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. The Department collects data semi-annually in many cases. Due to data sources with reporting lag time, data is available at varying intervals. Alphabetical footnotes beneath each table describe performance. 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	FY16 Actual	FY17 Q4	1-Year Goal
% ACC members with an enhanced primary care medical provider	60%	57%[a]	65%
# Benefits modified to align with new data, research, or evidence-based guidelines	35	71[1]	85
# Colorado providers serving Medicaid	51,673	N/A[5]	41,008
# Colorado primary care providers serving Medicaid	23,145	N/A[5]	21,616
% Nurse Advice Line calls referred to more appropriate level of care	56%	50%[4, b]	55%
# PEAK App users	34,644	79,399	50,000
% New mothers receiving maternal depression screening[3]	20%	23%[2]	13%
# Members in practices that receive behavioral health integration incentives	163,770	156,000[2, c]	375,000
# Community Living Advisory Group recommendations fully or partially implemented	15	17	5
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	58%	45%[d]	59%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	74%	67%[d]	75%

1 Estimate. Data not yet available
2 Through Q3 of FY17
3 Methodology adjusted in FY 2016-17 to include screenings not in the billing system. Historical data restated.
4 Through Q2 of FY17
5 Unable to validate FY17 provider data due to implementation of a new provider billing system, Colorado interChange, and ongoing provider revalidation and enrollment
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a ePCMP participation lower than expected. ACC and Medicaid enrollment growth has slowed.
b Referral rate was low for the quarter. Expectation is that this will increase.
c Cohort practices assigned once per year prior to start of fiscal year. This puts an artificial temporary ceiling on interim membership attribution.
d Annual survey results came in lower than expected. Will not meet annual goal.

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 Q4	1-Year Goal
$ Provider payments tied to quality or value through innovative payment methods	$226,397,451	$411,048,290 [1]	$262,722,933
$ Total costs avoided from ACC and Medicaid (in millions)	$75	$83[2]	$62
$ Medicaid per-capita total cost of care[3]	$6,092	$6,231[a]	$6,046
# Medicaid professionals demonstrating meaningful use of electronic health records	7,878	8,393[b]	10,924
Providers with a quarterly report card; % of expenditures	28%	22%[6, c]	29%
# Primary care providers who log in to SDAC/BIDM[5] portal	545	403[4, d]	600

1 Through May 2017; FY17 data restated to align with the Centers for Medicare & Medicaid Services standard definition for measuring value-based purchasing efforts.
2 Estimate. Data not yet available. Measure restated to report costs avoided per annum rather than life-to-date.

3 Methodology adjusted to be consistent with Department Annual Budget Request Exhibit Q, reporting Title XIX (Medicaid) expenses only, where previously both Title XIX and Title XXI (CHP+) were included. FY 2015-16 excludes supplemental hospital payments. All expenditures restated.
4 Through Q3 of FY2017.
5 SDAC – State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.
6 Through Feb 2017

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a Per-capita expenditures are projected to increase in HCBS waivers, Private Duty Nursing, and Long Term Home Health.
b 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.
c Disbursements to providers with report cards, in relation to overall disbursements, is lower than expected. The Department does not expect to meet the annual target.
d The Department is transitioning from SDAC to BDIM. The Department does not expect to meet the annual target.

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 Q4	1-Year Goal
# Members in counties with a RCCO-LPHA relationship[1]	814,606	807,081[3, a]	827,799
# SIM education activities targeted toward PCMPs and community partners[2]	13	9 [4, b]	15

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.
3 Through Q3 of FY17.
4 Through Q2 of FY17.

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a Members in counties with a RCCO-LPHA relationship has stabilized. The Department expects an increase as ACC 2.0 initiatives ramp up.
b SIM education activities will be reported in the final performance evaluation, November 2017.

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 Q4	1-Year Goal
% Favorable responses to employee survey "We get work done more efficiently…"	47%	46%[a]	50%
% Employee retention for 36 months or more	58%	58%[1]	45%
% Electronically submitted clean claims processed within 7 business days	N/A	95%[5]	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	N/A	95%[5]	100%
$ Dollar equivalent of Lean efficiency gains	$345,959	$479,057	$505,885
% First call resolution by Member Contact Center	75%	89%	86%
# Items vetted through person-centered advisory councils	77	45[1]	65
% Persons receiving HCBS services with person-centered goals identified in their service plan	53%[2]	54%[2]	55%
$ Dollars recovered from overpayments to providers	$14,125,130	$5,289,468[5, b]	$9,000,000
$ Dollars recovered from third party liability	$76,333,409	$72,058,987[1]	$66,000,000
% Existing Office of State Auditor recommendations resolved	90%	N/A[3]	90%
# Individuals enrolled in Medicaid/CHP+	1,348,695	1,440,295	1,444,761
% Eligibility determinations processed timely	98%	98%	98%
% Real time eligibility (RTE) applications[4]	62%	58%	62%

1 YTD through Q4 of FY17.
2 Estimate. Data not yet available.
3 Audit recommendations data unavailable due to malfunctioning database.
4 Data reflects all applications submitted that receive an RTE determination. Not every application is eligible for an RTE determination.
5 YTD through Q3 of FY17

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a The Department completed its annual survey in April 2017. The Department did not meet the annual target.
b Claims-driven recoveries in FY17 were delayed by change in COMMIT implementation date; annual target will not be met.