



Department  
of Health

# New York State Patient Centered Medical Homes Quarterly Report



June 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. Any NYS practices seeking PCMH recognition for the first time or renewing recognition after April 1, 2018 are required to pursue the NYS PCMH standard. As NCQA's PCMH 2017 standard was only available in NYS for a short period of time, the number of practices and providers who achieved this recognition is limited and significant changes to the number of recognitions under this standard is not expected.

NYS currently has the greatest number of practices and providers\* recognized as a PCMH by NCQA compared to all other states in the country; over 16% of all PCMH practices and almost 14% of providers in the country operate in NYS. As of June 2019, there were 2,444 PCMH-

\*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

recognized practices, of which 98% 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.

As of June 2019, there were 9,135 providers recognized as PCMH, of which around 98% achieved recognition from NCQA's 2014 level 3 standards and above. There were 24 practices and 38 providers recognized under the 2017 standards, and 814 practices and 3,674 providers recognized under NYS PCMH.

As of June 2019, 7,878 (34%) primary care physicians (PCPs) in Medicaid managed care (MMC) were a PCMH-recognized provider and over half (66%) of 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 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 Statewide Medicaid PCMH Incentive Payment Program in two ways. Incentive payments are given to providers for MMC, HARP, HIV SNP, and Child Health Plus (CHP) enrollees through the enrollee's health plan via capitation payments, or as an 'add-on' for qualifying visits for Medicaid fee-for-service (FFS) enrollees. Approximately \$100 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2019 through June 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.



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

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\*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: PCMH-Recognized Practices by QARR Region.....	7
Figure 1e: 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 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 June 2019.....	17
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Important links.....	18
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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 June 2019.

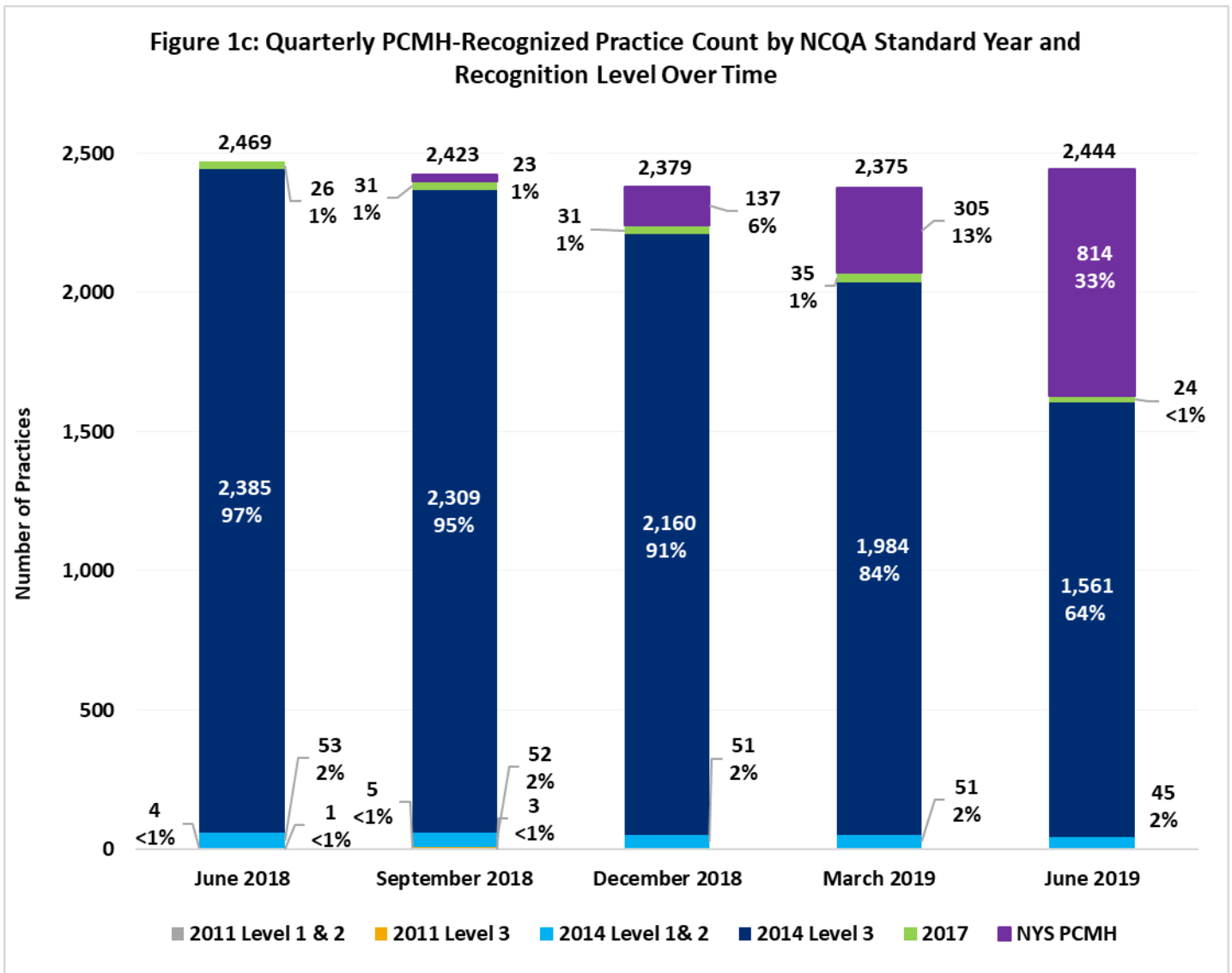
	Recognition Level	Number of PCMH recognized practices	Percent
2014 Standards	1	2	<1%
	2	43	2%
	3	1,561	64%
2017 Standards		24	<1%
NYS PCMH		814	33%
Total		2,444	100%

