



## 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	FY15 Actual	FY16 Actual	FY17 Q2	1-Year Goal	3-Year Goal
% ACC members with an enhanced primary care medical provider	57%	60%	61%	65%	75%
# Benefits modified to align with new data, research, or evidence-based guidelines	24	35	3 <sup>1</sup>	85	70
# Colorado providers serving Medicaid	39,208	51,673	55,644	41,008	44,245
# Colorado primary care providers serving Medicaid	20,151	23,145	24,923	21,616	23,998
% Nurse Advice Line calls referred to more appropriate level of care	55%	56%	52% <sup>1</sup>	55%	55%
# PEAK App users	4,337	34,644	56,573	50,000	100,000
% New mothers receiving maternal depression screening	7%	11%	11% <sup>1</sup>	13%	16%
# Members in practices that receive behavioral health integration incentives	N/A	163,770	155,500 <sup>1</sup>	375,000	450,000
# Community Living Advisory Group recommendations fully or partially implemented	N/A	15	16	5	7



**Department of Health Care Policy and Financing  
Q2 FY2017 Performance Evaluation (January 2017)**

Performance Measures	FY15 Actual	FY16 Actual	FY17 Q2	1-Year Goal	3-Year Goal
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	N/A	58%	59% <sup>2</sup>	59%	61%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	N/A	74%	75% <sup>2</sup>	75%	77%

<sup>1</sup> Through Q1 of FY2017

<sup>2</sup> 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	FY15 Actual	FY16 Actual	FY17 Q2	1-Year Goal	3-Year Goal
\$ Provider payments tied to quality or value through innovative payment methods	\$147,343,753	\$226,397,451	\$71,684,757 <sup>1</sup>	\$262,722,933	\$284,219,921
\$ Total costs avoided from ACC and Medicaid (in millions)	\$118	\$193	\$276 <sup>2</sup>	\$237	\$346
\$ Medicaid per-capita total cost of care <sup>3</sup>	\$6,140	\$6,455	\$2,798	\$6,046	\$6,267
# Medicaid professionals demonstrating meaningful use of electronic health records	6,597	7,878	8,349 <sup>1</sup>	10,924	11,420



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<b>Performance Measures</b>	<b>FY15 Actual</b>	<b>FY16 Actual</b>	<b>FY17 Q2</b>	<b>1-Year Goal</b>	<b>3-Year Goal</b>
Providers with a quarterly report card; % of expenditures	N/A	28%	23%	29%	35%
# Primary care providers who log in to SDAC/BIDM <sup>4</sup> portal	527	545	360	600	690

<sup>1</sup> Through Q1 of FY2017.

<sup>2</sup> Estimate. Data not yet available.

<sup>3</sup> Methodology adjusted to be consistent with Department Annual Budget Request, Exhibit Q. This measure previously reported both Title XIX (Medicaid) and Title XXI (CHP+) expenditures, and now reports only Title XIX expenditures. All expenditures are restated from prior years' Department Performance Plans.

<sup>4</sup> SDAC – State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.

**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.

<b>Performance Measures</b>	<b>FY15 Actual</b>	<b>FY16 Actual</b>	<b>FY17 Q2</b>	<b>1-Year Goal</b>	<b>3-Year Goal</b>
# Members in counties with a RCCO-LPHA relationship <sup>1</sup>	N/A	814,606	803,785	827,799	1,195,537
# SIM education activities targeted toward PCMPs and community partners <sup>2</sup>	N/A	13	4 <sup>3</sup>	15	35

<sup>1</sup> RCCO – Regional Care Collaborative Organization; LPHA – local public health agency.

<sup>2</sup> SIM – State Innovation Model project for physical/behavioral health integration and payment reform; PCMPs – primary care medical providers.

<sup>3</sup> Through Q1 of FY2017.

**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.



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<b>Performance Measures</b>	<b>FY15 Actual</b>	<b>FY16 Actual</b>	<b>FY17 Q2</b>	<b>1-Year Goal</b>	<b>3-Year Goal</b>
% Favorable responses to employee survey “we get work done more efficiently...”	47%	47%	50% <sup>1</sup>	50%	55%
% Employee retention for 36 months or more	38%	58%	74% <sup>2</sup>	45%	49%
% Electronically submitted clean claims processed within 7 business days	N/A	N/A	N/A <sup>3</sup>	95%	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	N/A	N/A	N/A <sup>3</sup>	100%	100%
\$ Dollar equivalent of Lean efficiency gains	\$151,786	\$345,959	\$406,510	\$505,885	\$651,351
% First call resolution by Member Contact Center	84%	75%	73%	86%	95%
# Items vetted through person-centered advisory councils	N/A	77	21	65	65
% Persons receiving HCBS services with person-centered goals identified in their service plan	N/A	53% <sup>1</sup>	55% <sup>1</sup>	55%	57%
\$ Dollars recovered from overpayments to providers	\$9,911,777	\$14,125,130	\$650,365 <sup>2</sup>	\$9,000,000	\$12,000,000
\$ Dollars recovered from third party liability	\$72,091,076	\$76,333,409	\$14,940,347 <sup>2</sup>	\$66,000,000	\$75,000,000
% Existing Office of State Auditor recommendations resolved	93%	90%	N/A <sup>4</sup>	90%	90%
# Individuals enrolled in Medicaid/CHP+	1,215,592	1,348,695	1,406,231	1,444,761	1,546,973
% Eligibility determinations processed timely	97%	98%	99%	98%	98%
% Real time eligibility applications	71%	62%	59%	62%	62%

<sup>1</sup> Estimate. Data not yet available.

<sup>2</sup> Through Q1 of FY2017.

<sup>3</sup> New measure. Data available after COMMIT project launch in 2017.

<sup>4</sup> Data not yet available.