



Strategic Policy Initiatives

The Department of Health Care Policy and Financing identified several strategic policy initiatives, or SPIs, to be accomplished in FY 2018-19 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 2018-19 [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 innovating within existing delivery systems to improve quality of health care and control costs. For example, the Hospital Review Program notifies the RAEs of member diagnosis and treatment plans to highlight opportunities for discharge planning and care coordination.

Performance Measures	FY18 YE Estimate	FY 19 Q1	1-Year Goal
# Colorado providers serving Medicaid	48,841	52,815	49,571
# Colorado primary care providers serving Medicaid	22,838	24,520	23,177
# Nursing facility members transitioned to home and community based settings through Colorado Choice Transitions	391	426	478



SPI 2: Tools of Transformation: The broader health care system is transformed by controlling costs in Medicaid

One of the most critical factors impacting our business is the escalating cost of health care in the U.S. and in Colorado. In partnership with other payers and influencers, we are working to identify alternatives and build consensus around priority initiatives that will contain costs and improve the quality and efficiency of care delivery in the Medicaid program and within State policy. For example, in the Accountable Care Collaborative we have implemented cost and quality assessment capabilities to improve quality and continuity of care while controlling costs. Work supporting this SPI focuses on increasing the impact of Colorado Medicaid investments and innovations to transform the broader health care system.

Performance Measures	FY18 YE Estimate	FY 19 Q1	1-Year Goal
% Hospitals reached with messaging that makes them aware of the new HCPF Prometheus tool ^a	N/A ¹	N/A ¹	80%
% Regional Accountable Entities (RAEs) reached with messaging that makes them aware of the new HCPF Prometheus tool ^a	N/A ¹	N/A ¹	100%
\$ Medicaid per-capita total cost of care (PMPY) ^b	\$5,791	\$5,973 ²	\$5,973
\$ Total costs avoided from ACC and Medicaid (in millions)	\$133	\$189 ²	\$189

¹ Data not available.

² Estimate. Data not available.

^a Outreach to begin in Q2 FY 2018-19 and is pending finalization of educational content before measurement begins.

^b PMPY—per member per year



SPI 3: Partnerships to Improve Population Health: The health of low-income and vulnerable Coloradans improves through a balance of health and social programs

The Department seeks to improve the health and well-being of Coloradans served by the Medicaid program. Appropriate health care must be complemented by addressing chronic disease, mental health and substance abuse. For example, we are undertaking Department initiatives intended to prevent and treat addiction in response to the State’s higher than average substance abuse disorder challenges.

Performance Measures	FY18 YE Estimate	FY 19 Q1	1-Year Goal
Decrease # opioid pills dispensed among members who use the Rx benefit	10.09	9.97 ¹	9.59

¹ Data lagging—updated through July 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 improving the cost-efficiency of our operations, strengthening services to our providers, and completing systems changes that improve member experience.

Performance Measures	FY18 YE Estimate	FY 19 Q1	1-Year Goal
Provider call average speed of answer (ASA) ^a	896 ¹	69 ²	61
# of PEAK app users	141,312	159,466	170,100
% targeted Medicaid households using PEAKHealth mobile app	22.4%	25%	26.5%
\$ HCPF expenditures spent – Administration	\$264,473,620 ³	\$28,916,350	\$335,389,423

¹ March—December 2017 average.

² Average of July through September 2018.

³ Estimate. Data available annually in November.

^a FY 2017-18 is high due to the implementation of a new RAE structure and our attribution model, which has caused increased provider calls (all 1.3M members were attributed, and providers received attribution lists).