

Expanded Medical Assistance Performance (MAP) Measure Owner Training

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6/29/2021 and 7/6/2021



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Agenda

- What are the MAP Dashboards?
- What problem are we trying to solve?
- Problems with the Current MA Performance Management Program
- Missed Opportunities, Risks, and Benefits
- What is Performance Management?
- How do we measure performance now?
- Improvement Cycle
- Future State of Performance Management Program
- Measure Levels
- When will the Department reach out?
- XmR Charts
- Signals and Accountability
- HCPF MAP Measure Owners
- When are the Dashboards available?
- Eligibility Site Responsibilities
- Process
- Where they live
- Questions



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What are the MAP Dashboards?

- The Department of Health Care Policy and Financing (Department) tool for Performance Management for timely and accurate eligibility determinations.
- Tool to communicate and diagnose the cause of meeting or not meeting performance targets.
- Central location for performance that Counties and Eligibility Sites are held accountable to.



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What problem are we trying to solve?

Audit findings:

Year	Audit	Error Rate	Sample Size
2015	OSA: SSWA (State)	3%	60
2015	OIG: A-07-18-02812 (Federal)	4%	140
2015	OIG: A-07-16-04228	28%	60
2017	OSA: SSWA (State)	18%	40
2018	OSA: SSWA (State)	28%	200
2018	OSA: SSWA System Issues (State)	14%	29
2019	OSA: SSWA (State)	26%	125



Problems with Current MA Performance Management Program

- Focus is only on timely determinations without support from the Department on identifying cause. No other targets for performance have been developed or communicated.
- Allows for ‘knee jerk’ reactions
- No focus on accurate determinations
 - MEQIP (Medical Eligibility Quality Improvement Plan) had gaps
- No alignment with auditing partner definitions of accurate determinations



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Missed Opportunities, Risks, and Benefits

Missed Opportunities (if we don't update):

- Defining performance for Medical Assistance eligibility

Risks:

- Continued and recurring audit findings
- Loss of funds

Benefits:

- The Department and Eligibility Sites partnering in improving performance
- Transparency in performance definition and steps to improve



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What is Performance Management?

Performance management is the measurement and improvement of performance toward a target. Performance measurement is a tool to identify when improvement is needed and tells us whether our efforts had the impact we wanted. There are two types of impact we aim for in reaching our target:

Reduce Variation



Improve Precision



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How do we measure performance now?

Timely Determinations and Redeterminations:

- Determinations:
 - Policy: 45 days or 90 days if disability determination needed (8.100.3.D)
 - *CBMS Functionality: Eligibility determination within 45 calendar days of application receive date = timely
 - Target: 95% of determinations (individual) within 45 calendar days of application receive date
- Redeterminations:
 - Policy: Redetermination shall be done every 12 months (8.100.3.P)
 - CBMS Functionality: Eligibility redetermination made by end of RRR due month.
 - Target: 95% of redeterminations (individual) by end of RRR due month



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How do we measure performance now? Cont'd

Timely Changes/Disenrollments

- Policy/Guidance: 15 calendar days of receipt (OM 20-068)
- CBMS Functionality: NOA sent within 15 calendar days of Date Received = timely
- Target: 85% of changes resulting in disenrollment within 15 calendar days (OM 20-068). None for other outcomes of changes processed.

Accuracy

- None



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How is performance improved now?

- The Department is not a part of this process
- No standard expectations
- No partnership

