NEW MEXICO PRIMARY CARE COUNCIL MEETING
AUGUST 19, 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.

We communicate EFFECTIVELY

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

We make access EASIER

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

We support EACH OTHER

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

NEW MEXICO PRIMARY CARE COUNCIL

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.

Payment Strategies

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

Workforce Sustainability

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

DEFINITON OF HIGH-QUALITY PRIMARY CARE

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable healthcare by inter-professional teams and community partners who are accountable for addressing the majority of individuals' health and well-being across settings and through sustained relationships with patients, families, and communities.

Adapted from the National Academies' of Science, Engineering, and Medicine definition of Primary Care.

Time	Agenda Item	Facilitator(s)	Desired Outcome
9:00	Welcome	Elisa	Frame meeting and objectives, review agenda, and establish quorum.
9:05	Opening Remarks	Jen	
9:15	Primary Care Council Housekeeping	Elisa	Update members on Council activities and developments.
9:30	SFY24 Budget Request	Elisa	Review status of budget request and timeline.
9:35	Primary Care APM Development 9:35 – 9:55: Introductions and Overview 9:55 – 10:05: APM Development Overview 10:05 – 10:40: Breakout session 10:40 – 10:55: PC Transformation Clinician Collaborative and Provider Readiness Survey 10:55 – 11:30: Breakout Session 11:30 – 11:45: Work-to-date, timeline, and wrap-up	Elisa & HMA	Deep dive of Primary Care Alternative Payment model design and transformation collaborative. Breakout sessions for PCC member discussion. Solicit feedback.
11:45	Closing Remarks	Jen & Council Members	
12:00	*Adjourn*		

NORMS FOR TODAY'S MEETING

- Listen actively and speak respectfully to and about others.
- Take space, make space.
- If you wonder, ask.
- Take breaks when needed.
- Raise your hand using zoom to make a comment/ask a question.
- During discussion, engage in popcorn style facilitation and call on the next speaker when hand is up.
- **Revolutionize, revolutionize, revolutionize!**

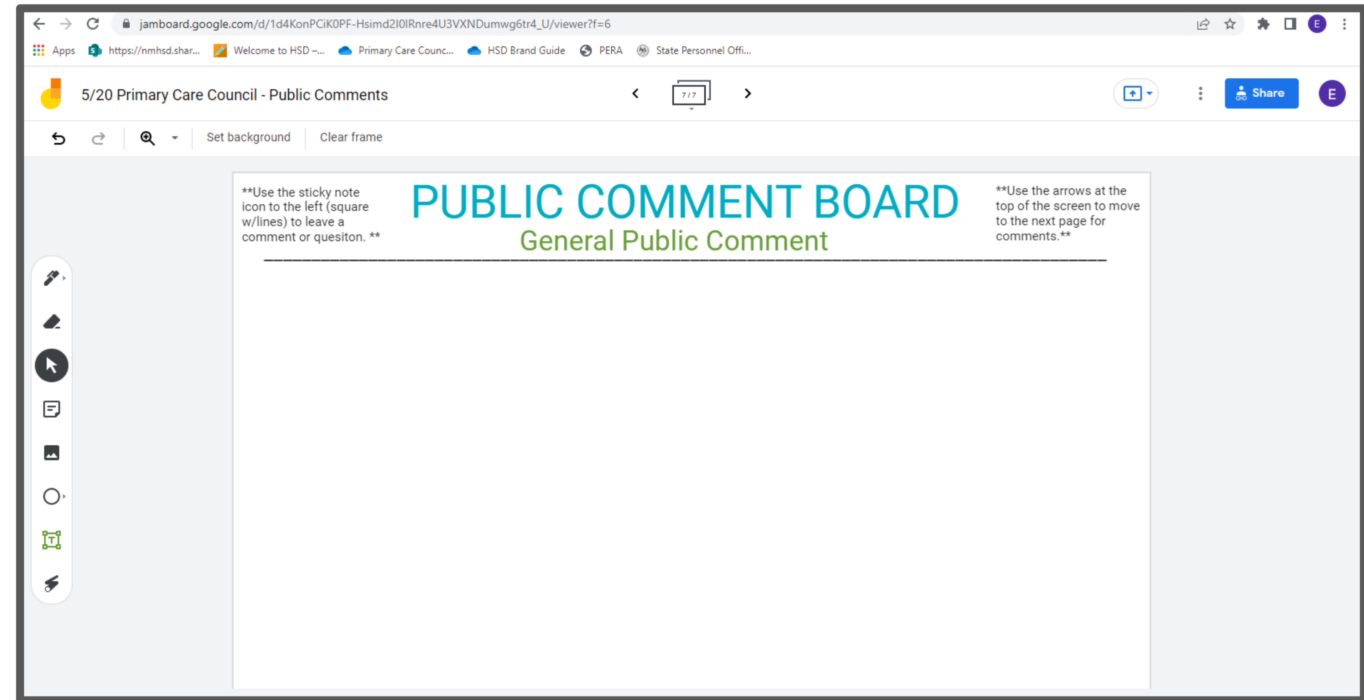
Raincloud Medicine, Rebecca Lee Kunz

Source: Tree of Life Studio

WE WANT TO HEAR FROM YOU

PCC Members:

