



**Office of
Financial Management**
STATE OF WASHINGTON

Activity Inventory Performance Measure Assessment Medical Assistance

Health and Recovery Services Administration (HRSA)
WA Department of Social and Health Services (DSHS)
with HRSA Comments included, March 23, 2007

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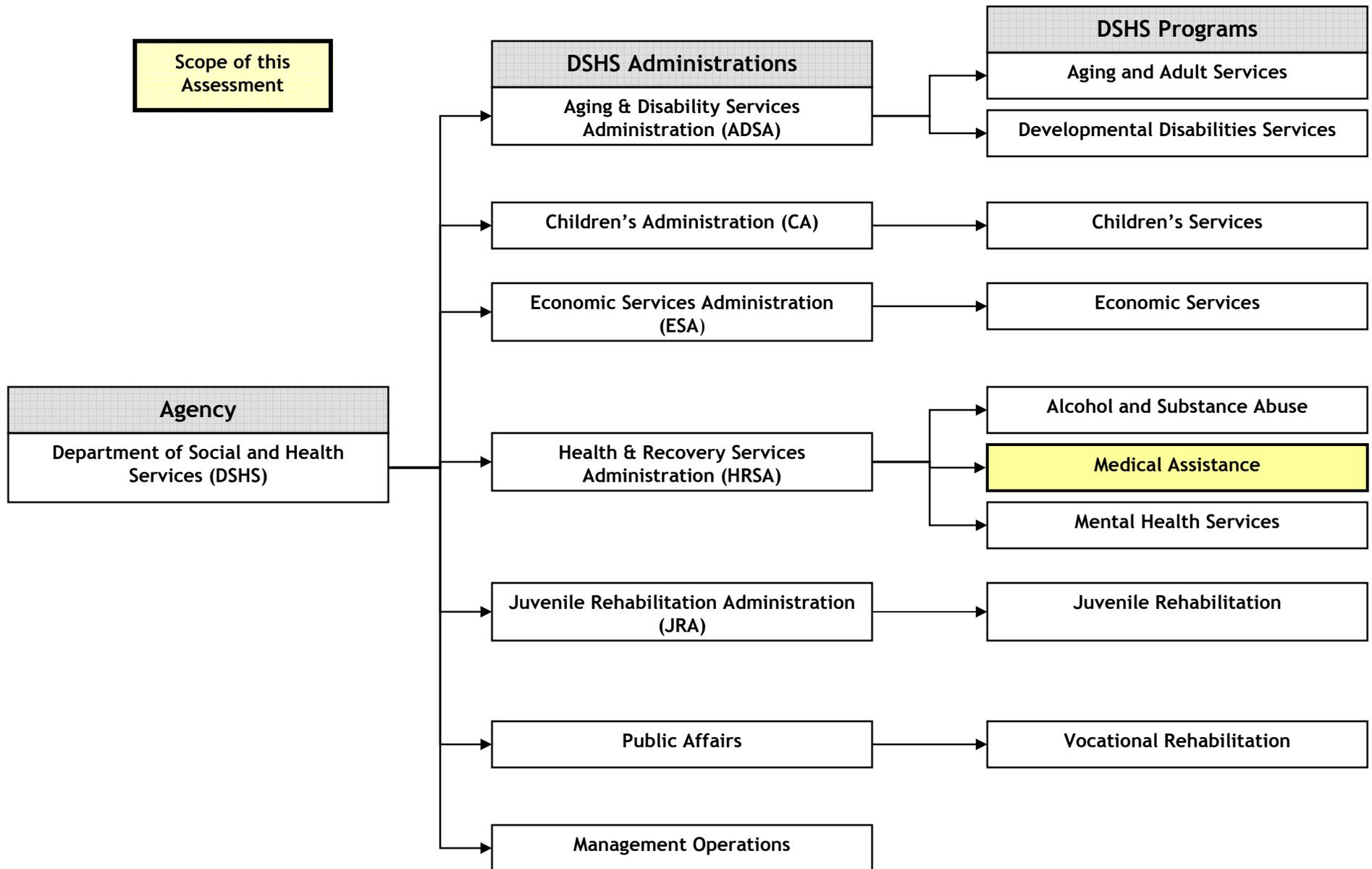
Roger Wilson

Based on a review of the following: OFM Activities and Performance Measure Tracking system (PMT); DSHS Strategic Plan, 2007-2011; HRSA Strategic Plan, 2007-2011; Health Care GMAP presentations (April 20, June 12 and Oct. 19, 2006); HRSA web pages (Nov. 2006).

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Scope of this Assessment within DSHS



Current Strengths and Good Practices

- Several measures are used for multiple purposes, including strategic planning and the Governor's management, accountability and performance forums (GMAP), although the titles used vary somewhat.
- HRSA Medical Assistance has a fair selection of measures from a variety of perspectives.
- Most measures are easily understandable and relevant to activities.

Comments About the Budget Activity Measures

- While in general, Medical Assistance performance measures are relevant and offer comparability, they could be improved:
 - The portfolio of measures relies heavily on one type of measure: outputs, specifically, number of clients enrolled in various programs.
 - There is only one measure of immediate outcomes of Medical Assistance work.
 - Important services, and stakeholders, don't seem to be represented by activities or measures (see Attachment 1, slide 21).
- Many measures in the Performance Measure Tracking System have not been updated recently with current data.
 - One measure (Children Enrolled in the Children's Health Plan) is an annual measure and only has a single data point in the system.
 - Two measures have no data in the Performance Measure Tracking system (Infant Mortality Rate, and Disproportionate Share Hospital Coverage). HRSA staff is collecting data for these.
- One significant activity has no performance measures linked to it.

Potential Improvements and HRSA Comments 1

- OFM budget analysts and HRSA staff should review Medical Assistance activities to see if there are more relevant or complete descriptions of agency work activities (see Attachment 1, slide 21), particularly work related to clients and key partners.
- HRSA comments: “HRSA agrees that a review of Medical Assistance activities with respect to developing PMTS-based performance measures with relevance to HRSA Medical’s strategic goals. The review of existing measures and development of new measures A consideration in such a review would be recognition of constraints imposed while HRSA completes it’s re-procurement of the medical claims payment system, the major source of financial, service, and client quantitative data for HRSA.” Also see HRSA comments on Attachment 1.

Potential Improvements and HRSA Comments 2

- The portfolio of measures would benefit from having more “immediate outcome” activity measures.
- HRSA comments: “Measures of the rate of compliance with technical, timeliness or service standards may be applicable to certain facets of HRSA Medical operations. In certain cases, measures of impact or benefits to clients should also be considered. HRSA recommends examining the potential for developing such measures in the context of the current DSHS/HRSA Medical Strategic Plan.”

