NEW YORK STATE | Department of Health

New York State Patient Centered Medical Homes Quarterly Report

June 2017

Program Highlights and Background

A Patient-Centered Medical Home (PCMH) is a model of care where each enrollee has an ongoing relationship with a personal physician and a care team. The physician and care team, which can include nurse practitioners, physician assistants, registered nurses, social workers, and care coordinators, take collective responsibility for meeting all the 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. Practices and their providers in New York State (NYS) can be recognized under NCQA's 2011, 2014, or 2017 standards. NCQA's 2017 standards were released on April 1, 2017. Practices can no longer apply for the 2011 standards and the last day practices can submit an application to be recognized under the 2014 standards is September 30, 2017. The leveling structure was eliminated in the 2017 PCMH project. Recognitions under NCQA's 2008 standards completely expired April 1, 2015. It is expected that providers recognized under the 2011 standards will phase out by June 2018. There are currently no practices or providers recognized under the 2017 standards.

There are many initiatives throughout NYS that focus on improving primary care and use PCMH concepts as a foundation. Effective July 1, 2017 NYS Medicaid only provides incentive payments to providers recognized as a level 2 or 3 2014 PCMH or 2017 PCMH by NCQA as part of New York's Statewide Medicaid PCMH Incentive Payment Program. Incentives for the Adirondack Medical Home demonstration (ADK) remain unchanged. More details about these programs can be found on the NYS Medicaid PCMH Homepage. Additionally, the NYS Health Innovation Plan (SHIP) positions providers in the state towards achieving the Triple Aim: healthier people, better care, and smarter spending, and focuses on the Advanced Primary Care (APC) model. The NYS Medicaid Delivery System Reform Incentive Payment (DSRIP) program requires certain providers that are participating in primary care transformation projects to achieve 2014 level 3 PCMH recognition or NYS APC certification, by March 31, 2018. These initiatives, in addition to many others, encourage both practices and providers to deliver more integrated, coordinated, and enrollee-centered care and have made NYS a leader in primary care reform. NYS currently has the greatest number of practices* recognized as a PCMH by NCQA compared to all other states in the country; about 13% of all PCMH practices and about 12% of providers in the country operate in NYS.

As of June 2017, there were 1,509 practices recognized as a PCMH, of which 76% achieved the highest level of recognition, level 3, under 2014 standards. Smaller practices, with only one provider working at the site currently makes up the largest portion of PCMH-recognized practices. About 22% of practices were found to have more than one primary care specialty.

***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 June 2017, there were 6,781 providers recognized as a PCMH. About 82% achieved the highest level of recognition under 2014 standards. It is anticipated that the proportion of practices and providers recognized under the 2014 standards will continue to increase as practices recognized under 2011 standards convert to higher standards and new practices join the program.

As of June 2017, 5,938 (27%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a PCMH-recognized provider and just over half 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 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 $83.6 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2017 through June 2017. Roughly $3.4 million was paid to PCMH-recognized providers via medical home 'add-ons' by Medicaid FFS from January 2017 through June 2017 for 83,775 unique enrollees.

To learn more about the New York Statewide Medicaid PCMH Incentive Payment Program please visit: Frequently Asked Questions: Patient Centered Medical Homes

*Source: Panel data is reported to the NYS Department of Health by the MMC health plans quarterly. Panel data is a list of MMC enrollees and the providers they are assigned to at enrollment and is not based on visit history.

Table of Contents

This report does not present programmatic results related to quality or satisfaction. Other reports containing quality and satisfaction can be found on the PCMH Medicaid Redesign Team (MRT) page here: http://www.health.ny.gov/health_care/medicaid/redesign/pcmh.htm

Section 1: Practice Information

Figure 1a shows the number of unique PCMH-recognized practices in NYS by NCQA standard year and recognition level as of June 2017. There are no practices recognized as a level 1 under the 2014 standards and there are no practices recognized under the 2017 standards at this time.

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

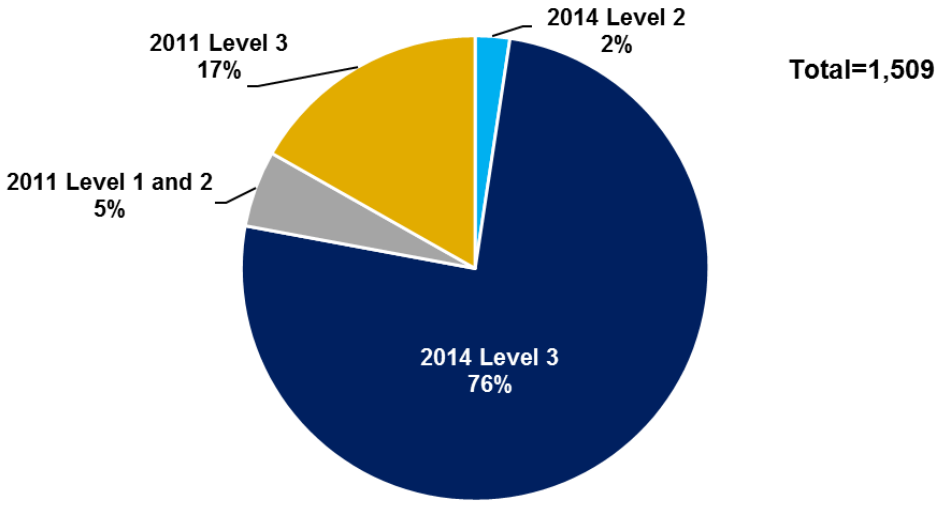


Figure 1b shows the number of practices that are recognized as a PCMH under NCQA's 2011 and 2014 standards by level from January 2017 to June 2017. The remaining 2011 practice recognitions are expected to expire by June 2018.