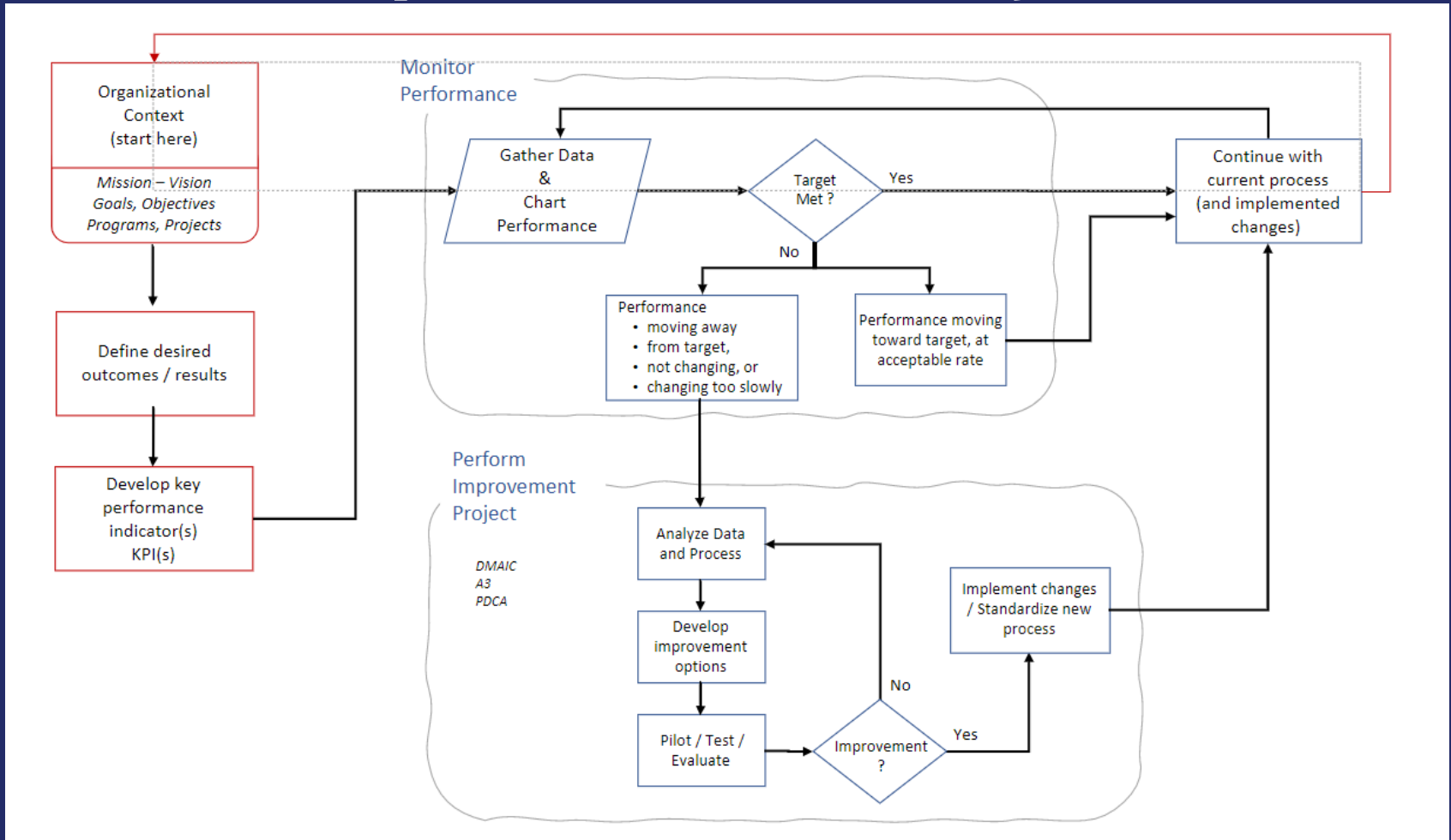
- How do you currently improve performance?
- How do you know if actions you've taken had the impact you wanted?



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Improvement Cycle



Future State of Performance Management Program

- Defined and streamlined performance measures with targets
 - Applicants who don't require disability determination: within 45 calendar days of receipt, 95% of the time
 - Applicants who require disability determination: within 90 calendar days of receipt, 95% of the time
 - Changes in circumstances processed within 15 calendar days of receipt, 95% of the time
 - Accurate determinations made for individuals (further defined in the MAP Dashboards), 97% of the time



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Future State of Performance Management Program Cont'd

- Additional measures developed to diagnose cause of not meeting performance targets
- Performance measured over time using a process control chart (XmR Chart)
- Standard process for identifying when action needs to be taken on performance (signals in the data)
- Standard steps to improve performance (SOPs, IAPs, CAPs)
- A team dedicated to assist sites (Continuous Improvement Specialists from the Performance Improvement Team)



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Measure Levels: Director, Manager, Supervisor

Why are the measures broken up this way?