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

	Recognition Level	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	50 (2%)	50 (2%)	49 (2%)	49 (2%)	47 (2%)	43 (2%)
	3	2,068 (88%)	2,012 (85%)	1,984 (84%)	1,846 (82%)	1,660 (68%)	1,561 (64%)
2017 Standards		31 (1%)	18 (<1%)	35 (1%)	14 (<1%)	25 (1%)	24 (<1%)
NYS PCMH		189 (8%)	274 (12%)	305 (13%)	352 (16%)	698 (29%)	814 (33%)
Total		2,340	2,356	2,375	2,263	2,432	2,444

# Section 1: Practice Information

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



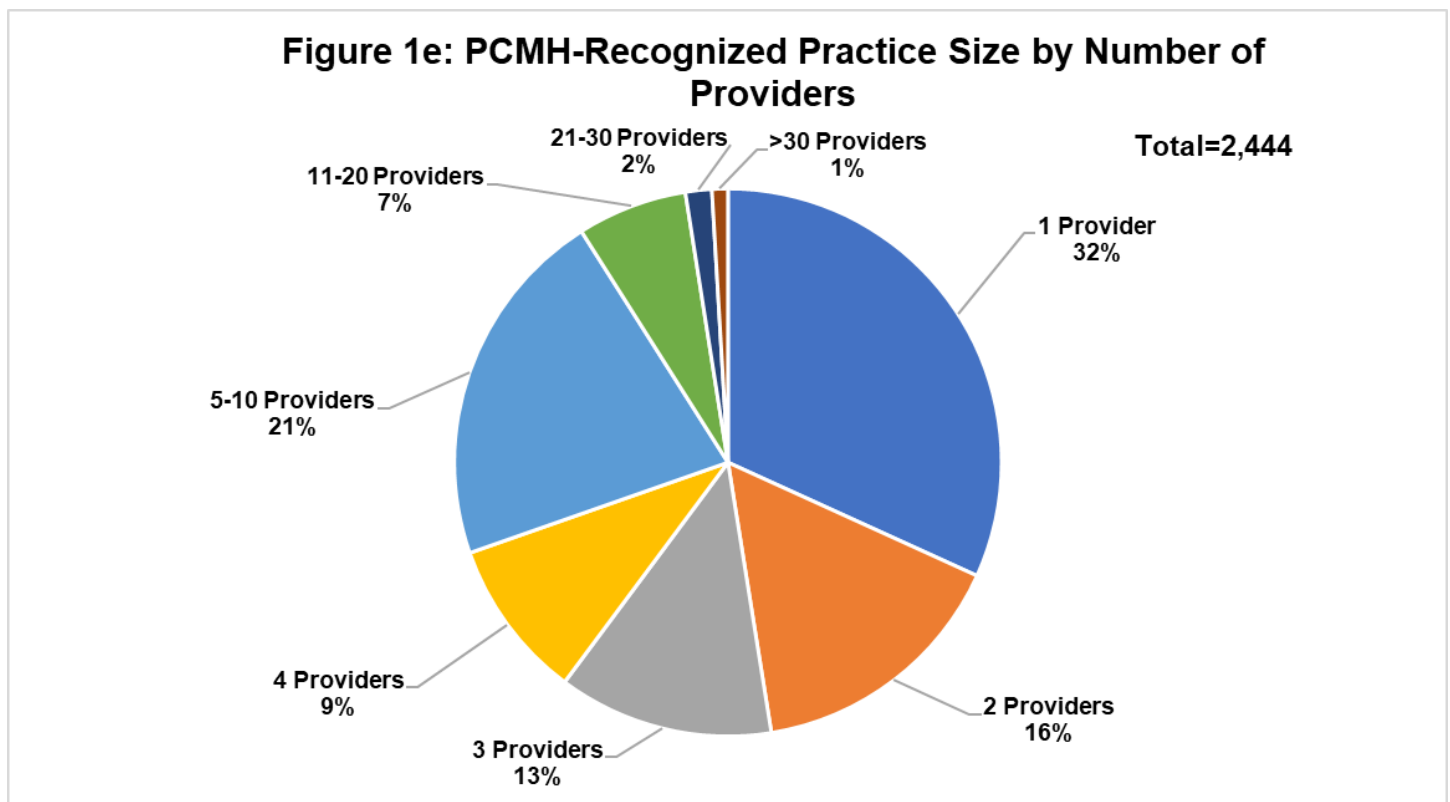
There was a reduction in the number of PCMH-recognized practices which have 2014 recognition between June 2018 to June 2019. This drop is largely due to the expiration of the recognition status of many practices under this recognition level. The number of PCMH-recognized practices achieving PCMH under NCQA's 2017 standard is relatively stable and practices recognized under the NYS PCMH standard continue to grow. As of June 2019, 64% of PCMH-recognized practices achieved 2014 level 3 recognition, less than 1% of PCMH-recognized practices achieved NCQA's 2017 standards, and 33% of PCMH-recognized practices achieved NYS PCMH recognition.