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

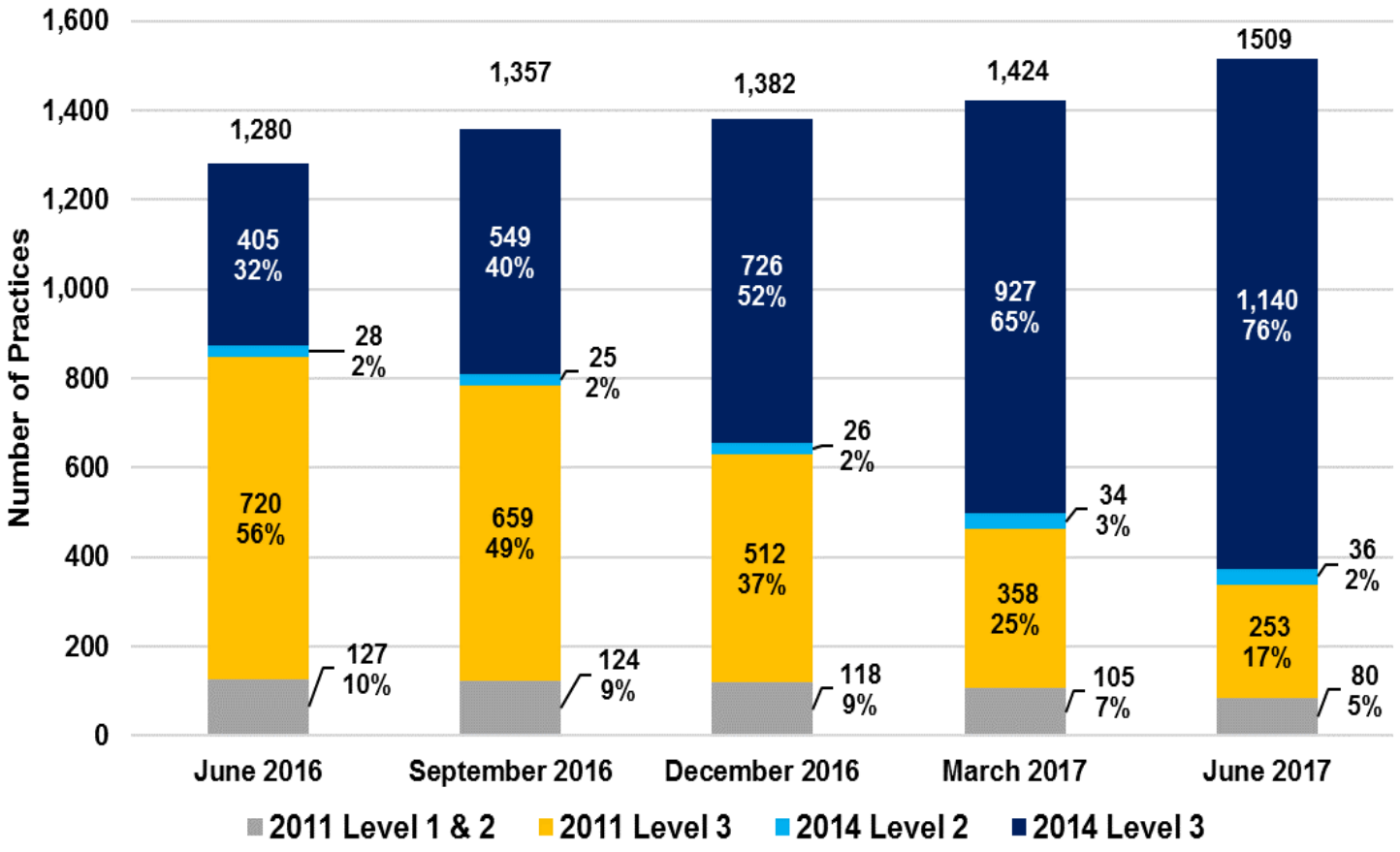
	Recognition Level	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017
2011 Standards	1	3 (<1%)	3 (<1%)	3 (<1%)	3 (<1%)	2 (<1%)	2 (<1%)
	2	108 (8%)	103 (7%)	102 (7%)	97 (6%)	91 (6%)	78 (5%)
	3	462 (33%)	408 (29%)	358 (25%)	344 (23%)	293 (20%)	253 (17%)
2014 Standards	2	26 (2%)	29 (2%)	34 (3%)	34 (2%)	32 (2%)	36 (2%)
	3	787 (57%)	860 (61%)	927 (65%)	1,002 (68%)	1,056 (72%)	1,140 (76%)
Total		1,386	1,403	1,424	1,480	1,474	1,509

The data in Figures 1a and Figure 1b were derived from the most recently available NCQA recognized provider lists (for this report: June 2017).

Section 1: Practice Information

Figure 1c illustrates the number of PCMH-recognized practices by NCQA's 2011 and 2014 recognition standards and levels from June 2016 to June 2017.

Figure 1c: Quarterly PCMH-Recognized Practice Count by NCQA Standard Year and Recognition Level Over Time



The number of PCMH-recognized practices under 2011 standards continues to decline, while the number of PCMH-recognized practices achieving 2014 recognition continues to grow. As of June 2017, 76% of PCMH-recognized practices achieved 2014 level 3 recognition. There are no practices recognized under the 2017 standards yet.

