

MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING

April 22, 2025, 10:00 am to 12:00 pm

1. Call to Order

The Contractor shall have its Quality Improvement Director participate in the Health Care Policy and Financing/HCPF 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. Review March 2025 Draft Minutes

Holly Cherry (Health Services Advisory Group/HSAG) and Jerry Ware (Health Care Policy and Financing/HCPF) confirmed today's meeting will be recorded. Jerry and meeting participants reviewed the draft minutes from the last meeting. The draft minutes were approved.

3. Substance Use Disorder (SUD) Providers/American Society of Addiction Medicine (ASAM) level Reporting Methodology in the Network Adequacy Report

Brad Schrom (Colorado Access) led this PowerPoint presentation discussion. The PowerPoint slide titles included: Background, Colorado Access Data Example, and Discussion. After the presentation Brad addressed questions and comments. Sandi Wetenkamp (HCPF) noted that the Department requirements for this topic are to ensure enrollment aligns with Behavioral Health Administration (BHA) licensing. Sandi also discussed retired provider type 477 (overall general SUD clinic) and provider type 64 and then asked if Colorado Access, or any health plans had any issues with this provider type. Brad and Danae (Colorado Access) confirmed provider code 64 was also an issue. Sandi then asked how Colorado Access ensures only proper licensed SUD providers are providing services. Anne Taylor (Colorado Access) noted that if a provider does not have the proper license their claim will not be paid. Sandi, Danae and Anne then discussed additional processes Colorado Access would do (example, credentialing) to ensure proper licensed providers are providing services, and they discussed input needed for the Managed Care

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Organization (MCO) file (list of providers). Sandi also noted that a communication will be sent from HCPF around April 2025 concerning this topic. Meghan Morrissey (HCPF) listed input in the chat about the changes, and requirements for provider type codes that will be shared. Meghan also listed in the chat HCPC's newsletter link for participants to sign up for. Sandi noted that health plan staff can contact her for additional requests and information concerning this topic. Kendra Peters (United Health Care) then asked Sandi how her health plan should proceed if providers have not updated their specialty codes. Meghan responded to Kendra and noted that her team will reach out to those providers. Kendra then discussed additional concerns (example, National Provider Identifier/NPI, provider type 25, other) affecting the MCO file. It was decided that Sandi and Kendra will collaborate on Kendra's questions via email. Sandi then opened the floor for health plans to address their questions about guarter 3 and guarter 4 network adeguacy submissions to the Department. Prior to this topic ending Amy Ryan (HCPF) posted chat information about a Child Health Plan Plus (CHP+) policy transmittal that is expected to be sent in the coming weeks.

4. HCPF and Health Plan Updates/Reminders

Russell Kennedy (HCPF) noted the next round of Performance Improvement Project (PIPs) measures are to follow CORE measure specifications. Russell also noted that internal discussions are still happening in regard to the CHP+ PIPs ability to follow the Substance Abuse and Mental Health Services (SAMHSA) guidelines. Russell then asked if CHP+ health plan staff can share input on their ability to follow Health Effectiveness Data and Information Set (HEDIS) specifications. Elizabeth Chapman (Kaiser) stated that her plan would prefer to stay with the HEDIS measure vs SAMHSA. Kathryn Morrison (Colorado Community Health Alliance/CCHA) stated that her health plan would prefer to follow SAMHSA guidelines. Kimberly Herek (Rocky Mountain Health Plan) said she would need to confirm, but that her health plan would prefer to follow HEDIS specifications. Carlos Madrid (Kaiser) stated his health plan would prefer flexibility in the allowance of either since HEDIS nor SAMHSA social determinants of health (SDOH) measures are not part of the CORE measures. Russell then asked health plan staff to share input concerning social determinants of health assessments being applied to the parent, or quardian vs a child. Carlos noted that he believes that Kaiser applies SDOH screening to the parents and older teens. Kimberly notes that she believes some clinics follow 12 years and up. Russell concluded the topic by and noting meeting participants should feel free to follow up with him after the meeting. Jeremy Sax (Denver Health) requested Russell email these same questions out so he can confirm a response with internal staff. Jeremy also stated he believes his health plan may align with HEDIS vs SAMHSA. Sheila Gamueda (HCPF) shared an update that the guality of care grievance (QOCG) requirements moved from 15 days to 90 days via an rule that has been approved. Sheila noted that this rule approval may be effective in phase III if not sooner.

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Sheila said health plan staff should email her if they have additional questions. Kendra asked if health plan staff could be notified when the rule is posted in the Colorado Revised Statue (CRS). Sheila said ok.

5. Public Comments

No public attendees at the meeting.

6. Adjourn

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

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

Link to online Accountable Care Collaborative Public Reporting https://hcpf.colorado.gov/accountable-care-collaborative-public-reporting

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