



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	FY18 Q2	1-Year Goal
% ACC members with an enhanced primary care medical provider ^a	57%	56%	65%
# Benefits modified to align with new data, research, or evidence-based guidelines	102	130 ¹	60
# Colorado providers serving Medicaid ^{b, c}	50,466	53,427	57,000
# Colorado primary care providers serving Medicaid ^{b, c}	31,235	32,731	25,500
% Nurse Advice Line calls referred to more appropriate level of care	50%	52% ¹	55%
# PEAK App users	79,399	109,331	100,000
% New mothers receiving maternal depression screening ^d	25%	27% ¹	27%
# Members in practices that receive behavioral health integration incentives	155,500	341,684	400,000
# Community Living Advisory Group recommendations fully or partially implemented	18	23	21



**Department of Health Care Policy and Financing
Q2 FY 2017-18 Performance Evaluation (Jan 2018)**

Performance Measures	FY17 YE	FY18 Q2	1-Year Goal
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	45%	N/A ²	46%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	67%	N/A ²	68%

1 Data lagging—updated through September 2017.

2 Data not yet available.

a The decline in ACC members attributed to a PCMP is likely due to provider revalidation and implementation of the new interChange. The Department is working with RCCOs to ensure members are appropriately attributed to a PCMP, and will continue assisting providers in becoming certified as enhanced PCMPs.

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

c Provider enrollment methodology was updated in March 2017 due to launch of Commit and BIDM. Historical data restated.

d Methodology adjusted in FY 2016-17 to include screenings not in the billing system. Historical data restated.

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	FY18 Q2	1-Year Goal
\$ Provider payments tied to quality or value through innovative payment methods	\$447,025,667	\$ 440,148,360 ¹	\$1,102,223,409
\$ Total costs avoided from ACC and Medicaid (in millions) ^a	\$118	\$133 ²	\$82
\$ Medicaid per-capita total cost of care ^{b, c}	\$5,902	\$6,084 ²	\$6,084



**Department of Health Care Policy and Financing
Q2 FY 2017-18 Performance Evaluation (Jan 2018)**

Performance Measures	FY17 YE	FY18 Q2	1-Year Goal
Providers with a quarterly report card; % of expenditures	24%	27% ³	26%
# Primary care providers who log in to SDAC/BIDM portal	661	714 ⁴	645

- 1 Data lagging—updated through Nov 2017.
- 2 Annual estimate. Data not yet available.
- 3 Data lagging—average July through Nov 2017.
- 4 SDAC—State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.

- a FY 2016-17 annual savings estimate increased from previous estimate due to inclusion of savings from Enhanced Ambulatory Patient Groups (EAPGs) and greater savings from Accountable Care Collaborative (ACC).
- b 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.
- c 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	FY18 Q2	1-Year Goal
# Members in counties with a RCCO-LPHA relationship	846,355	846,355 ^{1, 2}	840,000
# SIM education activities targeted toward PCMPs and community partners	26	30 ^{3, 4}	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 lagging—updated through September 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	FY17 YE	FY18 Q2	1-Year Goal
% Favorable responses to employee survey “We get work done more efficiently...”	46%	50% ¹	50%
% Employee retention for 36 months or more	58%	57%	50%
% Electronically submitted clean claims processed within 7 business days	98% ¹	N/A ²	95%
% Providers notified of missing or incomplete enrollment information within 5 business days	95% ¹	N/A ²	100%
\$ Dollar equivalent of Lean efficiency gains (cumulative) ^a	\$479,057	\$516,354	\$658,512
% First call resolution by Member Contact Center	89%	88%	90%
# Items vetted through person-centered advisory councils	59	33	50
% Persons receiving HCBS services with person-centered goals identified in their service plan	54%	55% ¹	55%
\$ Dollars recovered from overpayments to providers	\$6,662,965	\$10,568,072	\$10,000,000
\$ Dollars recovered from third party liability	\$72,058,987	\$27,021,043	\$77,000,000
% Existing Office of State Auditor recommendations resolved	N/A ³	N/A ³	N/A ³
# Individuals enrolled in Medicaid/CHP+	1,411,157	1,394,471	1,483,524
% Eligibility determinations processed timely	98%	98%	98%
% Real time eligibility (RTE) applications ^b	55%	71%	62%

1 Estimate. Data not yet available.

2 Data not yet available.

3 Audit recommendations data unavailable due to malfunctioning database.

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