- Typically in an organization, upper leadership wants to know the high level performance while mid and lower level leadership wants to know more.
- Measures are nested this way on the Dashboards, but can be reviewed by any interested party.

Director Level: lag measures each site will be held accountable to with the newly clarified standards and targets.

Manager Level: Outcome and diagnostic measures providing broken down information to influence the Director Level measures.

Supervisor: Diagnostic measures providing broken down information to influence the Manager and Director Level measures



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Measure Level Example

Applications: Director Level				Monthly: May 2021			
Measure Type	Target Status	Measure Name	Smart Chart	actual	target	cause	response
Compliance	✓	Court Ordered Application Timeliness		95.14%	95%	To be researched	No action required
Applications: Manager Level				Monthly: May 2021			
Measure Type	Target Status	Measure Name	Smart Chart	actual	target	cause	response
Outcome	●	Pending EPG 45		20	50	To be researched	
Outcome	●	Pending EPG 90		5	50	To be researched	
Outcome	●	Non Disability Pending: Data Entry Not Complete		189			
Outcome	●	Pending Not due Disability		223			
Outcome	●	Approaching 45 Days		12			



When will the Department reach out about performance? How will I know?

- The Department will reach out to your identified MAP Measure owners when there is a signal in the XmR chart. A signal means something might be wrong OR something is going really well.
- You will know one of two ways:
 - You see the signal in the XmR chart too
 - We will have a note in the “Cause” and “Response” fields of the Dashboard within 1 week of data being refreshed

Applications: Director Level				Monthly: May 2021			
Measure Type	Target Status	Measure Name	Smart Chart	actual	target	cause	response
Compliance	✓	Court Ordered Application Timeliness		95.14%	95%	To be researched	No action required



Performance Tool

XmR Charts!!!



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XmRs: What are they?

“XmR charts are a statistical tool that evolved from the quality movement, many decades ago. They are from the family of statistical process control, or process behaviour, charts.

The fundamental purpose of this type of chart is to help us know if and when performance has changed, so we can avoid one of two judgment errors:

Error 1: We waste time trying to fix a problem that isn't even there.

Error 2: We don't even see a problem that is there.

And charts like the XmR chart achieve this purpose by displaying our measures over time, with enough historical context, and with clear rules for discerning true signals of change from the normal random variation.” (Stacey Barr, 2018)



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XmR Anatomy



Stacey Barr, 2018

1. Measure Values: what we are measuring (i.e. timeliness)
2. Central Line: Average of the first 5 of your Measure Values over time
3. Natural Process Limits: The natural limits of variation in your process

Upper and Lower Natural Process Limits

- These help to monitor your process and demonstrate whether your process is stable (low variation) and consistent over time (precision) and help to identify when changes need to be made.
- Although your process may be stable it also needs to be acceptable. Example: Timeliness. Eligibility Sites need to maintain 95% or above; if your data is stable but under 95% it's not acceptable.



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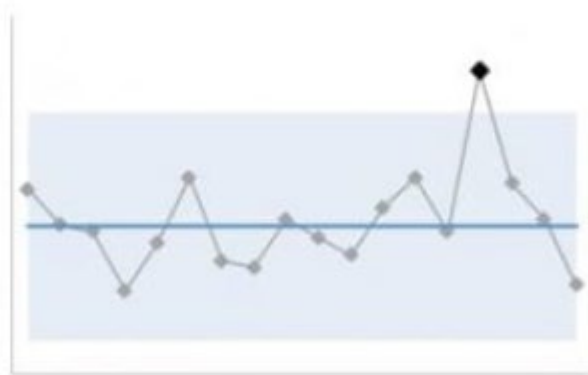
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XmR Signals and HCPF Responses

Three Signals in XmRs:

SIGNAL 1: Outlier or special cause

When a measure value falls outside the Natural Process Limits, it means that more than just the routine variation is at play. It's a signal that something else has happened.



