

OPERATIONAL MEMO

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Audience: County Departments of Human/Social Services	Sub-Topic: None
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Purpose and Audience:

The purpose of this Operational Memo is to provide guidance to county departments of human/social services (counties) on how to operationalize the FY 2025-26 the Medicaid County Performance Standards Program (County Incentive Contract) which shall be divided into three incentive categories: the Performance Compliance Performance Incentive Standard, the Customer Service Performance Incentive Standard, and the County Collaboration Incentive Standard.

Each of these standards is assigned a specific percentage (see below), which collectively represent 100% of the total Eligible Earnings available to each County under the Program.

State Fiscal Year 2025-2026 Incentives Payment Table

County Incentive Payment Measures	Percentage of the Incentive Contract
Performance Compliance Performance Incentive Payment	50%
Customer Service Performance Incentive Payment	30%
County Collaboration Incentive Payment	20%

Information:

In FY 2025-26 the Medicaid County Performance Program (County Incentives Contract), each county human/social services department with a signed contract can earn three incentive payments at the end of the fiscal year. To qualify for these payments, the county must meet specific targets for each incentive or submit the necessary deliverables for the incentive.

The Medicaid County Performance Program aims to improve timeliness, accuracy, customer service, and county collaboration. By tracking performance in each incentive category, HCPF can evaluate how well each county is doing. The incentive contract also helps counties follow rule 10 CCR 2505-5 1.020.3.4, which requires county directors to establish internal controls. These controls ensure that the department provides timely, respectful, and culturally appropriate service to Medical Assistance applicants and members.

The Department of Health Care Policy and Financing (HCPF) has statutory responsibility for the supervision of local administration of the Medical Assistance Program (which includes Medicaid and Child Health Plan *Plus*); it is also obligated under federal law, specifically 2 CFR Part 200 Uniform Guidance, to establish performance measures and targets for HCPF and counties to continuously strive to achieve to meet the program objectives as established by the Centers for Medicare and Medicaid Services. Further regulatory requirements at 10 CCR 2505-5 1.020.3.4.iii require the Eligibility Site Director to establish adequate internal controls, including organizing operations and staff functions to support performance management.

This memo from HCPF provides an overview of the Medicaid County Performance Standard Incentive Program, focusing on the following key components:

1. Performance Compliance Performance Incentive Standard
2. Customer Service Performance Incentive Standard
3. County Collaboration Incentive Standard

The following sections will provide details on each incentive standard to help guide and support counties in meeting program expectations

Performance Compliance Performance Incentive Standard

The Performance Compliance Performance Incentive Standard consists of the following performance measures: Timeliness measures, Exceeding Processing Guidelines measures, and Accuracy measures. The target is to increase timeliness percentages, decrease exceeding processing guideline(backlog) cases, and meet accuracy targets. The key element of this incentive standard is to meet federal and state performance standards, to address counties' internal performance management processes, and to comply with the Medical Assistance Performance (MAP) Dashboard program. MAP Dashboards are the established performance management methods used by HCPF to measure county compliance with performance standards.

Earning Performance Compliance Performance Incentive

The Performance Compliance Incentive accounts for 50% of the total County Incentives funding for the fiscal year. The Department will utilize MAP data to evaluate county performance across three key reporting periods. Status Report 1 (Timeliness & EPG Targets) will cover July 2025 through December 2025, while Status Report 2 (Timeliness & EPG Targets) will span January 2026 through June 2026. Additionally, Status Report 2 (Accuracy Targets) will use data from April 2025 to March 2026. The MAP dashboard will be used to score and calculate eligible earnings under the Performance Compliance Performance Incentive Standard. The targets for each reporting period are outlined below.

Counties can earn the Performance Incentive for Reporting Period 1 and 2 by doing the following:

- They will receive 100% of the Performance Incentive Payment if they meet the targets for both status reports as shown below within the Target section.
- The payment will be divided as follows: 50% will be awarded for meeting status report 1 and 50 % will be awarded for meeting status report 2.
 - If only one status report period is met then partial payment will be adjusted accordingly.

Performance Compliance Incentive Targets

Reporting Period 1: To earn the performance incentive payment for reporting period 1, you need to meet four(4) out of the six(6) targets listed below.