The data in Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: June 2017).

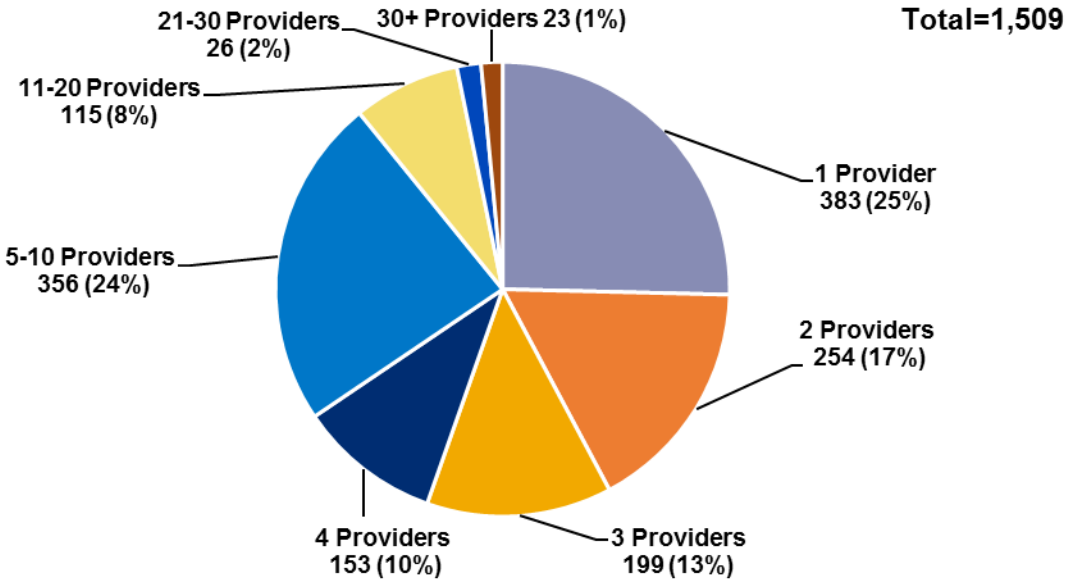
Section 1: Practice Information

Figure 1d shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region.*

Figure 1d: NYS PCMH-Recognized Practices by QARR Region		
Region	**Number of PCMH-Recognized Practices**	**Percent of PCMH-Recognized Practices**
Central	118	8%
Hudson Valley	151	10%
Long Island	108	7%
NYC	615	41%
Northeast	164	11%
Western	353	23%
Total	1,509	100%

Figure 1e shows the number and percent of NYS PCMH-recognized practices by number of providers. Practices with only one reported provider (25%) make up the largest proportion of PCMH-recognized practices, but there is also a high proportion of practices with 5-10 providers (24%).

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



The data in Figure 1d and 1e was derived from the most recently available NCQA-recognized provider lists (for this report: June 2017).

*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 shows the number and percent of PCMH-recognized practices by self-reported primary care specialty. There were 330 (22%) practices with more than one primary care specialty; these practices are classified as 'multiple' in the graph below. About 34% of all PCMH-recognized practices did not report a primary care specialty to NCQA.

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

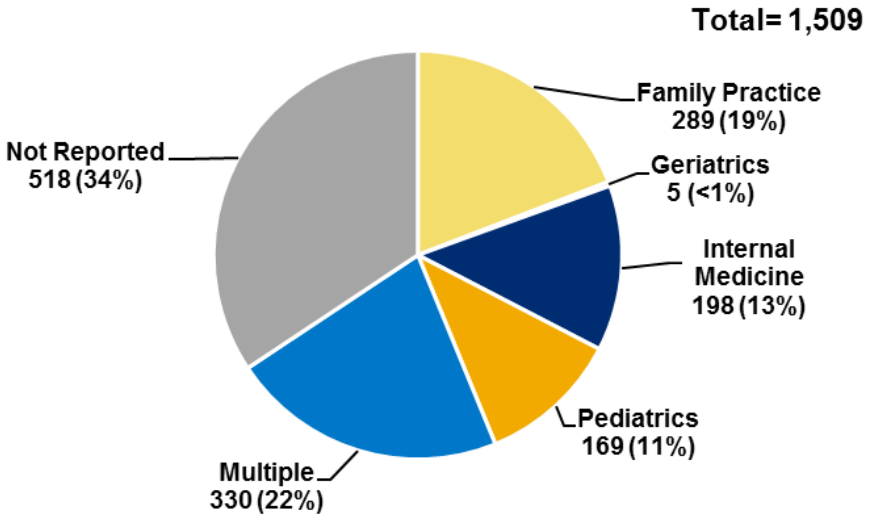


Figure 1g shows the number and percent of PCMH-recognized practices that also offer specialty care services. The most common subspecialties reported were: Gynecology (51), Cardiology (28) and Infectious Disease (27). Some practices may not have reported subspecialty services offered on site.

Figure 1g: NYS PCMH-Recognized Practices by Subspecialty

Subspecialty	Number of PCMH- recognized practices	Percent of PCMH- recognized practices
Gynecology	51	3%
Cardiology	28	2%
Infectious Disease	27	2%
Endocrinology	21	1%
Gastroenterology	12	1%
Pulmonology	9	1%
Immunology	8	1%
Nephrology	3	<1%
Rheumatology	2	< 1%

The data in figures 1f and 1g was derived from the most recently available NCQA recognized provider lists (for this report: June 2017).

