NEW YORK STATE (NYS) PATIENT CENTERED MEDICAL HOME (PCMH) INCENTIVE ENHANCEMENT

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12/12/2024/MANAGED CARE POLICY AND PLANNING MEETING/WEBEX

NYS PCMH PROGRAM HISTORY

- In 2018, NYS Department of Health (DOH) collaborated with the National Committee for Quality Assurance (NCQA), creator of the PCMH program, to develop a customized program that supports the state's initiative to improve primary care through the medical home model and promote the Triple Aim:
  - better health,
  - lower costs, and
  - better patient experience

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NYS PCMH MODEL HELPS PRACTICES:

- Improve patient-centered access and patient experience.
- Perform comprehensive health assessments to identify patient needs.
- Deliver better preventive care such as immunizations and cancer screenings.
- Prioritize comprehensive care management to keep chronic conditions under control.
- Coordinate with other clinicians to improve continuity of patient care by closing the referral loop and gaps in services.

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NYS PCMH INCENTIVE

Providers that achieve NYS-PCMH recognition are eligible to receive payments provided in the form of either:

- per member per month (pmpm) capitation payments for Medicaid Managed Care (MMC) including
  - mainstream Medicaid,
  - Health and Recovery Plans (HARPs),
  - Human Immunodeficiency Virus-Special Needs Plans (HIV-SNPs), and
  - Child Health Plus (CHPlus) members; or
  - an “add-on” payment for eligible claims billed for services provided to NYS Medicaid fee-for-service.
- The next few slides will explain an additional **Incentive Enhancement** that NYS PCMH providers will be entitled to receive.

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BACKGROUND: INCENTIVE ENHANCEMENT

- Social Care Networks (SCNs) are being established via NYS Department of Health's (DOH) 1115 Waiver Amendment, "New York State Equity Reform" (NYHER).

- SCNs will develop networks of community-based organizations to deliver social care services to eligible NYS Medicaid members.

- Incentive enhancement payments to PCMH recognized providers are intended to help providers connect with and provide referrals to regional SCNs to promote social care services for NYS Medicaid members.

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PCMH INCENTIVE ENHANCEMENT: APRIL 1, 2024-MARCH 31, 2025

Retroactive to April 1, 2024, **all** NYS PCMH-recognized Primary Care Providers will receive an **incentive enhancement** (in addition to the current $6 per member per month (pmpm) payment)

- $4pmpm for Medicaid Managed Care (MMC) enrollees and Child Health Plus (CHPlus) members under 21
- $2pmpm for enrollees 21 and over

- MMC Plans, Health and Recovery Plans (HARP), Human Immunodeficiency Virus-Special Needs Plan (HIV SNP), and CHPlus will be expected to calculate retroactive payments and furnish these payments to NYS PCMH-recognized providers in their networks.

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PCMH INCENTIVE ENHANCEMENT: APRIL 1, 2025

- Effective April 1, 2025, to **continue** to receive this incentive enhancement:
  - Providers will be required to develop a workflow to refer patients to regional Social Care Networks (SCNs), and
  - Complete and submit an attestation posted on the NYS Health Commerce System (HCS) website confirming their SCN participation.
    - Providers that submit the attestation by March 31, 2025, will continue to receive the incentive enhancement.
    - PCMH providers that do not attest to participation in an SCN will receive the $6pmpm PCMH payment without the incentive enhancement.
    - PCMH practices can submit attestations after the March 31, 2025, deadline and they will be included in subsequent participation lists for the additional $2/$4 enhancement.