- Comments will be taken on Jamboard. Link has been emailed to you.
- Please provide your availability for the next quarterly meeting using Rally Poll for November Meeting



Community Members:

- Comments will be taken on Jamboard.
- Link has been shared in the Zoom chat.

OPENING COMMENTS

Jen Phillips, M.D.
PCC Chair

COUNCIL UPDATES

Welcome New Advisory Members!

Keenan Ryan, PharmD, Ph.C.
Pharmacist, UNM Health Sciences

Susan L. Lewis, MD, MBA
Chief Medical Director, Western Sky Community Care

Pamela Blackwell
Director, Government Relations & Communications, New Mexico Hospital Association

COUNCIL UPDATES

Welcome New Community Partners!

Dan Otero, DBA
Chief Executive Officer,
Hidalgo Medical Services

Jessica Osenbrügge
Community Initiatives Manager
– Health & Nutrition
Roadrunner Food Bank

Fond Farewell

Gretchen Ray, PharmD
Assoc. Professor,
UNM College of Pharmacy

KUDOS

Congratulations to **Kathy Fresquez-Chavez** on being awarded the prestigious American Association of Nurse Practitioners® (AANP) **NP State Award for Excellence!** This award is given to an individual NP in each state who has demonstrated excellence in clinical practice and has shown efforts to advance the image, profile and visibility of NPs at the state level.

WE WANT TO HEAR FROM YOU!!

The State is interested in hearing feedback from the Council on Virtual Primary Care. We'd like to convene a meeting to discuss:

- Virtual Primary Care vs. In-person Primary Care
- Patient experience
- Outcome data
- Potential for Virtual Primary Care in NM

Type your name in the chat now if you'd like to join in on this discussion.

Thank you!!

Primary Care Council Annual Strategic Planning Cycle

HUMAN SERVICES DEPARTMENT

JAN-MAR

- Legislative Session
- Review enacted legislation and revise Strategic Plan, if needed

APR

- Solicit stakeholders for feedback on mission, goals, and strategic priorities

MAY

- Revise mission and goals, if needed
- PCC leaders propose new initiatives (e.g., "Pitches for the People)

JUN

- Interim legislative hearings begins
- Evaluate strategic priorities based on stakeholder feedback
- Determine strategic priorities

Ongoing: PCC quarterly and workgroup meetings, strategic plan implementation, monitoring and updates, performance measure monitoring and evaluation.

JUL

- Revisit PCC strategic plan considering newly identified strategic priorities

AUG

- HSD submits budget request, strategic plan, and legislative requests
- HSD determines Special nonrecurring, Deficiency, and Supplemental Requests

SEP-NOV

- Create PCC budget request factsheets
- HSD submits Special nonrecurring, Deficiency, and Supplemental Requests

DEC

- HSD presents budget request to Legislative Finance Committee

HSD STRATEGIES TO ADVANCE PC

Strategy	HB 67 Duty	Goal	Benefit to New Mexicans	Budget Request Update
PC APM Continuation	Duty 1, 2, 3, 4, 5	Goal 2: Payment Strategies	Continued evaluation and modifications for the new primary care alternative payment model(s) (APMs) for the NM Medicaid program in consultation with HSD, DOH and stakeholders.	HSD included these initiatives in its FY24 budget request, which will be reviewed by the Governor's Office this fall.
Provider Transformation Collaborative	Duty 1, 2, 3, 4, 5	Goal 3: Payment Strategies; Goal 4: Workforce Sustainability	Provide primary care practitioners supports related to NM Medicaid APM implementation through a primary care transformation clinician collaborative.	
PC Alternative Payment Model (APM) Data Intermediary	Duty 4, 5	Goal 2: Payment Strategies; Goal 3: Health IT	Intermediary track data stemming from the PC APM implementation, conduct analytics, and disseminate results to providers and payors. Similar to current efforts MAD doing for NF and hospitals.	
Closed-loop patient-provider referral system	Duty 5	Goal 2: Payment Strategies; Goal 3: Health IT; Goal 4 Workforce Sustainability	Building community and healthcare connections in NM, the referral system would be an online, real-time platform connecting providers and patients to other health and social supports, and also allow for outcome tracking.	

