Strategic Policy Initiatives

The Department of Health Care Policy and Financing has identified several strategic policy initiatives, or SPIs, to be accomplished in FY 2016-17. For this performance evaluation, the Department has selected measures in its Performance Plan that capture its priorities and direction as identified by Department leadership. The Department collects performance data semi-annually in many cases. Due to data sources with reporting lag time, data is available at varying intervals. Additional detail about the Department's SPIs is available in the Department's Performance Plan, which may be accessed here.

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	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
% ACC members with an enhanced primary care medical provider	N/A	57%	60%	65%	75%
# Benefits modified to align with new data, research, or evidence-based guidelines	23	24	35[1]	85	70
# Colorado providers serving Medicaid	37,187	39,208	51,673	41,008	44,245
# Colorado primary care providers serving Medicaid	18,822	20,151	23,145	21,616	23,998
% Nurse Advice Line calls referred to more appropriate level of care	55%	55%	56%	55%	55%
# PEAK App users	N/A	4,337	34,644	50,000	100,000
% New mothers receiving maternal depression screening	N/A	7%	11%	13%	16%
# Members in practices that receive behavioral health integration incentives	N/A	N/A	154,147[1]	375,000	450,000

Performance Measures	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
# Community Living Advisory Group recommendations fully or partially implemented	N/A	N/A	15	5	7
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	N/A	N/A	58%	59%	61%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	N/A	N/A	74%	75%	77%

[1] Estimate. Data not yet available.

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	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
$ Provider payments tied to quality or value through innovative payment methods	$126,090,496	$147,343,753	$226,397,451	$262,722,933	$284,219,921
$ Total costs avoided from ACC and Medicaid (in millions)	$72	$118	$175[1]	$237	$346
$ Medicaid per-capita total cost of care	$5,268	$5,053	$5,034	$5,014	$5,119
# Medicaid professionals demonstrating meaningful use of electronic health records	4,915	6,597	7,878	10,924	11,420

Performance Measures	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
Providers with a quarterly report card; % of total Medicaid expenditures	N/A	N/A	28%	29%	35%
# Primary care medical providers who log in to the SDAC/BIDM[2] provider portal	340	527	545	600	690

[1] Estimate. Data not yet available.

[2] SDAC/BIDM – State Data Analytics Contractor; BIDM – Business Intelligence and Data Management.

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	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
# Members in counties with a RCCO-LPHA relationship[1]	N/A	N/A	814,606	827,799	1,195,537
# Education activities developed by SIM targeted towards PCMPs and community partners[2]	N/A	N/A	13	15	35

[1] RCCO – Regional Care Collaborative Organization; LPHA – local public health agency.

[2] SIM – State Innovation Model for integrating physical and behavioral health; 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	FY14 Actual	FY15 Actual	FY16 Actual	1-Year Goal	3-Year Goal
% Favorable responses to employee survey "we get work done more efficiently with less waste of money or other resources"	49%	47%	47%	50%	55%
% Employee retention for 36 months or more	N/A	38%	58%	45%	49%
% Electronically submitted clean claims processed within 7 business days	N/A	N/A	N/A[1]	95%	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	N/A	N/A	N/A[1]	100%	100%
$ Dollar equivalent of Lean efficiency gains	N/A	$151,786	$345,959	$505,885	$651,351
% First call resolution by Member Contact Center	N/A	84%	75%	86%	95%
# Items vetted through person-centered advisory councils	N/A	N/A	77	65	65
% Persons receiving HCBS services with person-centered goals identified in their service plan	N/A	N/A	53%[2]	55%	57%
$ Dollars recovered from over-payments to Medicaid providers	$11,741,194	$9,911,777	$14,125,130	$9,000,000	$12,000,000
$ Dollars recovered from third party liability	$52,896,045	$72,091,076	$76,333,409	$66,000,000	$75,000,000
% Existing OSA audit recommendations resolved	95%	93%	90%	90%	90%
# Individuals enrolled in Medicaid/CHP+	923,464	1,215,592	1,348,695	1,444,761	1,546,973
% Eligibility determinations processed timely	92%	97%	98%	98%	98%
% Real time eligibility applications	N/A	71%	62%	62%	62%

[1] New measure. Data available after COMMIT project launch in 2017.

[2] Estimate. Data not yet available.