Section 1: Practice Information

Figure 1h displays the 10 states with the most NCQA PCMH-recognized practices in the country as of June 2017. Almost 13% of all PCMH-recognized practices in the country are found in NYS. Although NYS continues to remain the state with the largest number of practices with NCQA's PCMH recognition, the difference is slowly decreasing as more practices throughout the country continue to receive this recognition. This may be due to the growing number of initiatives across the country geared towards reforming primary care that use NCQA's PCMH model.

Figure 1h: PCMH-Recognized Practices by Top Adopting States

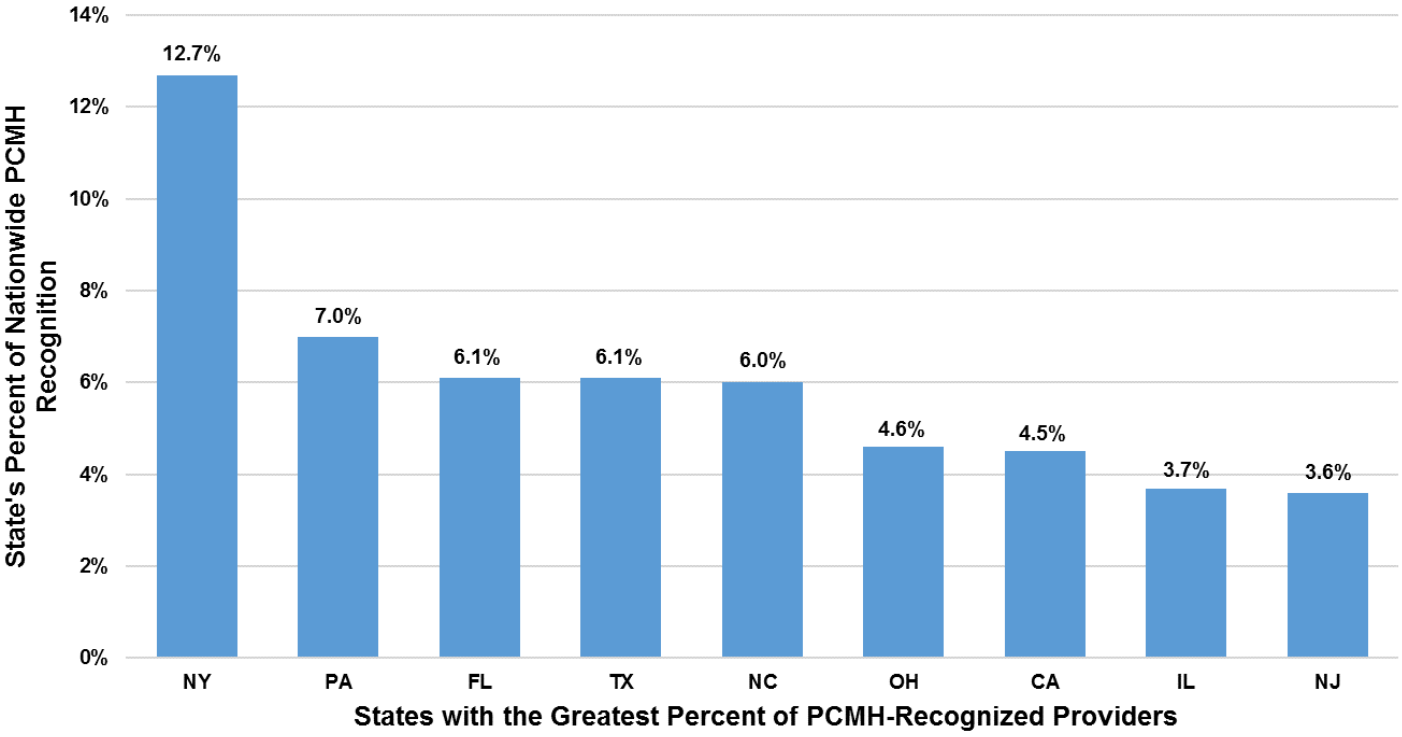


Figure 1h only represents states with the greatest number of PCMH-recognized practices. These 10 states account for 54% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 46% of PCMH-recognized practices in the country. This figure only represents the PCMH practices that are recognized by the NCQA. Practices may participate in other primary care transformation programs that are similar to NCQA's model.

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The data in figure 1h was retrieved on June 30, 2017 from NCQA's website at: http://recognition.ncqa.org/

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 2017. The majority of providers are recognized as a 2014 level 3, indicating the larger practices may have converted faster than the smaller practices.