# Section 1: Practice Information

Figure 1d shows the number and percent of all PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region. \* The majority of recognized practices are in NYC (44%) and Western New York (17%).

Figure 1d: PCMH Recognized Practices by QARR Region		
Region	Number of PCMH Recognized Practices	Percent of PCMH Recognized Practices
Central	224	9%
Hudson Valley	238	10%
Long Island	251	10%
NYC	1,071	44%
Northeast	238	10%
Western	422	17%
<b>Total</b>	<b>2,444</b>	<b>100%</b>

Figure 1e shows the number and percent of PCMH-recognized practices by number of providers. Practices with only one reported provider (32%) make up the largest proportion of PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (21%).



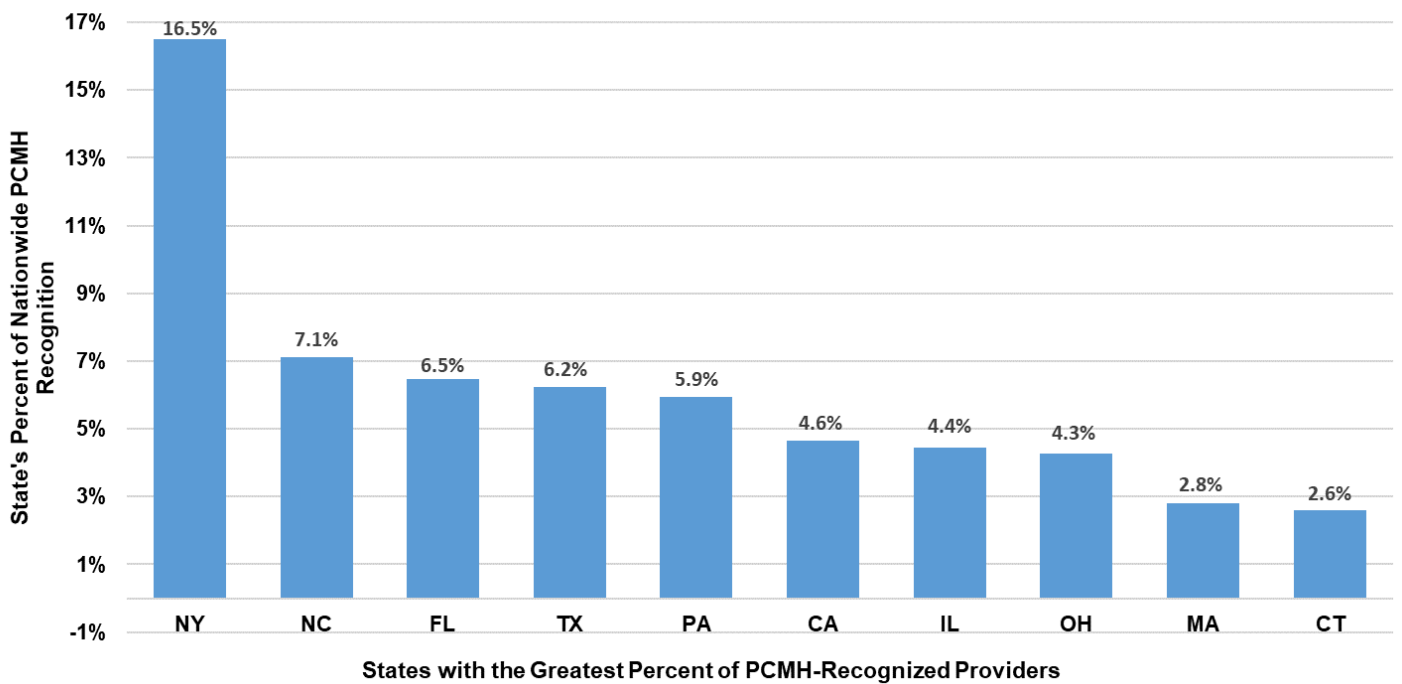
The data in Figure 1d and Figure 1e was derived from the most recently available NCQA recognized provider lists (for this report: June 2019).

