MINUTES OF THE WEBEX INTEGRATED QUALITY IMPROVEMENT COMMITTEE (IQuIC) MEETING

July 28, 2020 10:30 am to 12:00 pm

1. Call to Order

The Contractor shall have its Quality Improvement Director participate in the Department's Quality Improvement Committee to provide input and feedback regarding quality improvement priorities, performance improvement topics, measurements and specifics of reporting formats and timeframes, and other.

2. Introductions & Agenda Review

Completed. Jerry (HCPF) reminded health plan staff to view the "Progress Report" document that was provided with the final agenda to understand status and deliverables for related projects.

3. Approval of Minutes

The draft June 2020 minutes were reviewed and approved.

4. FY 20/21 Quality Activities

Barbara (HSAG) briefly reviewed the Centers for Medicare and Medicaid Services (CMS) External Quality Review (EQR) requirements for Managed Care Entities (MCEs) and noted the related mandatory and optional activities that will be conducted in this fiscal year (example, Compliance Site Reviews, Performance Improvement Projects (PIPs), Performance Measure Validations (PMVs), Network Adequacy Validations (NAVs), Consumer Assessment of Healthcare Providers & Systems (CAHPS), Regional Accountable Entity (RAE) 411, Managed Care Organization (MCO) 412, 411 & 412 Quality Improvement (QUIP), Healthcare Effectiveness Data and Information Set (HEDIS), RAE Parity). Barbara also shared input about EQR activities that will not be conducted in this fiscal year (example, RAE Experience of Care and Health Outcomes Survey (ECHO), State Managed Care Network (SMCN) Claims Encounter Data Validation (EDV), and the 411 and 412 case level listing spreadsheets). Russell K. noted that the Office of Behavioral Health (OBH) will be conducting their own ECHO survey and will reach out to the RAEs to

coordinate their participation. Jerry confirmed that a number of the EQR activities that will not happen this fiscal year is due to cost cutting efforts at the Department in relation to COVID-19. Elizabeth (Colorado Access) asked Barbara to confirm when the QUIP templates would be shared and HSAG staff confirmed those templates have already been sent. Greg (Denver Health) asked Barbara to share more input on the HEDIS Postpartum measure and Barbara noted that measure was specific to the SMCN.

5. **Compliance Site Review Schedule**

Russell (HCPF) opened this discussion by sharing input on the CHP+ standards that would be reviewed this year (Member Information, Grievance & Appeals, Provider Participation & Program Integrity, Subcontracts & Delegation) and then shared input about the standards the RAEs would be reviewed on (example, Provider Participation and Program Integrity, Subcontracts and Delegation, Credentialing, Quality Assurance and Performance Improvement (QAPI). Russell previously shared a handout that also showed the Medicaid MCO and DentaQuest standards that will be reviewed. Kathy (HSAG) and Russell later shared the Compliance Site Review scheduled with all health plans and Russell later requested health plans follow up with concerns by the end of next week.

6. **Quality Talks: Quality Talks: Telehealth and what's working, what are the barriers, where do health plans see a need for improvement, etc. Also, a discussion about health plan Quality of Care reporting.**

Curt previously shared a quality of care (QOC) handout for this topic and began the discussion by reviewing the draft reporting template via the webex. Staff from CCHA/RAE 6&7 asked if the purpose of this template was to replace the current deliverable? Curt noted that was an option later on, but that health plans should stay the course for their current reporting. Kendra (RMHP) asked if the template was meant for all lines of business and if all lines of business can be reported on it? Yes, to both questions per Curt. Another question from a health plan asked can peer reviews be noted on the template? Curt noted that was an option then asked health plans to share input on whether they score severity like 0 to 5 on current reports. Cathy (Kaiser Permanente) asked Curt to confirm if the QOC input noted in current quarterly report submissions should be removed. Curt said not at this time and that health plans should stay the course on their current reporting. Kendra (RMHP) asked if their was not QOC data to report on this new template should it still be submitted? Yes, per Curt once implemented that process works. A CHP+ health plan staff member noted that the reporting cycle for CHP+ plans is not the same as for the RAEs. Curt said he will follow up with the CHP+ Department staff about reporting requirements and noted that he will update the current QOC template and share with health plans again. Curt then asked health plans to comment about how they are leveraging telehealth. Clara (CCHA) said patients are happy to be seen and

that some providers have concerns how this will look after COVID-19 subsides and that some patients may avoid coming in once co-pays apply, Kathleen (RAE 4) noted connectivity issues for rural and frontier regions and that patients enjoy the service, CCHA staff also noted that some patients prefer telephonic services vs video, Carlos (Kaiser Permanente) noted that his plan has been doing this service for sometime, but has increased services due to COVID-19 then Carlos stated there are billing concerns/problems, Agnes (Colorado Access) shared input about a 95% plus satisfaction survey approval rating for telehealth services, Greg (Denver Health) noted his plan is doing telehealth services and overall satisfaction is good, Ashley (Friday Health Plans) said that her plan has opened up the option to do acute services and wavied co-pays while seeing inceased visits (no barriers seen yet), Jeremiah (Rocky Mountain Health Plan) noted similar experiences as already stated, but that his plan's behavioral health providers are booked vs other physical health sites and that his plan has created a telehealth tool kit, Katie (DentaQuest) noted that her plan does provide telehealth services, but that she has no input to share at this time. Alana (HSAG) then asked health plans to share insight on uniformed communication for members about telehealth services. Colorado Access noted efforts from their advisory committee, and Jeremiah (Rocky Mountain Health Plans) shared his health plans communication efforts, and Greg (Denver Health) noted that his health plan website has links for telehealth services and the nurse advice line. Curt asked if any health plans had implemented telehealth measurements? Susan ?? (CCHA) noted efforts from grievance reportings was used for measurements.

7. **Department and Health Plan Updates/Reminders**

Jerry informed the group that the Department will do a virtual meeting for the September 2020 Face to Face meeting and that the agenda is being completed. Russell shared input about the direction the Department was moving in regards to this fiscal year's PIPs (example, one PIP instead of two for the RAEs, total of two indicators for each PIP with exception of the DentaQuest PIP that will have one indicator, 18 month rapid cycle PIPs will be conducted, the PIPs may look at plan wide interventions, topic may be depression screening and follow up for positive depression screenings). Russell also informed MCEs that their CAHPs raw data can be found on the Health Services Advisory Group SAFE site along with their ECHO raw data. Barbara (HSAG) and Crystal (HSAG) confirmed uploaded data like the CAHPs raw data will stay posted online for 30 days.

8. **Public Comments**

No visitors attended this WebEx.

9. **Adjourn**

Future WebEx Meeting: **August 25, 2020** 10:00 am to 12:00 pm.

Visit this link to see online reporting https://www.colorado.gov/pacific/hcpf/quality-and-health-improvement-reports

Visit this link to see more about IQuIC https://www.colorado.gov/hcpf/integrated-quality-improvement-committee-meeting