PMS

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Our purpose is you.

Value Based Contracting
The PMS Journey

How it started

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2015

- Value Based Contracting a requirement of the Medicaid Managed Care Organizations (15% of encounters paid under a VBP)
- Approached PMS
- Negotiated Contract with 1 of 3 MCO
  - % Premium (40,000 lives)
  - Global CAP
  - Full Risk with Corridors
  - Limited Technology
  - Hired 3 Care Coordinators

How it went

- Limited Data Feed
- Patients in Care Coordination tracked on spreadsheet
- Loose structure

- Net Result ($560,000)

Time to regroup
Model Core Principals

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- Contract Renegotiation
  - Widened out Risk Corridor to 5% with elimination of corridors by 2021
  - Re-negotiated % of Premium – approximately 72% after carve outs
  - Changed reinsurance threshold to $125,000

- Improved Data
  - Implemented Population health software
  - Claims and Roster feed 2x/ month
  - E.M.R feed
  - ADT feed – 100% of hospitals and ERs in NM – updated every 15 minutes
  - Changed Quality Measures from Gate to surplus to Pay for Performance
  - Backend Coding Software (Medicare HCC)

Model Core Principals

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- Care Coordination
  - Establish patient to Care Coordinator Ratio (60:1) – 2019 FTE 15
    - Embedded within centers with clustered Attribution
    - EMR alert to provider for High risk vbp patient when provider opens chart
  - Establish Cohorts for Care Coordination
    - John Hopkins ACG Risk Score (4 – 5)
    - Top 10% Total Cost of Care spend
    - 1 or more ER/Admit Rolling 12 months
- Patients accepting Care Coordination
  - Health Risk Assessment / Care Plan / B-Monthly follow up

  - Financial Result 2017 – 2019 = $5,000,000

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Population

Search Patients

Perform
Inform
Population
Condition Registry
Metrics
Gaps in Care
Patients Not Seen
Navigate

NMCP > PMS - PVP | All Entities | All Specialties | All Practices | All Providers | Reset | Compare

Data last updated 03/14/2023

Patients	Male	Female	Unknown
299,913	139,634	160,116	163

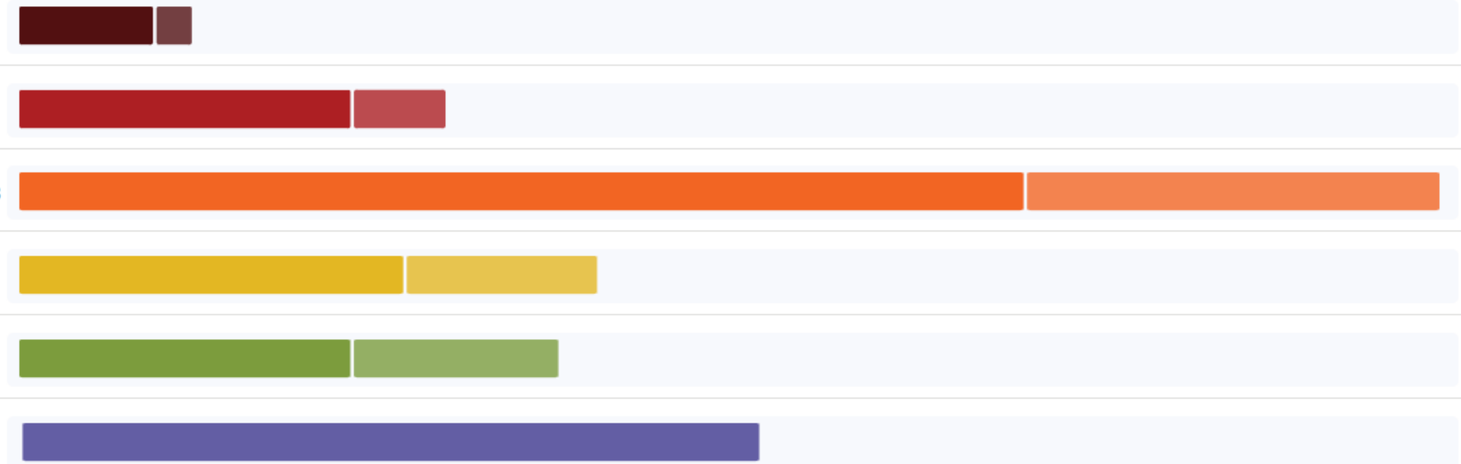
Gender | Age | Insurance | Race | Geospatial | Risk

ACG Based Risk

Risk score based on ACG calculation.

ACG | Show Trending ON OFF

5 - Very High	4%	12,501
4 - High	11%	32,506
3 - Moderate	37%	111,838
2 - Low	15%	44,179
1 - Healthy	14%	41,121
0 - Non Users	19%	57,768



Still need to improve!!!

