

Colorado Balanced Score Card Measures - January 2009

1. Reduce ambulatory care sensitive condition admission rate
2. Reduce readmissions within 7, 30 and 90 days
3. Increase utilization of new benefits/modalities
4. Increase percent of LTBD clients for whom services are commensurate with the care plan.
5. Reduce percent of LTBD clients receiving drugs to be avoided in the elderly.
6. Increase percent of heart failure patients given written instructions at discharge
7. Increase timeliness of prenatal and postpartum care
8. Increase appropriate treatment for children with asthma
9. Increase the proportion of children with a mental health diagnosis who receive care from a Behavioral Health Specialist.
10. Decrease percent of low birth weight babies (<5lbs 8oz or 2,500 grams)
11. Percent of clients whose functional status stays the same or increases.
12. Attain performance of selected HEDIS measures at the 75th or 90th percentiles
13. Reduce percent of hospitalizations for adverse drug events
14. Increase percent of surgical patients who received appropriate timing of antibiotics to prevent infections
15. Reduce the percent of LTBD clients experiencing identified patient safety events.
16. Increase percent of hospitalized patients who received recommended care for acute myocardial infarction, CHF and pneumonia
17. Increase immunization rate for children 35 months and younger
18. Maintain the number of clients with Serious Mental Illness and in nursing homes </= 50% of the nursing home beds.
19. Increase percent of clients with a focal point of care or usual source of primary care or medical home
20. Increase percent of providers accepting new clients (CHP+ - PCPs and dentists)
21. Increase rate of clients accessing medical and dental preventive care in the last year
22. Increase behavioral health penetration rates
23. Increase the number of specialty physicians participating in Medicaid
24. Increase continuity of providers between CHP+ and Medicaid
25. Increase percent of providers retained
26. Increase the renewal rate for CHP+ eligible members
27. Increase penetration rate enrolled/eligible to >75%
28. Increase percent of clients/families satisfied with (placement and physical health) care (CAHPS)
29. Increase client satisfaction w/DME, NEMT and PAR process
30. Increase percent of clients/families satisfied with care (behavioral health)
31. Provider satisfaction focus (hospital, physicians, other providers) Provider survey for CHP+, satisfaction w/claims payment process (e.g. PARs, timeliness for LTBD)
32. Improve employee retention
33. Percent of staff retained for LTBD providers
34. Percent of resident retention for LTBD providers
35. Client to provider ratio by provider type
36. Percent implemented audit recommendations
37. No disallowance
38. No deferrals
39. Decrease emergency room utilization
40. Decrease benefit PMPM (by service line)
41. Increase percent of benefits defined (by service line)
42. Increase cost savings resulting from benefit management activities (annualized and by service line)
43. Decrease total cost of health services PMPM.
44. Average annual cost of care will be less than .9975 of budget.

45. Decrease overutilization of radiology/interventional tests
46. Percent of LTBD clients experiencing an inpatient hospitalization (asthma for CHP+)
47. Percent of legislation implemented
48. Cost/eligible mid point vs. CO commercial plans
49. Increase CHP at work enrollment
50. Increase utilization of appropriate procedures (e.g. total hip replacement, total knee replacement)
51. Increase percent of diabetics who received recommended preventive care
52. Increase network adequacy
53. Increase MI waiver clients' access to behavioral health services
54. Increase access to behavioral health services for clients scoring Level 2 on PASRR screening
55. Increase continuity of drug class between CHP+ and Medicaid
56. Increase percent of LTBD clients accessing recommended preventive care annually
57. Increase percent of PCPs accepting new clients.
58. Increase the percent of primary care providers participating in Medicaid
59. Continuity of dentists between CHP+ and Medicaid
60. Continuity of behavioral health providers between CHP+ and Medicaid
61. Increase compliance with behavioral health medications; compare compliance by BHO region
62. Decrease overutilization of drugs
63. Increase underutilization of drugs
64. Perform an outcomes study on the clinical effect of the PDL
65. Increase percent of rural providers so that it is equal to percent of urban/suburban providers
66. Expand communication with clients in up-coming year
67. Expand communication with providers in up-coming year
68. Benchmark PA process against Medicare and commercial payors
69. Cost savings from PDL measures by per utilizer/drug
70. Cost savings from DUR interventions
71. Cost savings from implemented PARs
72. Improve percent of claims billed and paid correctly
73. Increase percent completion of acute therapy treatments
74. Increase compliance with standards of therapy for maintenance drugs. 61
75. Percent of implemented audit recommendations