Stacey Barr, 2019

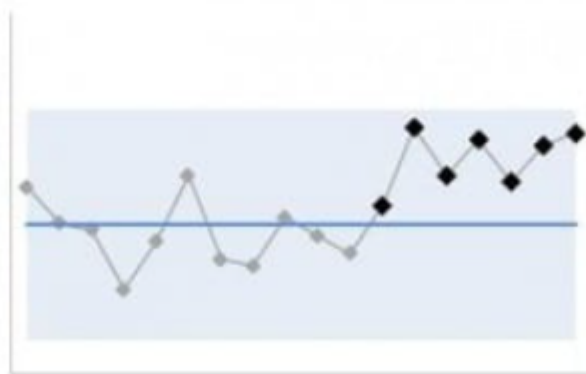
HCPF Response:
One data point: no action.

An Improvement Action Plan (IAP) will be needed if 2 data points occur = sudden, unexplained and unexpected drop below target (outside upper or lower control limit AKA an outlier happens twice)

XmR Signals and HCPF Responses Cont'd

SIGNAL 2: Long run

To be convinced that a change in the level of performance has happened, we need to see seven (yes, seven) points in a row on the same side of the Central Line. The probability that a pattern like that is part of routine variation is close to zero (0.78%, to be precise). Seven points, not three or five or one.



HCPF Response:

Investigate!

Improvement = want to know cause of improvement to share.

Decline in performance = need to identify the root cause and develop countermeasures for improvement.

Eligibility Site caused Long Run = Corrective Action Plan (CAP)

Stacey Barr, 2019



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XmR Signals and HCPF Responses Cont'd

SIGNAL 3: Short run

You're no doubt thinking to yourself 'I can't wait for seven months before I can know if I should take action!' You can either measure more frequently to pick up signals sooner (as long as it makes sense to), or plan for bigger signals.

A bigger signal appears as a short run, of three out of four consecutive measure values closer to a Natural Process Limit than they are to the Central Line. The probability of this pattern happening also has a very close to zero probability.



HCPF Response:

Investigate!

Likely, the cause of this signal is an initiative that had substantially large impact; this could be internal to HCPF or external with Eligibility Sites.

Eligibility Site caused Short Run = Improvement Action Plan (IAP)

Signals and Accountability

Director-level measures not meeting the target or not making substantial progress toward the target may result in an IAP/CAP. Here are the signals and actions grouped together:

IAPs:

- Short Run: 4 consecutive months closer to the upper or lower control limit and above or below target
- 2 months sudden, unexplained and unexpected drop below target/outside upper or lower control limit (An outlier happens twice)
- No substantial or too slow of progress toward the target

CAPs:

- Long run: 7 consecutive months on the same side of the central line above or below the target

HCPF Performance Measure Owner will trigger IAP/CAP when one of these signals is found. For more information regarding IAPs/CAPs, refer to [OM 21-004](#)

