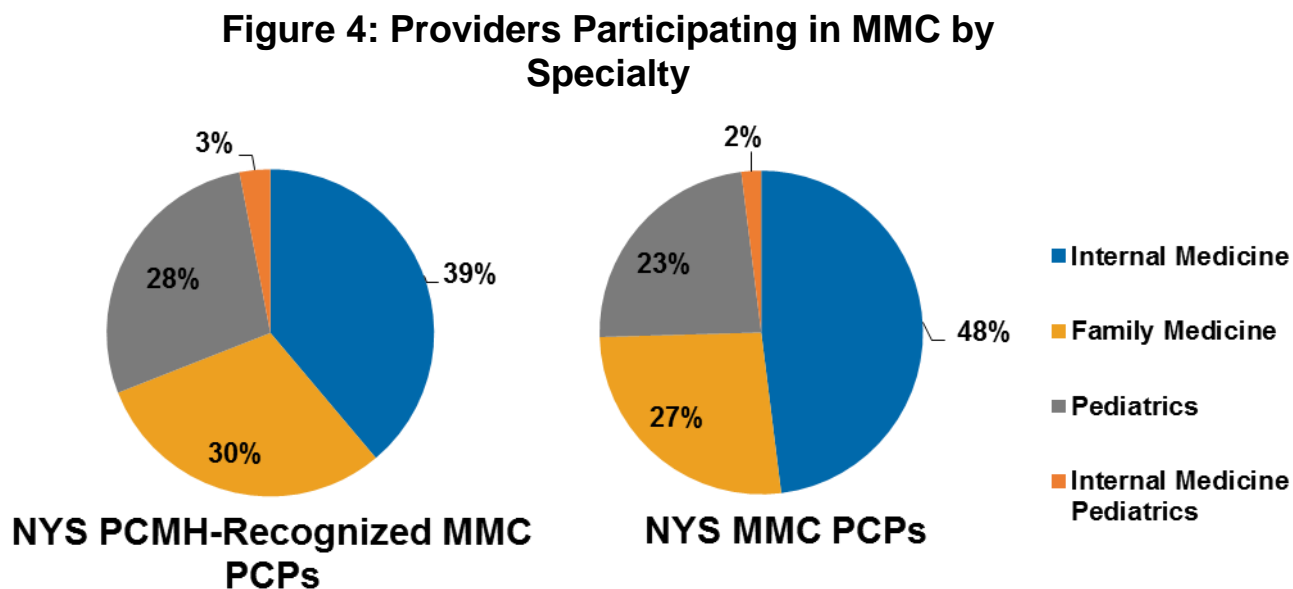
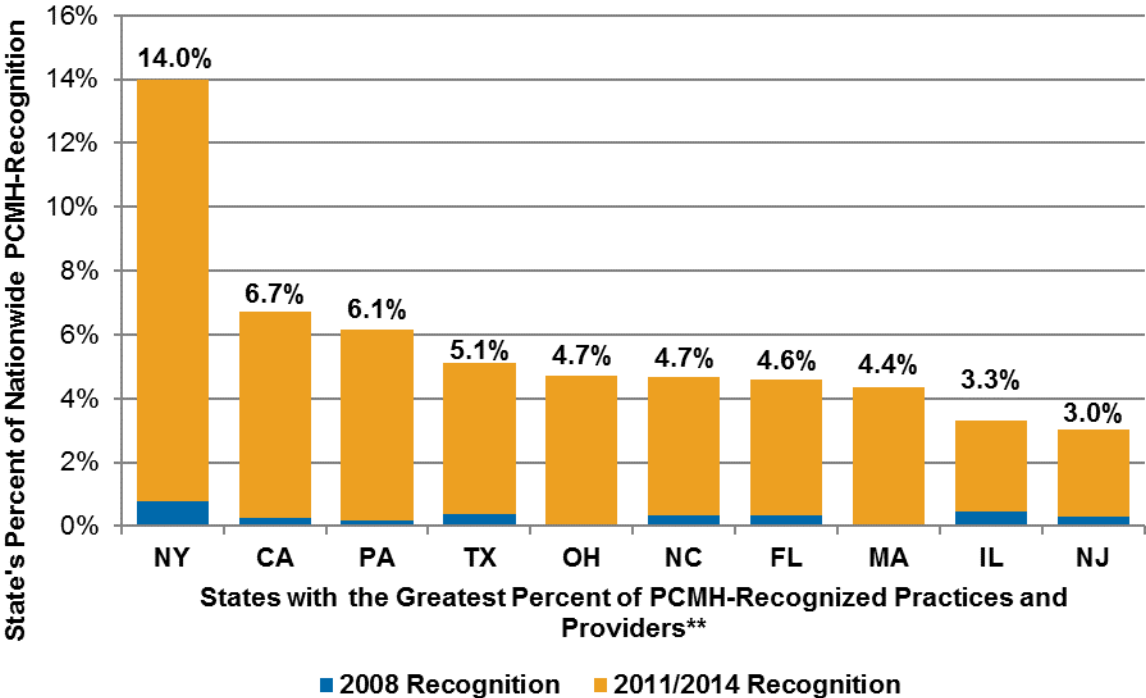