\*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](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 June 2019. These 10 states account for 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. Over 16% of all PCMH-recognized practices in the country operated in NYS. NYS remains the state with the highest percentage of practices with NCQA's PCMH recognition. 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 June 2019. The majority of providers are recognized as a 2014 level 3.

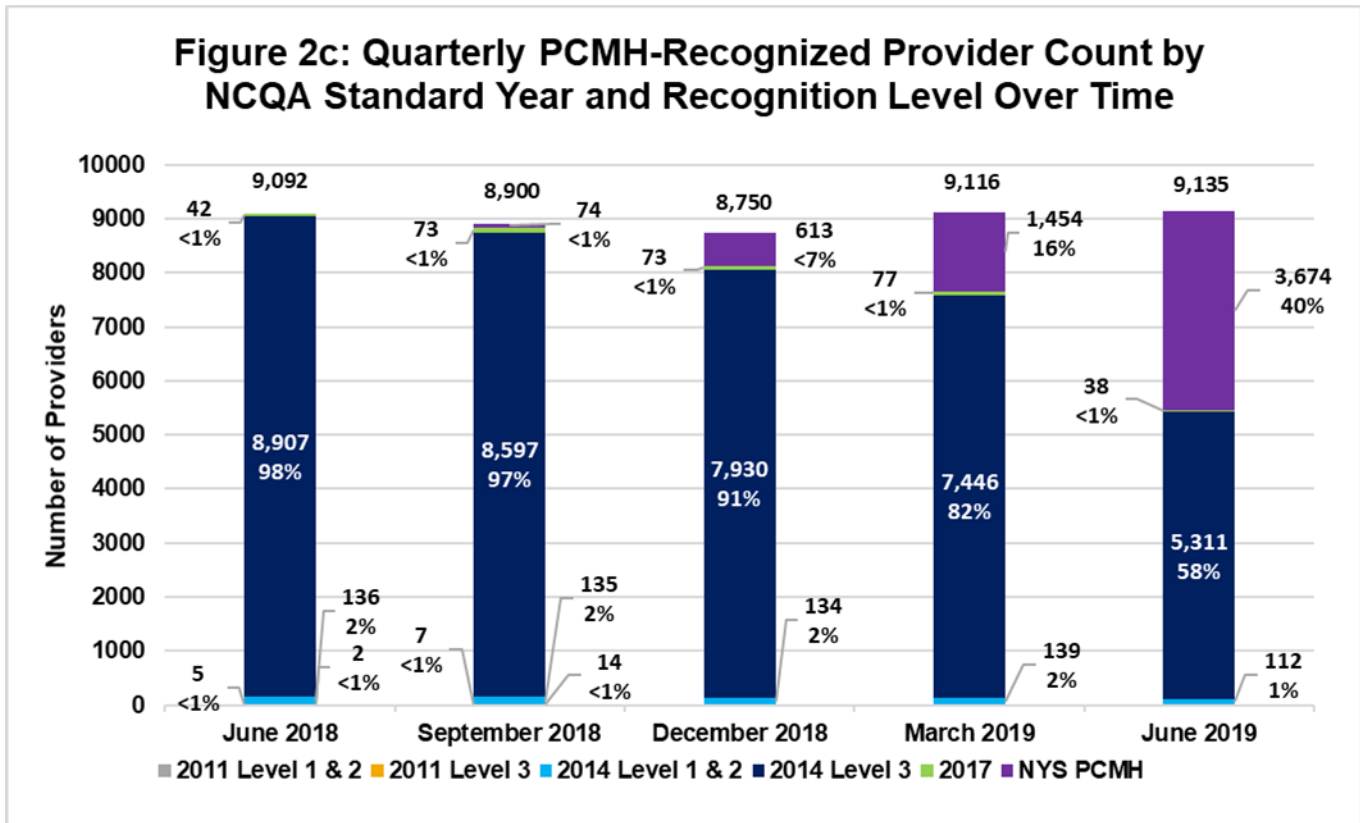
Figure 2a: PCMH Recognized Provider Percentage by NCQA Standard Year and Recognition Level			
	Recognition Level	# of PCMH Recognized Providers	Percent
2014 Standards	1	2	<1%
	2	110	1%
	3	5,311	58%
2017 Standards		38	<1%
NYS PCMH		3,674	40%
Total		9,135	100%

