Department of Health Care Policy and Financing
Q4 FY 2017-18 Performance Evaluation (July 2018)

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 FY 2017-18 Department 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 Q4	1-Year Goal
% ACC members with an enhanced primary care medical provider [a]	57%	55%	65%
# Benefits modified to align with new data, research, or evidence-based guidelines [b]	102	282 [1]	60
# Colorado providers serving Medicaid [c]	45,429 [2]	50,701 [2]	57,000
# Colorado primary care providers serving Medicaid [c]	21,398 [2, 3]	23,612 [2, 3]	25,500
% Nurse Advice Line calls referred to more appropriate level of care	50%	59% [4]	55%
# PEAK App users	79,399	141,312	100,000
% New mothers receiving maternal depression screening	25% [5]	28% [4, 5]	27%
# Members in practices that receive behavioral health integration incentives [d]	155,500	154,980	400,000
# Community Living Advisory Group recommendations fully or partially implemented	18	26	21
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	45%	47%	46%
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	67%	69%	68%

1 Annual estimate. Data not yet available.
2 This measure restates prior years' reporting to include only providers within Colorado.
3 Provider enrollment methodology was updated in March 2017 due to launch of Commit and BIDM. Historical data restated. Methodology includes Physicians, Osteopaths, Family/Pediatric Nurse Practitioners and Physician Assistants.
4 Data lagging—updated through March 2018

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

[a] The decline in ACC members attributed to a PCMP is likely due to provider revalidation and implementation of the new interChange. In addition, the ACC just completed the transition form RCCOs to RAEs for ACC Phase II, and we are now working with RAEs to ensure members are appropriately attributed to a PCMP, and will continue assisting providers in becoming certified as enhanced PCMPs.
[b] The increase in benefits modified is primarily due to benefits modified within the federal waiver renewal for Community Mental Health Supports in Oct 2017. These changes relate to a five-year cycle and are a unique situation.
[c] Results show steady growth from FY 2016-17 to FY 2017-18.
[d] Fluctuation is primarily a function of SIM cohort timing. SIM Cohort 1 practices received fiscal support during their active engagement (March 2016-March 2018). SIM Cohort 2 began in Sept. 2017. SIM Cohort 3 began in June 2018. Numbers are higher when cohorts overlap. The SIM office is working towards program sustainability and promotes continuation of efforts.

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 Q4	1-Year Goal
$ Provider payments tied to quality or value through innovative payment methods [a]	$447,025,667	$862,398,440 [1]	$1,102,223,409
$ Total costs avoided from ACC and Medicaid (in millions)	$118	$133 [2]	$82
$ Medicaid per-capita total cost of care [b]	$5,902	$6,928 [2]	$6,084
Providers with a quarterly report card; % of expenditures [c]	24%	23% [1]	26%
# Primary care providers who log in to SDAC/BIDM portal	661	758 [3]	645

1 Data lagging—updated through May 2018.
2 Annual estimate. Data not yet available.
3 SDAC—State Data Analytics Contractor; BIDM – Business Intelligence and Data Management system.

[a] FY 2017-18 Medicaid caseload was lower than forecasted. Since this metric is largely comprised of capitation payments, lower caseload yields lower payments tied to quality or value.

[b] FY 2017-18 Medicaid per capita is projected to increase due to unpaid FY 2016-17 claims resulting from the interChange transition and higher hospital supplemental payments, as authorized under SB 17-267.
[c] Normal fluctuation resulted in lower Q4 figures. Annual average for FY 2017-18 is 26%.

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 Q4	1-Year Goal
# Members in counties with a RCCO-LPHA relationship [a]	846,355	782,685 [1, 2]	840,000
# SIM education activities targeted toward PCMPs and community partners	26	34 [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 March 2018.

[a] The decline is due to decreased Medicaid member enrollment and is expected to increase once ACC Phase II is fully implemented beginning in July 1, 2018.

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 Q4	1-Year Goal
% Favorable responses to employee survey "We get work done more efficiently…"	46%	54%	50%
% Employee retention for 36 months or more	58%	56%	50%
% Electronically submitted clean claims processed within 7 business days	98%	99% [1]	95%

COLORADO

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Performance Measures	FY17 YE	FY18 Q4	1-Year Goal
% Providers notified of missing or incomplete enrollment information within 5 business days	95% [2]	100%	100%
$ Dollar equivalent of Lean efficiency gains (cumulative) [a]	$479,057	$566,946 [3]	$658,512
% First call resolution by Member Contact Center [b]	89%	89%	90%
# Items vetted through person-centered advisory councils	59	79	50
% Persons receiving HCBS services with person-centered goals identified in their service plan	54%	60%	55%
$ Dollars recovered from overpayments to providers	$6,662,965	$12,547,636	$10,000,000
$ Dollars recovered from third party liability [c]	$72,058,987	$54,434,312 [2]	$77,000,000
% Existing Office of State Auditor recommendations resolved	N/A [4]	N/A [4]	N/A [4]
# Individuals enrolled in Medicaid/CHP+	1,411,157	1,374,358	1,483,524
% Eligibility determinations processed timely	98%	97%	98%
% Real time eligibility (RTE) applications	55% [5]	65% [5]	62% [5]

1 Data lagging—updated through March 2018
2 Annual estimate. Data not yet available.
3 Data corrected
4 Audit recommendations data unavailable due to malfunctioning database
5 Data reflects all applications submitted that receive an RTE determination. Not every application is eligible for an RTE determination.

[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] The MCC lost several tenured and experienced staff in Q2. Additionally, the Dept. implemented a billing process change that drove additional call backs from members.
[c] The lack of recoveries is due to system issues (the implementation of interChange and BIDM). Functionality needed to collect full recoveries is expected to be fully implemented by FYE 2017-18 and the Department anticipates increased recoveries in FY 2018-19.