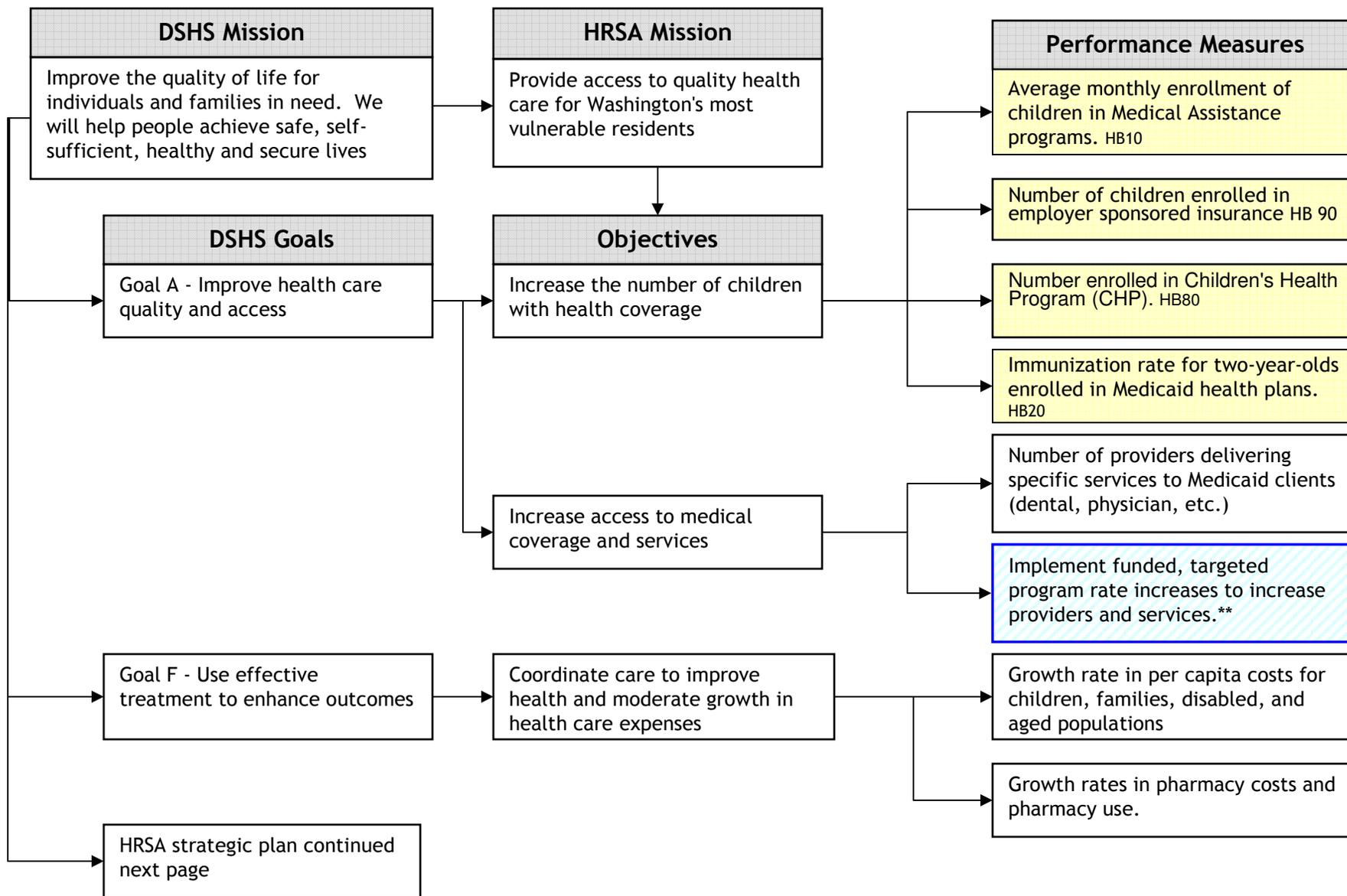
Potential Improvements and HRSA Comments 3

- HRSA could improve:
 - Timeliness of posting data to the performance measure tracking system (PMT), and
 - Documenting measure responsibility and methodology in the system.
- HRSA comments: “HRSA agrees in general that posting data to the PMT can be improved with respect to timeliness. In the past, it has not been clear as to what organization within DSHS would have the lead responsibility with respect to updating the PMT data for HRSA. Clear communications regarding expectations regarding these updates would be a benefit, including expectations for scheduled updates and who will be responsible for uploading the data into the PMS.”

Agency Comments and Future Actions

- No agency comments were received

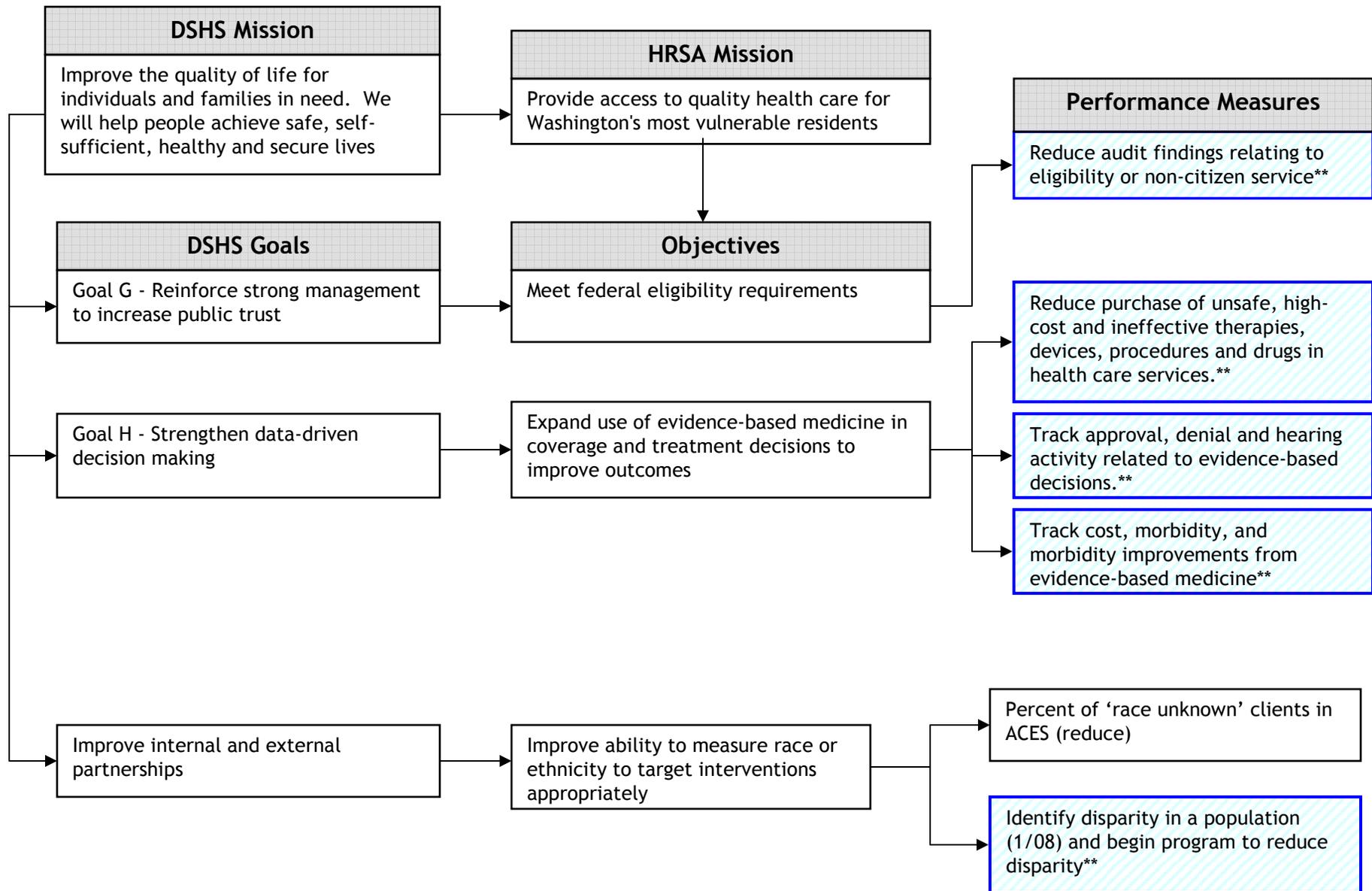
Overview, HRSA strategic planning & performance measure alignment 1