- **Application 45 Timeliness** - $\geq 95.00\%$ timeliness average over the first Reporting Period for Application Timeliness of Determinations, 45 Days.
- **Application 90 Timeliness** - $\geq 95.00\%$ timeliness average over the first Reporting Period for Application Timeliness of Determinations, 90 Days.
- **Renewal Non-LTSS Timeliness** - $\geq 95.00\%$ timeliness average over the second Reporting Period for Renewal Non-LTSS Timeliness.
- **EPG 45-** \leq Pending EPG 45 determinations must average at or below the target level during Reporting Period 1, taking into account the size of the County.
 - Application exceeding processing guidelines(EPG) 45 days

County Size	App EPG 45 Target
Large	≤ 25
Medium	≤ 5
Small	≤ 3

- **EPG 90-** \leq Pending EPG 90 determinations must average at or below the target level during Reporting Period 1, taking into account the size of the County.
 - Application exceeding processing guidelines (EPG) 90 days

County Size	App EPG 90 Target
Large	≤ 10
Medium	≤ 3
Small	≤ 1

- **Pending EPG Renewal Non-LTSS** must average at or below the target level during Reporting Period 2, taking into account the size of the County
 - Renewals Exceeding processing guidelines for Non-LTSS

County Size	Renewal EPG Non-LTSS Target
Large	≤ 130
Medium	≤ 20
Small	≤ 3

Reporting Period 2: To earn the performance incentive payment for reporting period 2, you need to meet six (6) out of the eight (6) targets listed below.

- **Application 45 Timeliness** - $\geq 95.00\%$ timeliness average over the first Reporting Period for Application Timeliness of Determinations, 45 Days.
- **Application 90 Timeliness** - $\geq 95.00\%$ timeliness average over the first Reporting Period for Application Timeliness of Determinations, 90 Days.
- **Renewal Non-LTSS Timeliness** - $\geq 95.00\%$ timeliness average over the second Reporting Period for Renewal Non-LTSS Timeliness.
- **EPG 45-** \leq Pending EPG 45 determinations must average at or below the target level during Reporting Period 1, taking into account the size of the County.
 - Application exceeding processing guidelines (EPG) 45 days

County Size	App EPG 45 Target
Large	≤ 25
Medium	≤ 5
Small	≤ 3

- **EPG 90-** \leq Pending EPG 90 determinations must average at or below the target level during Reporting Period 1, taking into account the size of the County.
 - Application exceeding processing guidelines(EPG) 90 days

County Size	App EPG 90 Target
Large	≤ 10
Medium	≤ 3
Small	≤ 1

- **Pending EPG Renewal Non-LTSS** must average at or below the target level during Reporting Period 2, taking into account the size of the County
- **Renewals Exceeding processing guidelines for Non-LTSS**

County Size	Renewal EPG Non-LTSS Target
Large	≤ 130
Medium	≤ 20
Small	≤ 3

- Incorrect Eligibility Determination Rate

County Size	Tier 1 Target %	Tier 2 Target %
Large	5.5%	N/A
Medium	6.6%	13.2%
Small	7.3%	14.6%

- Errors That Did Not Impact Eligibility Rate

County Size	Tier 1 Target %	Tier 2 Target %
Large	17.9%	NA
Medium	20.9%	23.2%
Small	23.2%	27.2%

Eligibility Quality Assurance (EQA) Program

The Accuracy portion of the Performance Compliance Performance Incentive Standard evaluates a county’s ability to determine Medicaid eligibility correctly and consistently. This component focuses on reducing administrative errors and ensuring that eligibility decisions align with policy and procedural requirements. Accuracy is measured using MAP data collected over a 12-month period—from April 2025 through March 2026 from the EQA program.

The HCPF Eligibility Quality Assurance (EQA) Program pulls 120 individuals per month to review eligibility determinations for accuracy. This includes actions taken at application, redetermination and case change. The EQA team sends the counties the review findings and provides the county with the opportunity to respond to the findings. Counties shall respond to case review findings with rebuttal/concurrence process per [HCPF IM 23-011](#), or whichever later Operational Memo supersedes OM 21-057, which specifies the county’s role in the state quality assurance (QA) case review process. Once the review finding is final, the results are published on the monthly Medical Assistance Performance (MAP) Accuracy Dashboard. The Accuracy

Dashboard is available at the MAP Dashboard Tableau site. It is updated on or around the 3rd of each month.