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

Figure 2b: PCMH Recognized Providers by Standard Year and Recognition Level Over Time							
	Recognition Level	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019
2014 Standards	1	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)	2 (<1%)
	2	132 (2%)	137 (2%)	137 (1%)	136 (2%)	129 (1%)	110 (1%)
	3	7,451 (87%)	7,368 (83%)	7,446 (82%)	6,747 (79%)	5,996 (65%)	5,311 (58%)
2017 Standards		73 (<1%)	53 (<1%)	77 (<1%)	47 (<1%)	58 (<1%)	38 (<1%)
NYS PCMH		934 (7%)	1,278 (14%)	1,454 (16%)	1,651 (19%)	3,100 (33%)	3,674 (40%)
Total		8,592	8,838	9,116	8,583	9,285	9,135

## Section 2: Provider Information

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



The number of PCMH-recognized providers under 2014 level 3 recognition dropped to 5,311 (58%) a dramatic decrease from the prior quarter. The number of PCMH-recognized providers which have achieved 2014 recognition continues to decrease due to the expiration of providers under NCQA's 2014 recognition status or their conversion to a higher (NYS PCMH) recognition. The number of PCMH-recognized providers under NCQA's 2017 standards also continues to drop while there was a significant increase in providers recognized under the NYS PCMH standard.

## Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participated with MMC from June 2018 to June 2019. PCPs are defined as MDs, DOs, NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 7,878 PCMH-recognized PCPs that participated with MMC as of June 2019. Around 86% of PCMH-recognized PCPs participated with MMC. There may be other PCMH-recognized PCPs that participate with FFS Medicaid that are not included in this figure. Although only 34% of MMC providers are recognized as a PCMH provider, 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.

<b>Figure 3a: Proportion of All PCPs in MMC That are Recognized as a PCMH by Quarter</b>					
	<b>June 2018</b>	<b>September 2018</b>	<b>December 2018</b>	<b>March 2019</b>	<b>June 2019</b>
<b>PCMH PCPs participating with MMC</b>	7,944	7,697	7,519	7,771	7,878
<b>All PCPs participating with MMC</b>	25,165	23,423	22,872	23,274	23,448
<b>PCMH Penetration Rate in MMC</b>	32%	33%	33%	33%	34%

