



HUMAN
SERVICES
DEPARTMENT



NMMS NOON ZOOM
OCTOBER 6, 2022

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Pueblo, Apache, and Diné past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil

MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

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We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

MISSION

Revolutionize primary care into InterProfessional, sustainable teams delivering high-quality, accessible, equitable health care across New Mexico through partnerships with patients, families, and communities.

VISION

By 2026, New Mexico will exemplify same-day access to high-quality, equitable primary care for all persons, families, and communities.

GOALS

Health Equity



Develop and drive investments in health equity to improve the health of New Mexicans.

Health Technology



Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for Primary Care Interprofessional Teams, patients, families, and communities.



Payment Strategies

Develop and make recommendations regarding sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.



Workforce Sustainability

Create a sustainable workforce, financial model, and budget to support our mission and secure necessary state and federal funding.

New Mexico Medicaid Primary Care Alternative Payment Models will Address

HEALTH EQUITY | WORKFORCE SUSTAINABILITY | HEALTH TECHNOLOGY

Human Services Department is partnering and collaborating with New Mexicans to provide feedback and provide technical assistance. Our aim is to provide High Quality, Equitable Primary Care to all New Mexicans.

Benefits for Patients & Families

- Increased health equity
- Increased access
- Better health care quality
- Whole-person, team-based care
- Integrated Behavioral Health, Dental, & Vision
- Connection to Social Services & Community
- Reduced health care costs

Benefits for Clinicians & Providers

- Sustainable workforce & improve workplace wellness
- Payment for care of patients
- Increased flexibility and administrative efficiency
- Team-based care approach
- Increased patient care time
- Sustainable financial models
- Improved technology resources

Benefits for Communities

- Increased public and population health focus
- Relationships between social services, providers, and community members
- Improved health outcomes

Benefits for Payors

- Ability to measure health outcomes
- Payment for quality and health outcomes
- Reduction in hospital utilization
- Incentives for efficient use of health care dollars




New Mexico Primary Care Alternative Payment Model

Health Management Associates, Inc.

Thursday, October 6, 2022



Agenda

- I. HMA Team Introductions
 - II. Vision and Approach for APM Development
 - III. Timeline
 - IV. Primary Care APM Development
 - V. Primary Care Clinician and Provider Transformation Collaborative
 - VI. Work to Date
 - VII. Discussion
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HMA Team Introductions



Gaurav Nagrath



Kyle Edrington



Chris Dickerson



Margot Swift



Craig Schneider

Vision & Approach

Vision

HMA is supporting the development of VBP structures that appropriately incentivize and reward desired performance in the delivery of primary care benefits.

Approach

- Design, test, and evaluate a new primary care alternative payment model (APM) for the New Mexico Medicaid program
- Design, facilitate, and evaluate a Primary Care Clinician & Provider Transformation Collaborative

Vision & Approach – Key Pillars

Improve healthcare quality and health status of New Mexicans

Support team-based care (with a model that allows flexibility and is tied to quality)