New Mexico Primary Care Alternative Payment Model

Health Management Associates, Inc.

Friday, August 19, 2022

Agenda

I. **HMA Team Introductions**

II. **Vision and Approach for HMA's Engagement**

III. **APM Development**
   - **Overview of APM development process and considerations**
   - **Breakout room discussions**

IV. **Primary Care Clinician & Provider Transformation Collaborative**
   - **Overview of stakeholder engagement strategy, Transformation Collaborative purpose and suggested membership, and provider readiness survey**
   - **Breakout room discussions**

V. **Work to Date, Timeline, and Wrap Up**

HMA Core Team Introductions

Gaurav Nagrath

Craig Schneider

Kyle Edrington

Chris Dickerson

Margot Swift

Vision & Approach

Vision

HMA will support the development of VBP structures which 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 the allows flexibility and is tied to quality)
- Use Medicaid market power to drive reform
- Collaborate with MCOs to drive innovation
- Reduce provider burden and strengthen workforce
- Learn from and leverage Medicare VBP efforts
- Leverage information sharing and HIE to connect providers

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 and customized to New Mexico's needs.

- Apply knowledge and experience from other states to address New Mexico's unique challenges
- Select an APM contracting method, ideally at the LAN Category 4 level
- 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

Program and Financial Goals

Clinical Integrity and Quality Outcomes

Satisfaction, Equity, Access

Stakeholder Engagement

Workforce and Access

Predictive Modeling

Clinical Decision Support Tools

Task and Workflow Management

Research and Innovation

Cost and Quality Reporting

Patient Systems

Performance Report Cards

Patient and Family Engagement

Episode Groupers

Actuarial

Systems and Reporting

Rate Reform

VBP Strategies

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

Breakout Room Discussions

In each breakout room, document the discussion on your Jamboards.

01 Do providers participate in any broader state VBP efforts with established metrics (e.g., Medicare Advantage, MIPS, or Innovation Center models) that could be leveraged to develop the APM, to reduce provider burden? If so, have there been any lessons learned?

02 Mandatory APMs may lower the risk for adverse selection in the provider participation pool. What are your initial reactions to creating a statewide mandatory APM? If this causes concern, please provide reasoning.

03 Are there any specific services or diseases/conditions (e.g., asthma, COPD, diabetes, maternity outcomes) you are interested in working towards improving? This could be due to poor cost controls, poor outcomes, or a combination thereof.

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, documents, analytic reports, and implementation issues; and to provide technical assistance, education, and supports related to APM implementation.

Proposed Membership

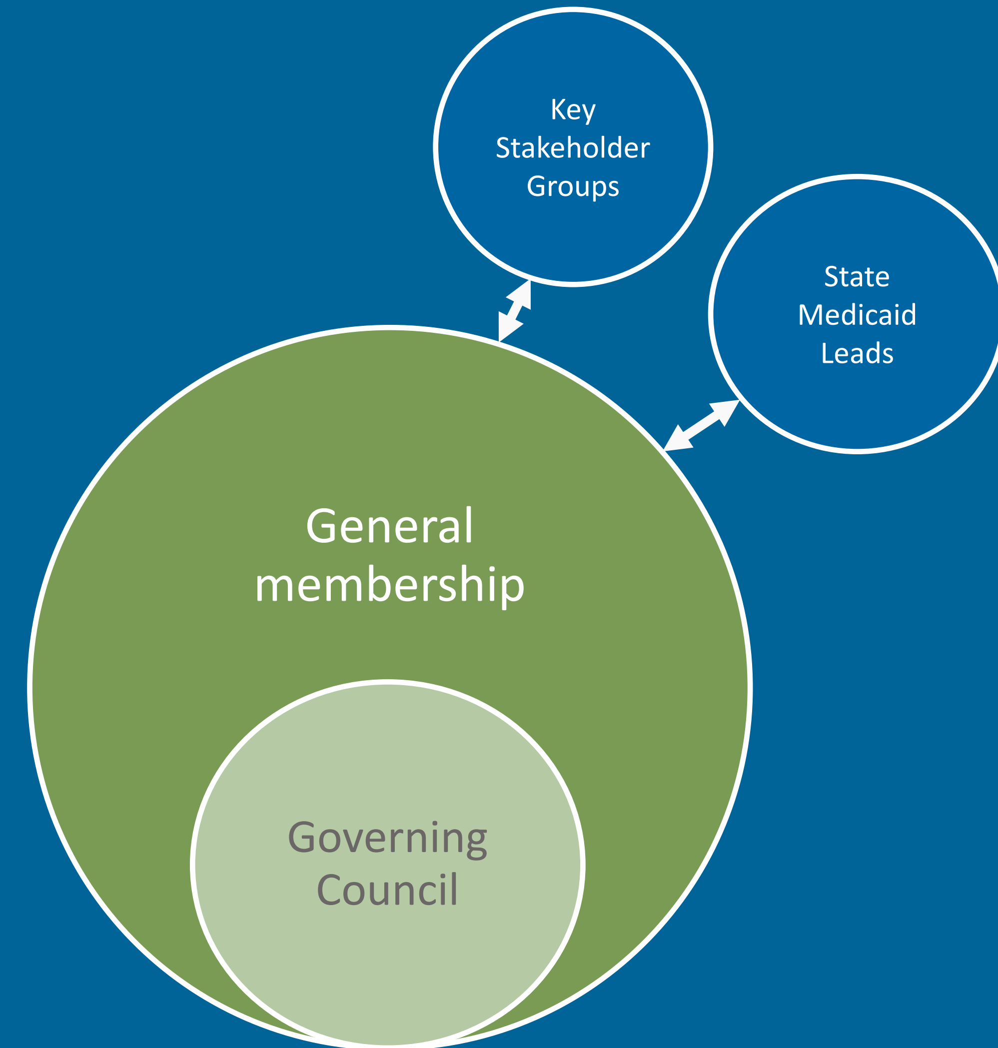
- Primary care clinicians and representatives from primary care provider associations, other providers, policymakers, advocates, and MCOs.

