GRANTEE SPOTLIGHT

New Mexico Primary Care Association & Behavioral Health Providers Association of New Mexico

The Journey to Value-Based Payment and Care

the DELTA CENTER for a thriving safety net

JULY 2020

The Challenge

New Mexico's health center and behavioral health landscape has changed dramatically in the last ten years. In 2013, there was an unplanned closure of thirteen behavioral health agencies, which disrupted care for upwards of 88,000 patients, including 30,000 Medicaid enrollees. When the New Mexico state government's original strategy of outsourcing contracting for behavioral health services to companies in Arizona failed, in 2014, the New Mexico state government asked the health centers to take on a larger role in behavioral health programs. This strategy introduced a new system for delivering integrated primary care and behavioral health services in the safety net.

To finance this new approach to care, the New Mexico Primary Care Association (NMPCA) worked with the New Mexico Human Services Department (NM HSD) to develop an alternative payment model (APM) combining parts of the Prospective Payment System approach used for health centers into mental health service payments. Opting to expand the state's participation in value-based payment and care (VBP/C), New Mexico used its 1115 Waiver, Centennial Care 2.0, to contract with three managed care organizations (MCOs) and require a significant proportion of payments to be made under value- or quality-based incentives, with that proportion increasing with each year across five years starting in 2019. The NMPCA, together with the newly formed Behavioral Health Providers Association of New Mexico (NMBHPA), were tasked with helping their diverse membership move towards VBP/C, through training and technical assistance (T/TA) and continued policy work.

The Partnership

Although there was overlapping membership between the two associations due to the unplanned integration of

The Delta Center for a Thriving Safety Net provides technical assistance to primary care associations and behavioral health state associations to advance value-based payment and care, particularly in ambulatory care settings. The Delta Center is a national initiative led by JSI Research & Training Institute, Inc., the Center for Care Innovations, and the MacColl Center for Health Care Innovation at Kaiser Permanente Washington Health Research Institute.

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services, NMPCA and NMBHPA collaborated with one another directly for the first time through funding from the Delta Center.* The Delta Center helped to provide a clear impetus and resources for the two associations to work together, with broad participation from both associations.

> *"The Delta Center grant allowed us to make a significant jump forward in organizational development and the structure of the provider associations. We got to talk about something that was real and concrete, and we had relationships...It brought everybody together."*
>
> *– Maggie McCowen, Executive Director of NMBHPA*

The two associations began with policy first: their collaboration focused on concrete discussions of different delivery policy and payment structures, and how they could work together towards a common purpose. The Delta Center project team's efforts--including a presentation and discussion around provider support for the adoption of value-based models of care and financing--gained the attention of state leadership, and helped to connect the state's integration and VBP initiatives in conversations between the associations and the NM HSD. The associations' partnership allowed them to leverage a collective safety-net voice in their work with the state.

Approach to Improving Care and Payment

The NMPCA and NMBHPA collaborated in moving towards VBP/C through policy advancements with the NM HSD and providing joint T/TA to their members to move towards VBP/C models for integrated primary care and behavioral health services. The NMPCA also developed a clinically integrated network (CIN), which benefited members from both state organizations.

In December 2018, the NMPCA established a CIN to support contracting for value-based, integrated medical and behavioral health services. The state-authorized CIN was based on an initial pilot from 2015 with one MCO, in which the largest health center started a value-based contract based on total cost of care, which provided strong financial incentives and upfront resources to better coordinate primary care and behavioral health services. The CIN allowed NMPCA to combine patients across different health centers into one contract that covers 320,000 lives. October 2019 marked NM's entry into alternative payments under the total cost of care model for NMPCA members.

