



The overarching goals of the ICHP Performance Improvement Division are three-fold and closely mirror the national triple aim. These goals include ensuring that:

1. the member's physical and behavioral health needs are met through care coordination activities;
2. the treatment provided results in successful outcomes; and
3. the program costs are initially contained and ultimately decreased over time.

In addition, the Performance Improvement (PI) Division focuses on identifying the unique health needs and service access challenges across the ICHP Region and recommends strategies to address these issues through our various standing committees. The PI Division solicits stakeholder input for program design, operations, and innovations. Recommendations are reviewed by the ICHP Performance Advisory Committee and the ICHP Board of Directors for inclusion in overall program planning.

Some of the ways the PI Division offers strategies and solutions to our stakeholders and provider practices is through data and reporting. Providing meaningful, timely data to the care coordinators and practices within the ICHP network can help everyone better understand how they are currently doing with regard to patient outcome measures and where they may want to consider focusing their efforts for improvements. The following reports are available to any of our practices across the 19-county ICHP Region. If you would like more information or if you would like to access any of these reports, please contact the ICHP PI Division at (719)226-7783.

1. A **Key Performance Indicator (KPI) Trending Report** for:
  - a. the entire state
  - b. all of RCCO 4
  - c. a particular practice or
  - d. a particular practice location or satellite office\* These KPI Trending Reports can also be broken down by adults or by children, depending on the population that particular practice serves.
2. A **Utilization Typology Report** that denotes the number of patients admitted to the hospital and/or Emergency Department within the last 12 months. This report is a general overview report, but a "drill down" report can also be requested that shows the specific demographic information of the patients accessing these services.
3. An **Eligibility By Category Report** that allows provider practices to see the number of attributed or unattributed patients per Medicaid eligibility category.
4. A **Member's Report** that breaks down the population segments into the following categories:
  - a. by Aggregated Clinical Risk Groups (ACRG) description;

- b. by Potentially Preventable Events (PPE) savings;
  - c. by average per member/per month costs;
  - d. by average member prescriptions costs; and
  - e. by Tier Level
5. An **Enrollment Member Count by County** that allows practices to see how many ICHP Members (broken out by both children and adults) are enrolled in Medicaid within each of the 19 counties across the ICHP Region.