Use Medicaid market influence to drive reform

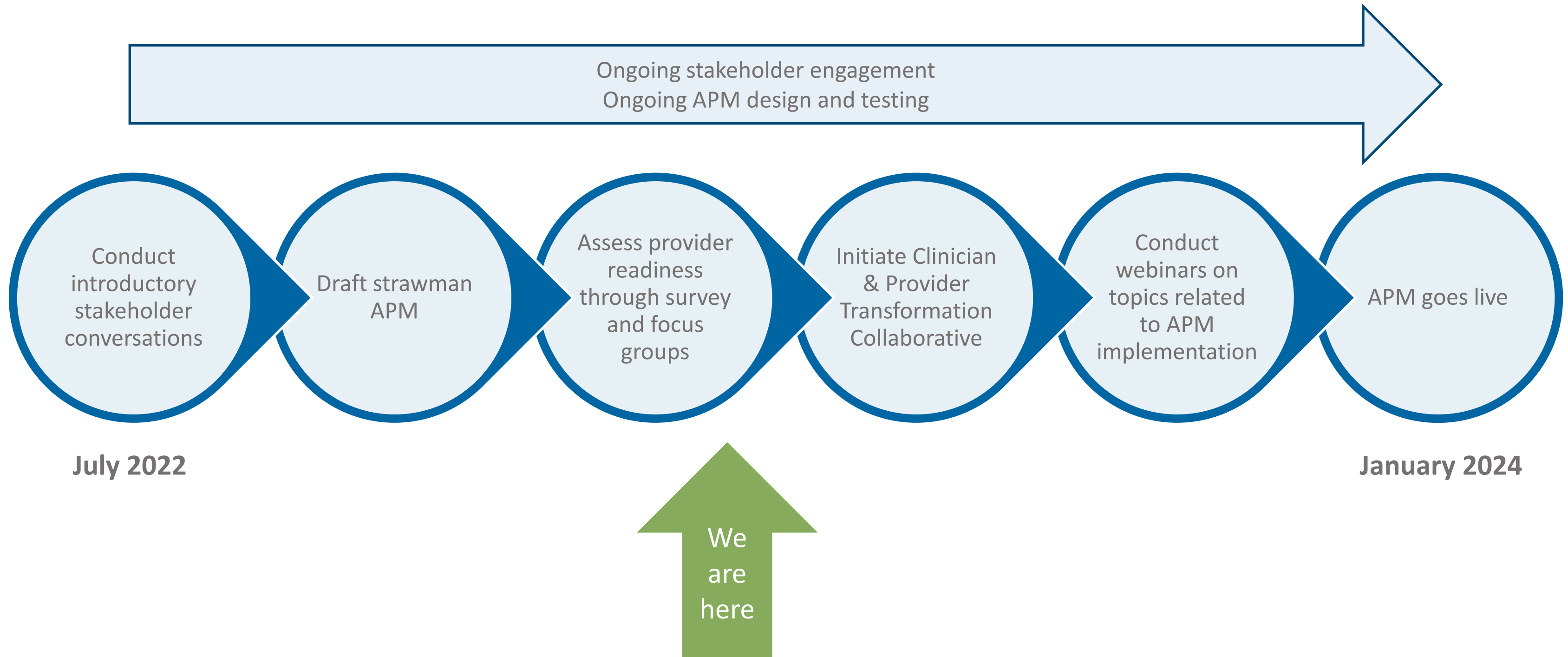
Collaborate with MCOs to drive innovation

Reduce provider burden and strengthen workforce

Learn from and leverage Medicare and other states' VBP efforts

Leverage information sharing and HIE to connect providers

Timeline



Design, test, and evaluate a new primary care APM

Approach: Design, test, and evaluate a new primary care APM aligned with the Health Care Payment Learning and Action Network (LAN) [APM framework](#) that is customized to New Mexico's needs.

- Apply knowledge and experience from other states to address New Mexico's unique challenges
- Develop an APM contracting method that allows system to achieve LAN Category 4
- Test and evaluate APMs for efficacy and outcomes prior to start date of new MCO contracts
- Collaborate with HSD's actuary regarding MCO capitation rates for primary care
- Recommend regulations and legislation to support APM implementation and multi-payer alignment

Approach to Ensuring APM Success

Using this approach, New Mexico's APM will be:



Data informed



Fiscally sound



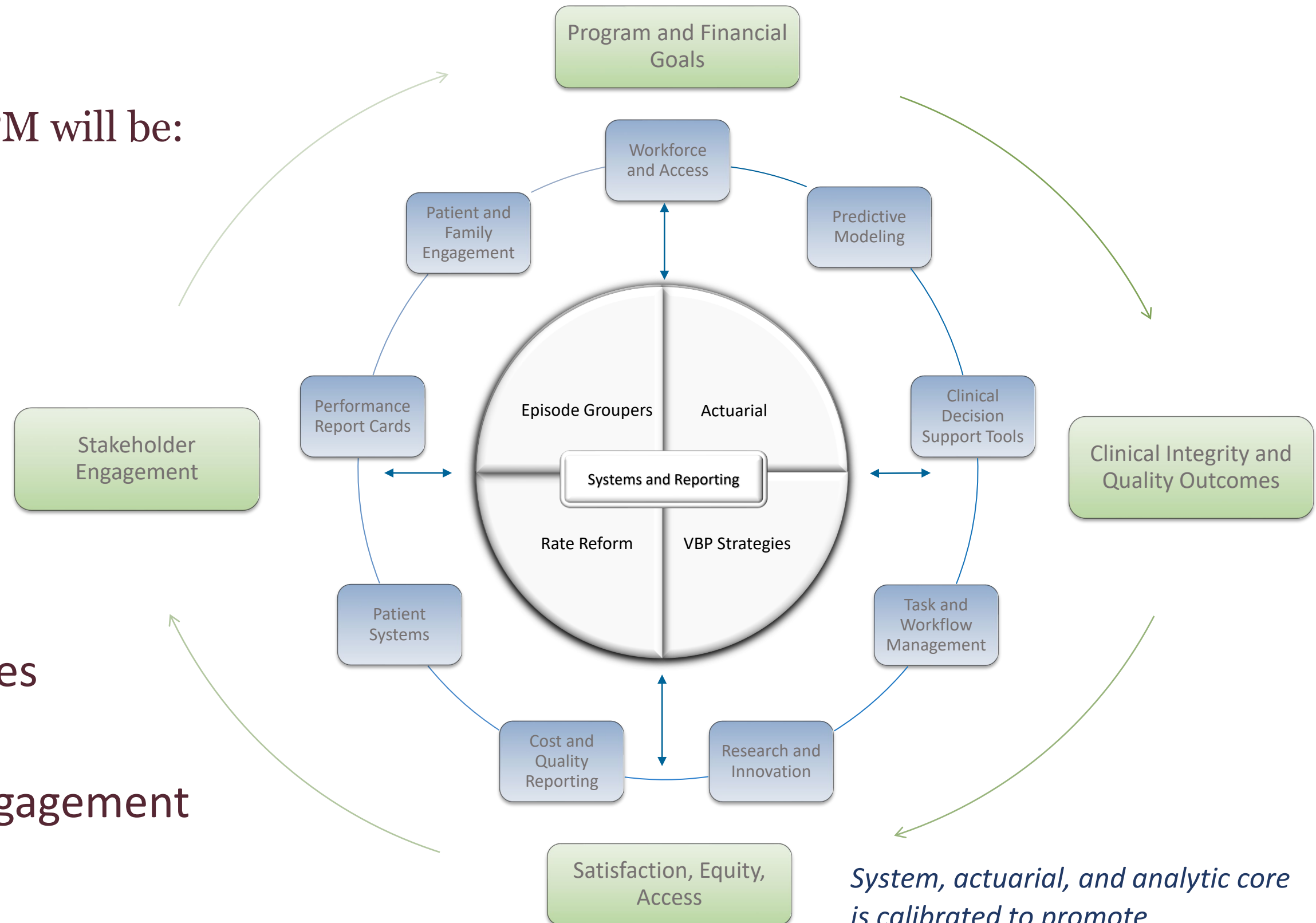
Clinically relevant



Grounded in equity principles



Informed by community engagement



System, actuarial, and analytic core is calibrated to promote functionality and sustainability

Potential Challenges of APM Development and Implementation

Based on [findings from GAO](#) that identified challenges faced by small and rural physician practices when participating in Medicare's new payment models

- Provider skepticism
- Existing care models don't always support value-based care
- Population health management care delivery challenges
- Limited analytical/IT expertise in primary care practices
- Burdens of quality and efficiency performance measurement reporting
- Effects of alternative payment model participation and managing compliance with requirements

Design, facilitate, and evaluate a Primary Care Clinician & Provider Transformation Collaborative

Approach: Facilitate a primary care transformation learning collaborative that addresses the needs of diverse stakeholders in New Mexico. Conduct a survey, focus groups, and individual conversations to assess stakeholder needs and identify potential barriers and challenges to APM implementation.

- Build relationships with stakeholders and hold quarterly conversations
- Establish and facilitate a Primary Care Clinician & Provider Transformation Collaborative to engage clinicians and encourage buy-in
- Identify best and promising practices for successful APM adoption
- Gather information from providers (e.g., survey, focus groups) to develop a provider readiness report
- Support providers through webinars and targeted technical assistance

