



## 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 [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	FY17 YE Estimate	FY18 Q1	1-Year Goal
% ACC members with an enhanced primary care medical provider	61%	N/A <sup>1</sup>	65%
# Benefits modified to align with new data, research, or evidence-based guidelines	71	N/A <sup>2</sup>	60
# Colorado providers serving Medicaid <sup>a, b</sup>	50,466	52,203	57,000
# Colorado primary care providers serving Medicaid <sup>a, b</sup>	31,235	32,252	25,500
% Nurse Advice Line calls referred to more appropriate level of care	50%	N/A <sup>2</sup>	55%
# PEAK App users	79,399	91,687	100,000
% New mothers receiving maternal depression screening <sup>c</sup>	25%	25% <sup>3</sup>	27%
# Members in practices that receive behavioral health integration incentives <sup>d</sup>	155,500	193,000	400,000
# Community Living Advisory Group recommendations fully or partially implemented	18	19	21



**Department of Health Care Policy and Financing  
Q1 FY 2017-18 Performance Evaluation (Oct 2017)**

Performance Measures	FY17 YE Estimate	FY18 Q1	1-Year Goal
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	45%	N/A <sup>2</sup>	46%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	67%	N/A <sup>2</sup>	68%

1 ePCMP data not available until November when the number of practices meeting enhanced criteria is determined.

2 Data not yet available.

3 Data lagging—updated through Q4 of FY 2016-17.

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a Results show steady growth from FY 2016-17 to Q1 FY 2017-18.

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 SIM Cohort 2 was expected to start in the winter of 2016 but was delayed until fall of 2017.

**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 YE Estimate	FY18 Q1	1-Year Goal
\$ Provider payments tied to quality or value through innovative payment methods	\$447,025,667	\$171,656,622 <sup>1</sup>	\$1,102,223,409
\$ Total costs avoided from ACC and Medicaid (in millions)	\$83	\$83 <sup>2</sup>	\$82
\$ Medicaid per-capita total cost of care <sup>a, b</sup>	\$5,902	\$6,084 <sup>2</sup>	\$6,084



**Department of Health Care Policy and Financing  
Q1 FY 2017-18 Performance Evaluation (Oct 2017)**

Performance Measures	FY17 YE Estimate	FY18 Q1	1-Year Goal
Providers with a quarterly report card; % of expenditures	24%	26% <sup>1</sup>	26%
# Primary care providers who log in to SDAC/BIDM portal	411	443 <sup>1, 3</sup>	645

1 Data lagging—updated through Aug FY 2017-18.

2 Estimate. Data not yet available.

3 SDAC—State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.

a 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.

b Per-capita expenditures are projected to increase in HCBS waivers, Private Duty Nursing, and Long Term Home Health.

**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 YE Estimate	FY18 Q1	1-Year Goal
# Members in counties with a RCCO-LPHA relationship	846,355	846,355 <sup>1, 2</sup>	840,000
# SIM education activities targeted toward PCMPs and community partners	26	N/A <sup>3, 4</sup>	33

1 Estimate. Data available annually in November.

2 RCCO – Regional Care Collaborative Organization; LPHA – local public health agency.

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

4 Data not yet available.



**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 YE Estimate	FY18 Q1	1-Year Goal
% Favorable responses to employee survey “We get work done more efficiently...”	46%	50% <sup>1</sup>	50%
% Employee retention for 36 months or more	58%	56%	50%
% Electronically submitted clean claims processed within 7 business days	98%	N/A <sup>2</sup>	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	95%	N/A <sup>2</sup>	100%
\$ Dollar equivalent of Lean efficiency gains	\$479,057	N/A <sup>2</sup>	\$658,512
% First call resolution by Member Contact Center	88%	89% <sup>1</sup>	90%
# Items vetted through person-centered advisory councils	59	6 <sup>3</sup>	50
% Persons receiving HCBS services with person-centered goals identified in their service plan	59	55 <sup>1</sup>	55
\$ Dollars recovered from overpayments to providers	\$6,662,965	\$448,674 <sup>3</sup>	\$10,000,000
\$ Dollars recovered from third party liability	\$72,058,987	\$7,704,726	\$77,000,000
% Existing Office of State Auditor recommendations resolved	N/A <sup>4</sup>	N/A <sup>4</sup>	N/A <sup>4</sup>
# Individuals enrolled in Medicaid/CHP+	1,412,152	1,436,508	1,483,524
% Eligibility determinations processed timely	98%	99%	98%
% Real time eligibility (RTE) applications <sup>a</sup>	55%	53%	62%

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

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

<sup>3</sup> Data lagging—updated through August of FY 2016-17.

<sup>4</sup> Audit recommendations data unavailable due to malfunctioning database.

<sup>a</sup> Data reflects all applications submitted that receive an RTE determination. Not every application is eligible for an RTE determination.