Also Current Budget Activity Measures

**Objective or strategy, not a performance measure

Overview, HRSA strategic planning & performance measure alignment 2

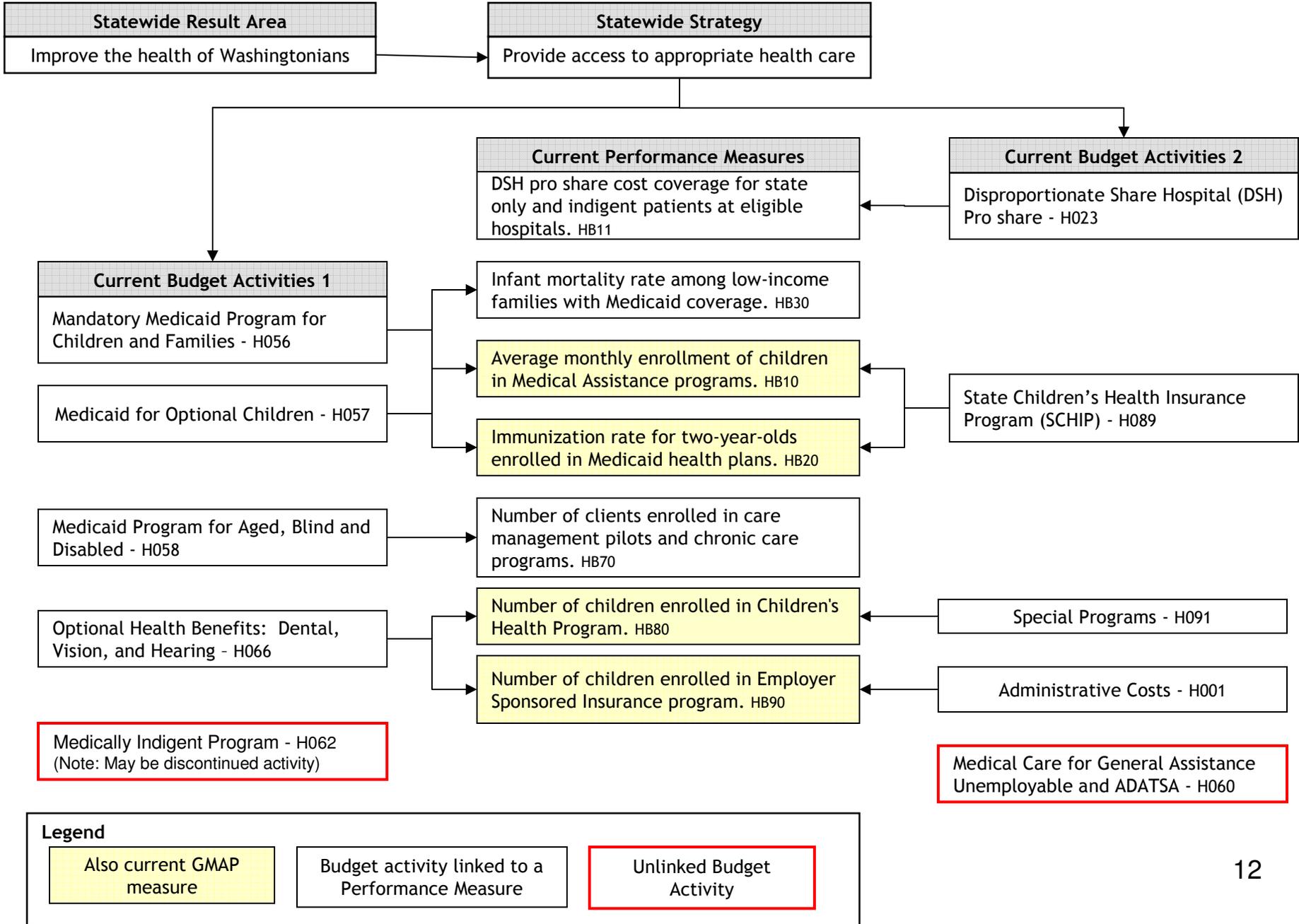


Also Current Budget Activity Measures

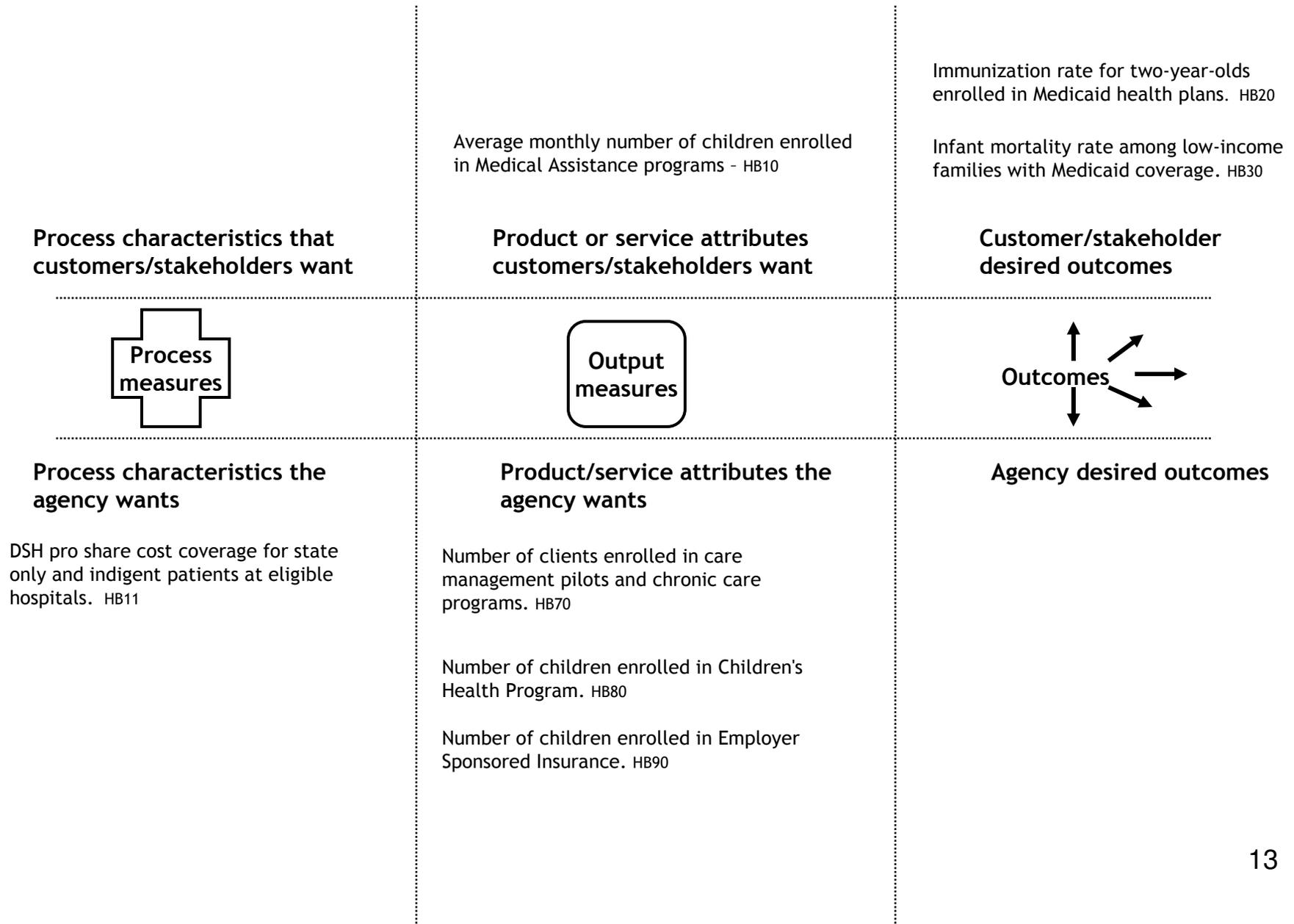
**Objective or strategy, not a performance measure

Source: HRSA Strategic Plan 2007-2011

Budget Activity & Performance Measure Linkages - Medical Assistance



Activity Measure Perspectives



Comparison of GMAP and Activity Measure – Children Enrolled in Medical Assistance

<p>Performance Measure Description: Average monthly enrollment of children in Medical Assistance programs“. (For equivalent GMAP measure, see next slide.)</p>	<div style="text-align: center;"> <p>Children enrolled in Medical assistance, Monthly average, reported quarterly - Source: OFM PMT HB10</p> <table border="1" style="display: none; margin-top: 10px;"> <caption>Children Enrolled in Medical Assistance (Estimated)</caption> <thead> <tr> <th>Quarter</th> <th>Year</th> <th>Enrollment</th> </tr> </thead> <tbody> <tr> <td>Q4</td> <td>2003-05</td> <td>562,000</td> </tr> <tr> <td>Q8</td> <td>2003-05</td> <td>528,000</td> </tr> <tr> <td>Q1</td> <td>2005-07</td> <td>552,000</td> </tr> <tr> <td>Q2</td> <td>2005-07</td> <td>558,000</td> </tr> <tr> <td>Q3</td> <td>2005-07</td> <td>555,000</td> </tr> </tbody> </table> </div>	Quarter	Year	Enrollment	Q4	2003-05	562,000	Q8	2003-05	528,000	Q1	2005-07	552,000	Q2	2005-07	558,000	Q3	2005-07	555,000
Quarter		Year	Enrollment																
Q4		2003-05	562,000																
Q8		2003-05	528,000																
Q1	2005-07	552,000																	
Q2	2005-07	558,000																	
Q3	2005-07	555,000																	
<p>Budget Activity Links: Mandatory medical program for children and families (H056), Medicaid for optional Children (H057), Health Benefits, SCHIP (H089)</p>																			
<p>Category of Measure: Number enrolled is an output of these activities.</p>																			
