Strategic Policy Initiatives

The Department of Health Care Policy and Financing identified several strategic policy initiatives, or SPIs, to be accomplished in FY 2017-18 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 FY 2017-18 Department 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	FY17 Actual	FY18 Actual	FY18 Goal
% ACC members with an enhanced primary care medical provider [a]	57%	55%	65%
# Benefits modified to align with new data, research, or evidence-based guidelines [b]	102	282	60
# Colorado providers serving Medicaid [c]	45,014 [1]	49,707	57,000
# Colorado primary care providers serving Medicaid [c]	21,095 [1, 2]	22,939	25,500
% Nurse Advice Line calls referred to more appropriate level of care	50%	55%	55%
# PEAK App users	79,399	141,312	100,000
% New mothers receiving maternal depression screening	25%	32%	27%
# Members in practices that receive behavioral health integration incentives [d]	155,500	341,085	400,000
# Community Living Advisory Group recommendations fully or partially implemented	18	26	21
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	45%	47%	46%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	67%	69%	68%

1 Provider enrollment methodology was updated in March 2017 due to launch of the BIDM system. Historical data restated.
2 Methodology includes physicians, osteopaths, family/pediatric nurse practitioners and physician assistants.

[a] The decline in ACC members attributed to a PCMP is likely due to provider revalidation and implementation of the new interChange system. We expect this number to increase: The ACC has completed the transition from RCCOs to RAEs for ACC Phase II, and we are now working with RAEs to ensure members are attributed to a PCMP. We will continue assisting providers in becoming certified as enhanced PCMPs.
[b] The increase in benefits modified is primarily due to benefits modified through the federal Community Mental Health Supports waiver renewal in Oct 2017. These changes relate to a five-year cycle and are a unique situation.
[c] FY2017-18 goals had been set based on previous provider enrollment methodology (see table note 1 above), and are no longer relevant after the March 2017 system update.
[d] Several practices dropped out of SIM during FY 2017-18. In addition, with the drop in the number of people enrolled to Medicaid, there are fewer people in the ACC and attributed to these practices. SIM—State Innovation Model project for physical/behavioral health integration and payment reform. The SIM office is working towards program sustainability and promotes continuation of efforts.

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	FY17 Actual	FY18 Actual	FY18 Goal
$ Provider payments tied to quality or value through innovative payment methods [a]	$447,025,667	$948,232,831	$1,102,223,409
$ Total costs avoided from ACC and Medicaid (in millions)	$118	$133 [1]	$82
$ Medicaid per-capita total cost of care (PMPY)	$5,539 [2]	$5,764 [1, 2]	$5,791 [2]
Providers with a quarterly report card; % of expenditures	24%	36%	26%
# Primary care providers who log in to SDAC/BIDM portal	661	758 [3]	645

1 Estimate. Data available annually in November.
2 Excludes hospital supplemental payments.
3 SDAC–State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.

[a] FY 2017-18 Medicaid caseload was lower than forecasted. Since this metric is largely comprised of capitation payments, lower caseload yields lower payments tied to quality or value.

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	FY17 Actual	FY18 Actual	FY18 Goal
# Members in counties with a RCCO-LPHA relationship [a]	846,355	743,333 [1]	840,000
# SIM education activities targeted toward PCMPs and community partners	26	37 [2]	33

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.

[a] The decline is due to decreased Medicaid member enrollment and is expected to increase in FY 2018-19 once ACC Phase II is fully implemented beginning in July 1, 2018.

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	FY17 Actual	FY18 Actual	FY18 Goal
% Favorable responses to employee survey question, "We get work done more efficiently…"	46%	54%	50%
% Employee retention for 36 months or more	58%	57%	50%
% Electronically submitted clean claims processed within 7 business days	99%	99%	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	100%	100%	100%
$ Dollar equivalent of Lean efficiency gains (cumulative) [a]	$479,057	$566,946	$658,512
% First call resolution by Member Contact Center [b]	89%	89%	90%
# Items vetted through person-centered advisory councils	59	77	50

Performance Measures	FY17 Actual	FY18 Actual	FY18 Goal
% Persons receiving HCBS services with person-centered goals identified in their service plan	54%	60%	55%
$ Dollars recovered from overpayments to providers	$6,662,965	$12,559,350	$10,000,000
$ Dollars recovered from third party liability [c]	$72,058,987	$54,434,312	$77,000,000
% Existing Office of State Auditor recommendations resolved	N/A [1]	N/A [1]	N/A [1]
# Individuals enrolled in Medicaid/CHP+	1,412,152	1,395,506	1,483,524
% Eligibility determinations processed timely	98%	98%	98%
% Real time eligibility (RTE) applications	55%	67% [2]	62%

1 Audit recommendations data unavailable due to malfunctioning database.

2 Data reflects all applications submitted that receive an RTE determination. Not every application is eligible for an RTE determination.

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[a] Based primarily on estimated savings from one department-wide project, Travel Approvals. Reduction in savings is due to a reduction in staff travel.

[b] The MCC lost several tenured and experienced staff in Q2. Additionally, the Deptartment implemented a billing process change that led to additional callbacks from members.

[c] The decrease in recoveries during FY 2017-18 was due to the implementation of interChange and BIDM systems. Functionality needed to collect full recoveries was implemented in FY 2018-19 and the Department anticipates an increase in recoveries for FYE 2018-19 (including any losses experienced in the previous fiscal year).