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

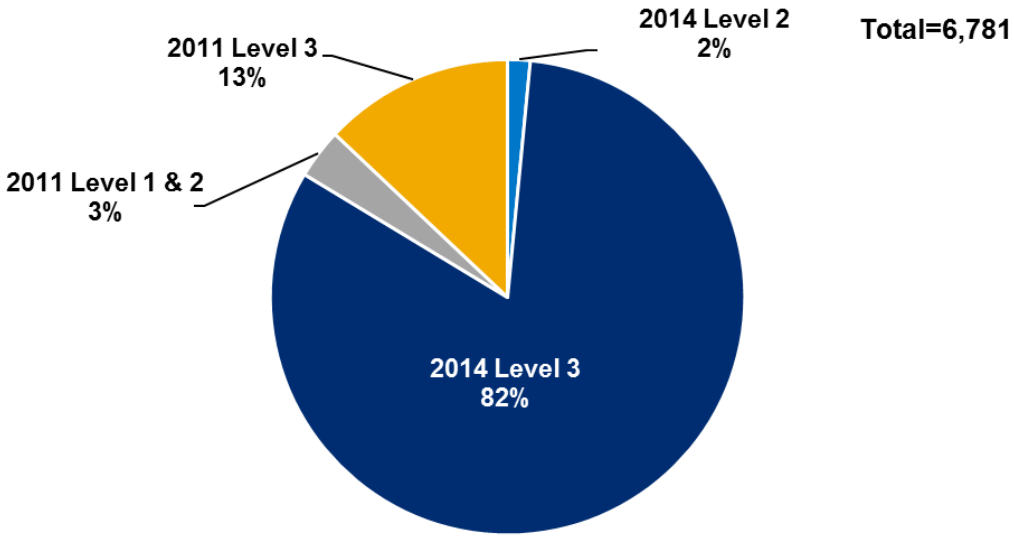


Figure 2b shows the number of PCMH-recognized providers that are recognized under NCQA's 2011 and 2014 standards, by level from January 2017 to June 2017. The remaining 2011 providers are expected to phase out by June 2018.

Figure 2b: PCMH-Recognized Providers by Standard Year and Recognition Level Over Time

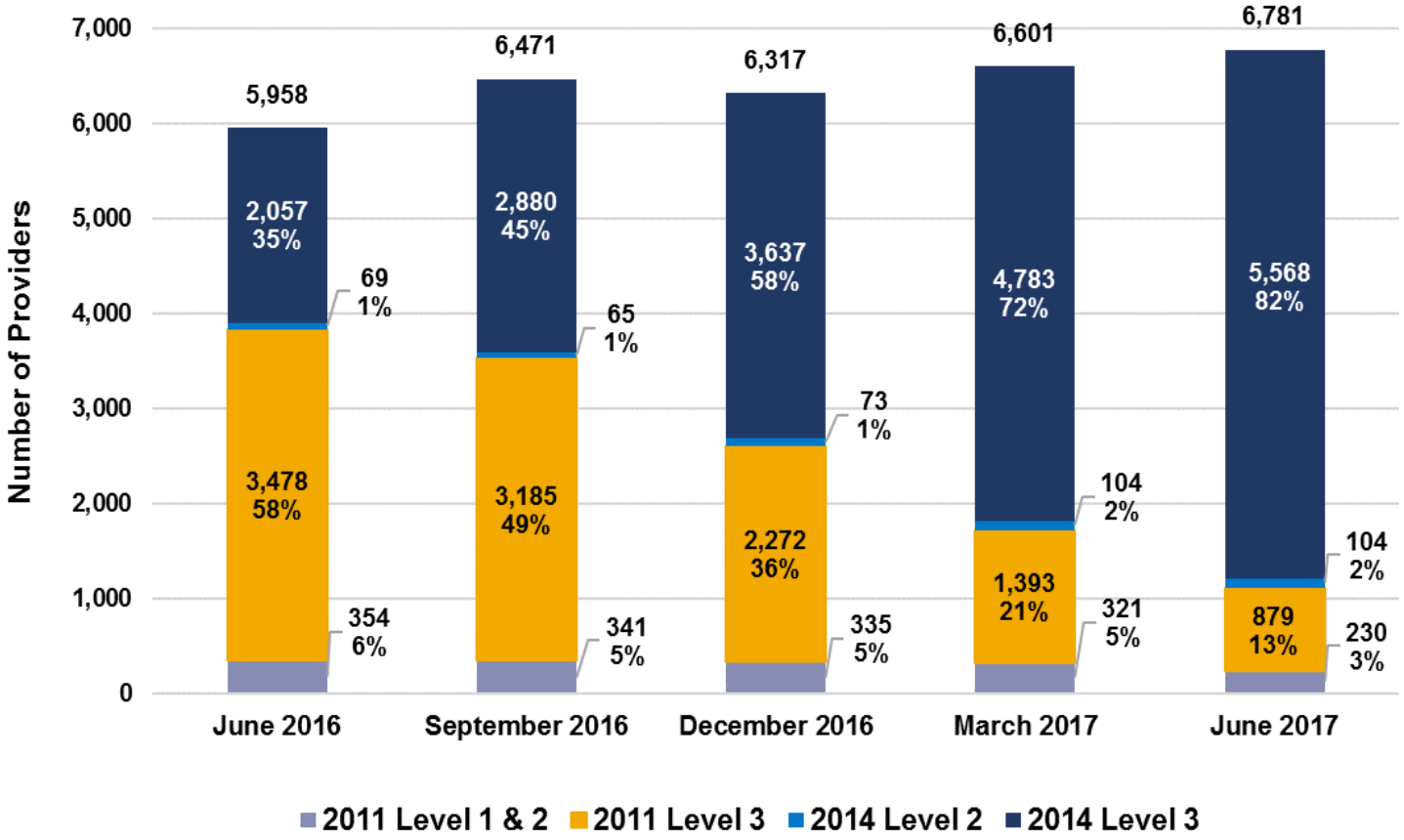
	Recognition Level	January 2017	February 2017	March 2017	April 2017	May 2017	June 2017
2011 Standards	1	12 (<1%)	12 (<1)	12(<1%)	12(<1%)	4 (<1%)	4 (<1%)
	2	316 (5%)	308 (5%)	309 (5%)	293 (5%)	269 (4%)	226 (3%)
	3	1,818 (29%)	1,603 (25%)	1,393 (21%)	1,384 (21%)	1,088 (16%)	879 (13%)
2014 Standards	2	78 (1%)	84 (1%)	104 (2%)	97 (2%)	85 (1%)	104 (2%)
	3	3,997 (64%)	4,514 (69%)	4,783 (72%)	4,990 (72%)	5,257 (79%)	5,568 (82%)
Total		6,221	6,521	6,601	6,776	6,703	6,781

The data in figures 2a and 2b were derived from the most recently available NCQA-recognized provider lists (for this report: June 2017).