Proposed Organizational Structure

- A Governing Council and a broader general membership.

Call to Action

- Can we count on you to volunteer for the Governing Council or general membership?



Provider Readiness Survey

Purpose

- Baseline analysis to determine areas of strength that can help propel the adoption of APMs and to identify potential barriers to success.
- Inform technical assistance to support organizations in overcoming barriers prior to APM implementation.

Process and Timeline

- Survey launch (link sent via email): Tuesday, September 6th
- Survey close: Friday, September 23rd
- Designed to be completed as a team, which encourages exploring APM readiness collectively and reduces the likelihood of answers being based on a single person's perceptions.

Calls to Action

- Can we count on you to complete the survey?
- Does your network or organization already have similar data that could be shared with us?

Survey Themes

- Board, Leadership, and Strategic Readiness
- Health Information Technology and Health Information Exchange Readiness
- Care Delivery
- Partnership Readiness
- Financial/Operational Readiness
- Areas of Concern in APM Preparation

Breakout Room Discussions

In each breakout room, document the discussion on your Jamboards.

01 **Survey**: How should we gather information about integrating dental/oral health with primary care? Are you aware of any best/promising practices?

02 **Survey**: How should we gather information about the costs of connecting to the HIE and ongoing maintenance? Have you heard this is a problem for some practices/health centers?

03 **Transformation Collaborative**: What feedback would you like to share about the proposed purpose, structure, and membership of the Governing Council and the Collaborative general membership?

Work To Date

Provider Survey

Provider survey to inform the provider readiness assessment has been drafted and is undergoing review.

Stakeholder Engagement

Initial round of stakeholder engagement to seek feedback about the approach to APM development and implementation, and to gather health/well-being outcomes the APM should address, has been completed.

Transformation Collaborative

Strawman model of the Collaborative, including purpose, objectives, and proposed membership has been drafted. Feedback from Primary Care Council will inform the final Collaborative model.

New Mexico Medicaid Design

Met with State, provider, and actuarial rate development teams to identify data available to support APM development and New Mexico-specific opportunities and limitations in APM design options.

Timeline

	2022						2023					
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Design, test, and evaluate a new primary care APM												
Design an APM aligned with HCP LAN; track options and decisions regarding APM parameters												
Test and evaluate APM, including Databook, gaps in care, and scenario modeling			●			●			●			
Design and facilitate a Transformation Collaborative												
Conduct quarterly conversations with major stakeholder groups		★			★			★			★	
Develop Transformation Collaborative charter, membership list, agendas, and schedule		●										
Hold monthly Collaborative meetings				★	★	★	★	★	★	★	★	★
Identify best and promising practices for APM implementation; compile into provider toolkit		●	●	●	●	●	●	●	●	●	●	●
Develop evaluation tool to assess technical assistance and the overall APM program			●									
Create and administer provider survey to inform technical assistance and APM development			●									
Hold provider focus groups to obtain additional detail beyond the survey		★	★★	★								
Draft provider readiness report based on survey, focus groups, and other stakeholder input					●							
Conduct webinars, with curriculum based on survey, focus groups, and stakeholder input							★	★	★	★	★	★
Submit memoranda with budget (Mar) and implementation recommendations for Medicaid									●			●
Submit memoranda with budget and implementation recommendations for multi-payer									●			●

Thank You

We look forward to working with you!