Meanwhile, the two associations successfully collaborated with the state to deliver several policy successes to improve care and payment in New Mexico. One significant policy change that facilitated integrated care was the implementation of reimbursement parity for behavioral health services; health centers now have an identical minimum payment rate of $172 for primary care and behavioral health visits. This shift in financial incentives was a critical step to advancing parity in access and care, as health centers are no longer losing money on behavioral health due to insufficient rates. The two associations also gained agreement from the state to link payments to Medicare fees for

> *"We really have made huge progress in New Mexico in infrastructure, the relationship between our associations, and the combined relationship with policymakers...All our patients will end up much better off, have less disruption, and better managed transitions of care."*
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> *– Chris Viavant, Chief Programs Officer, NMPCA*

behavioral health providers practicing in the community, which resulted in a 20-30% increase for many behavioral health services, and will offer long-term financial benefits as rates will automatically increase in tandem with Medicare rate increases. Additional policy successes included improvements to funding the workforce, expansion of children's dental services, and state departments being charged with identifying other service expansion areas that will allow staff to more easily integrate care and adopt value-based models of care and financing.

Finally, to support their members in moving towards VBP/C, the two associations implemented joint training and conferences to educate providers about the intersection of integrated BH and PC with value-based/alternative payment models, and hear from providers about their needs related to VBP/APMs and BH/PC integration. State and local officials have attended the training sessions as well. The two associations also won funding from the Substance Abuse and Mental Health Services Administration to design a VBP learning collaborative to continue educating their members.

The NMPCA and NMBHPA's work to advance policy and support members in moving towards value-based payment has improved the financial sustainability of health centers, and improved access to and quality of care for patients and consumers. The alternative payment models based on total cost of care and higher rates for behavioral health services have been especially valuable in withstanding the COVID-19 crisis, allowing providers to adapt the delivery of their services with less disruption.

Key Factors for Success

- **Fostering collaboration and partnerships between behavioral and medical providers provides a springboard for the successful implementation of VBP/C arrangements.** Building a strong relationship between NMPCA and NMBHPA from the outset created an opportunity for both associations to learn and grow from one another. The state's recognition of their partnership allowed NMPCA and NMBHPA to advocate more effectively for common policy goals, and their joint T/TA efforts supported integrated care in the context of VBP.
- **Discussing mutually beneficial policy and payment structures upfront in concrete terms promoted engagement and action.** Rather than just spending time on the initial stages of relationship building, the two associations jumped in with a clear agenda to realize their common objective of advancing VBP/C. Discussing different policy options engaged both associations, helped to establish a good working relationship, and galvanized tangible progress in achieving policy change.

> *"When we spoke in the beginning of whom we would target, it was anyone and everyone, and that has paid off for us... The state was aware of what we were doing and wanted us to be involved in the creation of the model of integration... We were being called to the table because we were so active."*
>
> *– Cate Reeves, Director of Quality, NMPCA*

- **Getting out the message to many audiences builds reputation and creates opportunities.** By devoting their efforts to accomplishing their VBP/C objectives, the associations gained prominence with different audiences - most importantly, state policymakers. The associations have developed a close relationship with state policymakers, and the NM HSD invited both associations to continue developing integrated models of care and advance VBP.

Next Steps

NMPCA and NMBHPA are collaborating to define a set of behavioral health metrics for inclusion in MCO contracts, and are working with the NM HSD on an integration model for the state. The two associations are continuing to collaborate on expanding VBP/C opportunities for more providers, and supporting their members through learning collaboratives and other educational opportunities. By successfully effecting changes in policy and practice, New Mexico's safety-net health system is stronger, more accessible, and more unified.

The Delta Center would like to thank Cate Reeves and Chris Viavant from the New Mexico Primary Care Association and Maggie McCowen from the Behavioral Health Providers Association of New Mexico for their input and reflections.

*Funding stipulations from the Robert Wood Johnson Foundation prohibited the use of Delta Center funds for engaging in direct or grassroots lobbying. Grantees used their Delta Center funding to support a broad array of policy activities, including background research, education and training, stakeholder engagement and convening, and building shared policy agendas. As state associations, Delta Center grantees used other non-Delta Center funding sources when they engaged in lobbying and legislative advocacy to advance policy.