

POLICY & ADVOCACY RESOURCE

Leveraging Metrics That Matter

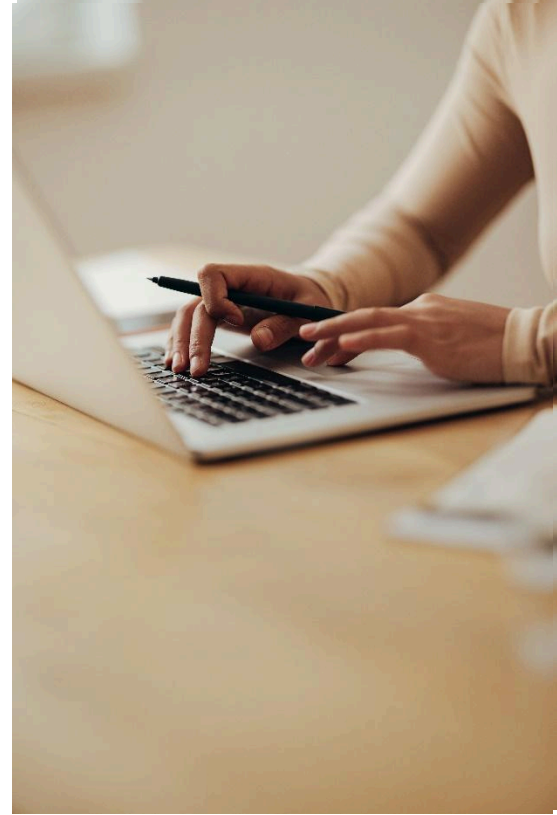
For behavioral health providers today, the ability to collect, track, and continually improve meaningful metrics is no longer optional, it has become central to how payers, funders, and policymakers evaluate, contract with, and support providers.

By leveraging the New Mexico Behavioral Health Providers Association (NMBHPA)'s Metrics That Matter initiative and similar measurement-based care models, providers can not only demonstrate value and outcomes, but also position themselves for performance-based contracts, grant funding, and meaningful policy-driven systems-change.

Metrics That Matter is especially powerful because it was created by providers, for providers. New Mexico's behavioral health agencies have stepped forward collectively to define what quality truly looks like in behavioral health care—rooted in clinical outcomes, functional improvement, patient experience, and equitable access. Through this initiative, providers can now speak with a shared voice about quality, grounded in data and real-world impact on the people and communities they serve.

Use this document as a guide to:

- ❖ Align metrics to state and regional standards, including Metrics That Matter measures, and emerging value-based reporting requirements.
- ❖ Prepare for payer and funder negotiations that emphasize outcomes, access, and equity.
- ❖ Engage in advocacy and policy dialogue with a unified, metrics-driven voice—showing how behavioral health providers deliver measurable value to New Mexicans.



- ❖ Build infrastructure, culture, and workflows to support measurement-based care and continuous quality improvement.
- ❖ Demonstrate that behavioral health providers are leading the way—using data to tell the story of recovery, resilience, and positive change in the lives of the people they serve.

New Mexico-Specific Resources

Key Resources

- The New Mexico Health Care Authority (HCA), under the Behavioral Health Reform and Investment Act (SB 3) enacted in February 2025, the HCA (in consultation with other agencies) was required by June 1, 2025 to publish “generally recognized behavioral health service standards” and “evaluation guidelines” which will be used to assess regional behavioral health plans across the state. [Behavioral Health Reform – NMHCA](#)
- HCA’s *Behavioral Health Policy & Billing Manual* is the core reference for Medicaid-funded behavioral health services in New Mexico. It defines service codes, provider requirements, billing rules and operational policies for BH providers. [Behavioral Health Policy and Billing Manual – NMHCA](#)
- Review the [Metrics That Matter and SB3](#) Alignment Document

Leveraging Metrics that Matter in New Mexico

- **Align with State Initiatives**
 - Monitor HCA’s evaluation guideline releases to ensure service delivery and documentation align with regional plans under SB 3.
 - Engage in shared advocacy as MTM providers with HCA and the regions to leverage MTM measures as a foundation for shared measurement that regions could build on. Elevate the value of having some consistent/comparable measures across the state in addition to region specific measures.
- **Metrics for Advocacy & Funding**
 - Use data from MTM to build compelling narratives for grants, state/federal funding, and contracts: “Here’s what we’ve achieved, here’s how we’re improving, and here’s how we measure it.” Utilize the [benchmarking tool](#) and [Quality Playbook](#).