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NYS PCMH PAYMENT

	A	B		C		D	
Incentive	**1/1/2024 through 3/31/2024**	**4/1/2024 through 3/31/2025**		**4/1/2025 with Social Care Network (SCN) Attestation**		**4/1/2025 without SCN Attestation**	
Ages	**All ages**	**Under 21 years of age**	**21 years of age and over**	**Under 21 years of age**	**21 years of age and over**	**Under 21 years of age**	**21 years of age and over**
PMPM add-on for Mainstream MMC, HIV-SNPs and HARP Providers	$6.00	$10.00	$8.00	$10.00	$8.00	$6.00	$6.00
PMPM add-on for CHPlus Providers	$6.00	$10.00	N/A	$10.00	N/A	$6.00	N/A
PMPM add-on for ADK Providers (MMC)	$7.00	$11.00	$9.00	$11.00	$9.00	$7.00	$7.00
PMPM add-on for ADK Providers (CHPlus)	$7.00	$11.00	N/A	$11.00	N/A	$7.00	N/A
FFS incentive add-on for Professional Claims	$29.00	$29.00	$29.00	$29.00	$29.00	$29.00	$29.00
FFS incentive add-on for Institutional Claims	$25.25	$25.25	$25.25	$25.25	$25.25	$25.25	$25.25

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ATTESTATION

- A link to the attestation will be emailed to the NYS PCMH practices using the NYS PCMH contact email address(es) on file with NCQA.
- Attestations will be completed once per physical site location, covering all recognized providers at that location.
- Attestations will be located on the Health Commerce System (HCS) website for completion.

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ATTESTATION SCN INDICATOR

There will be an “SCN Indicator” added to the PCMH file posted for plans on the Health Commerce System that will track Provider completion of the attestation.

Plans will calculate provider payment based on the information corresponding to the “SCN Indicator”:

- “1” indicates attestation completion: provider entitled to enhancement incentive:
  - ($6pmpm + additional $2/$4 pmpm based on age)
- “0” or blank: provider is not entitled to enhancement incentive:
  - ($6pmpm only)

The PCMH file is updated monthly and posted to the NYS HCS, consistent with current processes

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BUREAU OF MANAGED CARE FISCAL OVERSIGHT COST REPORTS

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MEDICAID MANAGED CARE OPERATING REPORT (MMCOR) & HIV SPECIAL NEEDS OPERATING REPORTS (HIV SNPOR) PATIENT CENTERED MEDICAL HOME (PCMH) CHANGES

- Cost reporting-MMCOR and HIV SNPOR - PCMH Tables were added to 1Q 2024 Reports for Medicaid, HARP and HIV SNP lines of business. Plans will now have to report Medical Home expenses in every quarter on year-to-date basis, instead of only reporting 2Q, 3Q and 4Q (Annual). Purpose for adding tables to 1Q reports is to accommodate change in timing of PCMH payments to a SFY basis instead of CY.
- The timing of medical home payments to plans will remain at 2 times per year but will be based on SFY instead of CY. Now payments will be 4/1-9/30 and 10/1-3/31 (instead of 1/1-6/30 and 7/1-12/31).
- To transition to SFY – State pays plans 7/1/2023-12/31/2023. Then State pays plans 1/1/2024-3/31/2024. Pays 4/1/2024-9/30/2024, etc.

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CHANGES TO AID CATEGORIES BY AGE

Beginning with the end-of-year Cost Report, plans will be required to break out the following premium groups into kids (under 21) and adults (21 and over) on the Cost Reports (Table 30's), retroactively to April 1, 2024:

- MMCOR - Medicaid line of business - Medicaid SSI
- HIV SNPOR- HIV SNP line of business - HIV-Negative SSI (Homeless), HIV-Negative Transgender and TANF HIV-Negative Transgender SSI.
- All other aid categories used for PCMH spend reporting are already broken out by age group.

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QUESTIONS AND ADDITIONAL INFORMATION

- Additional information regarding the NYS PCMH program can be found on the NYS DOH "New York State Patient-Centered Medical Home (NYS PCMH)" web page, located at: health.ny.gov/technology/nys_pcmh
- For a list of published *Medicaid Update* articles on NYS Medicaid PCMH initiatives, providers can refer to the NYS DOH "DOH Medicaid Update Index" web page, located at: https://www.health.ny.gov/health_care/medicaid/program/update/main.htm
  - search "Patient Centered Medical Home"
- General questions regarding PCMH should be directed to pcmh@health.ny.gov
- Questions regarding Child Health Plus (CHPlus) should be directed to CHPlus@health.ny.gov
- MMC reimbursement and billing requirement questions should be directed to the specific MMC Plan of the enrollee.
- Questions regarding SCNs should be directed to NYHER@health.ny.gov

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