







Patient Centered Medical Home

NYSDOH Report March 2013



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

- NCQA's Patient-Centered Medical Home (PCMH) is a recognition awarded to providers that meet a set of standards for improving primary care, including increased care coordination and access.
- Providers can be recognized as level 1, 2, or 3 (3 is the highest recognition) under either the 2008 standards, or the more stringent 2011 standards.
- New York State Medicaid reimburses PCMHrecognized providers at a higher rate than non-PCMH recognized providers.



About this Report

- Due to growing interest and inquiries regarding Patient-Centered Medical Homes (PCMH) in New York State, the NYSDOH has begun creating reports every three months that provide a snapshot of PCMH growth in New York.
- The report's three sections review:
 - 1. Changes in the number of PCMH-recognized providers
 - 2. Changes in the number of Medicaid enrollees that see PCMH-recognized providers
 - 3. The amount spent by New York State Medicaid (through increased capitation or fee-for-service PCMH 'add-ons' for qualifying visits) on PCMH in this quarter, and year to date
- This report is based on the most currently available data at the month of the report (March 2013). Provider data is more recent than enrollee or financial data.
- This report does not analyze or present programmatic results related to quality or satisfaction.



Executive Summary

- In March 2013, there were 4,742 providers* in New York State recognized as Patient- Centered Medical Home (PCMH) providers by the National Committee for Quality Assurance (NCQA).
 - 3,911 of these providers have achieved the highest (level 3) recognition (83%).
- The majority of providers (4,136 or 87%) are recognized under 2008 standards; 606 providers (13%) are recognized under 2011's more stringent standards.
- The number of PCMH providers grew modestly in 2012.



Executive Summary, continued

- As of Q4 2012, 42% of Medicaid Managed Care (MMC) members were assigned to a PCMH recognized Primary Care Provider (PCP).
- As of Q4 2012, 43% of Child Health Plus (CHP) members were assigned to a PCMH recognized PCP. This represents a 4% increase over the previous quarter.
- Over 46,000 fee-for-service (FFS) Medicaid recipients had a qualifying visit (a visit that resulted in an 'add-on' payment) with a PCMH provider in Q4 2012.
- About \$77 million was paid to PCMH providers by MMC in Q1 through Q4 2012.
- About \$1 million was paid to PCMH providers via a medical home 'add-on' by Medicaid FFS in Q4 2012. The year to date (YTD) amount paid by FFS for the add-on is \$4.5 million.









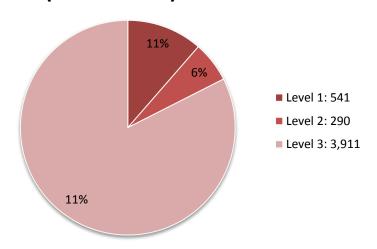
Section 1: Provider Information

The information in this section reflects the most recently available data (as of March 2013) and may be more recent than the data reported in other sections of this report.



Table 1a shows the number of PCMH providers in New York State by NCQA recognition level (total=4,742). Over 4,100 (88%) of these providers are PCPs* that participate with Medicaid Managed Care plans.

Table 1a: Chart PCMH Provider Count (March 2013)



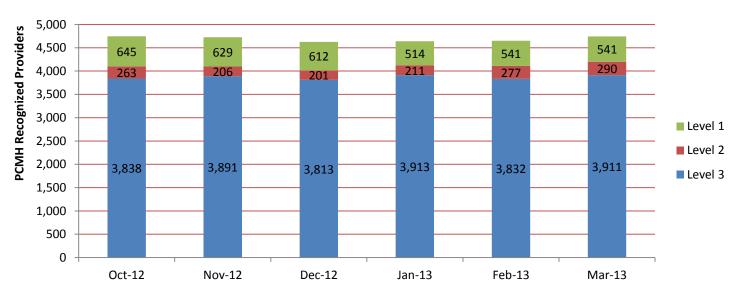
The data in table 1a is derived from the most recently available NCQA recognized provider lists (for this report: March, 2013).

^{*}PCPs include MDs, DOs, and CNPs that have a primary or secondary specialty in family practice, general practice, pediatrics, or internal medicine.



Table 1b shows changes to the number of PCMH providers in New York State by NCQA recognition level by month.





The data in table 1b is derived from the most recently available NCQA recognized provider lists (for this report: March, 2013).