Figure 3 and Figure 4 use March 2015 panel data, March 2015 provider network data, and the most recently available NCQA recognized provider list (for this report: March 2015).

Section 1: Provider Information (continued)

Figure 5 displays the states with the most NCQA PCMH-recognized practices and providers in the country as of March 2015. 14.0% of all PCMH-recognized practices and providers in the country practice in NYS.

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



**Figure 5 only represents states with the greatest number of PCMH-recognized practices and providers. These 10 states account for 56.7% of all PCMH-recognized practices and providers in the country; all other states that are not included in this graph represent the remaining 43.3% 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 statewide medical home program initiatives.

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

Section 1: Provider Information (continued)

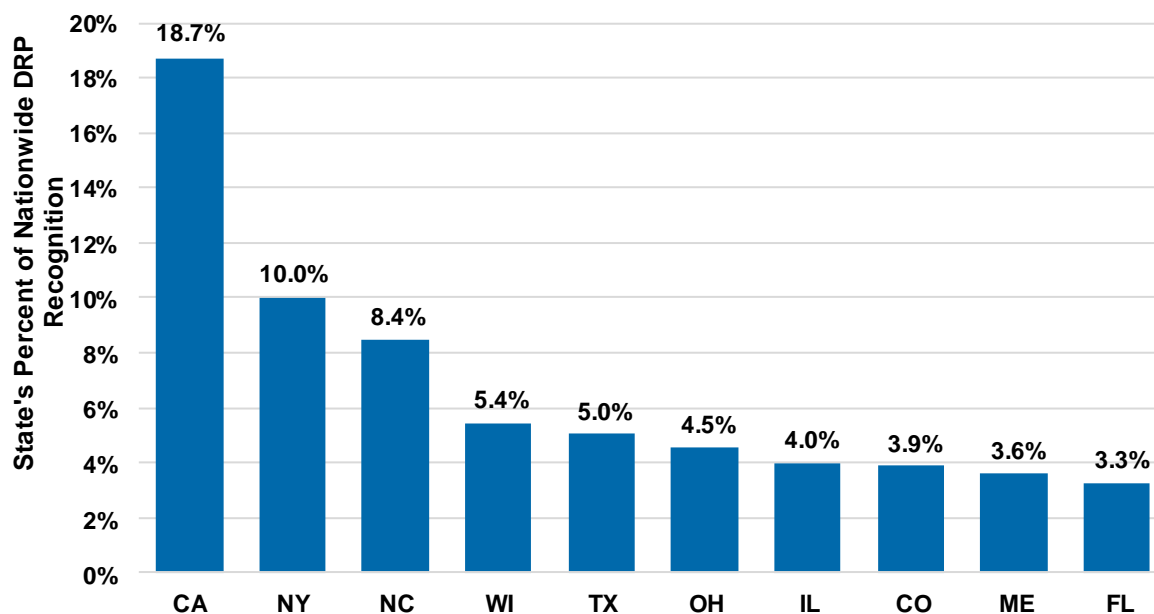
The NCQA developed the Diabetes Recognition Program (DRP), which is a voluntary program designed to recognize clinicians who use performance-based measures and provide high quality care to their patients with diabetes. DRP-recognition can be awarded to both practices and individual providers. For more 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 March 2015 in NYS.