Calculation of the Accuracy Performance Measures for the MAP Dashboard

- Performance Measure 1: Incorrect Eligibility Determination
 - Number of individuals that were incorrectly approved, denied, or terminated divided by the total number of individuals in the sample (%), monthly (includes applications, redeterminations and changes)
- Performance Measure 2. Errors That Do Not Impact Eligibility
 - Number of individuals with error(s) that did not impact eligibility divided by number of individuals in the sample, monthly (includes applications, redeterminations and changes)

Performance Measure 1: Incorrect Eligibility Determination Rate Targets for All Counties

- Tier 1 target percentage (%): Counties with twenty (20) or more cumulative quality assurance case reviews conducted over a twelve-month period. *This is the target reported on the MAP Accuracy Dashboard.*
- Tier 2 target percentage (%): Counties with fewer than twenty (20) quality assurance case reviews. *This is not reported on the MAP Accuracy Dashboard and used for County Incentives purposes only.*

Performance Measure 2: Errors That Do Not Impact Eligibility Targets for All Counties

- Tier 1 target percentage (%): Counties with twenty (20) or more cumulative quality assurance case reviews conducted over a twelve-month period. *This is the target reported on the MAP Accuracy Dashboard.*
- Tier 2 target percentage (%): Counties with fewer than twenty (20) cumulative quality assurance case reviews conducted over a twelve-month period. *This is not reported on the MAP Accuracy Dashboard and used for County Incentives purposes only.*

Actions To Be Taken for Timeliness and EPG Measures:

- Ensure your county's MAP Owners have access to the county's Tableau MAP Dashboard -
 - The monthly business process for MAP owners regarding the Performance Incentive includes reviewing data, checking for any discrepancies, and ensuring untimely processing is addressed.
 - The MAP owner reviews all Performance measures targets in the MAP dashboard every month.
 - If MAP performance targets are not met, use MAP raw data to identify the root causes for untimely processing that are causing the county to not meet the target.
 - Use the root cause information to create an action plan that addresses delays in processing, helping you meet the performance targets.
 - If a discrepancy exists within the MAP RAW data or you wish to dispute the data, please follow the steps below outlined in the MAP Exemption Process -
 - [MAP Exemption Request](#)
 - [MAP Eligibility Site Exemption Process V1 \(Updated 2025.04.22\).pdf](#)
 - The County Incentive Contract gives you a limited time after each Status Report period to dispute performance scores, which you can find in section 8.1 of the contract.
 - The Department strongly suggests that counties check the MAP dashboard every month and the MAP exemption process to avoid future performance incentive scoring issues or questions.
 - To access MAP resources, use this link: [MAP Resources & Desk Aids](#)
 - If you are having challenges meeting performance targets, submit a request or reach out to HCPF_MAPdashboards@state.co.us. The MAP County Performance Improvement Team can assist with identifying the root cause of performance challenges and can work with the county to address identified challenges.
 - In addition, the Overflow Processing Center may be able to provide processing assistance for those cases non-compliant with performance targets or extenuating circumstances; visit the [Overflow Processing Center \(OPC\) | Department of Health Care Policy and Financing](#) for more information.

Actions To Be Taken for Accuracy Measures:

- Ensure your county's MAP Owners have access to the county's Tableau MAP Accuracy Dashboard - [MAP Access](#)
- The monthly business process for MAP owners regarding the Accuracy Incentive includes reviewing data, checking for any discrepancies, and ensuring all findings are addressed.
 - The MAP owner reviews all QA findings in the MAP dashboard every month.
 - The accuracy data from MAP is linked to the monthly reviews done by HCPFs Eligibility Quality Assurance (EQA) team.
 - Make sure you have access to the monthly summary from the EQA team which gives more detailed information.
 - You can get this information by request from the EQA team [HCPF MOO_EQR - HCPF](#) or by checking with the worker(s) that handle EQA reviews.
 - If MAP QA targets are not met, use MAP raw data and EQA case review information to identify the root causes for errors that are causing the county to not meet the accuracy targets.
 - Using root cause information, implement action and training plans to mitigate the errors from recurring to help meet the accuracy targets.
 - If you want to dispute a finding, use the EQA rebuttal process outlined here in the [Eligibility Quality Assurance \(EQA\) Case Review Process Manual](#)
 - The County Incentive Contract gives you a limited time after Status Report 2 to dispute accuracy scores, which you can find in section 8.1 of the contract.
 - (a) The Department strongly suggests that counties check the MAP dashboard every month and use the EQA rebuttal process to avoid future accuracy incentive scoring issues or questions.

Customer Service Performance Incentive Targets and Deliverables

Customer Service Tiers

Each county was assigned or selected a Customer Service Tier in FY 2025-26; the Customer Service Tier determines which customer service metrics, benchmarks and deliverables the county must meet and/or submit to earn a Customer Service Performance Incentive Payment. If necessary, HCPF may, in consultation with the county, amend its initial classification and reclassify the county to a different Customer Service Tier. Any reclassification approved by HCPF, in consultation with the county, shall take effect the following Reporting Period.