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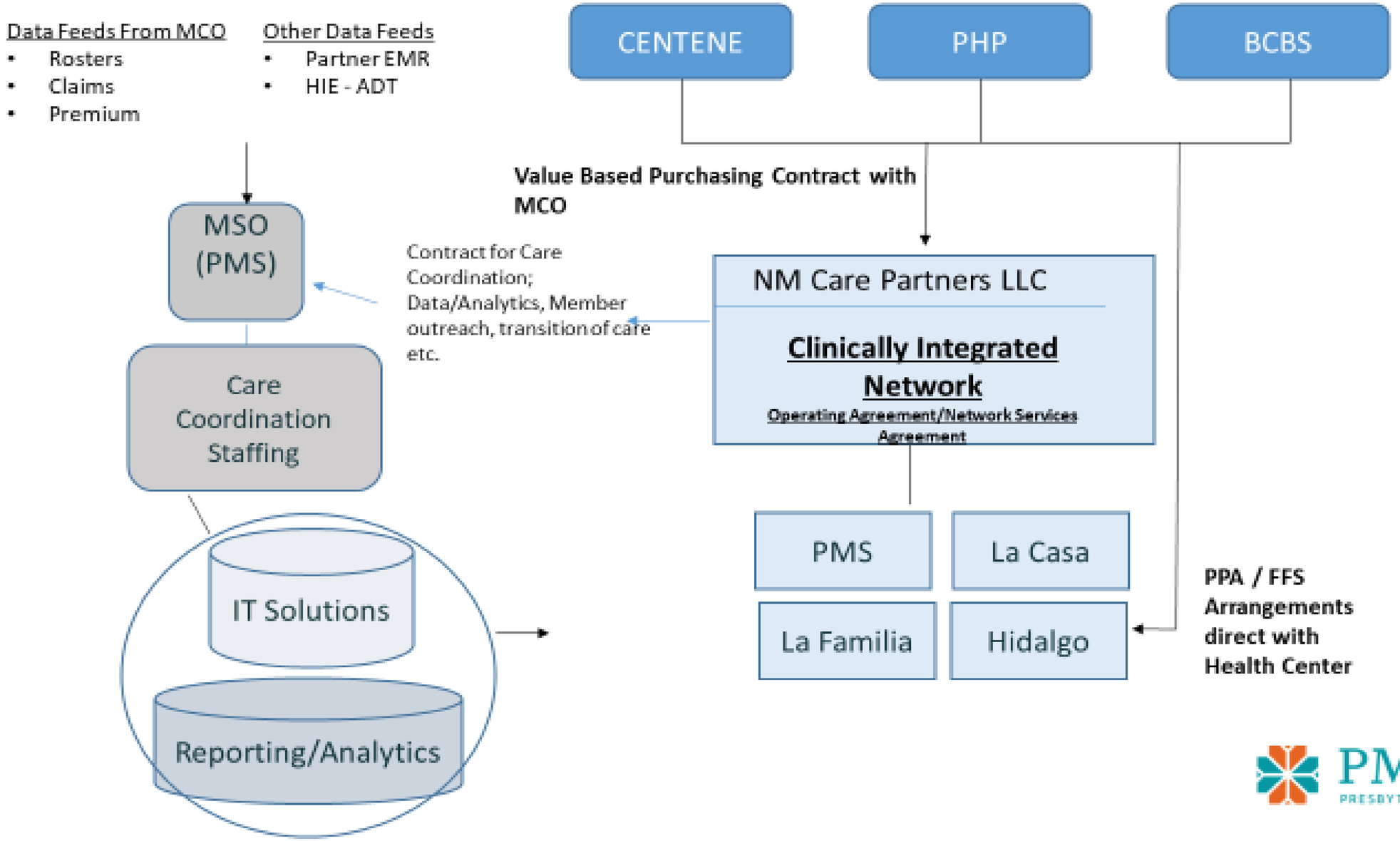
- Care Coordination
  - Physician Leadership
  - Bidirectional NM HIE feed
  - Disease Cohorts added to Care Coordination (Hypertension, Diabetes)
  - Identification of Attributed members with costs not accessing a PMS PCP
  - Productivity metrics

- How do we GROW Attribution?
  - 2019 PMS Attribution 60,000 patients

- **Formation of NM Care Partners and Clinically Integrated Network (incorporated in Delaware) Made up of 4 NM FQHCs**
  - NMCP 2023 Attribution 115,000 Medicaid Lives



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Core Principals Enhancements

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- Data Enhancement
  - Refined E.M.R feeds to Shared Pophealth
  - Access to NM HIE medical record for patients attributed but not accessing care with CIN
- Care Coordination
  - Clinical care teams – cross agency
  - SDOH- NM Food Banks – at clinic Food events
  - Hire Quality Data FTE and Community Health Workers
- Contracting
  - Increase % of premium target

Financial Performance 2020-2022 = $**35,000,000**

Whats next

- Covid impact? – double down on outreach
- In home assessments
- More SDOH activities – share Data with partners?
- Medicare MA contracts moving to VBP
- Medicare Reach (FFS) 1/1/23

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