Figure 6a: Proportion of all PCMH-Providers with DRP Recognition	
Total PCMH-Recognized Providers: March 2015	5,763 providers
PCMH Recognized Providers with DRP Recognition: March 2015	1,050 providers (18%)

Figure 6b displays the states with the greatest number of DRP recognitions awarded to both practices and providers in the country as of March 2015. 10.0% of all awarded DRP recognitions in the country are in NYS.

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



*Figure 6b only represents states with the greatest number of DRP recognized practices and providers. These states only account for 66.9% of all DRP recognitions in the country; all other states that are not included in this graph represent the remaining 33.1% 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.

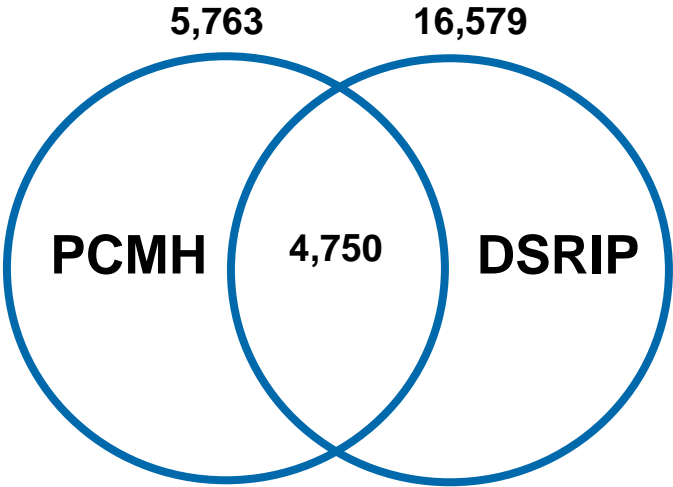
The data in Figure 6a was derived from the most recently available NCQA recognized provider lists (for this report: March 2015).

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

Section 1: Provider Information (continued)

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 DSRIP.

Figure 7: PCMH-Recognized 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: March 2015), and provider network data from Quarter 2, 2014 through Quarter 1, 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.

Section 2: Enrollee Information

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

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

Figure 8: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level

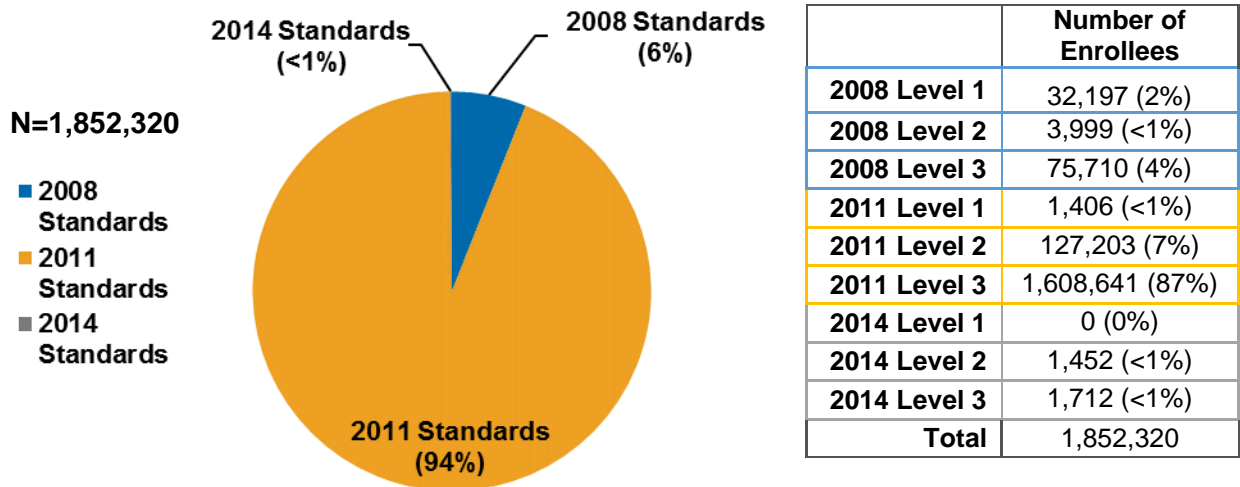


Figure 9 shows the number of MMC members assigned to PCMH-recognized PCPs from March 2014 to March 2015. As of March 2015, 44% of the MMC members in the state are assigned to PCMH-recognized PCPs.

