

## Yuma Hospital District Yuma, Colorado Colorado Accountable Care Collaborative

When the State of Colorado Department of Health Care Policy and Financing was looking to improve quality while reducing costs for its Medicaid program, it looked toward an accountable care model for the fledgling Colorado Accountable Care Collaborative. The collaborative is a new Medicaid program using three major components: primary care providers, regional care coordination organizations, and a statewide data and analytics contractor.

### Yuma Hospital District – Yuma, Colorado Patient-Centered Medical Home

- All clients enrolled in the Colorado Accountable Care Collaborative (ACC) have a PCMP
- Colorado Access will pay participating PCMHs \$2 per member per month, plus another \$1 per month for: reductions in 30-day readmissions, ED visits, and high-cost imaging
- starting with patients who have diabetes, hypertension, or a combination of both
- developed provider teams and a process for assigning patients to those teams
- hired two patient navigators who have been extensively trained in health coaching;
- IT department has been actively involved in creating new ways to track and monitor patients



Colorado established several Regional Care Coordination Organizations (RCCO) to provide medical management, care coordination, and provider support. Colorado Access established a Medicaid ACO using a primary care case management model. Yuma District Hospital's Patient Centered Medical Home (PCMH) fit the model perfectly, and they contracted with Colorado Access under the RCCO.

Hospital leadership was motivated to transform Yuma Hospital District's clinics into PCMHs because they were intrigued by the possibility that this could be the best way to care for their patients. PCMHs are structured, monitored, measured, and carefully reviewed by the National Committee for Quality Assurance (NCQA). The care management activities of the PCMH must be thoroughly understood and integrated into the functions of the provider in order to obtain certification by NCQA. To achieve certification, Yuma has developed provider teams and a process for assigning patients to those teams. They have hired two patient navigators who have been extensively trained in health coaching; and Yuma's IT department has been actively involved in creating new ways to track and monitor patients.

Colorado Access will pay participating PCMHs \$2 per member per month, plus another \$1 per month if three goals are met: reductions in 30-day readmissions, reductions in ED visits, and reductions in high-cost imaging. On the other hand, if the region's goals are not met – even if Yuma itself meets them – no one in the region receives the additional incentive payment.

Another advantage of being part of the RCCO is access to the wealth of data available to help with patient care management. After looking at the data and identifying the high-risk pool of people who could benefit from patient care management, Yuma can plan for these challenging patients.

By assisting Medicaid clients in getting connected to a primary care medical provider as their medical home and by ensuring that medical, specialty, mental health care, and other related services are well coordinated, clients' experience in the health care system will improve. By having a primary source of medical care that attends to both sick care and wellness and prevention activities, the overall health of Medicaid clients will improve. When clients are more satisfied and empowered in their health care decisions and overall health improves, the total cost of care is reduced.