Table 2 shows the number of PCMH providers that are NCQA recognized as medical homes under 2008 standards vs. those recognized under 2011 standards.*

Table 2: PCMH Providers: '08 Standards vs '11 Standards (State Wide Program Only)

	10/1/2012	11/1/2012	12/1/2012	1/1/2013	2/1/2013	3/1/2013
'08 Standards	4,567(96%)	4,479 (95%)	4,332 (94%)	4,259 (92%)	4,216 (91%)	4,136 (87%)
'11 Standards	179 (4%)	247 (5%)	294 (6%)	379 (8%)	434 (9%)	606 (13%)

http://www.ncqa.org/Portals/0/Programs/Recognition/PPC-PCMH%202008%20vs%20PCMH%202011Crosswalk%20FINAL.pdf

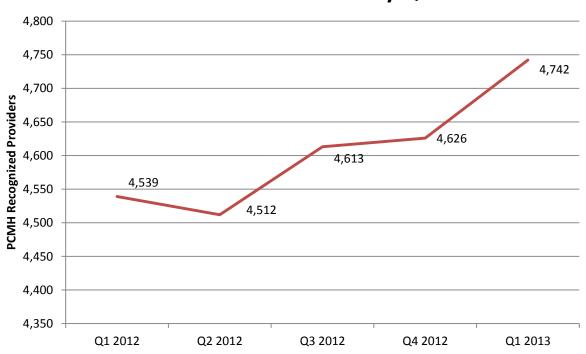
The data in table 2 is derived from the most recently available NCQA recognized provider lists (for this report: March, 2013).

^{*}The 2011 standards build on 2008 standards, and are better aligned with new health information technology criteria. A <u>comparison of the two programs</u> is available on NCQA's website:



The number of PCMH providers in the statewide program has grown in the last three quarters, as seen in the following graph.

Growth in PCMH Providers by Quarter





Of the primary care providers that participate with Medicaid Managed Care (MMC), 25% are medical home providers (Table 3). Table 4 shows the breakdown of specialty among MMC providers (not necessarily Primary Care Providers /PCPs) within four primary care specialty areas.

Table 3: Proportion of all PCPs in MMC that are PCMH recognized

PCPs on PCP Roster File: Q4 2012	16,099
PCPs on Roster File that are PCMHs: Q4 2012	4,101 (25%)

Table 4: MMC Providers by Specialty (Source: Q4 2012 PNDS)

Primary Care Specialty	Number of Providers	Percent of Total
Pediatrics	5,379	24
Family Medicine	5,664	25
Internal Medicine	11,261	50
Med-Peds (Combined Internal Medicine and Pediatrics)	265	1
Total number of MMC Primary Care Doctors	22,569	100%

Table 3 uses Quarter 4, 2012 panel data (a roster of Medicaid enrollees and the providers they are assigned to) and the most recently available NCQA recognized provider lists (for this report: March, 2013).

Table 4 uses the Quarter 4, 2012 Provider Network Data Set (PNDS), a list of Providers and their associated panel size.









Section 2: Enrollee Information



Table 5 shows the number of MMC enrollees assigned to PCMH recognized PCPs, by level, in Q4 2012.* 42% of the Medicaid Managed Care beneficiaries in the state are assigned to PCMH providers as of Q4 2012.

Table 5: MMC Enrollees Assigned to PCMH

Providers on Q4 NQCA files and Q4 Panel	% of Sub-Total	
MMC enrollees in NYS assigned to level 1 PCMH PCPs:	214,431	14%
MMC enrollees in NYS assigned to level 2 PCMH PCPs:	33,885	2%
MMC enrollees in NYS assigned to level 3 PCMH PCPs:	1,269,414	84%
Subtotal	1,517,730	100%
Total MMC enrollees in NYS:	3,612,456	
Penetration Rate (Subtotal / Total):	42%	

^{*}Table 5 uses plan-reported panel data (a roster of Medicaid enrollees and the providers they are assigned to) from Q4 with the NCQA recognized provider lists from October-December 2012. Providers recognized at any point during the quarter were included in the count of PCMH-recognized providers.



The number of MMC enrollees assigned to Medical Home PCPs has continued to climb each quarter, as shown in Table 6.

Growth in MMC Enrollees Assigned to PCMH PCPs

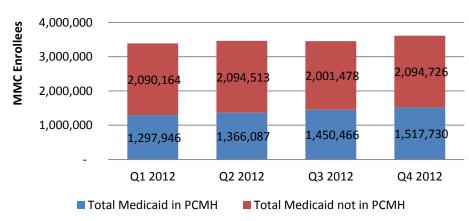


Table 6: Growth in PCMH Penetration Rate for MMC Enrollees*

	Q1 2012	Q2 2012	Q3 2012	Q4 2012
Medicaid Managed Care				
(MMC) Total	3,388,110	3,460,600	3,451,944	3,612,456
Penetration Rate				
(Total MMC in PCMH /				
MMC Total)	38%	39%	42%	42%

^{*}The figures in table 6 have been adjusted since the Q3 2012 PCMH Report.