<p>Analysis of Variation: There is not enough data points in the Performance Measure Tracking (PMT) system to judge variation. However, the GMAP version of this measure (next slide shows a period of stable, level performance, an increase in enrollees, followed by another period of stable, level enrollment.</p>																			

<p>Analysis of Targeted vs. Actual Performance: The number of enrollees lags the target in PMT. While the target is increasing, the level of enrollees is flat.</p>		<p>General Comments & Explanations:</p> <ul style="list-style-type: none"> • A recent increase in children enrolled in health care was brought about by Governor’s policy direction to review eligibility at 12 months instead of six months. Although this had the result of increasing the number of children enrolled (the desired result), according to Medical Assistance staff it also had an unanticipated consequence of leaving case workers with alternately too little, then too much, work. • The PMT measure title (“Cumulative fiscal year average monthly enrollment”) is unclear, as “cumulative” suggests a running total. • DSHS staff should submit data regularly, use footnotes to clarify programs included in the measure, and edit the title to be more clear. <p style="text-align: right; margin-top: 10px;">14</p>
<p>Comments About Desirable Characteristics</p>		
<p>Relevance: Very relevant to these activities.</p>	<p>Timeliness: Poor. The first data point is an average of 12 months. More recent data is quarterly but is not fresh (May, 2006 is most recent). GMAP data appears to be available monthly (see next slide).</p>	
<p>Understandability: Number of enrollees is clear.</p>	<p>Reliability: Reliable, other than PMT not clearly explaining which programs are included in the data.</p>	
<p>Comparability: This data is available for other states, but since it isn’t clear which programs are included in this measure, it may not be comparable to GMAP data on the next slide.</p>	<p>Cost Effectiveness: Good, used for multiple purposes.</p>	<p>• See HRSA comments, next slide</p>

