MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE (IQuIC) MEETING

August 22, 2023, 10:00 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. Review July 2023 Draft Minutes

Jerry Ware (Health Care Policy and Financing or HCPF) and meeting attendees reviewed the draft minutes, and the minutes were approved. Jerry also shared an update that the Network Adequacy Validation (NAV) Information Systems Capability Assessments Tool (ISCA/ISCAT) audit that all managed care entities must participate in was successfully added to the Health Services Advisory Group/HSAG contract. This HSAG NAV work is expected to be conducted in this fiscal year and HSAG and the Department are currently reviewing rollout plans and communication processes that will be shared at a later date.

3. Compliance Review Summary

Sarah Lambie (Health Services Advisory Group/HSAG) and Crystal Brown (HSAG) provided a PowerPoint presentation for this topic. The PowerPoint listed the following areas for discussion: Review of the fiscal year (FY) 22/23) Standards, Children's Health Plan Plus (CHP+) and Dental Overview, Regional Accountable Entities (RAE) and Managed Care Organization (MCO) Overview, Preview of Upcoming FY 23/24 Standards, and Questions & Feedback. Alyssa Rose (Regional Accountable Entity 1 (RAE 1)) chatted a question about 6th grade reading levels related to Flesch Kincaid, and Standard V and how HSAG would factor that into the audit since Flesch Kincaid may not be a best practice? Sarah noted that HSAG will test in Flesch Kincaid, but back out certain criteria. Jeremy White (RAE 2 & 4) chatted a question about when the draft tool will be shared? Sarah addressed the question and listed the timeline in the chat (example, dental plan receives their draft tool end of August, CHP+ plans receive their draft tool early September, RAEs

receive their draft tool Mid October, Medicaid plans receive their draft tool early November). Katie Gaffney (Denver Health) chatted a question to understand if the compliance site review schedule was created? Crystal and Sarah noted that the proposed schedule will be sent out by Jerry (HCPF) at the end of today's meeting and that health plans have until 8/29/23 to comment on that document. Logan (DentaQuest) asked additional questions about the project timeline and Sarah shared insight (example, 60 days prior to audit desk request shared).

4. **February 2023 CMS Protocol 1 and Updated PIP Validation Templates**

Kris Hartmann (HSAG) provided a PowerPoint presentation for this topic and informed that meeting attendees that Jerry (HCPF) will share the PowerPoint and templates with them after today's call has ended. The PowerPoint listed the following areas for discussion: Objectives, Performance Improvement Project (PIP) Validation Process for New PIPs, Centers for Medicare and Medicaid Services External Quality Review (EQR) Protocols, PIP Validation Templates Reviewed, PIP Validation Tool Updates, FY 23/24 PIP Validation Timeline, Social Determinants of Health (SDOH) PIP Submission Instructions, and Questions. Kris (HSAG) also informed meeting attendees about the protocol PIP changes related to confidence levels. Hilary Erickson (the Department) chatted and asked if the slide deck will be shared? Jerry confirmed the slide deck and other PowerPoints would be shared. Carlos (Kaiser Permanente) chatted and asked if section 7 & section 8 need to be completed on the PIP submission form? Kris (HSAG) replied that yes, a baseline and narrative in step 7 should be completed, and for section 8 health plans should complete A & B and not C. Russell (HCPF) noted that health plans should clarify in their submission on the Behavioral Health Incentive Program (BHIP) specifications (specs) they are using. Health plans then shared input about the specifications they are using (example, RAE 2 using new specs, RAE 3 & 5 using old specs, RAE 6 & 7 using new specs, RAE 4 using new specs). Edward Arnold (Carelon) chatted a question to clarify tool use across the length of the PIP? Russel (HCPF) and Kris (HCPF) noted that all tools should be documented. Logan (DentaQuest) chatted a statement that his health plan already received certain PIP criteria approval from Yvonne (HCPF).   Russell asked that Logan share those approval communications with Kris (HSAG) and himself. Logan agreed.

5. **Proposed Contract Changes Related to Quality of Care (QOC)**

Helen Desta-Fraser (HCPF) and Sheila Gamueda (HCPF) provided a PowerPoint presentation for this topic, and also reviewed input needed for the intake form for this project. The PowerPoint presentation listed the following areas for discussion: Contract amendment, Definition clarification, Deliverable updates, Extensions, Feedback/Questions, Managed Care Entity (MCE) process flow chart, Intake form review, and Quality of Care Grievance (QOCG) contacts. Helen (HCPF) also noted that health plan questions previously submitted to the Department regarding this

process will receive a written response in the coming weeks from Audrey Keenan (the Department). Helen also requested that health plans send over All of their QOCG contacts for any QOCG communications, and include their Department program officers in all communications. Lynne (Beacon Health/Carelon) asked if exceptions will be considered. Helen replied that the Department will take exceptions into consideration. Lisa Artale Bross (Denver Health) asked why can't the Department just use the grievance definition? Helen noted that the Department will take this suggestion into consideration. Courtney Hernandez (Beacon Health/Carelon) asked if health plans could work in tandem? Helen replied that working in tandem would be acceptable. Alyssa Rose (Rocky Mountain Health Plans) chatted several questions (example, 1. If a member grievance is filed that does not involve a provider do health plans still use this process, 2. Timeline for implementation, 3. For grievances that don't involve QOC do health plans still submit the form). Helen responded yes for question one, for question two Helen noted a soft launch or technical assistance calls, for question three Helen asked for clarification on the question and the result was that the federal definition would be used. Courtney Hernandez (Beacon Health/Carelon) chatted that all will need to be reviewed at the Quality of Care Committee? Helen replied that would be up to the health plans. Courtney also chatted if there was a template for the QOC summary? Helen chatted back and replied that the Department does not have QOC summary template and that managed care plans would need to create their own summary template that meets their contract requirements. Mika (Colorado Access) chatted if the form is a fillable PDF? Helen chatted yes. Stacy Stapp (Colorado Access) asked for clarity on the definition of business days? Helen replied that the Department definition should be used. Courtney (Beacon Health/Carelon) asked what health plans should do if an out of network provider refuses to work with them on needed input? Helen replied to follow up with the Department for assistance. Please note that health plans should submit questions, not address in this meeting, in a timely manner to Helen (HCPF) and Sheila (HCPF).

6. Department and Health Plan Updates/Reminders

Meeting ended late and this topic was not addressed.

7. Public Comments

Meeting ended late and this topic was not addressed.

8. Adjournn

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

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado

Link to online Accountable Care Collaborative Public Reporting
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