Table 6 uses plan-reported panel data (a roster of Medicaid enrollees and the providers they are assigned to) from Q4 with the NCQA recognized provider lists from October-December 2012. Providers recognized at any point during the quarter were included in the count of PCMH-recognized providers.



Table 7 shows the number of Child Health Plus (CHP) Enrollees assigned to PCMH recognized PCPs.

Table 7: CHP Enrollees Assigned to PCMH

April 2013 NQCA file and Q4 Panel	% of Subtotal	
CHP enrollees in NYS assigned to level 1 PCMH PCPs:	31,949	26%
CHP enrollees in NYS assigned to level 2 PCMH PCPs:	9,092	7%
CHP enrollees in NYS assigned to level 3 PCMH PCPs:	82,513	67%
Subtotal:	123,554	100%
Total CHP enrollees in NYS:	288,908	
Penetration Rate (Subtotal / Total):	43%	

Table 7 uses the Quarter 4, 2012 Provider Network Data Set (PNDS), a list of Providers and their associated panel size and the NCQA recognized provider list from April 2013.

The data used in table 7 was collected from health plans and may be incomplete; health plans that did not submit Provider Network Data in a timely fashion may not be included in the table.



The PCMH penetration rate in CHP has grown over the last four quarters, as seen in Table 8.

Growth in CHP Enrollees Assigned to PCMH PCPs

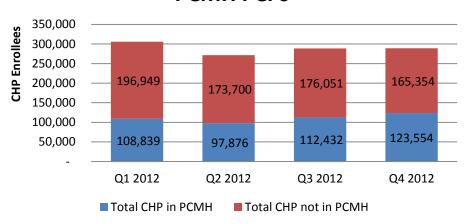


Table 8. Growth in Penetration Rate for CHP Enrollees

	Q1 2012	Q2 2012	Q3 2012	Q4 2012
Total CHP Enrollment	305,788	271,576	288,483	288,908
Penetration Rate (Total CHP in PCMH/ Total CHP Enrollment)	36%	36%	39%	43%

Table 8 uses the Quarter 4, 2012 Provider Network Data Set (PNDS), a list of Providers and their associated panel size and the NCQA recognized provider list from April 2013.

The data used in table 8 was collected from health plans and may be incomplete; health plans that did not submit Provider Network Data in a timely fashion may not be included in the table.



Medicaid Managed Care: Table 9 shows the age demographics of MMC enrollees assigned to PCPs in Patient Centered Medical Homes.

Table 9: Age Demographics of MMC Enrollees Assigned to PCMH PCPs

Less than 21	48%
21-54	43%
55-64	8%
65-74	1%
75-84	<1%
85+	<1%



Medicaid Fee for Service (FFS):

There were 46,160* unique Medicaid FFS recipients that had a qualifying visit (visits triggering an add-on payment) with a PCMH provider in New York State (NYS) in Q4 2012.

In 2012 (all quarters), there were 139,121* unique Medicaid FFS recipients that had a qualifying visit with a PCMH provider in NYS.

^{*}Counts include both the ADK (Adirondack) PCMH program and the Statewide PCMH program.





Section 3: Fiscal Information

The tables in this section include the amounts paid as medical-home 'add ons' by Medicaid Managed Care and FFS Medicaid. These figures exclude amounts paid through the Adirondack Region Medical Home Pilot (ADK).



Table 10 shows the amount spent by MMC and FHP in 2012 by level of PCMH recognition.

Table 10: MMC /FHP Medical Home Spending Q1 through 4 2012

Level 1	\$6,087,834
Level 2	\$ 2,546,360
Level 3	\$ 68,738,428
Total	\$ 77,372,622

The amounts in Table 10 reflect the capitation that managed care plans paid to providers for PCMH and are derived from Medicaid Managed Care Operating Reports (MMCOR) from Quarter 1 through 4, 2012. An estimate was included for health plans that did not submit timely spending reports.



Table 11 shows the amount spent on PCMH 'add-ons' in Q4 2012 by FFS Medicaid. Table 12 shows the amount spent on PCMH 'add-ons' by FFS Medicaid, year to date.

Table 11: PCMH add-ons by level for SW FFS Q4 2012

Level 1	\$55,752
Level 2	\$99,367
Level 3	\$805,617
Total	\$960,737

Table 12: PCMH add-ons by level for SW FFS, 2012 YTD (Q1, Q2, Q3, Q4)

Level 1	\$290,221
Level 2	\$487,782
Level 3	\$3,787,286
Total	\$4,545,290

The amounts in tables 11 and 12 are derived from claims data in Quarter 4 (Table 11) and claims data from Quarters 1 through 4, 2012 (Table 12).



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









Questions?

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