



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING

August 26, 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 July 2025 Draft Minutes

Jerry Ware (HCPF) and meeting participants reviewed the draft minutes from the last meeting. The draft minutes were approved.

3. Summary of Fiscal Year (FY) 2024-2025 Compliance Strengths and Opportunities and Upcoming FY 2025-2026 Standards

Gina (Health Services Advisory Group/HSAG) shared the PowerPoint presentation prior to this meeting and led the discussion for this topic. The PowerPoint slide titles were: Fiscal Year (FY) 24/25 Compliance Standards, Child Health Plan Plus (CHP+) Dental Statewide Average Scores, Regional Accountable Entity (RAE) Managed Care Organization (MCO) Statewide Average Scores, FY 24/25 Strengths, Opportunities for Improvement, FY 25/26 Compliance Standards, FY 25/26 Compliance Review Schedule, Important Dates, and Questions. Jeremiah (RAE 1) asked if HSAG would share input on the standard naming convention changes? Gina noted that the changes are and will be aligned with Centers for Medicare and Medicaid (CMS) protocol requirements and state requirements. Kendra (RAE 1) asked if HSAG could share all 12 standards at this time. Sarah (HSAG) and Gina noted the timeline for transitioning the complete list of standards overtime so sharing that input at this time was not possible. Gina and Jeremiah also discussed the alignment of the standards and self-audits and Gina later noted that self-audit processes will continue in this fiscal year. Kendra also asked for clarity about the review period. Gina stated that for all lines of business, the record review period will be July 1, 2025 through October 15, 2025 (or close to the October 17th

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submission date as possible) and shared insight on how HSAG was working to shift timelines around holiday periods to avoid scheduling conflicts. Gina concluded the topic by noting health plan staff should follow up with her for additional questions.

4. Performance Improvement Project (PIP) Refresher and New PIP Draft Timeline

Kris (HSAG) shared the PowerPoint presentation prior to this meeting and led the discussion for this topic. The PowerPoint slide titles were: PIP Validation Requirements, 2025/2026 PIP Activities and Key Dates, PIP Validation Timeline, PIP Measurement Periods, PIP Stages, 2025/2026 PIP Documentation & Template Review, Step 7 Data Analysis & Interpretation of Indicator Results, Step 8 Improvement Strategies, Step 9 Evaluating Outcomes & Improvement, PIP Submission Form..., Tips for Improving PIP Performance, Tips for Successful PIP Submission Form Completion, Validation Preview for New PIPs, New PIP Tentative Validation Timelines, and Questions. During the presentation Kris noted how current PIPs are intended to closeout with the October 2025 submissions. Kris also noted how HSAG ensures PIP processes align with CMS protocols. Kris then asked if health plan staff wanted an overview of the PIP submission form and that offer was accepted via chat confirmation from Katie Egan (Denver Health). Some additional notes made during the PIP submission form overview included: reminder to submit a word document for intervention forms, and not a Portable Document Format (PDF) form. Sarah Thomas (Colorado Access) chatted and asked “if additional files (besides the submission form and intervention sheets) be a PDF form? Kris said yes. Russell (HCPF) noted that PIP data for health plans may be ready in May 2026, but that additional input about the PIP data will be shared at the September IQuIC meeting. Kimberly (RAE 1) chatted and asked if the HCPF system that will supply the PIP data is called Perform Plus (+) Tool. Russell researched this question after the meeting ended and confirmed the HCPF PIP data tool is called Perform Plus, but that tool will only provide data for RAEs.

5. County Service Exception Request Templates, Timeline - Questions & Answers (Q&A)

Sandi (HCPF) presented this topic material via a PowerPoint presentation. The PowerPoint slide titles were: County Service Exception Request Due 10/1/25, County Service Exception Deliverable Review Process, Please Note, Step 4 Subject Matter Expert (SME) Committee Review, Step 5 Due 12/1/25, Next Steps December-March, and State Fiscal Year (SFY) 26/27 Timeline. Jeremiah (RAE 1)

asked what options (appeal, other) would be available after a health plan submitted a complete Exception Request to HCPF, but the request was denied. Sandi discussed possible options that may be available, but later concluded that she will follow up with internal staff to address this question. Alma (RAE 2) addressed a number of questions with Sandi. For example, are exception approvals for just one year. Sandi noted various approval timelines for certain approved requests. Alma also asked what is the impact of network changes outside of review, but due to the meeting wrapping up final answers may not have been addressed. Other questions listed in the chat for Sandi included: Elizabeth (Kaiser)- can Kaiser staff be invited to the Operation (Ops) meeting that will address these questions, and Kendra (RAE 1)- is the narrative template for the CHP+ MCOs, or will there be a specific one for them.

6. HCPF and Health Plan Updates/Reminders

Rebecca Victor (DentaQuest Member Outreach and Engagement Consultant) chatted contact information for health plans to receive dental assistance for members experiencing dental issues and they need support. An email requesting assistance can be sent to the Member Outreach Team at COMemberOutreach@greatdentalplans.com. Jerry (HCPF) informed the group that for FY 25/26 HSAG will not be conducting the 411 Encounter Data Validation for all 4 RAEs.

7. Public Comments

No public attendees at the meeting.

8. Adjourn

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