Customer Service Tier 1 - Counties with a Call Center

A county assigned to Customer Service Tier 1, the county has a call center. Customer Service Tier 1 counties shall:

- Submit to HCPF monthly Call Center reporting from the county's available data that complies with the Call Center data reporting requirements determined by HCPF.
- Monthly reporting will be due on the 7th of each month and sent electronically to the County Relations webform (<https://hcpfdev.secure.force.com/HCPFCountyRelations>) or email HCPF_CountyRelations@state.co.us.
- Call Center Data Reporting requirements are outlined in an attachment to this Operational Memo.
- If certain data elements required by HCPF are not available in the county's data, the county shall propose an alternate data set, which shall be reviewed and approved by HCPF
- Meet Average Speed to Answer (ASA) as averaged between January to June 2026 or July 2025 to June 2026 by the Second Semi-Annual Due Date, June 16, 2026.
- The service-level performance target for the county's ASA will be jointly determined by HCPF and the county and will be based on the most recent six (6) months or twelve (12) months of ASA performance data provided by the county at the end of FY 2025-26.
- Attend two half hour technical assistance and learning sessions with the HCPF's Member Contact Center (MCC) Operations staff before June 15, 2026.
- The date, time and location of the technical assistance and learning session will be jointly agreed-upon by the HCPF and the county.
- The session can be scheduled in a different time format, if agreed upon by HCPF and the county.

- The County can request additional support, beyond the required session, from the MCC Operations staff to improve its ASA performance by contacting the County Relations webform (<https://hcpfdev.secure.force.com/HCPFCountyRelations>) or email HCPF_CountyRelations@state.co.us.

Customer Service Tier 1 - Earning the Customer Service Incentive payment

As outlined in detail above, a county assigned to Customer Service Tier 1 will earn the Customer Service Tier 1 Incentive Payment by:

1. Submitting data timely by the 5th of each month for the previous month.
2. Meet the ASA to answer as average from July 2025 to June 2026.
3. Complete two 30 minute technical assistance meetings.

Failure to Submit Reports Timely - Incentive Reduction Clause

- If a Tier 1 Call Center County fails to submit either the required monthly reports or the annual report on time three (3) or more times within a contract year, the County's Customer Service Incentive Payment shall be reduced by twenty-five percent (25%).

Customer Service Tier 2 - Counties without a Call Center

If the county is classified as Tier 2 the county is understood to be small enough in operations and workload where a call center (defined as at least two or more staff members answering a dedicated line and to not have the technology in place, at a minimum, on the number of calls received, the average wait time and the number of abandoned calls) is cost-prohibitive or not supportable under existing funding or staffing allocations.

A Customer Service Survey is managed by HCPF and does not require any action from the county. The county's baseline for the Customer Service Survey was determined prior to May 2023 to allow for the county to integrate that data into its Customer Service Outreach Plan. This baseline is used to determine the percentage of survey participation members who felt like they were treated with respect, percentage of members who felt they received services in a timely manner and the overall satisfaction score for each site that must be increased in the following contract cycle. The Customer Service Survey Outreach Plan includes methodologies and strategies for increasing applicant and member participation in HCPF's Customer Service Survey.

Member Experience Advisory Council Customer Service Survey

The Customer Service Survey is administered by HCPF's Member Experience Advisory Council (MEAC) and is distributed quarterly to all members who have an active email address on file. The Customer Service Survey will include a set of questions that aims to gather feedback on whether counties are adequately implementing 10 CCR 2505-5 1.020.3.4.viii, which requires internal controls to ensure that "customer service is provided in a timely, respectful and culturally-appropriate manner."

Surveys are aimed to provide feedback on the customer service experience entirely and may include feedback related to programs other than Medicaid including other public assistance benefits.

Although counties in Tier 2 will use the Survey for the Incentives contract requirements, all counties will be included in the Survey ongoing. Results from the Survey will be shared with counties; non-compliance issues, such as a discrimination complaint, that may come out of the Survey will also be addressed separately. If the county identifies survey responses that are not related to the services provided by the county, the county will have five days to file an exception request to have the

response reviewed. If the exception is approved, the survey response will be removed from the county's ratings and score. Examples of survey responses that are not related to the county's performance would be responses related to services provided by Public Health, Medical Providers, or any entity outside of the department of human/social services.