- Position metrics as evidence of improved outcomes, cost-effectiveness, equity, and readiness for value-based payment.
- **Negotiate Contracts Tied to Performance**
 - As New Mexico moves toward value-based payment for behavioral health, being ready with credible metrics gives you leverage in contract discussions.
 - For more information review Data and Outcomes to Inform Value-Based Contracting Webinar.
- **Continue to Build Measurement Infrastructure and Outcome Tracking through Metrics that Matter**
 - Establish reliable processes: data collection, Metrics that Matter dashboards, time-series tracking, reports for payers/funders/boards.
 - Document improvements over time and link them to service/intervention changes (e.g., reduced wait-time, increased engagement, symptom reduction).
 - Use involvement in NMBHPA's Data Project as a positive differentiator: you are actively participating in standardized measurement in NM.

Provider Talking Points for Advocacy

Please refer to [one-pager](#) for more background and talking points on the project.

MTM is provider-driven and allows providers to speak with a shared voice about quality.

MTM was created by providers, for providers. The pilot providers volunteered to co-design practical, meaningful measures and to engage in continuous quality improvement. The MTM leadership demonstrates our providers' commitment to advancing behavioral health care statewide.

By participating in Metrics That Matter, behavioral health providers across New Mexico have come together to define and measure what quality truly means in the behavioral health field. MTM providers support the use of standardized metrics that providers can meaningfully impact and continuing to build the infrastructure for data collection and reporting beyond claims data.

Use data to improve quality of care and expand access.

MTM enables providers to track outcomes, identify gaps, and implement changes that directly benefit the people we serve. By leveraging shared metrics, we can show measurable improvements in access, engagement, and clinical outcomes.

Organizations work has real impact on people and communities.

Through MTM, providers document and share stories of positive change, lessons learned, and best practices. Providers can use the data to demonstrate not just compliance, but meaningful improvements in the lives of New Mexicans—timelier care, symptom reduction, and higher satisfaction.

MTM helps prepare for value-based contracts and funding opportunities.

By building robust measurement infrastructure and participating in the NMBHPA Data Project, providers have demonstrated improved readiness for performance-based contracts and policy-driven systems change.

Project Benefits and Alignment

Organizational and Provider: Establishes a foundational framework for behavioral health providers to measure, monitor, and improve quality through data-informed practice improvements. Designed to be flexible and inclusive to support non-traditional service models and foster a culture of continuous quality improvement across diverse provider, and patient, settings.

Patient: Improves patient experiences, strengthens communication between provider and patient, and increases access to care. Supports improved clinical outcomes through more consistent use of screening tools, assessments, evidence-based practices, and follow-up protocols.

System/State: Establishes a standardized, provider-driven framework for behavioral health measurement and reporting. Built statewide data infrastructure to support outcome tracking, risk stratification, and predictive analytics. These capabilities empower providers to develop targeted interventions, inform system-level planning, and help reduce disparities in behavioral health outcomes across New Mexico communities.

National Resources

Key Resources

- The National Committee for Quality Assurance (NCQA) has a behavioral-health section that highlights behavioral health measures are now part of HEDIS and used in value-based purchasing. [Behavioral Health - NCQA](#)
- The Substance Abuse & Mental Health Services Administration (SAMHSA) offers resources on advancing quality measurement in behavioral health, and financing measurement-based care in community behavioral health settings. [Advancing Quality Measurement in Behavioral Health | SAMHSA](#)
- The National Association for Behavioral Healthcare (NABH) provides resources on quality measurement for behavioral health. [Quality – NABH](#)

- The National Academy for State Health Policy (NASHP) published a report on states' use of behavioral-health performance measures in Medicaid managed-care contracting. [NASHP](#)

Leveraging Metrics that Matter Nationally

- **Utilize Measurement-Informed Care**
 - Select a manageable, curated set of measures that serve both clinical care and reporting/contracting needs, thereby reducing burden and improving relevance. [National Council Introduces Measurement-informed Care](#)
- **Understanding Value-Based Payment (VBP) Models**
 - Recognize that payers are increasingly shifting BH services toward value-based reimbursement. Having data on outcomes and performance is crucial for participation.
- **Promote Harmonization & Alignment**
 - Use Metrics That Matter frameworks to advocate that payers and states standardize BH metrics to reduce reporting burden, improve comparability, and enhance provider efficiency. The Metrics That Matter framework was created by behavioral health providers to focus on measures they believed they could meaningfully influence utilizing data besides claims data.
- **Benchmark & Communicate**
 - Use national data/benchmarks to compare organization's performance, set realistic goals, and support successes to payers/funders/policy makers.