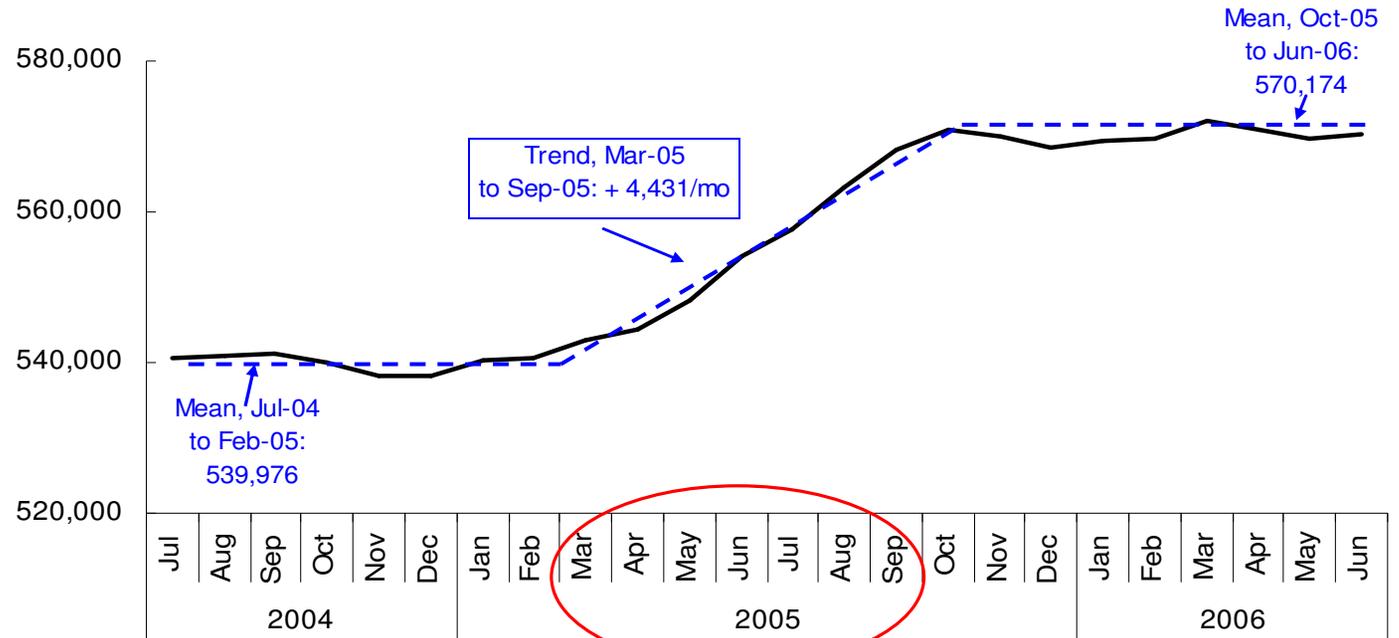
Comparable GMAP Measure – Children enrolled in DSHS health coverage per month

Description: This GMAP performance measure, number of children enrolled in DSHS health coverage, is comparable to the OFM budget performance measure on the previous slide.

Analysis of Variation: The data shows a period of stable, level performance, a clear increase in enrollees, followed by another period of stable enrollment. This increase coincides with a new Governor Gregoire policy to increase children enrolled in health coverage by changing eligibility review from six to 12 months.

Children enrolled in DSHS health coverage per month

Data from Oct. 19, 2006 Health GMAP, slide A



General Comments & Explanations:

- This GMAP measure is comparable, but not identical, to the budget performance measure on the previous slide. The difference between them seems to be due to which programs are included in the total.
- Enrollment data is available on a monthly basis, even if it is not available for several months. A new medical information system in DSHS should help improve the timeliness of data availability.

HRSA Comments on slides 14 and 15:

“The current values in the PMTS only reflect the budgeted enrollment for the CHP program. HRSA regularly reports monthly enrollment figures for the Children’s Health Program and for Children in general (Slide 14). Suggest linkage between the HRSA Intranet reports and the OFM performance measures system for those two Activity Measure data.”

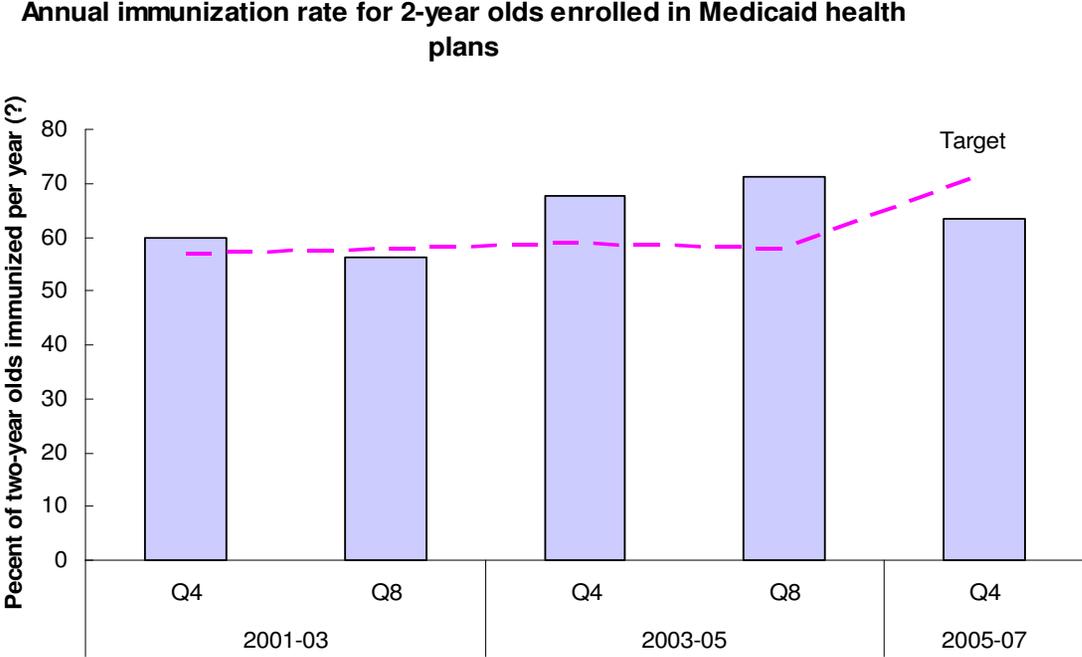
- Similar comments on slide 20

Existing Activity Measure Assessment – Cost coverage, Disproportionate Share Hospitals

