



## New York State Patient Centered Medical Home (NYS PCMH) Medicaid Managed Care and Child Health Plus (CHPlus) Incentive

Retroactive to April 1, 2024, primary care providers recognized under the NYS PCMH program are entitled to an incentive enhancement of \$4.00/PMPM for Medicaid Managed Care (MMC) members and Child Health Plus (CHPlus) members under 21 years of age, and \$2.00/PMPM for members 21 years of age and older, in addition to the current \$6.00/PMPM payment.

- **By April 1, 2025**, to continue to receive this incentive enhancement, providers will be required to develop a referral workflow with regional Social Care Networks (SCNs) and submit a response to an online attestation form explaining their SCN referral method. More information regarding regional Social Care Networks can be found at the following link: [Social Care Networks \(ny.gov\)](#)
- This incentive enhancement will be paid in addition to the current \$6 pmpm payment.
- Practices submitting attestations after March 31, 2025, will forfeit monthly incentive enhancement payments until the attestation is received. They will, however, continue to receive the current \$6 pmpm.

The following Frequently Asked Questions (**FAQs**) have been developed to provide guidance in completing the NYS PCMH attestation. Any practice(s) that have not yet completed the password protected attestation, can access it directly at the following link:

<https://smartforms.health.ny.gov/public?formId=675a009d3aad5089bec295b0>

- All currently recognized NYS PCMH providers have received the link to the attestation using the email address(es) associated with recognized providers and practices, as transmitted to the New York State Department of Health (the Department) by the National Committee for Quality Assurance (NCQA). If you have not received the password for the attestation link, please send an email request to [pcmh@health.ny.gov](mailto:pcmh@health.ny.gov).

The New York State Patient Centered Medical Home (NYS PCMH) attestation form has been updated for clarity. **If you have already submitted the attestation, no further action is needed.** There are three options for establishing workflows with the Social Care Network (SCN):

- Connect patients to the regional SCN(s) (for Medicaid members) via referral provided to the patient
- Connect directly with the SCNs' platform **or through a regional Qualified Entity** to submit Accountable Health Communities Health Related Social Needs (HRSN) screenings and referrals for Medicaid members
- Connect with regional SCNs in another agreed upon way

## Frequently Ask Questions:

1. What type of agreement is required with the SCN?

**Providers should contact the SCN to discuss their patient workflow for Medicaid members and determine with the SCN the best way to refer Medicaid members to the SCN. The agreement with the SCN can be formal or informal.**

2. Can I connect a patient to an SCN by giving the members marketing materials from the SCN?

**Yes, this is acceptable under option 1.**

3. Can I have the member complete a self-screening on the SCN website using a tablet in the office?

**Yes, this is acceptable under option 3.**

4. Can a provider office screen a member with the Accountable Health Communities (AHC) tool, send the screening from their EHR to the Regional Qualified Entity/ SHIN-NY data lake? If yes, is the screening eligible for payment from the SCN?

**Yes, this is acceptable under option 2 and would be eligible for payment through the SCN.**

5. What are the screening questions that need to be asked if a provider's office is doing the screening?

**Please see the screening and data elements on the NYS Department of Health (the Department) SCN Provider website: [Information for Health Care Providers](#)**

6. Can I refer a patient that is not enrolled in Medicaid to the SCN?

**No. At this time, only Medicaid members can be referred to the SCN. Please use other resources, such as 211/311, NY Connects, a list of community organizations, etc., to help refer non-Medicaid insurance types to resources.**

7. Can I just refer all patients, including those enrolled in Medicaid, to 211 instead of the SCN?

**No, this would not be an acceptable arrangement. The SCN is separate from 211, Medicaid members will need to be referred to the SCN.**

8. Is it permissible to initially select Option 3 (connect to SCN in another agreed upon way) and later update the attestation to Option 1 (connect to SCN via referral provided to patient) as our capabilities evolve. Our organization is working toward meeting Option 1, but we may not have the capability to in time for the 3/31/25 attestation deadline. Please let us know if this flexibility is allowed and any necessary steps for the transition.

