

New York State Patient Centered Medical Homes Quarterly Report





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. 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.

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 than prior standards, with emphasis placed on behavioral health, care management, population health,



value-based payment arrangements, and health information technology capabilities. As of the dates applicable to the data in this report, practices and their providers in New York State can only be recognized by the NYS PCMH standards.

NYS currently has the greatest number of practices and providers¹ with NCQA PCMH recognition compared to all other states in the country; 19.6% of all PCMH practices and 16.2% of providers in the country operate in NYS. As of June 2022, 2,272 practices and 9,182 providers have achieved recognition under the NYS PCMH standards. Smaller practices with only one provider working at the site currently make up the largest portion of NYS PCMH-recognized practices (31%).

As of June 2022, 8,468 (37%) primary care physicians (PCPs) in Medicaid managed care (MMC) were recognized as a NYS PCMH-recognized provider and over half (66%) of Medicaid managed care (MMC), Health and Recovery Plan (HARP), and HIV Special Needs Plan (SNP) enrollees were assigned to a PCMH-recognized PCP².

Office-based practitioners and Article 28 clinics recognized as NYS PCMHs by NCQA receive additional payment for primary care services through the New York Statewide Medicaid PCMH Incentive Payment Program, in two ways. For managed care enrollees, DOH provides payments to the health plans through a non-risk payment for the sole purpose of health plans making enhanced payments to qualified providers. For Medicaid fee-for-service (FFS) enrollees, payments are made to qualified providers by DOH as an 'add-on' for qualifying visits. Over \$128 million was paid to PCMH-recognized providers via increased capitation payments by MMC plans from January 2022 through June 2022.

¹NCQA 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).

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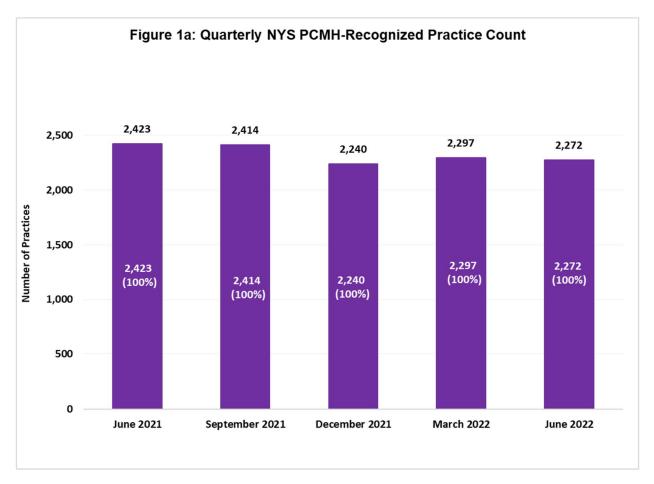
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Figure 1a illustrates the number of NYS PCMH-recognized practices from June 2021 to June 2022.

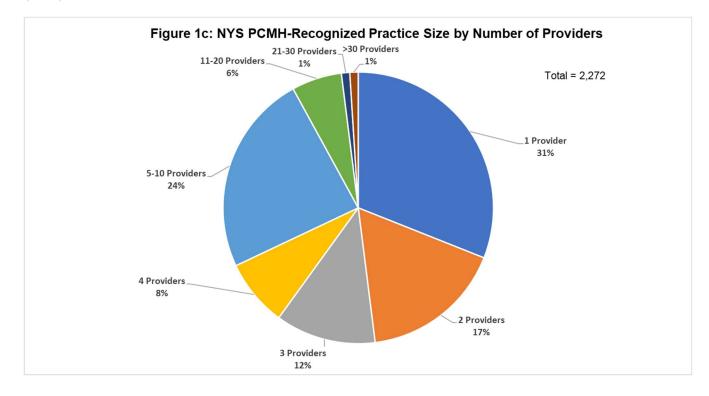


All practices have achieved NYS PCMH recognition, with a slight reduction in the number of NYS PCMH recognized practices from June 2021 to June 2022.

Figure 1b shows the number and percent of all NYS PCMH-recognized practices by Quality Assurance Reporting Requirements (QARR) region. * Most recognized practices are located in the NYC (41%) and Western New York (18%) regions.

