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PCMH and APC Incentive Payment Programs: Comprehensive Payment Policy and Billing Guidance

OVERVIEW

In the November 2018 Medicaid Update, the New York State (NYS) Department of Health (DOH) issued new billing guidance for the Patient-Centered Medical Home (PCMH) and Advanced Primary Care (APC) Incentive Payment Programs. As part of the Medicaid Redesign Team initiatives, these programs are intended to encourage primary care providers to pursue a primary care model which includes advanced care coordination and integrated care capabilities. Providers that achieve PCMH or APC recognition can receive Medicaid or Child Health Plus (CHP) incentive payments. Payments are provided in the form of either per member per month (PMPM) capitation payments for Medicaid Managed Care (MMC) and CHP members, or as a per-visit "add-on" payment for eligible claims billed for services provided to Medicaid fee-for-service (FFS) members.

Under the PCMH model, each patient in a primary care practice has an ongoing relationship with his or her personal physician as well as a team of providers who are responsible for care coordination. In New York, PCMH practices have generally sought recognition by the National Committee for Quality Assurance (NCQA) since this was a requirement of the Incentive Program. The APC model is a variation of the PCMH model in an all-payer setting that promotes integrated care and care coordination. In April 2018, NYS announced the transition of both the PCMH and APC programs into a new NYS PCMH model.

This guidance and additional information on the transition to NYS PCMH are available in the November 2018 Medicaid Update here. A summary of the current policy guidance is provided below.

INCENTIVE PAYMENT RATES

NYS has received federal approval to provide incentive payments to clinics and practitioners who are recognized as APC providers. As such, Medicaid and CHP now provide incentive payments to APC providers that have achieved Gate 2 recognition. APC-recognized providers with members in Medicaid FFS, Mainstream MMC, HIV Special Needs Plans (HIV SNP), and Health and Recovery Plans (HARP) will receive incentive payments retroactive to the date of their APC recognition, back to January 2017.

APC Gate 2 providers will receive incentive payments equivalent to those paid for meeting one of the qualifying sets of NCQA PCMH standards (2014 Level 3, 2017, or NYS PCMH). As such, all providers who are eligible for incentives will now receive the same rates for attributed members, depending on payer and claim type, as outlined in the table below:

Incentive	Payment Rate (effective July 2018)
PMPM add-on for Mainstream MMC, HIV SNP, and HARP	$6.00[1]
PMPM add-on for CHP	$6.00 (for APC Gate 2, effective September 2018)

[1] Increased by $0.25 from the May/June 2018 rate of $5.75.

Medicaid FFS Incentive add-on for Professional Claims	$29.00 per claim
Medicaid FFS Incentive add-on for Institutional Claims	$25.25 per claim

FFS per claim incentive rates have not changed during this time, but the PMPM add-on rate has varied ($7.50 from January 2017 through April 2018; $5.75 from May through June 2018), and such payments will be made based on the rate prevailing at the time. FFS claims were reprocessed by eMedNY to facilitate those retroactive payments and are expected by January 2019. APC Gate 2 providers must contact the MMC plans they contract with if there are any questions about retroactive PMPM payments passed through those plans.

Incentive payments are only payable for primary care or preventive medicine services rendered by physicians, physician assistants and registered nurse practitioners that are included on the PCMH/APC Recognized Provider List, which is updated monthly. Incentive payments are only available for:

- Services rendered to Medicaid-only recipients;
- Primary care or preventive medicine services (i.e., non-specialty care services);
- Specific Evaluation and Management (E&M) codes;
- Specific Preventive Medicine codes; and
- Specific institutional rate codes (when applicable).

For FFS Article 28 clinics, the National Provider Identifiers (NPI) of the clinic **and** the attending primary care provider reported on the claim must both be on the PCMH/APC Recognized Provider List. This policy change, enacted after the April 2018 Medicaid Update, is to ensure that incentive payments are only made for primary care or preventive medicine services rendered in a clinic setting.

TRANSITION TO NYS PCMH

Practices currently recognized under the NCQA PCMH 2014 or 2017 models will need to transition to the NYS PCMH model once their current recognitions expire. APC-recognized practices will also be transitioning to the NYS PCMH model. Enrollment in the APC program ended on March 31, 2018 to facilitate this transition to the NYS PCMH model.

The NYS PCMH model, which was built in collaboration with NCQA, is a unified approach to expand access to high-quality primary care across NYS with a focus on improved outcomes and performance. DOH is providing the following resources to assist providers in implementing NYS PCMH:

- Designation at no cost to practices by covering either the first year's NYS PCMH Recognition fee (for new applicants) or the first NYS PCMH Annual Reporting fee (for existing PCMHs);
- Transformation assistance for physician-led or nurse practitioner-led practices; and
- Enhanced reimbursement opportunities through the Medicaid PCMH Incentive Payment Program or through voluntary multi-payer value-based payment arrangements.

Practices are responsible for paying NCQA an annual reporting fee for NYS PCMH recognition in subsequent years.