**Yes, it is acceptable to change options if you are still meeting the requirement overall. This does not require an updated attestation. The attestation should**

**reflect the process at the time you responded to the survey and updates are not needed if/when your workflow for referrals changes, as long as one of the three options is being employed.**

9. We have 5 PCMH designated sites. To attest to working with a SCN, do we have to implement the screening in all our 5 sites, or can we start with just one site?

**Each site does not need to do the same option. For example, one site can screen, and the other site(s) can provide SCN marketing materials to members. However, if there are 5 sites in a health system, the attestation needs to be completed for all 5 sites for each site to receive the enhancement. If the health system only completes the attestation for 4 sites, only those 4 sites will be eligible for the incentive enhancement.**

10. When completing the attestation, I noticed that the “Practice ID” that auto-fills on the survey does not match our NCQA ID number. Does that mean my practice information is incorrect?

**The ‘Practice ID’ on the Attestation does not correlate to the “Practice Site ID” on your NCQA file. It is utilized for internal purposes not related to your NCQA recognition. Please confirm the Practice name, Clinical Practice NPI and Zip code + 4 when evaluating for the correct information on the Attestation.**

11. Can I make changes to the attestation that I already submitted? Can you void my previous attestation?

**No, you cannot make changes to the attestation that has already been submitted and we cannot void the attestation. However, as stated in question #8, it is acceptable to change options if you are still meeting the requirement overall. This does not require an updated attestation. The attestation should reflect the process at the time you responded to the survey and updates are not needed if/when your workflow for referrals changes, as long as one of the three options is being employed.**

12. How will you be sending out retro enhanced payments and when should we expect to see them?

**All questions regarding MMC incentive payment distribution schedules, retroactive payments, and provider recognition data should be directed to the individual MMC plan(s) with which the provider contracts. A MMC directory by plan can be found on the Department's website here:**

**[https://health.ny.gov/health\\_care/managed\\_care/plans/mcp\\_dir\\_by\\_plan.htm](https://health.ny.gov/health_care/managed_care/plans/mcp_dir_by_plan.htm)**

13. If a practice has submitted an attestation and a new site receives PCMH recognition after the attestation is submitted, will we need to re attest for the new site?

**We intend to continue to update the practice list available in the Attestation Survey drop-down each month throughout the year. If a practice gains new PCMH recognition, the practice will be added to the monthly list NCQA sends us, and then added to our survey's drop down. Since the attestation is site-specific, these**

**new practices will not automatically be marked as “attested” in our system. The health system or practice site will have to complete the attestation for that site once they become PCMH-recognized to receive the incentive enhancement for that site.**

14. Can the Department advise if NYS PCMH Providers currently out-of-network are eligible for these payments if they were in-network at any point during this timeframe?

**We believe that in these scenarios, Providers are eligible for these payments for the time they were under the “in-network status” but would like to confirm that our understanding is correct.**

**If a PCP was 1) in network, 2) PCMH recognized, and 3) had plan members assigned to them for some of the year (4/1/24-3/31/25), that PCP would be eligible for PCMH payments for the time frame when they met those 3 criteria. This is true of both the \$6ppm as well as the \$2/\$4 ppm enhancement.**

15. What documentation or backup reference material will practices need to maintain related to their SCN referral workflow selection?

**We are not requiring any documentation of each practice’s workflow or referral system with their regional SCN(s). It is suggested best practice to save a documented process for this connection, the Department will rely on practice responses to the attestation survey to determine that a workflow is in place and that the practice is eligible for the PCMH enhanced per member per month payment.**

**Questions and additional information:**

- More information about the Medicaid and CHPlus PCMH incentive and enhancement can be found in the email below and at the following link: [New York State Medicaid Update - September Volume 40 - Number 11](#)
- More information on SCNs can be found at the following link: [Social Care Networks \(ny.gov\)](#)
- More information can be found on the SCN Health Care Provider page: [Information for Health Care Providers](#).
- Questions regarding the Attestation can be sent via email to: [PCMH@health.ny.gov](mailto:PCMH@health.ny.gov)
- Questions related to Social Care Networks can be sent to [NYHER@health.ny.gov](mailto:NYHER@health.ny.gov)