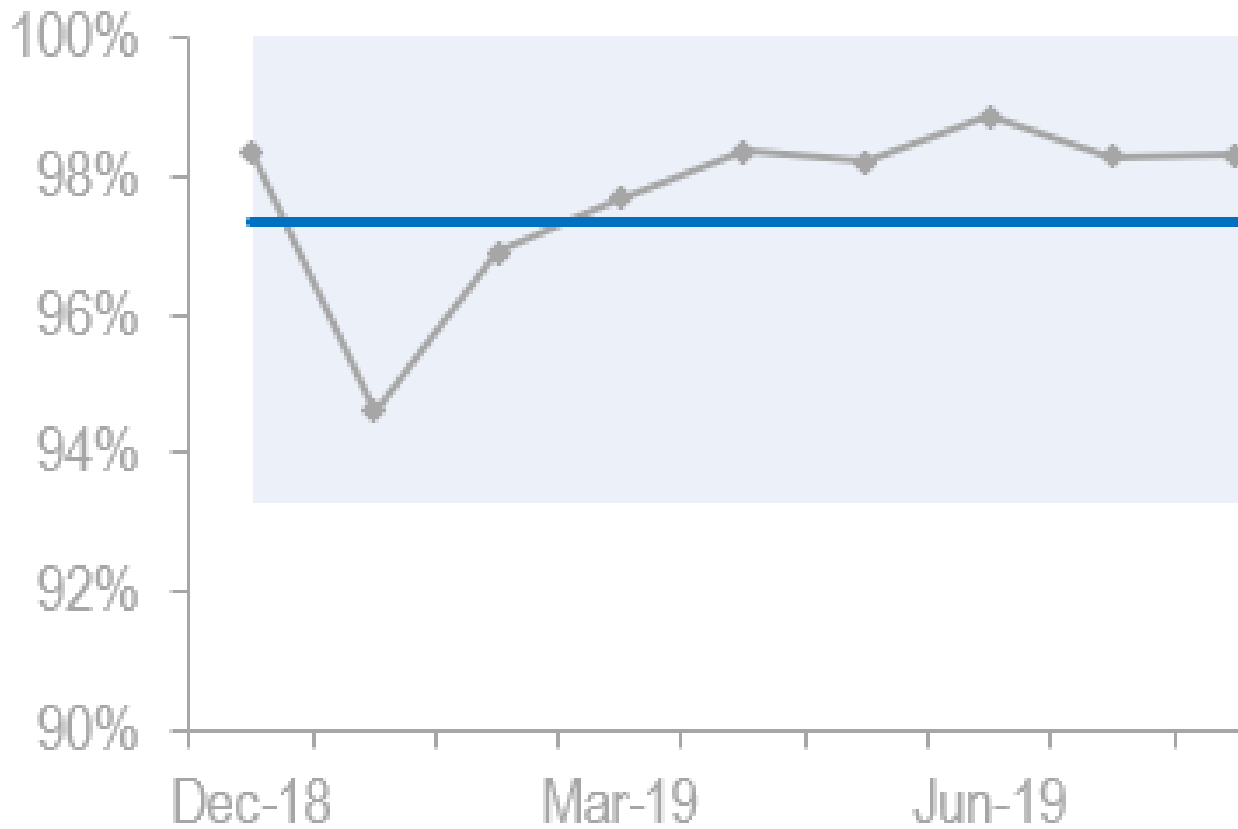


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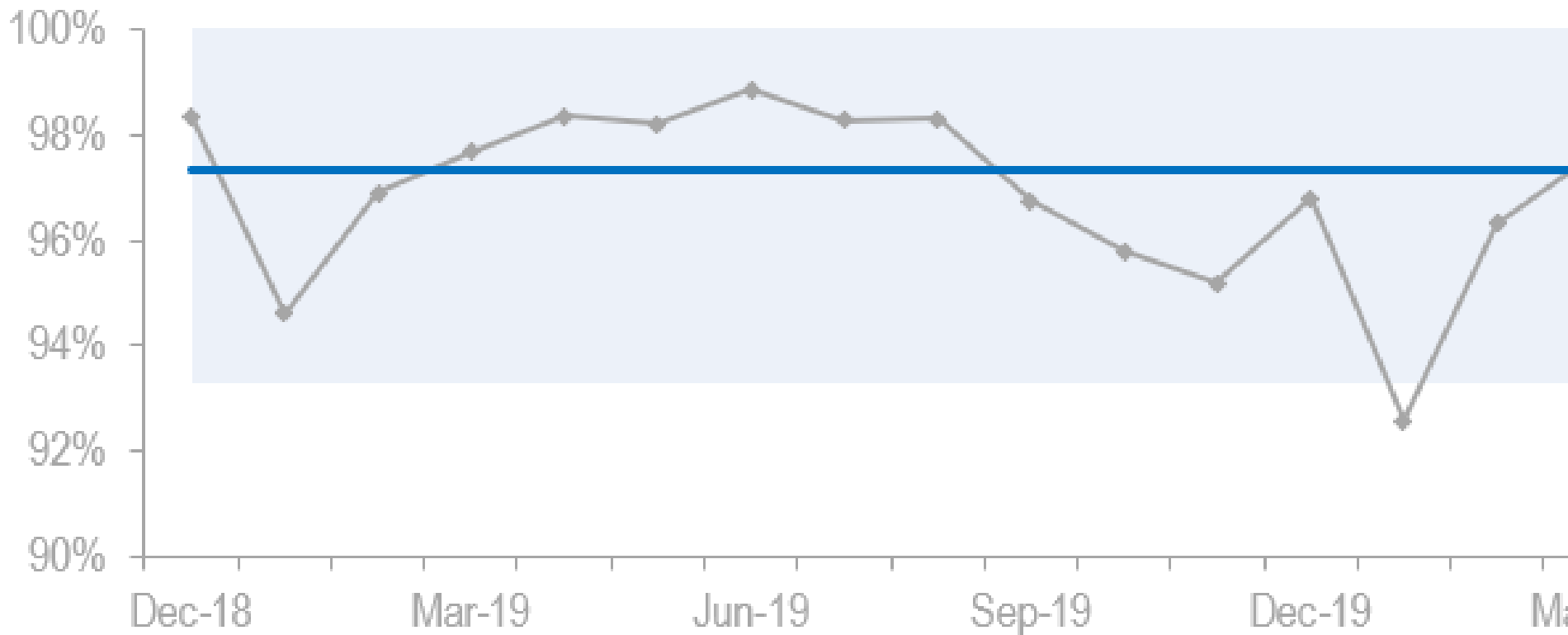
Are there any signals?

RRR Timeliness



How about here?

RRR Timeliness



HCPF MAP Measure Owners

Meet the HCPF MAP Measure Owners!

MAP Dashboards and their Owners:

- Accuracy: Josh and Nicole
- Applications: Vanessa and Steve
- RRRs: Arturo and Steve
- Ongoing Case Maintenance: TBD

Correspondence will come from
hcpf_mapdashboards@state.co.us



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When are the Dashboards available?

- Applications: Available Now
- RRRs: Available Now
- Ongoing Maintenance: Tentatively August
- Accuracy: Tentatively August

When does the process start?

- The XmR charts require 5 data points to determine what is normal process variation.
- Each performance measure has its own XmR chart.
- Once Director level measures have 5 data points, the performance management process can begin



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Eligibility Site (ES) Responsibilities

- Identify who will be the MAP Measure Owner
 - This owner will be our point of contact for MAP Measure signals and actions
- Monitor the Dashboards for signals and notes from the Department
- ES MAP Measure Owner is responsible for researching cause of signal and developing action plans (IAPs and CAPs)
- ES MAP Measure Owner is responsible for communicating status and plans to HCPF MAP Measure Owner
- Attend trainings, Knowledge Transfer calls, CBMS build trainings, etc to help identify root cause



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High Level Process

- Process begins with HCPF uploading dashboards on the 20th of the month with raw data
- HCPF reviews (Eligibility Sites should too)
- HCPF investigates and signals in data
- HCPF reaches out to Eligibility Site, if needed



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MAP Measure Owner Process

Medical Assistance performance is a partnership between HCPF and Eligibility Sites, therefore, accountability is both our responsibility.

Accountability of MAP Measure Owners:

1. Monitor
2. Interpret to identify performance gaps
3. Initiate action, when needed



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Let's Walk Through an Example

1. Monitor: based on availability of the dashboards, establish a set date/day to check the dashboards
2. Interpret to identify performance gaps
3. Initiate action, when needed

Statewide Dashboards



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Monitor

- Each HCPF MAP Measure Owner has been assigned measures on the MAP Dashboards
- Regularly monitoring performance for signals
- Track if there are gaps in the Dashboard
 - Are there areas we are missing a measure?
 - Are the measures on the MAP Dashboard actionable for the Wildly Important Goal (WIG) it is attached to?