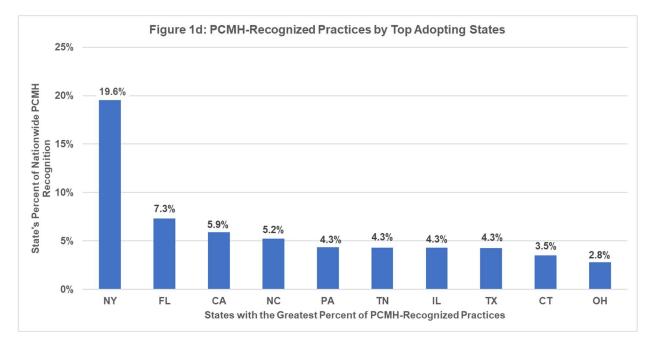
Figure 1b: NYS PCMH-Recognized Practices in NYS by QARR Region						
Region	Number of PCMH-Recognized Practices	Percent of PCMH Recognized Practices				
Central	205	9%				
Hudson Valley	232	10%				
Long Island	270	12%				
NYC	934	41%				
Northeast	225	10%				
Western	406	18%				
All	2,272	100%				

Figure 1c shows the number and percent of NYS PCMH-recognized practices in NYS by number of providers. Practices with only one reported provider (31%) make up the largest proportion of NYS PCMH-recognized practices. There is also a high proportion of practices with 5-10 providers (24%).



The data in Figure 1b and Figure 1c was derived from the most recently available NCQA-recognized provider lists (for this report: June 2022).

Figure 1d displays the 10 states with the most NCQA PCMH-recognized practices in the country as of June 2022. These states account for 62% of all PCMH-recognized practices in the country; all other states that are not included in this graph represent the remaining 38% of PCMH-recognized practices in the country. NYS remains the state with the highest percentage of practices with NCQA's PCMH recognition with around 20% of all PCMH-recognized practices in the country operating in NYS. Providers may participate in other primary care transformation programs that are like NCQA's model. However, this figure only represents the PCMH providers that are recognized by NCQA.



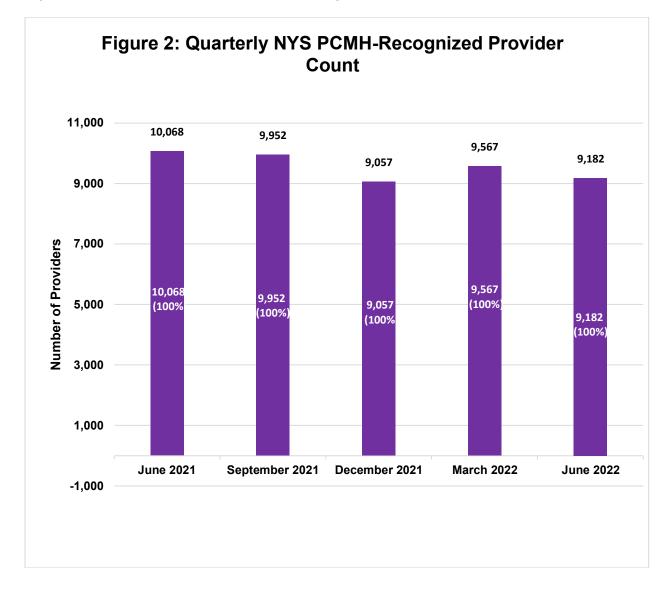


Figure 2 shows the number of NYS PCMH-recognized providers from June 2021 to June 2022.

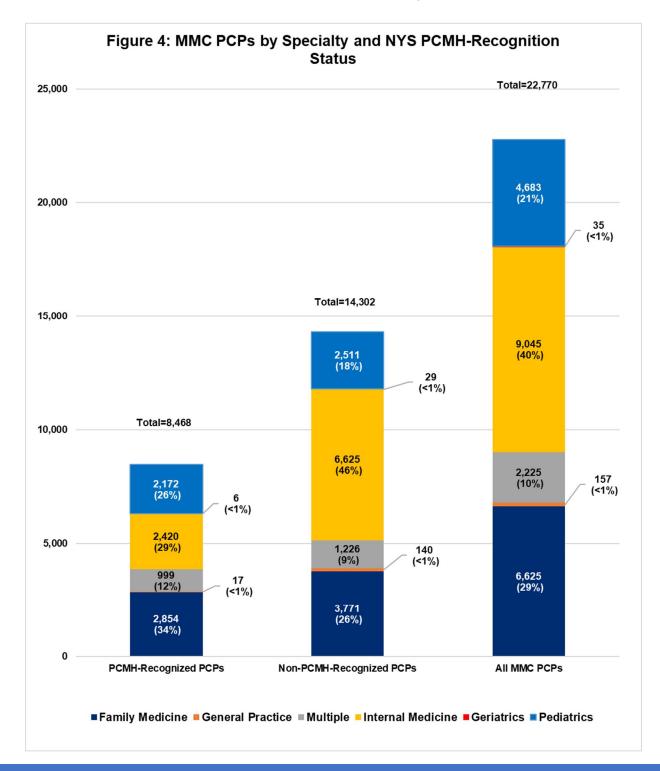
All providers have achieved NYS PCMH recognition, the number of NYS PCMH recognized providers decreased from 10,068 in June 2021 to 9,182 in June 2022.