Clinician & Provider Transformation Collaborative

Purpose

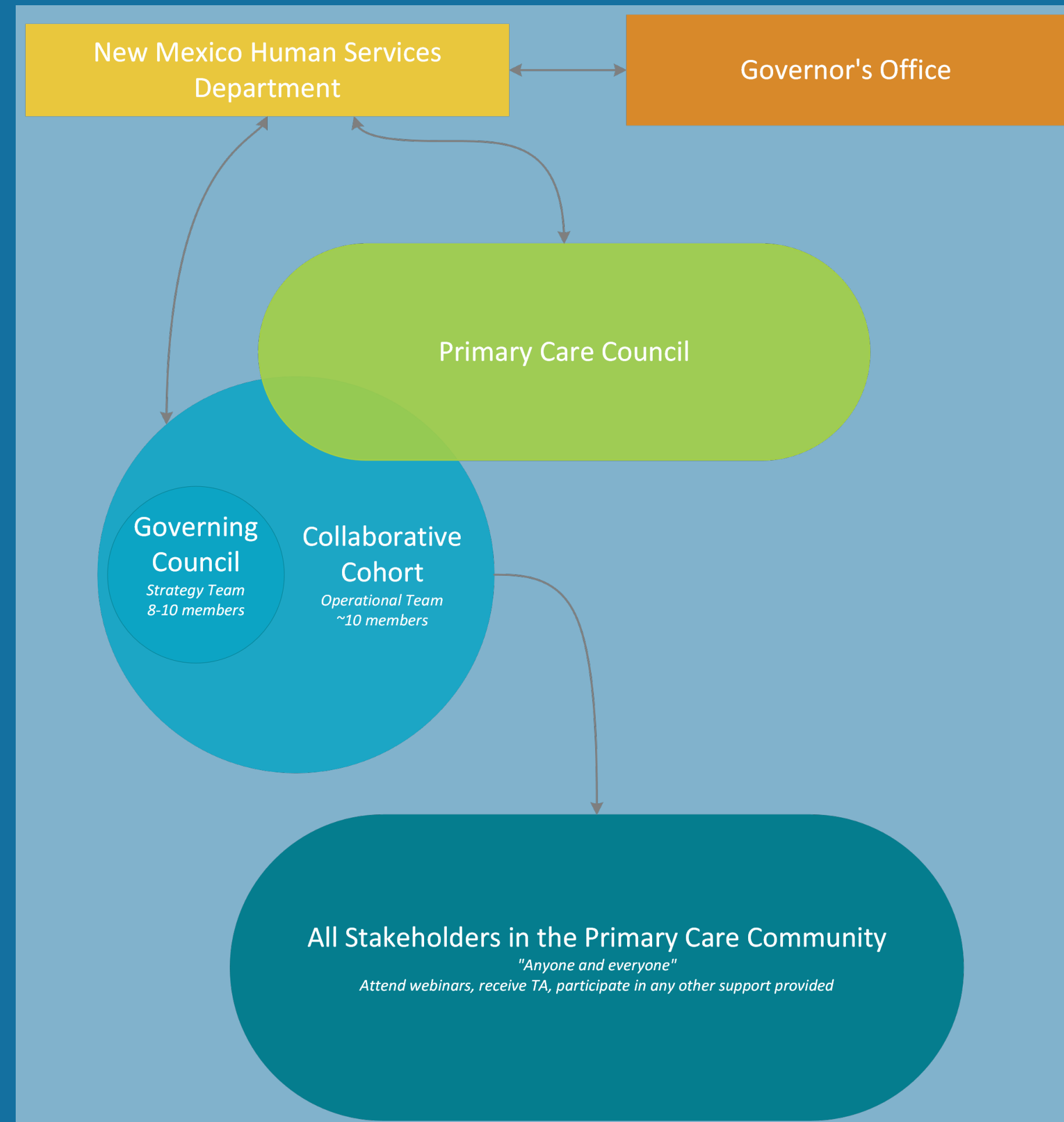
- Convene key stakeholders to provide feedback on APM planning and implementation, convey key messages to their networks, and support technical assistance and education related to APM implementation

Membership

- Primary care clinicians and representatives from primary care provider associations, other providers, policymakers, advocates, and MCOs.

Organizational Structure

- A Governing Council (strategy) Collaborative Cohort (operations)



Provider Readiness Assessment and Technical Assistance



Work To Date



Provider Readiness Assessment: Provider readiness survey closed on 9/30/22. 63 responses were received.

Next Steps: Use survey data to prepare for focus groups. Conduct four focus groups in late October – small/medium practices, hospitals, FQHCs, and interprofessional teams (behavioral health, dental, vision, and pharmacy).



Transformation Collaborative: Currently finalizing Governing Council and Collaborative Cohort membership.

Next Steps: Conduct first TC Governing Council meeting in mid-October and work with the group to finalize TC purpose and objectives. Conduct ongoing monthly meetings and provide six monthly webinars beginning in January.



Additional Stakeholder Engagement: Meeting with the PCC Payment Strategies and Health Data Equity Workgroups monthly. Have conducted discussions with the NM Medicaid leads, the PCC, and NATAC, and stakeholder engagements will be ongoing.

Next Steps: Present and facilitate discussion at SYNCRONYS user webinar on 10/18.



APM Design: Met with State, provider, and actuarial rate development teams to identify information available to support APM development and New Mexico-specific opportunities and limitations in APM design options. NM Medicaid managed care encounters and FFS data have been received and summarized by HMA.

Next Steps: Review data for gaps in care to inform quality metrics and baseline provider performance.

Discussion

1. Does your organization understand your patient population with the granularity required for managing risk? Do you have the capability to segment and risk-stratify your patients to enable proactive person-level healthcare management and risk mitigation?
2. Is complex care management adequately structured to leverage technology, including consistent workflow and communication?
3. Do clinical leaders have sufficient data to prompt practice redesign and drive value-based contract performance conversations with front-line clinicians?
4. What is your understanding of episode-based payment? What priority would you give to episode-based payment in APM design? What concerns do you have about episode-based payment?
5. What are your thoughts about incentives and risk pools and their implications for cost management?
6. How can we support you in communicating the primary care APM to your colleagues and constituencies?
7. What else would you like our team and HSD to know as we develop and implement the payment model?



Thank You

We look forward to working with you!

Contact Us



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