<p>Performance Measure Description: “Pro share cost coverage for state only and indigent patients at eligible hospitals”. HB11</p>	<p style="text-align: center;">Disproportionate Share Hospital (DHS) coverage, Dollars in millions (no data, target only)</p> <table border="1" style="margin-top: 10px;"> <caption>Target Data for Disproportionate Share Hospital (DHS) coverage</caption> <thead> <tr> <th>Quarter</th> <th>Target (Millions of dollars)</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>31</td></tr> <tr><td>Q2</td><td>38</td></tr> <tr><td>Q3</td><td>35</td></tr> <tr><td>Q4</td><td>35</td></tr> <tr><td>Q5</td><td>31</td></tr> <tr><td>Q6</td><td>38</td></tr> <tr><td>Q7</td><td>38</td></tr> <tr><td>Q8</td><td>38</td></tr> </tbody> </table>	Quarter	Target (Millions of dollars)	Q1	31	Q2	38	Q3	35	Q4	35	Q5	31	Q6	38	Q7	38	Q8	38
Quarter		Target (Millions of dollars)																	
Q1		31																	
Q2		38																	
Q3		35																	
Q4	35																		
Q5	31																		
Q6	38																		
Q7	38																		
Q8	38																		
<p>Budget Activity Links: Disproportionate Share Hospital (DSH) /Proshare (H023), a federal program to fund hospitals having a disproportionate share of charity and Medicaid caseloads.</p>																			
<p>Category of Measure: State cost coverage appears to be a process measure.</p>																			
<p>Analysis of Variation: No data.</p>																			
<p>Analysis of Targeted vs. Actual Performance: No data.</p>																			

Comments About Desirable Characteristics		<p>General Comments & Explanations:</p> <ul style="list-style-type: none"> •This measure is ambiguous, as the title (“cost coverage”) suggests a ratio, but this does not match the data type (dollars). •According to the Activity description, DSHS operates this program to maximize federal revenue. If this is the primary objective, then a measure of dollars may be appropriate. However, if the intent of this activity is to help cover medical costs that would otherwise go uncollected, then a better measure may be something along the lines of percent of charity and Medicaid costs that are (or are not) covered by federal funds. •The agency needs to report actual performance data on a more timely basis.
<p>Relevance: The percent of costs covered by federal funds would be more relevant than measuring dollars.</p>	<p>Timeliness: Poor - no data in the system</p>	
<p>Understandability: The measure is not clear. The term “pro share” is jargon. “Cost coverage” suggests a proportion, but the measure is a flat dollar amount. How the measure accounts for state-only and indigent patients isn’t clear.</p>	<p>Reliability: Unknown</p>	
<p>Comparability: Unknown</p>	<p>Cost Effectiveness: Unknown</p> <p>HRSA comments: “Expenditure data for the Disproportionate Share Hospitals program is available for the periods indicated in the measure”</p>	

Existing Activity Measure Assessment— Immunization rate for enrolled two-year olds

<p>Performance Measure Description: Annual immunization rate for two-year old children enrolled in Medicaid health plans (HB 20)</p>	<p>Annual immunization rate for 2-year olds enrolled in Medicaid health plans</p> 
<p>Budget Activity Links: Mandatory Medicaid for Children & Families (H056), Medicaid for Optional Children (H057), SCHIP (H089)</p>	
<p>Category of Measure: Immunizing children is an immediate outcome of these activities.</p>	
<p>Analysis of Variation: Although the immunization rate appears to be stable, there is not enough data for any statistical analysis.</p>	
<p>Analysis of Targeted vs. Actual Performance: Performance exceeded the target for three of the first four years. In the most recent period, the target was increased while results fell.</p>	

Comments About Desirable Characteristics		<p>General Comments & Explanations:</p> <ul style="list-style-type: none"> • The term “immunization rate” is not defined in the measure notes. It would be useful to document what is included in this measure. • According to notes in the performance tracking system for Q4, 2005-07: “Combo 1 retired; Combo 2 adds varicella. 4 of 5 antigens showed statistical improvement.” It’s not clear whether, or how, a change in the immunization protocol (if that’s the right term) contributed to an apparent decline in the immunization rate that period. • Given performance in 2003-05, should the target be higher?
<p>Relevance: Immunizing children to prevent communicable diseases is an immediate outcome of health programs for children.</p>	<p>Timeliness: Federal data is released on an annual basis.</p>	
<p>Understandability: Although the term “immunization rate” seems obvious, the precise meaning is not defined.</p>	<p>Reliability: Unknown</p>	
<p>Comparability: Good. This measure is widely used, tracked by the federal government for states and urban regions.</p>	<p>Cost Effectiveness: Unknown</p>	

Existing Activity Measure Assessment— Low-income infant mortality rate

<p>Performance Measure: Infant mortality rate among low-income families with Medicaid coverage (expressed as deaths per 1,000 births). HB30</p>		<p style="font-size: 2em; transform: rotate(-15deg);">No data in OFM performance measure system</p>
<p>Budget Activity Links: Mandatory medical program for children and families (H056), Medicaid for optional children (H057)</p>		
<p>Category of Measure: Lower infant mortality is an ultimate outcome of these activities.</p>		
<p>Analysis of Variation: No data in OFM system</p>		
<p>Analysis of Targeted vs. Actual Performance: Target level is 6.8 deaths per 1,000 births. This is slightly higher than the United States national average of about 6.5.</p>		
Comments About Desirable Characteristics		General Comments & Explanations:
<p>Relevance: Fair. Reducing infant mortality is an ultimate outcome of these activities. However, the infant mortality rate may be influenced by a variety of socio-economic factors beyond the control of DSHS.</p>	<p>Timeliness: Most infant mortality measurement is based on deaths before one year of age, so an annual measure is appropriate. County health departments collect data, which may add time before data is available.</p>	<ul style="list-style-type: none"> • It seems as if there would be immediate outcome measures for these activities that would have better data and be more timely. • Agency needs to submit actual data on a regular basis for activity measures. <p>HRSA Comments: “HRSA is looking into alternate sources for this data. In the past, this data was taken from CDC/DOH sources which is updated annually and provides statistics for some period in the past, not current periods. Need to determine if other data may be used to estimate infant mortality for low-income persons with more current information.”</p>
<p>Understandability: Clear</p>	<p>Reliability: The measure relies on assumptions and data adjustments (i.e. infant mortality rates among clients) that may be difficult to obtain.</p>	
<p>Comparability: Infant mortality rate is widely used and accepted measure so this data should be comparable, although DSHS will focus on families with Medicaid coverage.</p>	<p>Cost Effectiveness: Not clear</p>	