Section 2: Provider Information

Figure 3 shows the proportion of NYS PCMH-recognized PCPs that participated with MMC from June 2021 to June 2022. PCPs are defined as MDs, DOs, and NPs who have a primary or secondary specialty in Internal Medicine, Family Medicine, Pediatrics, Geriatrics, or General Practice. There are 8,468 PCMH-recognized PCPs that participate with MMC as of June 2022. Around 92% of PCMH-recognized PCPs participate with MMC. There may be other NYS PCMH-recognized PCPs that participate with MMC in this figure. Although only 37% of MMC providers are recognized as a NYS PCMH, over half of the Medicaid population is assigned to these PCPs, indicating that these providers have large Medicaid panels. On page 13, Figure 7a shows the number of MMC enrollees assigned to NYS PCMH-recognized PCPs.

Figure 3: Proportion of All PCPs in MMC That are Recognized as a NYS PCMH by Quarter								
	June 2021September 2021December 2021March 							
PCMH PCPs participating with MMC	8,935	8,921	8,842	8,665	8,468			
All PCPs participating with MMC	23,413	23,750	25,288	23,604	22,770			
PCMH Penetration Rate in MMC	38	38	35	37	37			

Figure 4 shows the percentage of NYS PCMH-recognized PCPs, non-PCMH-recognized PCPs, and all PCPs that participate in MMC in NYS. As of June 2022, there are 714 NYS 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.



The data in Figure 4 was derived from the most recently available NCQA-recognized PCMH provider lists (for this report: June 2022) and June 2022 PNDS.

Section 2: Provider Information

Figure 5 displays the 10 states with the most NCQA PCMH-recognized providers in the country as of June 2022. These 10 states account for 61% of all PCMH-recognized providers in the country; all other states that are not included in this graph represent the remaining 39% of PCMH-recognized providers in the country. As of June 2022, NYS had the highest percentage of providers compared to the other states with NYS representing 16.2% of all PCMH-recognized providers in the country. Providers may participate in other primary care transformation programs that are like NCQA's model. However, this figure only represents the PCMH providers that are recognized by NCQA.

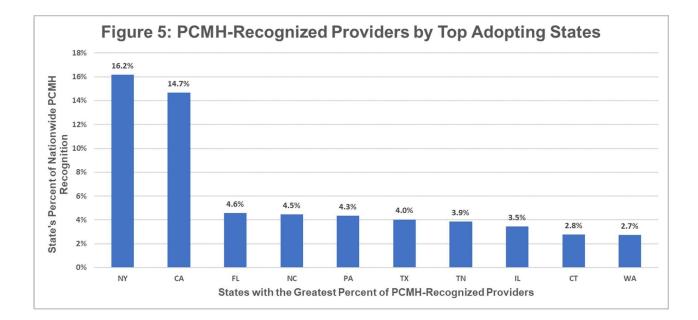


Figure 6 shows the NYS PCMH penetration rate for MMC, HARP, and HIV SNP enrollees. A higher proportion of HIV SNP enrollees are assigned to a PCMH recognized PCP compared to other Medicaid product types.

Figure 6: NYS PCMH Penetration Rate of Assigned MMC, HARP, and HIV SNP Enrollees									
	Assigned MMC Assigned HARP Assigned HIV Total Enrollees Enrollees SNP Enrollees Enrollees								
Total Enrollees As signed to a PCMH Recognized Provider	3,276,105	110,359	13,201	3,399,665					
Total Enrollees As signed to a non PCMH Recognized Provider	1,690,374 49,944 2,287		1,742,605						
Total Enrollees	4,966,479	160,303	15,488	5,142,270					
PCMH Penetration Rate	66	69	85	66					

Figure 7a shows the number of MMC, HARP, and HIV SNP enrollees assigned to NYS PCMHrecognized PCPs from June 2021 to June 2022. As of June 2022, 66% of NYS MMC enrollees are assigned to NYS PCMH-recognized PCPs.

