



**Strategic Pillars**

The Department of Health Care Policy and Financing identified five significant objectives, or pillars, to be accomplished in FY 2019-20 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 pillars is available in the FY 2019-20 [Department Performance Plan](#).

The Department’s strategic pillars and supporting initiatives described below are new as of FY 2019-20. Current year ramp-up efforts are creating a foundation to achieve Governor Polis’ health related goals, and new data will help set a baseline to evaluate performance. Many of these initiatives are project-based activities with short term milestones gauging performance. As a result, year-over-year performance data beyond what is provided below is not yet available.

**Pillar 1: Health Care Affordability for Coloradans: Reduce the cost of care in Colorado**

The Department created a Health Care Affordability Roadmap that identifies cost drivers and cost control policies to address them. The Roadmap is intended to inform the State’s and Medicaid’s affordability strategy and align the two. This pillar is formulated to achieve improvement in the areas of price constraint, alternative payment models, data infrastructure, innovation, and population health, as reflected by the following performance measures.

<b>Performance Measures</b>	<b>FY 19 YE</b>	<b>FY 20 Q2</b>	<b>1-Year Goal</b>
# State thought leaders, industry influencers and stakeholders who are aware of, engaged to develop, or supporting the execution of the 3-5+ Year Health Care Affordability Road Map	2,220	4,103	3,500
% Complete: Prescription Cost Drivers Report	N/A	100%	100%
% Complete: Payer Prescription Tool implementation	N/A	20%	100%
% Complete: CMS Approval for HTP Waiver	N/A	79%	100%
# HTP measures implemented	N/A	6	10



**Pillar 2: Medicaid Cost Control: Ensure the right services for the right people at the right price**

Since the passage of Colorado’s Senate Bill 18-266, Controlling Medicaid Costs, the Department has been focusing resources to meet the intent of the legislation and the affordability goals of Governor Polis. In addition to many cost control initiatives to better manage Medicaid expenditures, such as curbing fraud and evolving Accountable Care Collaborative strategies, there are more than 15 workstreams inside the Department focused on Medicaid claim trend management. Most of the appropriations received by the Department are for the purpose of funding the State’s Medicaid program. As such, it is critical that the Department demonstrate sound stewardship of the financial resources that have been allocated to its programs.

<b>Performance Measures</b>	<b>FY 19 YE</b>	<b>FY 20 Q2</b>	<b>1-Year Goal</b>
\$ Medicaid per-capita total cost of care (PMPY) <sup>1</sup>	\$6,378	\$595 <sup>A</sup>	\$570 (\$6,839) <sup>2</sup>
% Complete: Managing rising trends and high-risk, high-cost Medicaid members	N/A	68%	100%

<sup>1</sup> Annual goal is per member per year (PMPY). Quarterly data is per member per month for November 2019. The PMPY actual for FY20 will be calculated after the end of the FY.

<sup>2</sup> 1-year goal adjusted in October 2019 based on changes in the November budget forecast for FY 2019-20

<sup>A</sup> 3.4% higher than the projected trend using simple monthly math to annualize, or 0.2% higher than projected adjusting for delay in drug rebates and the timing of payments. Monthly Medicaid per capita fluctuates based on the number of weeks in a month, sudden changes in caseload (due to retroactive payments), what part of the year a month falls in, the timing of lump-sum payments, and other reasons based on provider billing fluctuations. Therefore, fluctuations in monthly cost per capita are normal in most cases.



**Pillar 3: Member Health: Improve member health**

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. The impact of the opioid crisis has devastated many American families and Colorado is no exception. The Department is implementing strategies to battle overprescribing behaviors and reduce patient addiction in the Medicaid and CHIP populations.

Performance Measures	FY 19 YE	FY 20 Q2	1-Year Goal
Decrease # opioid pills dispensed among members who use the Rx benefit	8.26	7.68 <sup>1</sup>	7.46
% Complete: Baseline Risk Score for every member	N/A	70%	100%

<sup>1</sup> Data lagging—updated through September 2019.

**Pillar 4: Customer Service: Improve service to members, care providers, and partners**

Our focus for this pillar is on improving service to our members and providers to reach levels that parallel that of the private or commercial sector. We want to be diligent and thoughtful in finding ways to do more with less across all our operations in order to match the service levels associated with commercial payers.

Performance Measures	FY 19 YE	FY 20 Q2	1-Year Goal
Provider call average speed of answer (ASA) in seconds	52	113 <sup>1,A</sup>	61

<sup>1</sup> Quarterly data is from November 2019.

<sup>A</sup> Staff attrition and extended peak times beginning approximately halfway through the month created call center service challenges for the month of November. Of the 15,441 calls handled in November, 48.5% (7,504) were answered in 30 seconds or less. The overall average time providers waited for an agent in November was 1 minute and 53 seconds compared to less than 1 minute in prior months (July – October). Call Center wait times are 96 seconds during the latter half of December, down from 173 seconds during the first half.

DXC’s performance goal is for providers to consistently experience average wait times of less than 1 minute. To achieve this, DXC will temporarily leverage trained staff from other operational areas to provide additional manpower during the peak periods. As a long-term solution, DXC is actively backfilling vacant positions and increasing staffing to minimize risks to future service levels. One position was filled during the first week of December and DXC is actively recruiting to fill an additional 8 call center agents in January.



**Pillar 5: Operational Excellence: Create compliant, efficient, and effective business practices that are person- and family-centered**

To achieve this pillar we are improving the cost-efficiency of our operations, strengthening services to our providers, and completing systems changes that improve member experience. We have taken on a substantial amount of project work to improve operational excellence in areas such as federal compliance, member call center, eligibility accuracy, executive accountability, and measure execution.

<b>Performance Measures</b>	<b>FY 19 YE</b>	<b>FY 20 Q2</b>	<b>1-Year Goal</b>
Complete contract management training for 100% of contract managers	N/A	0% <sup>A</sup>	100%
% targeted Medicaid households using PEAK <i>Health</i> mobile app	36%	41% <sup>1</sup>	43%
\$ HCPF expenditures – Administration	\$ 311,714,033	\$80,290,883 <sup>B,2</sup>	\$436,961,708 <sup>3</sup>

<sup>A</sup> Training is currently in development and this initiative is on track.

<sup>B</sup> Administrative expenditure is not spent in equal portions throughout the year. Most expenditure will occur in the last half in the year, with a large percentage in the last quarter and through Accounting close.

<sup>1</sup> Quarterly data is from November 2019.

<sup>2</sup> Quarterly data is cumulative YTD from July through November 2019.

<sup>3</sup> Target for FY20 is based on initial spending authority in LB+SB, and will be adjusted in March 2020 after any supplemental funding is appropriated. Source: FY20 DPP, pg 25.