Existing Activity Measure Assessment— Clients in chronic care and pilot programs

<p>Performance Measure Description: Number of clients enrolled in care management pilots and chronic care programs. HB70</p>	<table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Estimated Client Enrollment Data</caption> <thead> <tr> <th>Quarter</th> <th>Enrollment</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Q1</td><td>4,900</td><td>5,200</td></tr> <tr><td>Q2</td><td>4,400</td><td>5,300</td></tr> <tr><td>Q3</td><td>4,700</td><td>5,400</td></tr> <tr><td>Q4</td><td>6,100</td><td>5,500</td></tr> <tr><td>Q5</td><td>-</td><td>5,700</td></tr> <tr><td>Q6</td><td>-</td><td>5,900</td></tr> <tr><td>Q7</td><td>-</td><td>6,100</td></tr> <tr><td>Q8</td><td>-</td><td>6,200</td></tr> </tbody> </table>	Quarter	Enrollment	Target	Q1	4,900	5,200	Q2	4,400	5,300	Q3	4,700	5,400	Q4	6,100	5,500	Q5	-	5,700	Q6	-	5,900	Q7	-	6,100	Q8	-	6,200
Quarter		Enrollment	Target																									
Q1		4,900	5,200																									
Q2		4,400	5,300																									
Q3		4,700	5,400																									
Q4	6,100	5,500																										
Q5	-	5,700																										
Q6	-	5,900																										
Q7	-	6,100																										
Q8	-	6,200																										
<p>Budget Activity Links: Medicaid program for aged, blind and disabled (H058)</p>																												
<p>Category of Measure: Enrolled clients is an output of this activity.</p>																												
<p>Analysis of Variation: Not enough data for statistical analysis.</p>																												
<p>Analysis of Targeted vs. Actual Performance: The number of clients exceeded the target in the most recent period for which data is available.</p>																												

Comments About Desirable Characteristics		General Comments & Explanations:
<p>Relevance: The “logic model” behind this measure is that pilot or chronic care programs will serve aged, blind and disabled clients better and more cheaply than existing. “More enrolled ” doesn’t address these assumptions.</p>	<p>Timeliness: Seems to have a lag, as most recent data is six months old.</p>	<ul style="list-style-type: none"> • This measure looks at clients in <u>pilot</u> programs. Since a pilot, by definition, will change eventually, this measure can be expected to change. HRSA may want to start planning now for which measure will replace this. • To know if pilot or chronic care programs serve clients better or save money, it would be useful to see data supporting this hypothesis. • Ideally, this is measure would look at desired outcomes and track for pilot clients as well as a non-pilot control group to compare pilot effectiveness.
<p>Understandability: Number enrolled is easy to grasp, but “care management pilot” and “chronic care” are jargon.</p>	<p>Reliability: Although the underlying data is reliable, Q4 results appear to be based on data from a different mix of programs.</p>	
<p>Comparability: Unknown</p>	<p>Cost Effectiveness: Good, as this is also a GMAP topic.</p>	

•The agency needs to submit timely data.

Existing Activity Measure Assessment— Children enrolled in Children’s Health Program

<p>Performance Measure Description: Children enrolled in Children’s Health Program (HB80)</p>	<p style="text-align: center;">Children enrolled in Children’s Health Plan - HB80</p> <table border="1" style="margin-top: 10px;"> <caption>Enrollment Data (2005-07)</caption> <thead> <tr> <th>Quarter</th> <th>Enrollment</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q2</td> <td>0</td> <td>0</td> </tr> <tr> <td>Q3</td> <td>4,429</td> <td>4,429</td> </tr> <tr> <td>Q4</td> <td>4,429</td> <td>4,429</td> </tr> <tr> <td>Q5</td> <td>12,800</td> <td>14,200</td> </tr> <tr> <td>Q6</td> <td>14,200</td> <td>14,200</td> </tr> <tr> <td>Q7</td> <td>14,200</td> <td>14,200</td> </tr> <tr> <td>Q8</td> <td>14,200</td> <td>14,200</td> </tr> </tbody> </table>	Quarter	Enrollment	Target	Q1	0	0	Q2	0	0	Q3	4,429	4,429	Q4	4,429	4,429	Q5	12,800	14,200	Q6	14,200	14,200	Q7	14,200	14,200	Q8	14,200	14,200
Quarter		Enrollment	Target																									
Q1		0	0																									
Q2		0	0																									
Q3		4,429	4,429																									
Q4	4,429	4,429																										
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Q6	14,200	14,200																										
Q7	14,200	14,200																										
Q8	14,200	14,200																										
<p>Budget Activity Links: Optional Health Benefit: Dental, Vision and Hearing (H066), Special Programs (H091).</p>																												
<p>Category of Measure: Number of enrolled children is an output of these activities.</p>																												
<p>Analysis of Variation: Not enough data.</p>																												
<p>Analysis of Targeted vs. Actual Performance: Performance was right on target for Q3.</p>																												

<p style="text-align: center;">Comments About Desirable Characteristics</p>		<p>General Comments & Explanations:</p>
<p>Relevance: Fair. Although the mere number of enrollees doesn’t tell a story about what these programs are meant to accomplish, this is part of a significant objective of the Governor, that all children have health care coverage by 2010.</p>	<p>Timeliness: Poor. There is only one data point, and it’s nine months old.</p>	<ul style="list-style-type: none"> • What is going to happen to triple the enrollment by March 2007 (Q5) to meet the higher target? • Agency needs to submit timely data about performance. • HRSA comments: “The current values in the PMTS only reflect the budgeted enrollment for the CHP program. HRSA regularly reports monthly enrollment figures for the Children’s Health Program and for Children in general (Slide 12). Suggest linkage between the HRSA Intranet reports and the OFM performance measures system for those two Activity Measure data.”
<p>Understandability: Good</p>	<p>Reliability: Good, data comes from same system used for managing and budgeting.</p>	
<p>Comparability: Number of enrollees is comparable to other states.</p>	<p>Cost Effectiveness: Good, as this is used for GMAP performance tracking as well as for the budget.</p>	
<p>20</p>		

Comparison of GMAP and Activity Measure – Children in Employer Sponsored Insurance