Customer Services Tiers 2

If the County is classified as Tier 2, and the county submitted to HCPF a Customer Service Survey Outreach Plan by the end of FY 2024-25, the county is shall

1. Submit a report updating HPCF on implementation of their Customer Service Survey Outreach Plan in FY 2025-26 (A template for the report is a provided as an attachment to this Operation Memo) by June 5, 2026,
2. Submit a Customer Service Tier 2 Inbound/Outbound Call Survey by June 5, 2026
3. And maintain an average of 90% or higher in both percentage of members who felt like they were treated with respect, and percentage of members who felt they received services in a timely manner as well as an average overall satisfaction score of 3.50 or higher. If the county does not meet the requirements set above, the county can increase their percentage of members who felt like they were treated with respect, and/or, increase their percentage of members who felt they received services in a timely manner and/or increase the overall satisfaction score for the site by 3% compared to their baseline by June 30,2026. If the county does not meet the requirements set above, HCPF will determine if the county meets an exception based on county/caseload size fluctuations as a result of the Public Health Emergency unwind.

If the County is classified as Tier 2, and the county did not submit to HCPF a Customer Service Survey Outreach Plan by the end of FY 2024-25, the county is shall

1. Submit a Customer Service Outreach Plan by June 5, 2026, to be eligible to earn the Customer Service Incentive payment as outlined in 4.3.10.3.1 of the FY 2025-26 County Incentives Program contract;

2. Submit a Customer Service Tier 2 Inbound/Outbound Call Survey by June 5, 2026
3. Submit a report updating HPCF on implementation of their Customer Service Survey Outreach Plan in FY 2025-26 (A template for the report is provided as an attachment to this Operation Memo) by June 5, 2026, and maintain an average of 90% or higher in both percentage of members who felt like they were treated with respect, and percentage of members who felt they received services in a timely manner as well as an average overall satisfaction score of 3.50 or higher. If the county does not meet the requirements set above, the county can increase their percentage of members who felt like they were treated with respect, and/or, increase their percentage of members who felt they received services in a timely manner and/or increase the overall satisfaction score for the site by 3% compared to their baseline by June 30, 2026. If the county does not meet the requirements set above, HPCF will determine if the county meets an exception based on county/caseload size fluctuations as a result of the Public Health Emergency unwind.

The Customer Service Outreach Plan will include, at minimum, the following:

- Who is responsible for the county's Customer Outreach Plan
- What communications, methodologies and strategies will be used to engage with applicants and members to increase participation in the survey
- How the county will ensure that negative action is not taken against applicants and members who decline to participate in the Customer Service Survey

Please note that a template for the Customer Service Outreach Plan is not provided to the county; the county's Customer Outreach Plan should be detailed on the county's letterhead.

Action To Be Taken:

Customer Service Performance Incentive Exemptions for Unusual Circumstances the County may request an exemption for unusual circumstances for failure to meet the ASA targets, if the County was classified by the Department as Customer Service Tier 1. However, no exemptions for unusual circumstances are allowed for deliverables required for Customer Service Tiers 1 or Tier 2. The exemption process for unusual circumstances is described in section 6, Exemptions, in the County Incentives contract. Please note that only County exemption requests that follow the process and meet the requirements as outlined in section 6 will be considered by the Department.

County Collaboration Incentive Standard

The County shall be eligible to earn the County Collaboration Incentive Standard Payment upon the successful submission of the two County Collaboration Incentive Standard Deliverables involving Nursing Facilities (NFs) and Case Management Agency(ies) during Reporting Period 2. To receive the full County Collaboration Incentive Standard Payment, the County must successfully submit both County Incentive deliverables. The completion of both deliverables will contribute 100% toward the total County Collaboration Incentive Standard Payment. If only one deliverable is submitted, it will contribute 50% toward the total payment.

