



**COLORADO**

Department of Health Care  
Policy & Financing

## **MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING**

June 24, 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 May 2025 Draft Minutes**

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

### **3. Performance Measure Validation (PMV) Regional Accountable Entity (RAE) Incentive Measures**

Jerry (HCPF) shared input about a RAE incentive PMV rate possibly needing to be recalculated. Nicole Nyberg (HCPF) later clarified that for the related rate there were data challenges. For example, Care Analyzer Metrics use only data that is available in the Department Data Warehouse. It does not incorporate flat file data into the administrative calculation unless the encounter data went in through interChange. Nicole also noted that payments for fiscal year (FY) 23-24 to go out this week and that for FY 23-24 the Department will be recalculating indicator 3 using the previous definition of this metric, not the standardized metric, which incorporates flat file data. Targets will be recalculated using previous methodology (highest performer+10%). Nicole then said if additional payments are needing to be made, the Department will send as soon as possible. For FY 24-25 incentive indicators 1, 2, and 3 will be reverted to previous definitions, not using standardized methodology, which incorporates flat file data. Targets will be recalculated using previous methodology and both specification documents will be re-published with updated targets. Nicole then said for calendar year (CY) 2026 and beyond beginning in calendar year 2026, only administrative measures will be used for calculation. That said, only data in the Data Warehouse will be part of

*Auxiliary aids and services for individuals with disabilities and language services for individuals whose first language is not English may be provided upon request. Please notify Jerry Ware via email [jerry.ware@state.co.us](mailto:jerry.ware@state.co.us), or the Civil Rights Officer at [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting to make arrangements.*

these administrative calculations, and the Department will not incorporate flat file data into measures calculation. Data needs to be submitted via flat file as normal for rate setting processes, and needs to be submitted via interchange for measure calculation. This information will also be added to the future Behavioral Health Incentive Program (BHIP) Specification documents. Jeremiah Fluke (RAE 1) chatted and asked "... is that the same issue for BHIP 4 and the gate measure?" Nicole responded that measure 4 was not one of the Care Analyzer calculated measures. Nicole also shared her email address ([Nicole.Nyberg@state.co.us](mailto:Nicole.Nyberg@state.co.us)) in case meeting participants wished to send additional questions about this topic.

#### **4. Follow Up Data From The March 2025 IQuIC Early and Periodic Screening Diagnostic and Treatment (EPSDT) Status Of Screenings and Dental Work For Kids Ages 1 thru 20 Topic**

Cameron Amirfathi (HCPF) led this PowerPoint presentation which included the following slide topics: EPSDT 416 Data Fiscal Year 2024, CMS 416 Form, Child Core Set vs EPSDT 416, Data Definitions, Data Definitions Screenings, Data Definitions Dental, various data slides, and a Questions slide. After the presentation Katie Deford (Colorado Community Health Alliance/CCHA) asked if the presentation slides will be shared with meeting participants. Cameron (HCPF) said he will check and see if the slides can be shared and that he will let Jerry (HCPF) know if approved.

#### **5. Performance Improvement Project (PIP) Update**

Russell Kennedy (HCPF) led this discussion and noted that HCPF staff are still looking at options for the non-clinical PIP selection. One of the main options that upper managed HCPF staff are considering is Transitions of Care. Russell said that he has heard back from the majority of health plans about the PIP selection options they would like to move forward with, but that a couple of health plans still have yet to share their input with him. Russell did note that it may take an additional month before a final PIP selection can be made by the Department and that it is not likely that the Department will consider moving forward again with a Social Determinants of Health PIP selection at this time. Kathryn Morrison (RAE 6 & 7) chatted a question for additional information about how the Department PIP option is a non-clinical measure. Russell addressed the question and read an HSAG email note that explained the differences between non-clinical and clinical PIPs. Kendra Peters (RAE 1) asked for further clarification about what the Transitions of Care PIP option would focus on. Russell noted that an example may be when a patient moves from hospitalization to another facility of care. Russell also noted that RAEs would focus on a behavioral health non-clinical PIP. Russell then noted that for the July 2025 IQuIC meeting he will share additional updates on this topic.

## 6. HCPF and Health Plan Updates/Reminders

Jerry (HCPF) and Sarah Lambie (Health Services Advisory Group/HSAG) confirmed that for FY 25/26 the only EPSDT audit that will be conducted by HSAG will include DentaQuest Fee For Service (FFS). Ashling Whelan (HSAG) informed the group that HSAG will host an optional Network Adequacy Validation (NAV) presentation on July 14, 2025 where health plans can receive updates and ask questions concerning the quarterly 1 data submission. Ashling also explain that meeting invites for health plan and Department staff will be sent out at a later date.

## 7. Public Comments

No public attendees at the meeting.

## 8. Adjourn

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