Section 2: Provider Information

Figure 2c shows the number of PCMH-recognized providers by standard year and recognition level from June 2016 to June 2017. The number of PCMH-recognized providers is continuing to increase almost every quarter.

Figure 2c: Quarterly PCMH-Recognized Provider Count by NCQA Standard Year and Recognition Level Over Time



The number of PCMH-recognized providers under 2011 standards continues to decline, while the number of PCMH-recognized providers achieving 2014 recognition continues to grow. As of June 2017, 82% of PCMH-recognized providers achieved 2014 level 3 recognition.

The data in figure 2c was derived from the most recently available NCQA-recognized provider lists (for this report: June 2017).

Section 2: Provider Information

Figure 3a shows the proportion of PCMH-recognized PCPs that participate with MMC from June 2016 to June 2017. PCPs are defined as MDs, DOs, or NPs who have a primary or secondary specialty in either Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 5,938 PCMH-recognized PCPs that participate with MMC as of June 2017. Around 88% 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 27% 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 enrollee panels. On page 15, Figure 6a 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

	June 2016	September 2016	December 2016	March 2017	June 2017
PCMH PCPs participating with MMC	5,189	5, 616	5,477	5,796	5,938
All PCPs participating with MMC	20,799	20,791	21,832	23,179	21,722
PCMH Penetration Rate in MMC	25%	27%	25%	25%	27%

Figure 3b shows the standard year and level the MMC PCPs are recognized as of June 2017.

Figure 3b: PCMH PCPs in MMC by Level and Standard Year

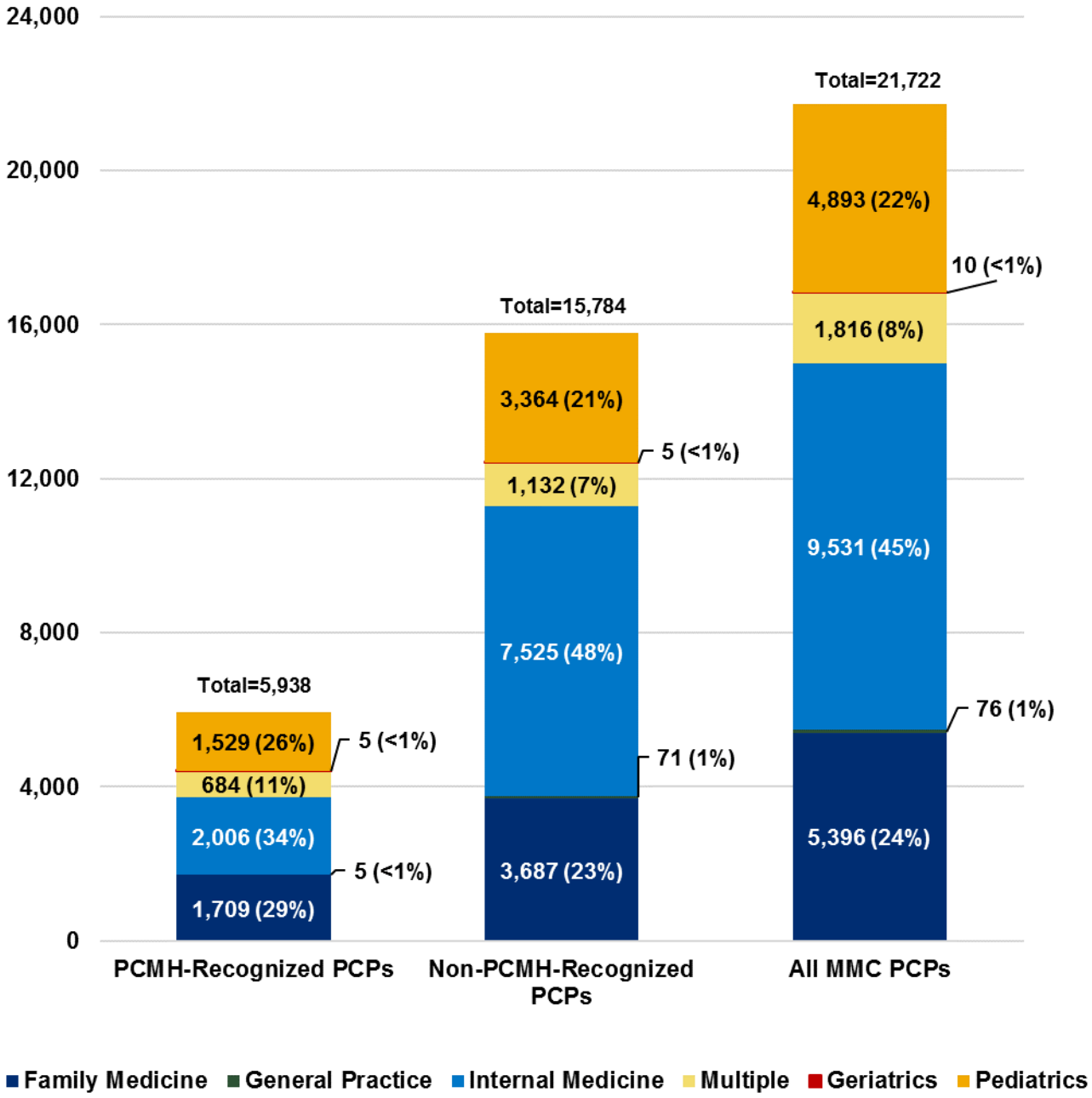
	Recognition Level	Number of PCMH PCPs	Percent of PCMH PCPs
2011 Standards	1	4	<1%
	2	144	2%
	3	725	12%
2014 Standards	2	94	2%
	3	4,971	84%
Total		5,938	100%

The data in Figures 3a & 3b was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: June 2017) and June 2017 provider network data.