Contact Us

gnagrath@healthmanagement.com

NOVEMBER MEETING PROPOSED AGENDA

- Primary Care APM Development Update
- 2023 Primary Care Council Strategic Plan Development
- Promoting Provider Wellness

CLOSING COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX TABLE OF CONTENTS

- Specified Duties of House Bill 67
- PCC Payment Strategy Logic Models
- NM PC Payment Model Principles
- Core Features of NM PC Payment Model
- What is Per Member Per Month (PMPM)

1. Develop shared description of primary care practitioners & services
2. Analyze proportion of health care delivery expenditures allocated to primary care statewide
3. Review national and state models of primary care investment
4. Review New Mexico state and county data barriers to accessing primary care services faced by New Mexicans
5. Recommend policies, regulations
6. Coordinate efforts with the graduate medical education expansion review board to address primary care workforce shortages
7. Report annually to Legislative Finance Committee & Legislative Health and Human Services Committee
8. Develop a 5 year plan to investing in primary care to increase access, improve quality, address provider shortages, lower health care costs

NM PCC PAYMENT STRATEGY LOGIC MODELS

LOGIC MODEL: ALTERNATIVE PAYMENT MODEL

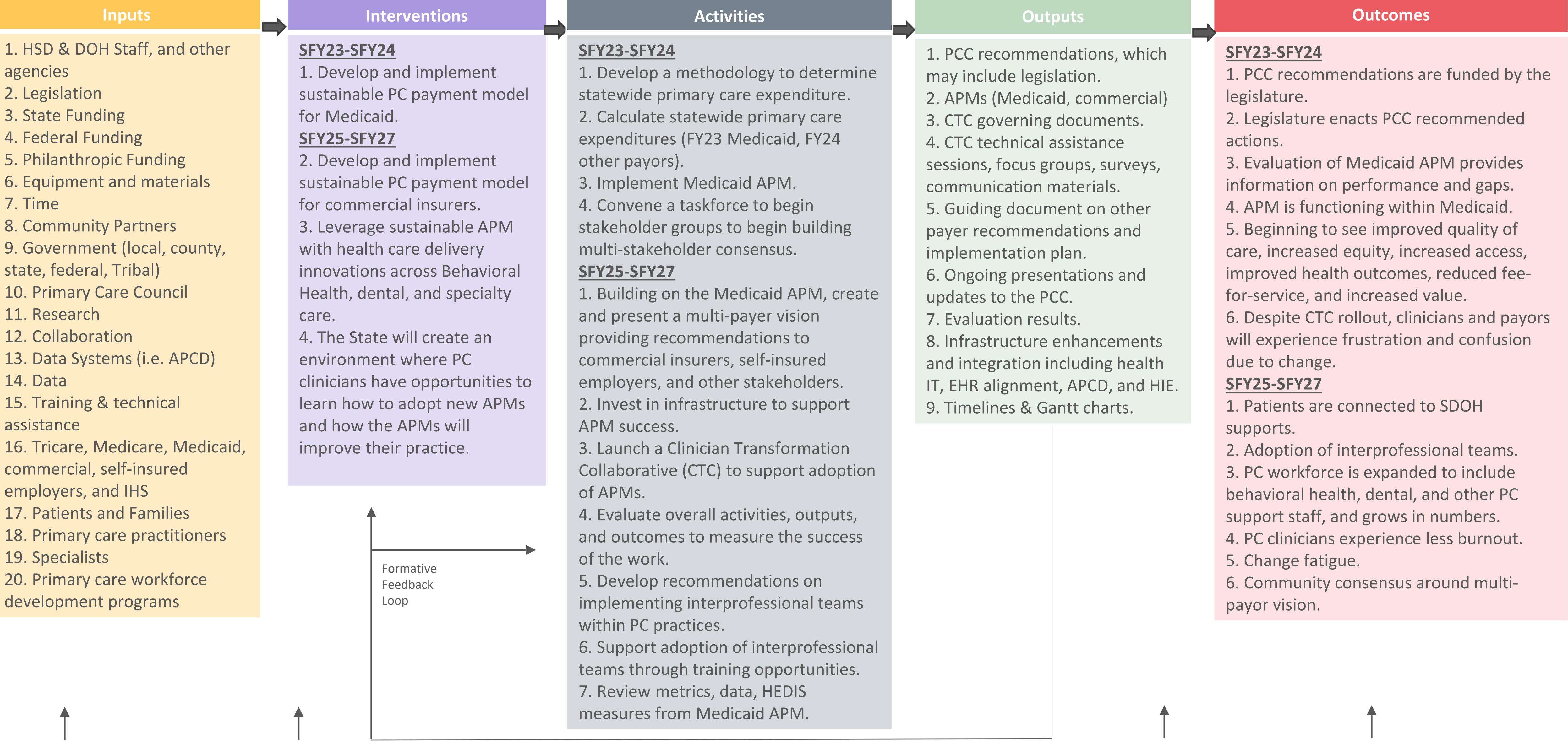
GOAL 2: Develop and recommend sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.

