



Section 12: Patient Centered Initiatives

Revision dates: August 15, 2014; March 3, 2015; January 1, 2019; July 1, 2024; January 31, 2025

Effective dates: July 1, 2024July 31, 2025

12. RESERVED

Patient-Centered Initiatives

12.1.—Board Standards

~~The MCO shall establish patient-centered initiatives based on the National Committee for Quality (NCQA), Joint Commission on Accreditation of Healthcare Organizations, (JCAHO/JCAHO) or Accreditation Association for Ambulatory Health Care (AAAHC) PCMH recognition programs.~~

~~The MCO shall develop patient-centered, “whole person” models of care that are uniform across payers and tailored to the diverse needs and capacities of primary care practices, large and small, urban, rural and frontier. The New Mexico model should be based upon nationally accepted standards.~~

~~This model will be a blended model building upon the work already completed by practices that have achieved certification programs. A blended model will include a pathway toward certification for those practices that do not currently have the capacity to attain certification.~~

~~The New Mexico PCMH program will provide technical assistance, benchmarks, and financial support to practices in order to move them along the pathway towards national recognition. Payment to New Mexico PCMH practices is standardized and based on the level of PCMH achievement and continued evidence of quality care to patients and reduced cost. The New Mexico PCMH will include State-specific goals tailored to the unique needs of communities and patients.~~

~~Core components of the New Mexico PCMH Model include:~~

~~●—Administrative:~~

- ~~○—Adopt a standard model for PCMH that includes national certification by NCQA, AAAHC, and JCAHO;~~
- ~~○—Develop a “Glide Path” to certification that is open to all practices seeking PCMH status;~~
- ~~○—Provide technical assistance and hands-on training for practices working towards PCMH certification; and~~
- ~~○—Simplify, coordinate and standardize practices across MCOs specifically: claims, prior authorizations, and other administrative processes.~~

~~●—Clinical:~~

- ~~○—Improved access to care through flexible scheduling, accommodating walk-ins, utilization of telemedicine, providing after hours and weekend office hours;~~



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- ~~○ Provider teams collaborate with community health workers, lactation consultants, public health workers, and other community members;~~
- ~~○ Integration/colocation of BH services, MH, and substance use including SBIRT;~~
- ~~○ Include school-based health centers and other nontraditional healthcare settings; and~~
- ~~○ Engage patients in their own health care decisions, respect for patient values, and culture and inclusion of patient care givers.~~
- ~~Coordination of care:~~
 - ~~○ Develop a care coordination collaborative that operates across payers at the point of care (in the health care office or other community location);~~
 - ~~○ Prioritize communities of highest need;~~
 - ~~○ Address social determinants of health (i.e., housing, food, transportation, etc.);~~
 - ~~○ Seamless transition between services and providers; and~~
 - ~~○ Integration of public health services, including but not limited to: Children's Medical Services care coordination for children with special health care needs, Women Infants and Children, sexually transmitted infection (STI) treatment, and contact tracing, etc.~~
- ~~Data:~~
 - ~~○ Build provider capacity through support for evidence-based programs;~~
 - ~~○ Facilitate partnerships with supporting entities such as the Primary Care Association to help develop tools for providers;~~
 - ~~— Facilitate data sharing that provides optimal use of data for improving Member outcomes;~~
 - ~~○ Requiring laboratories who are part of the Turquoise Care Network to report laboratory results for Medicaid beneficiaries with the HIE; and~~
 - ~~○ Commitment to data integration and sharing information to improve collaborative efforts to improve quality and lower costs, and to improve population health.~~
- ~~Payment:~~
 - ~~○ While the MCO is not required to enter into VBP reimbursement arrangements with PCMHs, the MCOs are expected to implement VBP strategies to promote quality and improve health care outcomes in alignment with the Turquoise Care contractual requirements;~~
 - ~~○ Align value-based payments with patient health care outcomes and achievement of quality metrics; and~~



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- ~~○ Standardize a payment approach for PCMH that includes practices that have not yet attained certification but are working on improving quality, access, and other core components PCMH.~~
- ~~Specific Actions Related to Policy:~~
 - ~~Support Tribal 638 programs to become FQHCs under 330.~~