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Interpret and Identify Performance Gaps

- Interpret what the data is telling you
 - Is there a wide amount of variation?
 - Is the precision acceptable?
- Signals: are there signals?
 - Reminder: Outlier, long run, short run
- Do benchmarks need to be added? Adjusted?
- Do targets need to be adjusted?



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Initiate Action

Based on signals, does action need to be taken?

- Action looks like:
 - Signal indicates something has changed= investigate!
 - HCPF MAP Measure Owner is responsible for researching if something happened systemically
 - Did something change with training, guidance, CBMS?
 - HCPF MAP Measure Owner is responsible for reaching out to the Eligibility Site if systemic issue is ruled out
 - Does it require an IAP? CAP?



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Initiate Action Cont'd

*Dashboard Actions:

- Use the leading measures to analyze what may be causing the director (and/or lag) measures
- Update Target Status and Actual performance for the month
- Update the sections “Cause” and “Response” if it is a systemic cause. What is the response?
 - Could be monitor closely because a fix went in
 - Could be implementing a fix: system, guidance, training, etc.
- If it was site caused, work with the Eligibility Site performance owner and update the “Cause” and “Response” fields based on their findings
 - Full process in development
 - There will be a desk aid and SOP for both internal and external owners



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MAP Dashboards: Where will they live?

- Sharepoint Site:
<https://cohcpf.sharepoint.com/sites/External-MAP/SitePages/Home.aspx>
 - Each site has their own folder with updated monthly dashboards
 - Statewide Data Documents = Resources and *raw data to be used to improve the performance measures
- Updated Monthly
20th of the month
- Sites' identified Measure Owners will be added to this page in April.



Information Sharing with County Leadership

- After the 20th of each month, the MAP Dashboards will also be sent, via email, to:
 - County Directors
 - County Secondary Directors, such as Division Directors and Supervisors
 - County Commissioners
- The MAP Dashboards will be in PDF format for this distribution, which is informational only
- Eligibility Site Measure Owners will work through the SharePoint site mentioned in a previous slide



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Questions?



Resources (References)

Barr, Stacey (2018). How to build an XmR chart for you KPI.

<https://www.staceybarr.com/measure-up/build-xmr-chart-kpi/>

Barr, Stacy (2019). How to get the truth out of your KPIs using Smart Charts [XmR Charts].

<https://www.staceybarr.com/products/onlinecourses/usingsmartcharts/>

HCPF Public Webpage:

<https://www.colorado.gov/pacific/hcpf/medicaid-oversight-and-accountability-task-group>



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Contact Info

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Thank you!



Definitions

- **PuMP:** Performance Measurement Process developed by Stacey Barr
- **Result Oriented Goal:** state of performance that can be continually improved through series of actions
- **Performance Measure:** A quantification that provides objective evidence of the degree to which a performance result (goal) is occurring over time
- **Target:** degree of performance we are aiming to achieve (i.e. 95% Timeliness)
- **Benchmark:** degrees of performance between undesired current performance and target performance (example: current timeliness 90%, benchmark for next month= 93% until we reach 95%)
- **Lead Indicator:** A performance measure that allows us to take action before impacting a lag indicator
- **Lag Indicator:** A performance measure that cannot be changed (i.e. current timeliness)



Definitions Cont'd

- Compliance: these measures are tied to contracts or to ensure CO does not fall below expected standards
 - can be passed down from federal partners
- Outcome: these measures focus on the outcomes HCPF strives to achieve to meet strategic goals
- Diagnostic: these measures are used to help diagnose where there are bottlenecks in MA processes
- Smart Chart: little version of XmR chart displayed on the Dashboards (Stacey Barr coined this term for XmR Charts).
- Lead time: Total amount of time from start to finish in a process
- Cycle Time: Total amount of time for a step in the process



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