<p>Performance Measure Description: Paid clients enrolled in employer-sponsored insurance (HB90) PMT. See comparable GMAP measure, next slide.</p>	<p>PMT - Children in Employer Sponsored Insurance Pilot Performance measure HB90</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <caption>Approximate Data from Chart</caption> <thead> <tr> <th>Quarter</th> <th>Measure</th> <th>Value (Approx.)</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>PMT</td> <td>550</td> </tr> <tr> <td>Q2</td> <td>PMT</td> <td>850</td> </tr> <tr> <td>Q3</td> <td>PMT</td> <td>1250</td> </tr> <tr> <td>Q4</td> <td>GMAP</td> <td>1250</td> </tr> <tr> <td>Q5</td> <td>GMAP</td> <td>1200</td> </tr> <tr> <td>Q6</td> <td>GMAP</td> <td>1350</td> </tr> <tr> <td>Q7</td> <td>Target</td> <td>1900</td> </tr> <tr> <td>Q8</td> <td>Target</td> <td>2600</td> </tr> </tbody> </table>	Quarter	Measure	Value (Approx.)	Q1	PMT	550	Q2	PMT	850	Q3	PMT	1250	Q4	GMAP	1250	Q5	GMAP	1200	Q6	GMAP	1350	Q7	Target	1900	Q8	Target	2600
Quarter		Measure	Value (Approx.)																									
Q1		PMT	550																									
Q2		PMT	850																									
Q3		PMT	1250																									
Q4	GMAP	1250																										
Q5	GMAP	1200																										
Q6	GMAP	1350																										
Q7	Target	1900																										
Q8	Target	2600																										
<p>Budget Activity Links: H001 Administrative costs, H066 Optional Health Benefits</p>																												
<p>Category of Measure: Number of children enrolled is an output of these activities.</p>																												
<p>Analysis of Variation: Quarterly reporting frequency in PMT masks the unstable, but increasing, trend evident in the GMAP version of this same measure (next slide)</p>																												
<p>Analysis of Targeted vs. Actual Performance: The quarterly performance in PMT has only met or exceeded performance targets once. The increasing target might exacerbate the problem.</p>																												
<p>Comments About Desirable Characteristics</p>	<p>General Comments & Explanations:</p> <ul style="list-style-type: none"> • What is going to happen to meet the higher target? • From the GMAP data on the following slide, it appears that monthly data is available. The Agency needs to submit timely data about performance, and clarify measurement technique about whether data reported is an average of three months, or the most recent month (see “Reliability” comment, left.) 																											
<p>Relevance: Good</p>																												
<p>Understandability: Good</p>																												
<p>Comparability: Good</p>																												
<p>Timeliness: Poor: May, 2006, is the most recent data in the budget system.</p>																												
<p>Reliability: Although the measurement frequency is quarterly (which suggests a sum or average of three months), it appears that data entered is the final or most recent month in the quarter.</p>																												
<p>Cost Effectiveness: Good, used for multiple purposes.</p>																												

Comparison of GMAP and Activity Measure – Children in Employer Sponsored Insurance

Description: Paid clients enrolled in employer-sponsored insurance from 10-19-06 GMAP, comparable to previous budget measure.

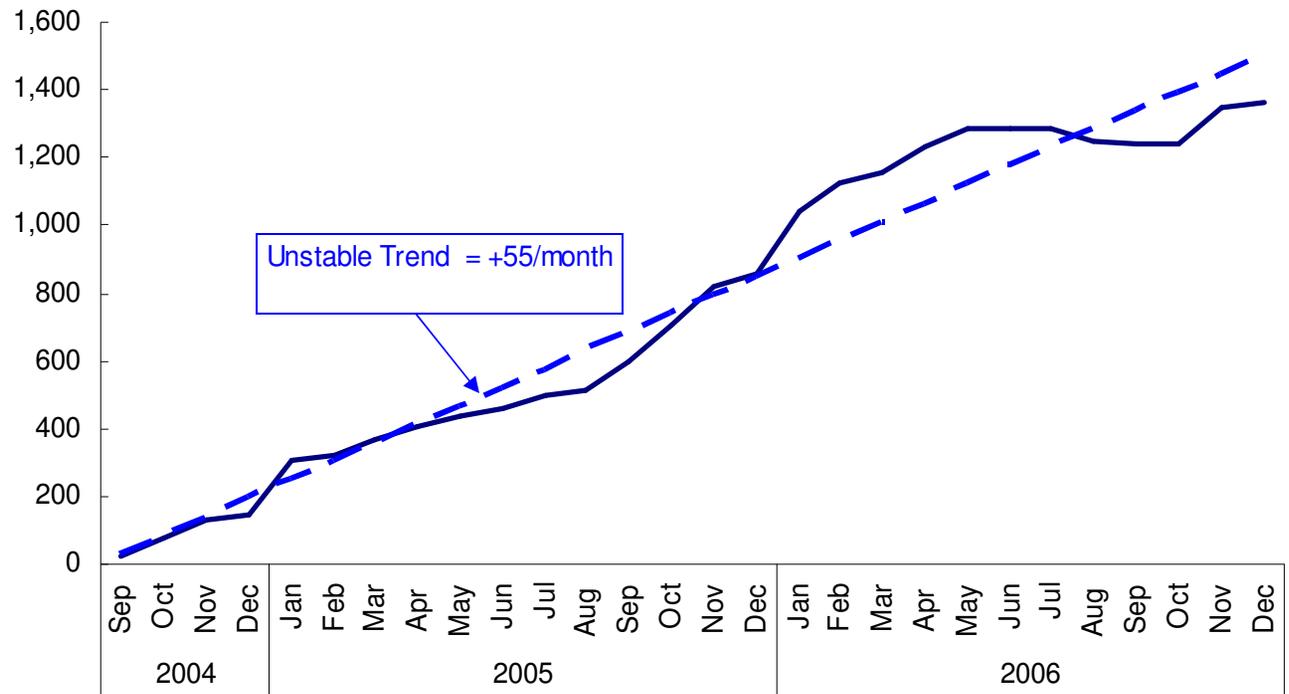
Analysis of Variation: The data shows an increasing, but unstable trend. The increasing trend seems to have peaked in April 2006, with stable or declining enrollment since then. There is a slight up-tick in enrollment every November/December due to insurance open enrollment.

General Comments & Explanations:

- This GMAP measure is comparable to the budget performance measure on the previous slide.
- What did DSHS do to cause the increase to happen? If the answer is “nothing”, then this measure is tracking something else.

GMAP - Enrollees in Employer Sponsored Insurance per month

Data on paid clients from Laura Piliaris, HRSA, 1-08-07



Attachment 1 - HRSA-MA functions and services

- Medical Assistance web pages include a wide variety of services and functions delivered to two key stakeholder groups (clients and medical service providers) that don't appear in OFM's activity or performance measurement systems.
- Services and functions related to clients include:
 - Prescription drugs by mail
 - Information and education (e.g. helping members choose a health plan)
 - Arranging transportation to appointments
 - Feedback, specifically, the Consumer Assessment of Health Plans survey.
- Services and functions for medical providers include:
 - Setting reimbursement rates (Office of Professional Rates)
 - Registering providers, billing and paying them,
 - Providing information to providers ("New Releases (Year 2006)")
 - Outpatient Prospective Payment system (OPPS)
 - Patient review and restriction
 - Auditing hospitals.
- Consider revising agency activity inventory to include the most significant of these activities.

HRSA comments:

- We feel that a different set of activity descriptions should be considered in place of these items. While descriptive of important activities, the above items do not necessarily describe the key tasks representing HRSA Medical's strategic direction. In the interests of avoiding unnecessary complexity in the development and presentation of HRSA Medical budget information, we feel that any modifications to the administration's activity inventory should be considered with respect to being able to accurately allocate budget dollars relative to a particular activity. In addition, we should note it could be extremely difficult for us to measure some of these items. For example, we are not currently aware of a method that will allow us to differentiate mail order drug claims from other types of prescription drugs claims.