Current State	Future State (Long-term Outcomes)
1. Primary Care (PC) practices are part of larger health care systems organized around administrative and reporting requirements, compensation based on relative value unit productivity, and pay-for-performance metrics. In 2016, practice revenue from fee-for-service in the US was 83.6. Also, across the US, more than 35% of patient visits are to PC physicians, yet PC receives only 5% of all health care related spending. 2. Financing health care is complex and PC practices receive revenue from multiple sources including public payers, commercial insurers, self-insured employers, and directly from patients. 3. There is a shortage of PC practitioners across all specialties and practices are not organized under an interprofessional team model and are not meaningfully connected to SDOH support organizations. 4. Current models have systemic structural inequities causing mistrust, lack of access, and increased health disparities. 5. For routine use in PC, technology has not fundamentally expanded beyond electronic health records, registration systems, and patient portals created two decades ago. 6. Technology is a leading cause of clinician burnout due to lack of interoperability between systems, poor system design, and amount of time spent with technology vs. patient time.	1. High quality and equitable primary care is available to all New Mexicans. 2. Primary Care (PC) pays prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations 3. PC is risk-adjusted for medical and social complexity. 4. PC allows for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology. 5. PC aligns with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams. 6. PC incorporates population and public health focus to promote health equity. 7. PC Integrates behavioral health. 8. PC addresses unique challenges in provision of care to children. 9. PC incorporates regional assets and resources. 10. Interprofessional Care Teams are supporting patients with whole-person care. 11. Other payers adopt APMs. 12. Close alignment in models with commercial payers and Medicaid 13. Empowered patients and families become partners in healthcare transformation. 14. Digital health makes it easier for people to receive and clinicians to know how to deliver the right care at the right time, while also supporting relationships between individuals, families, clinicians, and communities. 15. Reduced administrative burden to allow for more patient time and reduce clinician burnout.

Reference: National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

LOGIC MODEL: ALTERNATIVE PAYMENT MODEL (MULTI-PAYER)

GOAL 2: Develop and recommend sustainable payment models and strategies to achieve high quality and equitable primary care for all New Mexicans.



Assumptions: Primary Care APM will address health inequities; providers buy-in to new APM; integrated teams will form; data integration for quality measures will be implemented; model design and testing will be completed; clinicians will attend learning opportunities; implementation efforts will be successful; socialization efforts will be successful; and commercial insurers will adopt new APMs.

External Factors: Competing interests, potential change in administration, objectors, time constraints, federal CMS approval.

LOGIC MODEL: ALTERNATIVE PAYMENT MODEL (MEDICAID)