Figure 9: Growth in MMC Members Assigned to PCMH-Recognized PCPs by Quarter

	Mar 2014	Jun 2014	Sept 2014	Dec 2014	Mar 2015
MMC members assigned to PCMHs	1,311,791	1,664,029	1,834,378	1,851,804	1,852,320
MMC members not assigned to PCMHs	2,079,853	2,275,156	2,204,553	2,378,516	2,337,344
Total	3,391,644	3,393,185	4,083,931	4,230,320	4,189,664
PCMH Penetration Rate	39%	42%	45%	44%	44%

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: March 2014 – March 2015) and the NCQA recognized provider lists (for this report: March 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)

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 sex categories.

Figure 10: March 2015 NYS MMC Demographics

Demographic Category		MMC Enrollees Assigned to PCMH-Recognized Providers	All MMC Enrollees
Location	New York City	66%	62%
	Rest of State	34%	38%
Race	Black	18%	14%
	White	23%	28%
	Asian	7%	10%
	Hispanic	28%	23%
	Other	24%	25%
Aid Category	Safety Net (SN)	11%	12%
	Supplemental Security Income (SSI)	10%	8%
	Temporary Assistance for Needy Families (TANF)	48%	45%
	Other	31%	35%
Age	0-20	49%	45%
	21-54	41%	44%
	55-64	9%	9%
	65-74	1%	1%
	75+	<1%	1%
Sex	Male	45%	46%
	Female	55%	54%

Fee for Service Visits:

Medicaid Fee-for-Service (FFS): There were 49,067* unique Medicaid FFS enrollees that had a qualifying visit (resulting in an add-on payment) with a PCMH-recognized provider from January 2015 through March 2015. There were 143,353* unique Medicaid FFS enrollees that had a qualifying visit with a PCMH-recognized provider from April 2014 through March 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: March 2015).

Section 3: Fiscal Information

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

Figure 11 shows the amount spent on PCMH-recognized providers via increased capitation payments to MMC, Family Health Plus (FHP), Child Health Plus (CHP), and HIV Special Needs Plans (SNP) from January 2014 to December 2014. It should be noted that FHP is an aid category of MMC, while CHP is a separately run Medicaid program.

Figure 11: MMC/FHP/CHP/HIV SNP Medical Home Spending Jan 2014 - Dec 2014					
	MMC	FHP	CHP	HIV SNP	Total
Level 1	\$ -	\$ -	\$ -	\$ -	\$ -
Level 2	\$ 2,490,528	\$ 73,608	\$ 188,972	\$ 20,296	\$ 2,773,404
Level 3	\$ 86,545,757	\$ 4,197,969	\$ 4,612,559	\$ 726,985	\$ 96,083,270
Total	\$ 89,036,285	\$ 4,271,577	\$ 4,801,531	\$ 747,281	\$ 98,856,674

Figure 12a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2015 to March 2015. Figure 10b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from April 2014 to March 2015.

Year to Date	
Figure 12a: PCMH add-ons by level for Statewide FFS January 2015 – March 2015	
Level 1	\$ -
Level 2	\$ 54,015
Level 3	\$ 1,191,507
Total	\$ 1,245,522

Cumulative 12 Months	
Figure 12b: PCMH add-ons by level for Statewide FFS April 2014 – March 2015	
Level 1	\$ -
Level 2	\$ 104,590
Level 3	\$ 4,807,906
Total	\$ 4,912,496

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

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 2014).

The amounts in Figure 12a and Figure 12b was derived from claims data from April 2014 to March 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

