



COLORADO

Department of Health Care
Policy & Financing

MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING

January 27, 2026, 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 October 2025 Draft Minutes

Jerry Ware (HCPF) and meeting participants reviewed the draft minutes from the last meeting. Russell Kennedy (HCPF) noted that work continues on the health plan Quality Deliverable Template. Kathryn Burch (Colorado Access) and Helen Desta-Fraser (HCPF) also coordinated efforts for HCPF to receive follow up documentation related to the Quality Deliverable Template. After that discussion the draft minutes were approved.

3. Vaccinations Update

Helen (HCPF) led this topic update and reviewed a PowerPoint presentation. The PowerPoint presentation slide titles were: Declining Vaccination Rates, Pediatric Vaccine Schedule Changes, Core Metric Set Changes, and Immunization Measure Options. Margaret Vetterling (Colorado Access) asked for clarification on the health plan option selections and Helen reviewed the options. Jeremiah (United Health Plan/Rocky Mountain Health Plan) asked if HCPF could consider data sharing options in the Moveit set up where a quality folder could be added? Helen agreed to complete additional research on that option and follow up with health plans. Helen also shared input about a future Quality Improvement Forum that will be taking place on February 4, 2026 from 1pm to 2pm, and Helen recommended health plans try to attend to share insight on options.

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4. Performance Improvement Project (PIP) validation process for 2026-2027 PIPs, and a guidance and PIP template discussion

Kristine Hartmann (Health Services Advisory Group/HSAG) led this topic discussion, reviewed a PowerPoint presentation, and reviewed the PIP Submission Form. The PowerPoint presentation slides were titled: Presentation Objectives, New PIP Expected Validation Timelines, HSAG's PIP Validation Process, PIP Submission Form Updates, PIP Validation Tool Updates, Evaluation Elements Scoring, PIP Validation Template Walk Through, Questions, and Reminder for Next Month's IQuIC Meeting 2/24/26. During the presentation, Kristine reviewed the current PIP validation timeline for the outgoing PIPs (resubmissions were due on 1/21/26, final validation tools will be delivered on 2/20/26). For the new PIPs, Kristine noted which steps (1 thru 6) would be included for the first annual validation in FY 2026-2027 (expected initial PIP submission due date 7/16/26). Kristine also noted for the new PIPs that certain PIPs using indicators based on Healthcare Effectiveness Data and Information Set/HEDIS, or, CORE Set measures will have reduced documentation requirements in the new PIP submission form template. Kristine (HSAG) also reviewed sections of the draft PIP submission form, and concluded the discussion by sharing expectations for health plan PIP presentations at the February 2026 IQuIC Meeting.

5. Health Services Advisory Group/HSAG presentation on 2024 Healthcare Effectiveness Data and Information Set (HEDIS) results and technical assistance on the HEDIS reporting template

Elisabeth Hunt (HSAG) led this PowerPoint presentation. The PowerPoint presentation slides were titled: Presentation Overview, HEDIS MY 2024 Results, Overall Performance Medicaid Health Plans Compared to NCQA Benchmarks, Overall Performance CHP+ Health Plans Compared to NCQA Benchmarks, CHP+ Health Plans Area of Opportunity: Follow-Up After Emergency Department Visit for Substance Use (FUA), FUA—CHP+ Statewide Results, FUA—Discussion, Medicaid Health Plans Area of Opportunity: Follow-Up After Hospitalization for Mental Illness, FUH—Medicaid Statewide Results, FUH—Discussion, CHP+ & Medicaid Health Plans Area of Opportunity: Weight Assessment and Counseling for Nutrition and Physical Activity for Children (WCC), WCC—Medicaid & CHP+ Statewide Results, WCC—Health Plan Discussion, Open Discussion, MY 2025 HSAG Rate Reporting Template Overview, Rate Reporting Template Layout, Rate Reporting Template Instructions, Rate Reporting Template Definitions, Rate Reporting Template Tips, and Rate Reporting Template Example #1 and #2. During the presentation Elisabeth (HSAG) addressed previous health plan concerns with the rate reporting template, noted that HSAG is expecting to share the final rate reporting template with Centers for Medicare and Medicaid Services updates around February 20, 2026, addressed health plan Core Set stratification questions, and noted PowerPoint slide 4 and slide 5 Medicaid and CHP+ health plan improvements. Elisabeth (HSAG) opened discussion on slide 8 (follow up emergency department

visit) to understand health plan interventions. Stacy (Colorado Access) noted the small denominator and large fluctuations for this rate, subtransitions of care via tiers, and care managers supporting members for her health plan. Shannon Godbout (Denver Health) noted that her health plan had systems in place to reachout for this challenging measure, and worked on filling gaps in care. Liz (Kaiser) noted that her health plan did not experience any new issues for this measure and may not of had members for this measure. For PowerPoint slide 10 (follow up hospitalization/mental health) Shannon (Denver Health) noted her health plan discharge efforts. For PowerPoint slide 12 (weight assessment/counseling) Shannon also shared input about how medical providers were in disagreement with body mass index (BMI) documentation due to most current clinical guidance, so they are conducting counseling for nutrition and physical activity but not as typically discussing and documenting BMI. Stacy (Colorado Access) shared input on data feed effectiveness of electronic health records for this measure, indicating that obtaining those data feeds can present challenges. Carlos (Kaiser) noted positive results from electronic medical record templates that Kaiser requires its providers to complete, and patient facing material for this measure. Elisabeth then focused on the rate reporting template and shared insight on how health plans should move forward and populate voluntary criteria if mandated by HCPF. Russell (HCPF) noted that health plans had until the end of this month to submit extension request for this effort. Elisabeth also noted HSAG efforts working with external vendors to assist with submitting performance measure data by providing technical assistance related to the fields within the custom rate reporting template.

6. HCPF and Health Plan Updates/Reminders

No updates were shared.

7. Public Comments

No public attendees at the meeting.

8. Adjourn

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