Strategic Policy Initiatives

The Department of Health Care Policy and Financing identified several strategic policy initiatives, or SPIs, to be accomplished in FY 2016-17 as part of its annual performance plan. Due to data sources with reporting lag time, data is available at varying intervals. Alphabetical footnotes beneath each table describe performance; numeric footnotes provide technical information. Additional detail about the Department's SPIs is available in the Department's Performance Plan.

SPI 1: Delivery Systems Innovation: Medicaid members can easily access and navigate needed and appropriate services

Work supporting this SPI focuses on strengthening delivery systems such as the Accountable Care Collaborative (ACC), Behavioral Health Organizations, and Home and Community Based Services for the Elderly and Disabled. In addition, we are working to increase integration of physical and behavioral health services.

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
% ACC members with an enhanced primary care medical provider [a]	60%	57%	65%
# Benefits modified to align with new data, research, or evidence-based guidelines	35	102	85
# Colorado providers serving Medicaid [b]	51,673	50,466	41,008
# Colorado primary care providers serving Medicaid [b]	23,145	31,235	21,616
% Nurse Advice Line calls referred to more appropriate level of care	56%	50%	55%
# PEAK App users	34,644	79,399	50,000
% New mothers receiving maternal depression screening [c]	20%	25%	13%
# Members in practices that receive behavioral health integration incentives [d]	163,770	155,500	375,000
# Community Living Advisory Group recommendations fully or partially implemented	15	18	5

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
% Persons receiving HCBS services expressing social inclusion or connectedness to the community [e]	58%	45%	59%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services [e]	74%	67%	75%

a The decline in ACC members attributed to a PCMP is likely due to provider revalidation and implementation of the new interChange. The Department is working with RCCOs to ensure members are appropriately attributed to a PCMP, and will continue assisting providers in becoming certified as enhanced PCMPs.
b Provider enrollment methodology was updated in March 2017 due to launch of Commit and BIDM. Historical data restated.
c Methodology adjusted in FY 2016-17 to include screenings not in the billing system. Historical data restated.
d Progress delayed by changes to implementing timeline of SIM Cohort 2 from winter 2016 to fall 2017.
e The NCI-AD (Aging and Disabled) and NCI-IDD (Individuals with Developmental Disabilities) Consumer Surveys are used to assess this measure. Data is up to 18 months in arrears. The Department is focusing on training case managers and providers on person-centered supports to ensure members are receiving the highest quality services.

SPI 2: Tools of Transformation: The broader health care system is transformed by using levers in our control such as maximizing the use of value-based payment reform and emerging health technologies

Medicaid, like Medicare, is an influential payer and policy maker nationwide. This makes it possible to use levers within our control to impact the broader health care system. For example, by implementing provider payment incentives to improve health outcomes in the Accountable Care Collaborative, we align with other payers in Colorado to use and improve upon these incentives. The same applies to the use of advanced health information technology and data analytics to improve quality and continuity of care. Work supporting this SPI focuses on increasing the impact of Colorado Medicaid investments and innovations to transform the broader health care system.

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
$ Provider payments tied to quality or value through innovative payment methods [a]	$424,606,261	$447,025,667	$262,722,933
$ Total costs avoided from ACC and Medicaid (in millions)	$75	$83	$62
$ Medicaid per-capita total cost of care [b]	$6,092	$5,902 [1]	$6,046
# Medicaid professionals demonstrating meaningful use of electronic health records [c]	7,878	8,393	10,924

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
Providers with a quarterly report card; % of expenditures	28%	24%	29%
# Primary care providers who log in to SDAC/BIDM portal	533	661 [2]	600

1 Estimate. Data not yet available.
2 SDAC—State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.
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a Provider payments tied to quality methodology was updated in July 2017 to align with the Centers for Medicare and Medicaid Services' standard definition for measuring value-based purchasing efforts.
b Per-capita expenditures are lower than previously estimated due to lower than normal payments to providers after the transition to the new MMIS system in March 2017; the Department anticipates making payments in FY18 for claims that were unable to be paid in FY17. FY18 per capita is projected to increase due to these expenditures and higher hospital supplemental payments, as authorized under SB 17-267.
c The Electronic Health Records Demonstration Project completed the new provider enrollment phase in 2016. The project will cease in 2021. The Department is discontinuing reporting on this measure.

SPI 3: Partnerships to Improve Population Health: The health of low-income and vulnerable Coloradans improves through a balance of health and social programs made possible by partnerships

The Department seeks to improve the health and well-being of Coloradans served by the Medicaid program and of the population as a whole. Appropriate health care must be complemented by addressing additional determinants of health – social, economic, and geographic among them. This SPI focuses on our efforts to advance community-based health supports in partnership with entities including other state agencies, local public health organizations, non-profits, health care providers, and community centers.

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
# Members in counties with a RCCO-LPHA relationship	814,606	846,355 [1]	827,799
# SIM education activities targeted toward PCMPs and community partners	13	26 [2]	28

1 RCCO – Regional Care Collaborative Organization; LPHA – local public health agency.
2 SIM – State Innovation Model project for physical/behavioral health integration and payment reform; PCMPs – primary care medical providers.

SPI 4: Operational Excellence: We are a model for compliant, efficient and effective business practices that are person- and family-centered

To achieve this SPI we are redesigning our information technology infrastructure, improving data analytics capacity, advancing a culture of continuous improvement, and nurturing a well-trained, satisfied workforce.

Performance Measures	FY16 Actual	FY17 Actual	FY17 Goal
% Favorable responses to employee survey "We get work done more efficiently…"	47%	46%	50%
% Employee retention for 36 months or more	58%	58%	45%
% Electronically submitted clean claims processed within 7 business days	N/A	N/A [1]	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	N/A	N/A [1]	100%
$ Dollar equivalent of Lean efficiency gains (cumulative)	$345,959	$479,057	$505,885
% First call resolution by Member Contact Center	75%	89%	86%
# Items vetted through person-centered advisory councils	77	59	65
% Persons receiving HCBS services with person-centered goals identified in their service plan	53%	54%	55%
$ Dollars recovered from overpayments to providers [a]	$14,125,130	$6,662,965	$9,000,000
$ Dollars recovered from third party liability	$76,333,409	$72,058,987	$66,000,000
% Existing Office of State Auditor recommendations resolved	90%	N/A [2]	90%
# Individuals enrolled in Medicaid/CHP+	1,348,695	1,411,157	1,444,761
% Eligibility determinations processed timely	98%	98%	98%
% Real time eligibility (RTE) applications [b]	62%	55%	62%

1 Data not available due to COMMIT-related system changes.
2 Audit recommendations data unavailable.
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a Claims-driven recoveries in FY17 were delayed by change in COMMIT implementation date
b Data reflects all applications submitted that receive an RTE determination. Not every application is eligible for an RTE determination.