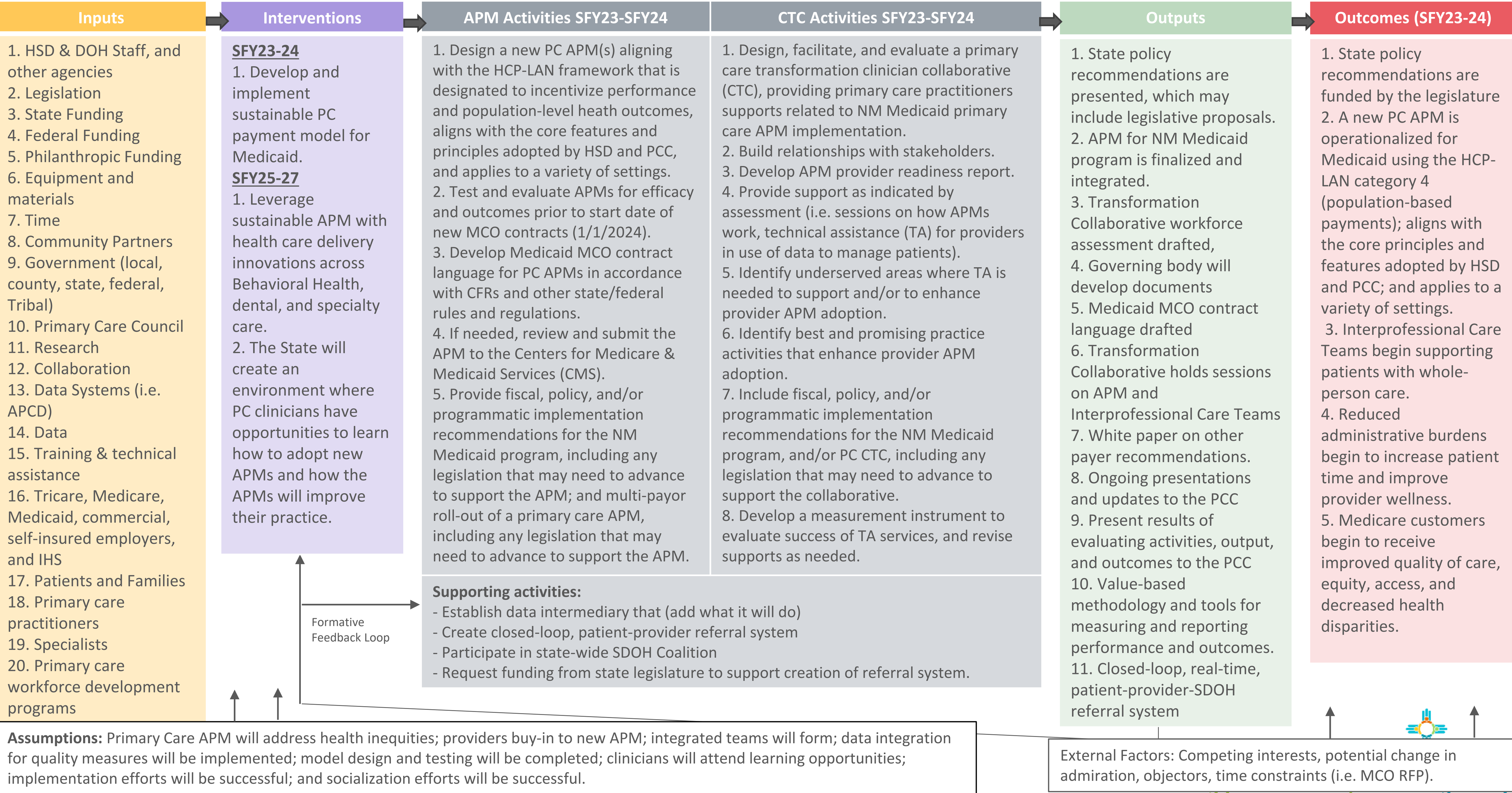
GOAL 2, Objective 2: Implement Medicaid investment and payment strategies aligned with NM PCC Mission and Vision.

Current State	Future State (Long-term Outcomes)
1. As of June 2022, Medicaid and CHIP served 1,099,278 New Mexicans (52% of the population). NM has the highest percentage of people on Medicaid in the US. 2. High-quality and equitable Primary Care (PC) is not available to Medicaid customers. 3. NM Medicaid Primary Care is primarily reimbursed through managed care and is not linked to quality outcomes. 4. NM Medicaid does not pay prospectively for interprofessional, integrated, team-based care; 5. Is not risk adjusted for medical and social complexity; 6. Does not allow for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology; 7. Does not align with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams; 8. Does not incorporate population and public health focus to promote health equity; 9. Does not integrate primary care behavioral health; 10. Does not address unique challenges in provision of care to children; 11. Does not incorporate regional assets and resources; 12. Does not have a multi-payor vision; 13. Does not fully empower patients and families to be partners in health care transformation. 14. Medicaid PC payment models have systemic structural inequities causing mistrust, lack of access, and increased health disparities. 15. For routine use in PC, technology has not fundamentally expanded beyond electronic health records, registration systems, and patient portals created two decades ago. 16. Technology is a leading cause of clinician burnout (add more details). 17. More information is needed about the extent to which providers have connected their EHRs to the HIE in New Mexico. 18. Need to understand more about what percentage of Tribal clinics are fee for service.	1. High-quality and equitable Primary Care is available to Medicaid customers. 2. NM Medicaid pays prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations; 3. Is risk-adjusted for medical and social complexity; 4. Allows for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology; 5. Aligns with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams; 6. Incorporates population and public health focus to promote health equity; 7. Integrates primary care behavioral health; 8. Addresses unique challenges in provision of care to children; 9. Incorporates regional assets and resources; 10. Multi-payor, multi-stakeholder vision; 11. Empowering patients and families to be partners in health care transformation.

Reference: National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

LOGIC MODEL: NEW MEXICO MEDICAID ALTERNATIVE PAYMENT MODEL

GOAL 2, Objective 2: Implement Medicaid investment and payment strategies aligned with NM PCC Mission and Vision.



NM PC ALTERNATIVE PAYMENT MODEL PRINCIPLES
&
CORE FEATURES

NM PC PAYMENT MODEL PRINCIPLES

NASEM PC PAYMENT MODEL PRINCIPLES

1. Pays prospectively for interprofessional, integrated, team-based care, including incentives for incorporating non-clinician team members and for partnerships with community-based organizations.
2. Is risk-adjusted for medical and social complexity.
3. Allows for investment in team development, practice transformation resources, and infrastructure to design, use, and maintain necessary digital technology;
4. Aligns with incentives for measuring and improving quality outcomes for patient populations assigned to interprofessional care teams.

