



MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING

March 25, 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 February 2025 Draft Minutes

Jerry Ware (Health Care Policy and Financing/HCPF) and meeting participants reviewed the draft minutes from the last meeting. The draft minutes were approved.

3. Early and Periodic Screening Diagnostic and Treatment (EPSDT) Status Of Screenings and Dental Work For Kids Ages 1 thru 20

Cameron Amirfathi (HCPF) lead this PowerPoint presentation that covered: EPSDT 416 Data, CMS 416 Form, Data Definitions, Comparison Criteria, Screening Ration Delta Over Federal Years (FY) 20-23, Participant Ratio Delta Over FY 20-23, Highlights, and Questions. During the presentation Carmeron noted the two types of data used. For example, 90 continuous and EPSDT eligibility data. Cameron also noted that the federal government requires that both types of data be reported as well as Expected Screenings. Cameron agreed to share slides after the meeting, shared input on why certain states were included in his PowerPoint presentation (example, similar sizes), and provided insight on possible breakouts and increase performance opportunities that may be achieved at later dates. Gina Robinson (HCPF) informed the group that in the coming weeks breakout data related to the

Regional Accountable Entities (RAEs) will be available and that information could be presented at a future IQuIC meeting.

4. Next Round Of Performance Improvement Project (PIP) Topics

Russell Kennedy opened this discussion by noting efforts from the Department to create PIP options that align with certain requirements, core measures, Centers of Medicare and Medicaid (CMS) requirements, and meet certain denominator aspects. Russell presented a slide that noted the type of clinical and non-clinical PIPs each managed care entity would be expected to work on if approved. After the presentation Russell addressed questions from health plan staff. For example, Carlos Madrid (Kaiser Permanente) asked what is the rationale for requiring Child Health Plan Plus (CHP+) plans to use the Substance Abuse and Mental Health Services (SAMHSA) measure #487 rather than the Healthcare Effectiveness Data and Information Set (HEDIS) SNS-E measure as it will require the CHP+ health plans to complete duplicative work? Russell noted the question and stated the Department is not expecting to have the HEDIS data for this effort. Kathryn Burch (Colorado Access) asked the question Social Determinates of Health measure will align with RAE behavioral health incentive measures? Helen Desta-Fraser (HCPF) responded yes via chat. Sarah Thomas (Colorado Access) asked if the follow up after emergency visit measure will follow HEDIS? Russell said yes. One physical health plan staff member asked about these measures aligning with a previous Department meeting discussion. Helen said she will follow up on that alignment effort. Sarah also asked if the PIP data would be calendar year data? Russell stated that was the goal, but additional steps need to be completed before calendar year data could be confirmed. Jeremiah Fluke (Rocky Mountain Health Plan/United Healthcare) noted that one measure was intended for age group 18 and older and that would conflict with CHP+ ability to report that data. Russell noted Jeremiah's input for further research. Additional meeting staff (example, Edward Arnold (Carelton), Carlos Madrid, Kathryn Burch) shared additional chat comments and links in the chat relating to implementation of these PIPs and measures (links include: [Centers for Medicare and Medicaid Services Measures Inventory Tool](#) , [Centers for Medicare and Medicaid Services Measures Inventory Tool](#) . Kathryn link noted five behavioral health incentive program Accountable Care Collaborative (ACC) 3 measures).

5. Department and Health Plan Updates/Reminders

No updates were provided.

6. Public Comments

No public attendees at the meeting.

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, or the Civil Rights Officer at hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

7. Adjourn

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

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

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