Section 2: Provider Information

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, NYS non-PCMH-recognized PCPs, and all PCPs that participate in MMC. As of June 2017, there are 843 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 2017) and June 2017 provider network data.

Section 2: Provider Information

Figure 5 displays the states with the most NCQA PCMH-recognized providers in the country as of June 2017. Nearly 12% of all PCMH-recognized providers in the country practice in NYS. June 2017 is the first time NYS does not have the greatest number of providers compared to other states. However, California has fewer recognized practices than New York, as per figure 1h.

Figure 5: PCMH-Recognized Providers by Top Adopting States

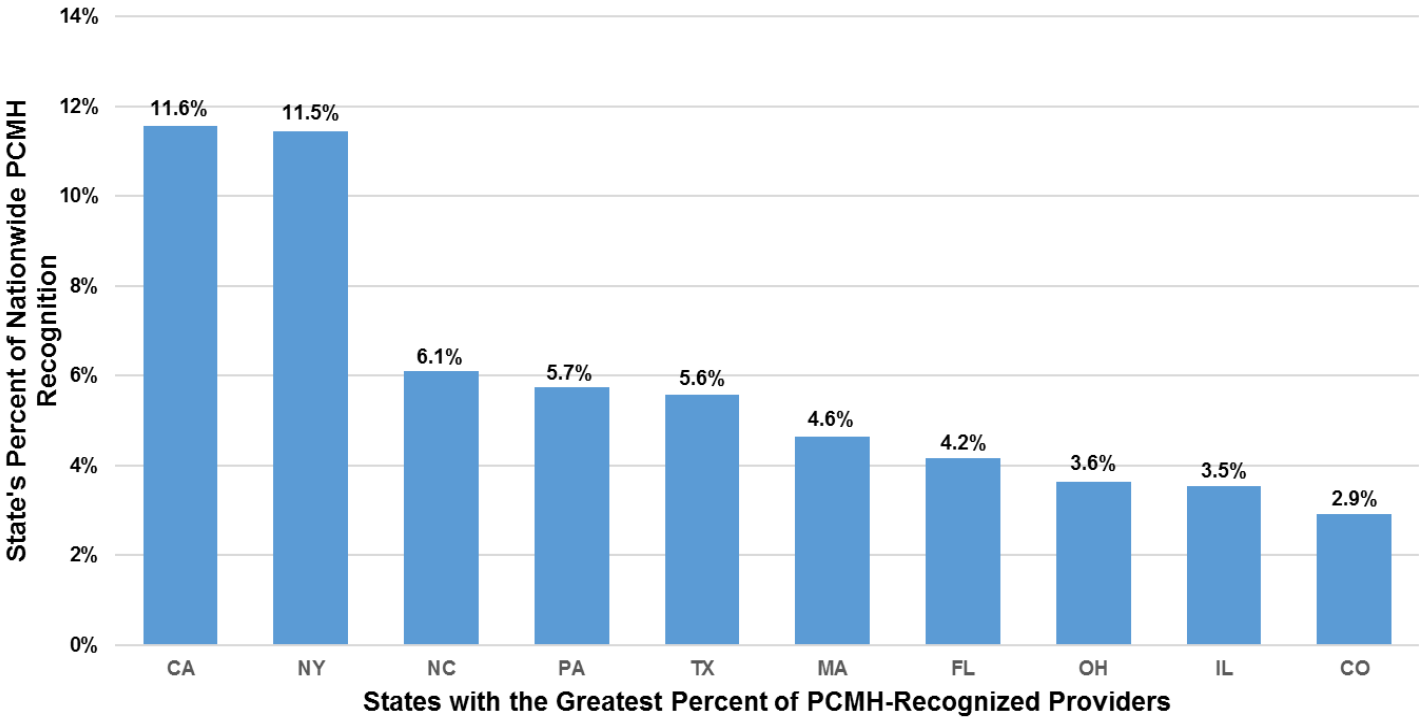


Figure 5 only represents states with the greatest number of PCMH-recognized providers. These 10 states account for 59% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 41% of PCMH-recognized providers in the country. This figure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

The data in figure 5 was retrieved on June 30, 2017 from NCQA's website at: http://recognition.ncqa.org/

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
Total Enrollees Assigned to a PCMH-Recognized Provider	2,200,647	52,212	8,074	2,260,993
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,980,802	34,505	5,586	2,020,893
Total Enrollees	4,181,449	86,717	13,660	4,281,826
PCMH Penetration Rate	53%	60%	59%	53%

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 2017. The majority of enrollees are assigned to PCPs recognized at the highest standard year and level of 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
2011	1	1,323	47	0	1,370 (<1%)
	2	46,630	1,153	313	48,096 (2%)
	3	154,507	3,452	66	158,025 (7%)
2014	2	37,033	1,312	234	38,579 (2%)
	3	1,961,154	46,248	7,461	2,014,863 (89%)
Total		2,200,647	52,212	8,074	2,260,993 (100%)

Figure 6a and Figure 6b use plan-reported panel data (for this report: June 2016 – June 2017) and the June 2017 NCQA recognized 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 2016 to June 2017. As of June 2017, 53% of NYS enrollees insured by these projects are assigned to PCMH-recognized PCPs.