ADDITIONAL PRINCIPLES FOR CONSIDERATION

5. Incorporates population and public health focus to promote health equity.
6. Integrates primary care behavioral health*.
7. Addresses unique challenges in provision of care to children.
8. Incorporates regional assets and resources.
9. Multi-payor, multi-stakeholder vision.
10. Empowering patients and families to be partners in healthcare transformation.

CORE FEATURES OF NM PC PAYMENT MODEL

1. Model is continuum of common parameters used across spectrum of APMs (as defined by HCP LAN) to incentivize performance.
2. PCPs who participate in APMs defined, drawn from NM PCC recommendations.
3. PC APMs support providers' adoption of models that build core competencies for whole-person, developmentally appropriate care, as recommended by NM PCC, including:
   - continuity of care
   - comprehensive care
   - team-based care
   - family-centered care & family-team partnership
   - care coordination
   - prompt access to care and services
   - quality and safety
   - data-driven improvement
   - health equity
   - primary care behavioral health

HCP-LAN = Health Care Payment Learning & Action Network

CORE FEATURES OF NM PC PAYMENT MODEL

4. When PC APMs include shared savings/risk or capitation, services included in APM include PC with options to include broader array of services to maximize opportunities for providers to share in savings.

5. In provision of care for children, shared savings may be difficult model; payers should consider investments to high-functioning practices, through enhanced rates or performance incentives.

CORE FEATURES OF NM PC PAYMENT MODEL

6. PROVIDE PRACTICE SUPPORTS TO FACILITATE APM IMPLEMENTATION:

6a. Technical assistance and educational support, including:

- Assessment of provider APM readiness, including what providers need to do to participate in APM.
- Provide support as indicated by assessment, including but not limited to:
  - Sessions on how APMs work, including discussion of financial model (e.g. potential shared savings of risk, and what providers might have to do to achieve savings, or avoid risk).
  - Support for providers in use of data to manage patients (e.g. how to read reports, interpret data, and turn it into action).

6b. Timely, high-quality cost and quality performance data compared to budget benchmarks and to other PC providers by market/region, network, state, including detailed calculations for any shared savings payments or financial liability.

CORE FEATURES OF NM PC PAYMENT MODEL

7. APMS INCLUDE QUALITY MEASURES FROM ALIGNED MEASURES SET FOR PC.

- Defined number of adult measures as well as defined number of pediatric measures.
- Payers and providers choose which measure to report on, depending on populations served and practice focus areas.
- For selected measures, payers use consistent measure definitions and specifications to minimize provider burden.
- Quality measures reviewed and published annually by multi-stakeholder group.
- Providers incentivized to stratify quality measure results by race/ethnicity, sexual orientation, and gender identity, disability status.

CORE FEATURES OF NM PC PAYMENT MODEL

8. WHEN PATIENT ATTRIBUTION IS USED IN APMS, PAYERS AND PROVIDERS ADHERE TO FOLLOWING PRACTICES:

- Payers use claims/encounter-based approach when patient attestation unavailable.
- Payers provide transparency to practices about patient attribution approach used.
- Payers provide prospective notification of patients included in APMs to practices; reattribute patients [frequency TBD], with timely communication to practices.
- Payers and providers practice strong bilateral communications regarding payment attribution.
- Payers and providers collaborate on appropriate attribution methods related to care for children.

HUMAN SERVICES DEPARTMENT

CORE FEATURES OF NM PC PAYMENT MODEL

9. WHEN RISK ADJUSTMENT IS USED IN APMS, PAYERS AND PROVIDERS ADHERE TO FOLLOWING PRINCIPLES:

- Payers risk adjustment models account for variation of different patient panels by healthcare conditions (including behavioral health), disability status, age, and gender.
- Payers provide transparency to practices about risk adjustment methods used and how it is applied to payments.
- Payers and providers collaborate on appropriate risk adjustment methods related to care for children.
- Importance of including health equity and structural determinants of health as factors in risk adjustment models.

CORE FEATURES OF NM PC PAYMENT MODEL

10. Providers encouraged to move towards prospective payment over time, utilizing mutually agreed upon attribution methodology.
11. Payers carefully monitor APMs for unintended consequences on populations, particularly those experiencing disparities:
    - Payers use available data, such as utilization and patient-reported satisfaction, to monitor for potential problems and take corrective action when measures indicate need to do so.
    - Payers provide transparency to practices about monitoring approach used.