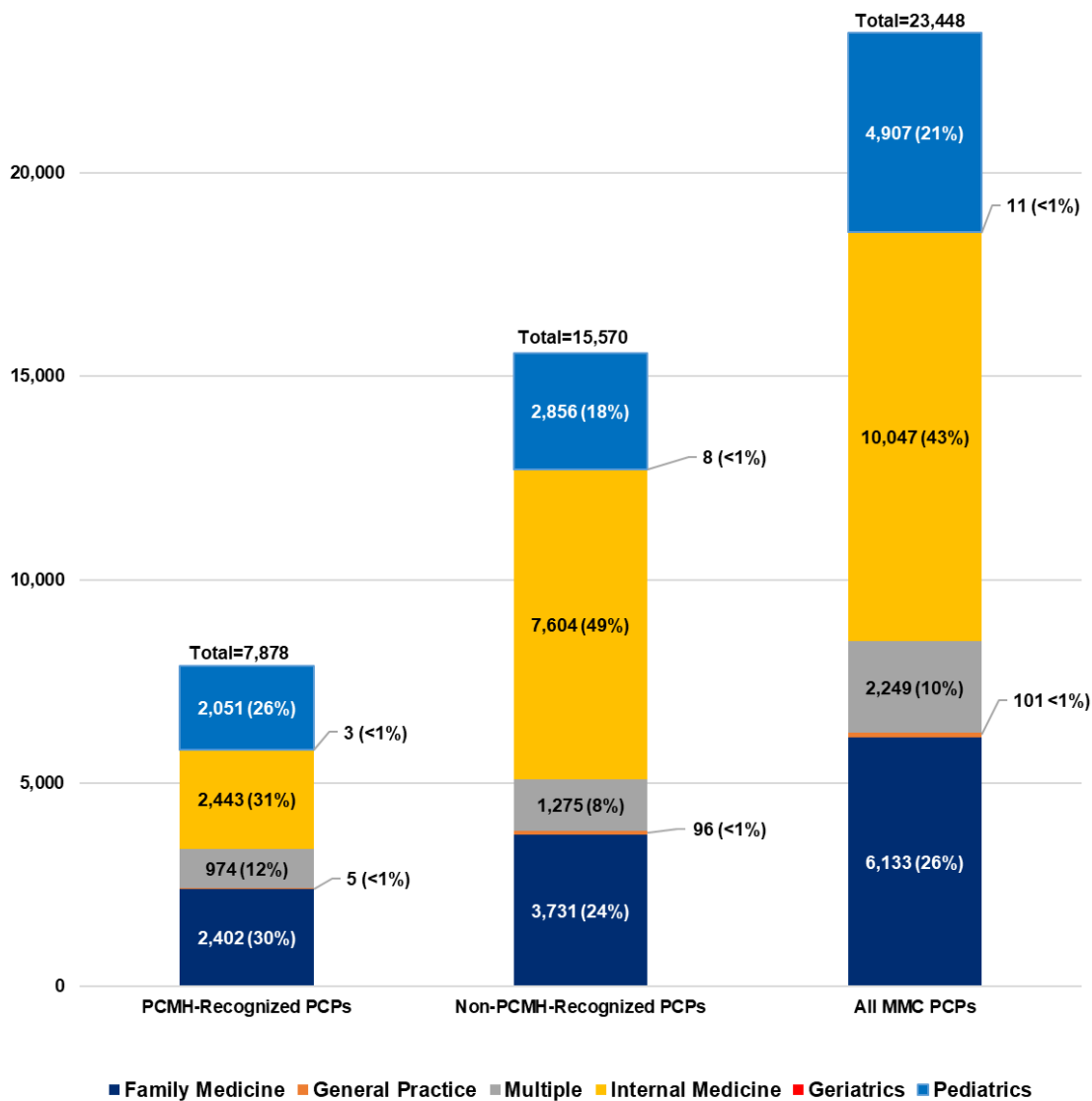
Figure 3b shows the standard year and level at which the MMC PCPs are recognized as of June 2019.

<b>Figure 3b: PCMH Recognized PCPs in MMC by Level and Standard Year</b>			
	<b>Recognition Level</b>	<b>Number of PCMH PCPs</b>	<b>Percent of PCMH PCPs</b>
<b>2014 Standards</b>	1	2	<1%
	2	65	1%
	3	4,504	57%
<b>2017 Standards</b>		32	<1%
<b>NYS PCMH</b>		3,275	42%
<b>Total</b>		7,878	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 June 2019, there are 1,257 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**