Figure 7a: Growth in MMC, HARP, and HIV SNP Enrollees Assigned to PCMH-Recognized PCPs by Quarter

	June 2016	September 2016	December 2016	March 2017	June 2017
MMC Enrollees Assigned to PCMHs	1,972,641	2,027,542	1,994,380	2,132,706	2,260,933
Enrollees Assigned to Non-PCMHs	2,139,056	2,116,262	2,138,219	2,047,829	2,020,893
Total Enrollees	4,111,697	4,143,804	4,132,599	4,180,555	4,281,826
PCMH Penetration Rate	48%	49%	48%	51%	53%

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 2017, 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 Providers in MMC, HARP, and HIV SNP

	Not Auto-Assigned	Auto-Assigned	Not Reported	Total
Total Enrollees Assigned To a PCMH-Recognized Provider	1,124,699 (50%)	853,176 (38%)	283,058 (12%)	2,260,933 (100%)
Total Enrollees Assigned to a non-PCMH-Recognized Provider	1,136,569 (56%)	673,502 (33%)	210,822 (11%)	2,020,893 (100%)
Total	2,261,268 (53%)	1,526,678 (36%)	493,880 (11%)	4,281,826 (100%)

Medicaid (FFS): There were 83,775 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment with a PCMH-recognized provider from January 1, 2017 to June 2017. 145,020 unique Medicaid FFS enrollees had a qualifying visit resulting in an add-on payment with a PCMH recognized provider from July 2016 through June 2017.

Figures 6c and 7 uses plan-reported panel data (for this report: June 2016 – June 2017) and the June 2017 NCQA recognized provider lists.

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 Safety Net, and that are in age group 21-54 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	61%	57%
	Central	5%	9%
	Long Island	6%	12%
	Hudson Valley	8%	9%
	Northeast	5%	5%
	Western	15%	8%
Race	Black	20%	16%
	White	24%	31%
	Asian	10%	13%
	Hispanic	18%	12%
	Other	28%	28%
Aid Category	Safety Net	29%	24%
	Supplemental Security Income	8%	9%
	TANF	63%	67%
	Other	<1%	<1%
Age	0-20	44%	48%
	21-54	45%	41%
	55-64	10%	9%
	65-74	1%	1%
	75+	<1%	<1%
Gender	Male	46%	47%
	Female	54%	53%

Demographic data presented in Figure 8 is based June 2017 panel, June 2017 Medicaid enrollment data, and NCQA-recognized provider lists (for this report: June 2017).

Section 4: Expenditures

The figures in this section display the amounts paid for the New York Statewide Medicaid PCMH Incentive Payment Program. Beginning July 1, 2017, NYS will only be providing incentives for practices recognized as 2014 level 2 or 3, or recognized under the 2017 standards.

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 2017 through June 2017.

Figure 9: Medical Home Spending by Product Line January 2017 through June 2017

	MMC	HARP	HIV SNP	CHP	Total
Total	$76,648,189	$1,657,804	$286,720	$5,067,595	$83,660,308

*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.

Figure 10a shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from January 2017 through June 2017. Figure 10b shows the amount FFS Medicaid spent on 'add-ons' for PCMH-recognized providers from July 2016 through June 2017.

Figure 10a: PCMH Add-Ons by Level for Statewide FFS January 2017 through June 2017

Year to Date	
Level 2	$ 180,290
Level 3	$ 3,244,356
Total	$ 3,424,646

Figure 10b: PCMH Add-Ons by Level for Statewide FFS July 2016 through June 2017

Cumulative Rolling Year	
Level 2	$ 370,293
Level 3	$ 5,649,553
Total	$ 6,019,846

NYS Medicaid stopped providing PCMH incentives and payments to all level 1 PCMH-recognized providers as of January 1, 2013. NYS Medicaid also suspended PCMH incentives and payments to 2008 standard level 2 PCMH-recognized providers as of July 1, 2013. On April 1, 2015, all payments for 2008-recognized providers were terminated.

The amounts in Figure 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 2017).

The amounts in Figures 10a and 10b were derived from claims data from July 2016 through June 2017. The amounts in these figures may under represent expenditures because a customary 6-month run-out was not applied.

Important Links

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

Information on New York State Medicaid Reimbursement Per Provider Level
http://www.health.ny.gov/health_care/medicaid/program/update/2013/april13_mu.pdf

Comparison of NCQA's 2011 and 2014 Programs
http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH/PCMH2011PCMH2014Crosswalk.aspx

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

NCQA PCMH-Recognition State Comparison
http://reportcards.ncqa.org/#/practices/list

Previous PCMH Quarterly Reports
http://www.health.ny.gov/health_care/medicaid/redesign/pcmh.htm

Information on Level 1 NCQA Recognition Payments Ending
http://www.health.ny.gov/health_care/medicaid/program/update/2012/oct12mu.pdf

Information on 2008 Standard NCQA Recognition Payments Ending
https://www.health.ny.gov/health_care/medicaid/program/update/2015/mar15_mu.pdf

Information on the Adirondack Medical Home Demonstration
http://www.adkmedicalhome.org/

Information on the Delivery System Reform Incentive Payment Program
https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

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