Figure 7a: MMC, HARP, and HIV SNP Enrollees Assigned to NYS PCMH-Recognized PCPs by Quarter									
	June 2021								
MMC Enrollees Assigned to PCMHs	3,429,095	3,519,565	3,543,494	3,403,528	3,399,665				
Enrollees Assigned to Non PCMHs	1,614,177	1,659,153	1,719,980	1,733,281	1,742,605				
Total Enrollees	5,043,272	5,178,718	5,263,474	5,136,809	5,142,270				
PCMH Penetration Rate	68	68	67	66	66				

Figure 7b shows the rate of auto-assignment between NYS PCMH-recognized and non-NYS 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 2022, 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 NYS PCMH-Recognized and Non-NYS PCMH Recognized PCPs in MMC, HARP, and HIV SNP

	Not Auto Assigned	Auto Assigned	Not Reported	Unassigned	Total Enrollees
Total Enrollees Assigned to a NYS	2,033,700	1,353,886	12,079	0	3,399,665
PCMH Recognized Provider	60%	40%	<1%	0%	100%
Total Enrollees As signed to a non NYS	953,955	698,426	3,293	86,931	1,742,605
PCMH Recognized Provider	55%	40%	<1%	5%	100%
Total	2,987,655	2,052,312	15,372	86,931	5,142,270
	58%	40%	<1%	2%	100%

Medicaid (FFS): There were 43,659 unique Medicaid FFS enrollees that had a qualifying visit resulting in an add-on payment, with a PCMH-recognized provider from January 1, 2022 to June 2022.

Figure 7a and Figure 7b use plan reported panel data (for this report: June 2022) and the June 2022 NCQA recognized PCMH provider lists.

Figure 8 shows how select demographics of MMC, HARP, and HIV SNP enrollees assigned to NYS PCMH-recognized PCPs, are distributed as compared to the demographics of enrollees assigned to non-NYS PCMH-recognized providers. There is a higher proportion of enrollees assigned to a NYS PCMH-recognized provider in the Central, Northeastern and Western regions of New York. A higher proportion of Black, Asian and Hispanic New Yorkers, those who receive TANF or Supplemental Security Income, and those who are 0-20 years of age are also assigned to NYS PCMH providers when compared to the demographics of the percent of enrollees assigned to non-NYS PCMH-recognized providers.

Figure 8: MMC, HARP, and HIV SNP Enrollee Characteristics						
Demog	Demographic Category Members Assigned to NYS PCMH Providers (%) NYS PCMH Providers (%)					
	New York City	53.09	57.13			
	Central	7.93	7.16			
Decion	Long Island	7.88	11.88			
Region	Hudson Valley	8.96	11.79			
	Northeast	6.82	4.19			
	Western	15.28	7.82			
	Black	14.66	13.35			
	White	22.82	23.91			
Race	Asian	8.16	8.06			
	Hispanic	8.94	6.81			
	Other	45.39	47.84			
	Safety Net	29.78	38.91			
Aid	Supplemental Se- curity Income	6.98	6.04			
Category	TANF	63.15	54.95			
	Other	0.07	0.08			
	0-20	45.19	33.96			
	21-54	42.78	51.37			
Age	55-64	9.79	11.72			
	65-74	1.87	2.40			
	75+	0.35	0.52			
Gender	Male	47.56	48.24			
Gender	Female	52.43	51.75			

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 NYS PCMH-recognized providers via increased capitation payments to practices for their MMC, HARP, HIV SNP, and CHP enrollees from January 2022 through June 2022.

Figure 9: Medical Home Spending by MMC Product Line	
January 2022 through June 2022	

	ММС	HARP	HIV SNP	СНР	Total	
Total	\$ 113,678,920	\$ 3,456,687	\$ 437,036	\$ 11,235,097	\$ 128,807,740	
*The Family Health Plus (EHP) program ended on December 31, 2014, PCMH payments are only given						

*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.

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

Information on New York State PCMH Initiatives in Medicaid

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

New York State PCMH Brochure

https://www.health.ny.gov/technology/nys_pcmh/docs/pcmh_brochure.pdf

New York State PCMH Standards and Guidelines

https://store.ncqa.org/recognition/patient-centered-medical-home-pcmh.html

NCQA PCMH-Recognition State Comparison

https://reportcards.ncqa.org/practices https://reportcards.ncqa.org/clinicians

Previous PCMH Quarterly Reports

https://www.health.ny.gov/technology/nys_pcmh/

Questions? Contact the Office of Quality and Patient Safety, NYSDOH, via email at: pcmh@health.ny.gov