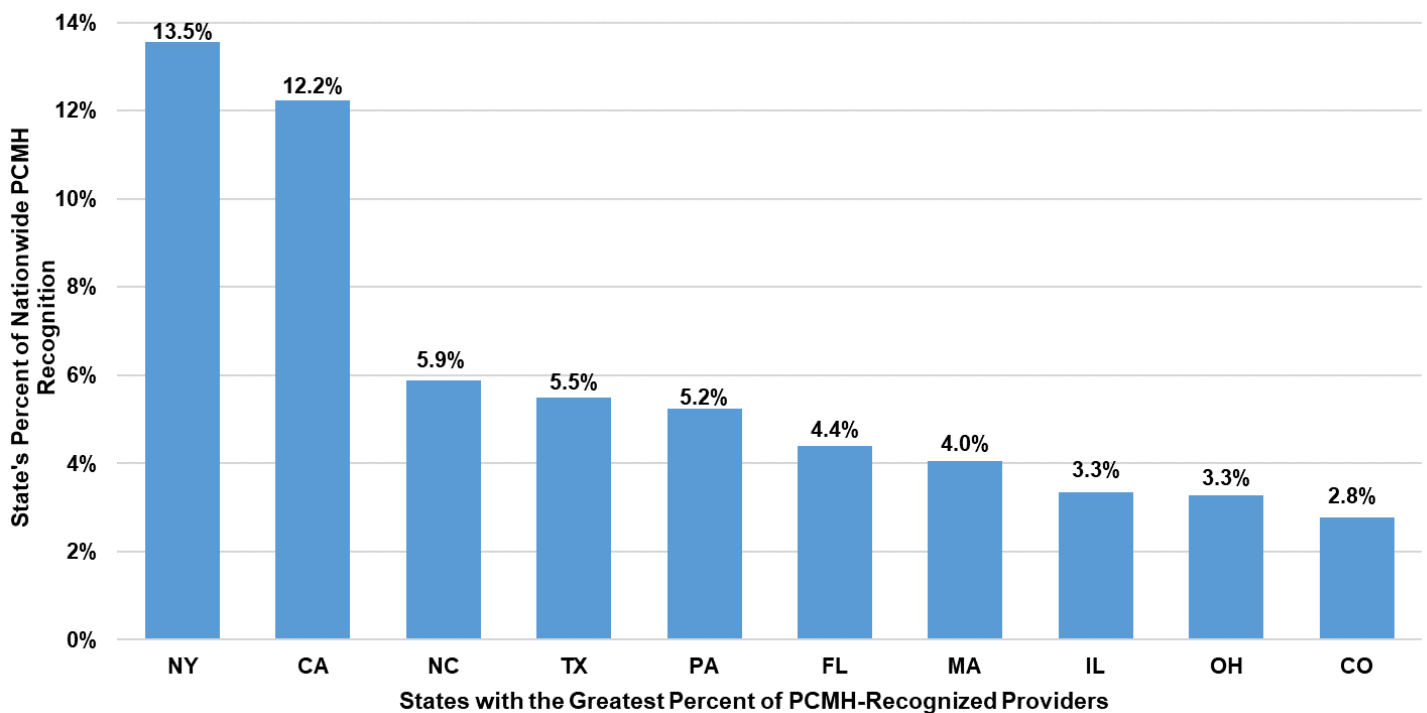


The data in Figure 4 was derived from the most recently available NCQA recognized PCMH provider lists (for this report: June 2019) and June 2019 PNDS.

## Section 2: Provider Information

Figure 5 displays states with the most NCQA PCMH-recognized providers in the country as of June 2019. 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. Over 13% of all PCMH-recognized providers in the country practice in NYS. As of June 2019, NYS had the highest percentage of providers compared to the other states. This figure only represents the PCMH providers that are recognized by 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.

<b>Figure 6a: PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees</b>				
	<b>Assigned MMC Enrollees</b>	<b>Assigned HARP Enrollees</b>	<b>Assigned HIV SNP Enrollees</b>	<b>Total Enrollees</b>
<b>Total Enrollees Assigned to a PCMH Recognized Provider</b>	2,728,587	86,553	11,243	2,826,383
<b>Total Enrollees Assigned to a non PCMH Recognized Provider</b>	1,380,855	41,995	2,469	1,425,319
<b>Total Enrollees</b>	4,109,442	128,548	13,712	4,251,702
<b>PCMH Penetration Rate</b>	66%	67%	82%	66%

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 June 2019. The majority of enrollees are assigned to PCPs recognized at NCQA's 2014 level 3 standards.