Submit the following two deliverables no later than April 30, 2026. The County will submit these deliverables using the following link: [County Collaboration Incentive Deliverable](#)

Nursing Facilities Deliverable

A minimum of two or more meetings shall be held with one or more relevant agencies. These meetings shall include, at a minimum, discussion and documentation of the following information:

- A meeting agenda outlining the topics discussed.
- A list of attendees, including the name of each individual and the agency or county they represent, must be provided.
- One county may submit this deliverable on behalf of other counties that attended the meeting. However, all represented counties must be clearly identified in the list of attendees.
- If a County does not have any Nursing Facilities (NFs) within the boundaries of their county, the county is exempt from implementing this deliverable related to Nursing Facilities.
 - DELIVERABLE: Two or More Nursing Facilities Meetings with one or more relevant agencies
 - DUE: No later than April 30, 2026

Case Management Agencies Deliverable: A minimum of two or more meetings shall be held with one or more relevant agencies. These meetings shall include, at a minimum, discussion and documentation of the following information:

- A meeting agenda outlining the topics discussed
- A list of attendees, including the name of each individual and the agency or county they represent, must be provided.
- One county may submit this deliverable on behalf of other counties that attended the meeting. However, all represented counties must be clearly identified in the list of attendees.
- If a county is acting as Case Management Agencies must submit an internal control procedure to substitute for this deliverable requirement.
 - DELIVERABLE: Two or More Case Management Agency Meetings with one or more relevant agencies
 - DUE: No later than April 30, 2026

Actions To Be Taken for County Collaboration Incentive:

- Initiate outreach efforts to establish points of contact and set a regular meeting cadence with Nursing Facilities and Case Management Agencies
 - Nursing Facilities Contact List: [NF Providers for Counties.pdf](#)
 - Case Management Agencies: [HCPF CMA Directory](#)

Exemptions for Unusual Circumstances

Exemptions for unusual circumstances will be considered as outlined in section 6.1.2 Definitions of Unusual Circumstance for FY 2025-26 Medicaid County Performance Program. Exemptions will **only** be considered on a case-by-case basis per contract section 6 titled Exemptions.

Contract Language

Contract Language for Medicaid Performance County Performance Standard Program three incentive categories begin on section 4.1. If conflict arises between contract language and guidance issued through the HCPF Memo Series, contract language supersedes the guidance provided through the HCPF Memo Series.

Attachment(s) and Link(s):

Customer Service Tiers - All Counties

Customer Service Tier 2 Inbound/Outbound Call Survey

Call Center Annual Reporting Data Elements for Tier 1 Counties

List of Tier 1 Monthly Required Data Elements

Tier 2 Template Customer Service Plan Reporting

EQA Process Manual: [Eligibility Quality Assurance \(EQA\) Case Review Process Manual](#)

How to access MAP Tableau: [MAP Access](#)

MAP Exemption request form: [MAP Exemption Request](#)

MAP Exemption Process: [MAP Eligibility Site Exemption Process V1 \(Updated 2025.04.22\).pdf](#) Performance Coaching Workbook: [Performance Coaching Workbook \(Updated June 2024\)](#)

Nursing Facilities Contact List: [NF Providers for Counties.pdf](#)

Case Management Agencies: [HCPF CMA Directory](#)

HCPF Contact:

For questions on the Medicaid County Performance Incentive Standard Program please email [HCPF CountyRelations - HCPF](#)

For more information on MAP Dashboards or MAP Program, please contact: [HCPF MAPDashboards - HCPF](#)

Definition(s):

Eligibility Quality Assurance (EQA) Program - the program which reviews eligibility determinations made for Medical Assistance Programs in the Colorado Benefits Management System.

Long Run - seven consecutive data points of performance on the same side of the moving average that signify a deterioration or improvement in performance.

MAP Dashboard Performance Measure - a performance measure reported to county directors that captures overall county performance in specific work areas and tracks progress towards and/or compliance with federal and state performance requirements.

Medical Assistance Performance (MAP) Dashboard Program - the program which reports performance measures, targets and information particular to performance management for Medical Assistance Programs.

MAP Dashboard Performance Owner(s) - county designated MAP Dashboard performance owner(s) to access the MAP Dashboards to follow the posted Standard Operating Procedure (SOP), ensure targets are met, and research and address gaps in performance. Also known as a "MAP Owner"

Medical Assistance Performance (MAP) Dashboard Program - the program which reports performance measures, targets and information particular to performance management for Medical Assistance Programs.

Outlier - two continuous months or two of three months of not meeting the performance target.

Performance Measure - a quantification that provides objective evidence of the degree to which a performance result is occurring over time.

Short Run - three or three out-of-four consecutive data points of performance closer to the limit of the county's normal process than the county's moving average.

Tableau - is an interactive data visualization software focused on business intelligence; provides a graphic representation of essential information regarding performance measures, targets and benchmarks and the county's actual performance.

Target - a degree of performance that we continuously strive to achieve; targets for MAP Dashboard Performance Compliance are set by HCPF based on federal requirements, current county performance and county solicited feedback to drive improvement strategic goals, federal requirements and improvement endeavors.