<b>Figure 6b: MMC Enrollees Assigned to PCMH Providers by Standard Year and Recognition Level</b>					
<b>Recognition Standard Year</b>	<b>Recognition Level</b>	<b>Assigned MMC Enrollees</b>	<b>Assigned HARP Enrollees</b>	<b>Assigned HIV SNP Enrollees</b>	<b>Total Enrollees</b>
<b>2014 Standards</b>	1	122	7	0	129
	2	23,856	495	0	24,351
	3	1,483,838	45,910	7,382	1,529,748
<b>2017 Standards</b>		8,365	157	0	8,522
<b>NYS PCMH</b>		1,212,406	39,984	3,861	1,256,251
<b>Total Enrollees</b>		2,728,587	86,553	11,243	2,826,383

Figure 6a and Figure 6b use plan reported panel data (for this report: June 2019) and the June 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 June 2018 to June 2019. As of June 2019, 66% 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					
	June 2018	September 2018	December 2018	March 2019	June 2019
MMC Enrollees Assigned to PCMHs	2,996,928	2,893,272	2,838,103	2,812,924	2,826,383
Enrollees Assigned to Non PCMHs	1,417,613	1,474,733	1,531,068	1,483,958	1,425,319
Total Enrollees	4,414,541	4,368,005	4,369,171	4,296,882	4,251,702
PCMH Penetration Rate	68%	66%	65%	65%	66%

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 June 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
Total Enrollees As signed to a PCMH Recognized Provider	1,480,410 (52%)	886,527 (31%)	459,446 (16%)	0 (0%)	2,826,383 (100%)
Total Enrollees As- signed to a non PCMH Recognized Provider	764,400 (54%)	397,940 (28%)	209,552 (15%)	53,427 (4%)	1,425,319 (100%)
Total	2,244,810 (53%)	1,284,467 (30%)	668,998 (16%)	53,427 (1%)	4,251,702 (100%)

**Medicaid (FFS):** There were 83,745 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 June 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, that receive TANF, and that are in age group 0-20 as compared to the demographics of enrollees assigned to non-PCMH-recognized providers.

<b>Figure 8: NYS MMC Enrollee Characteristics</b>			
<b>Demographic Category</b>		<b>MMC Enrollees As signed to PCMH Recognized Providers</b>	<b>MMC Enrollees As signed to Non PCMH Recognized Providers</b>
<b>Region</b>	<b>New York City</b>	58.96%	56.25%
	<b>Central</b>	6.99%	7.70%
	<b>Long Island</b>	6.85%	12.13%
	<b>Hudson Valley</b>	8.84%	10.00%
	<b>Northeast</b>	5.79%	4.69%
	<b>Western</b>	12.56%	9.24%
<b>Race</b>	<b>Black</b>	18.02%	15.90%
	<b>White</b>	25.50%	31.89%
	<b>Asian</b>	11.30%	10.34%
	<b>Hispanic</b>	12%	8.63%
	<b>Other</b>	34%	33.23%
<b>Aid Category</b>	<b>Safety Net</b>	26%	31.85%
	<b>Supplemental Security Income</b>	8%	7.03%
	<b>TANF</b>	66.31%	61.08%
	<b>Other</b>	<1%	<1%
<b>Age</b>	<b>0 20</b>	48.64%	41.59%
	<b>21 54</b>	40.36%	46.05%
	<b>55 64</b>	9.81%	11.03%
	<b>65 74</b>	<1%	<1%
	<b>75+</b>	<1%	<1%
<b>Gender</b>	<b>Male</b>	46.69%	47.44%
	<b>Female</b>	53.30%	53.56%



## 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 June 2019.

<b>Figure 9: Medical Home Spending by MMC Product Line January 2019 through June 2019</b>					
	<b>MMC</b>	<b>HARP</b>	<b>HIV SNP</b>	<b>CHP</b>	<b>Total</b>
<b>Total</b>	\$ 89,549,350	\$ 2,640,949	\$ 341,855	\$ 8,027,870	\$ 100,560,023

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

The amounts in Figure 9 reflect the capitation that managed care plans paid to PCMH recognized providers and were derived from MMC Operating Reports (MMCOR) (for this report: June 2019).

The amounts in Figure 10 were derived from claims data from January 2018 through June 2019 and October 2018 through September 2018. The amounts in these figures may underrepresent expenditures because a customary 6 month run out was not applied.

# 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](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](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](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/](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](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/](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](mailto:pcmh@health.ny.gov)