

MINUTES OF THE INTEGRATED QUALITY IMPROVEMENT COMMITTEE MEETING

September 23, 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 September 2025 Draft Minutes

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

3. Performance Improvement Projects (PIPs) Update On Non-Clinical PIPs

Russell Kennedy opened the discussion on this topic with a reminder that he sent the health plans non-clinical PIP topic proposal forms via email on September 19th. The health plans should use this form to submit their proposed non-clinical PIP topics to him by November 14, 2025. Katie Egan (Denver Health) asked if Social Determinants of Health topics were back on the PIP selection list? Russell said yes they are, but only for the Child Health Plan Plus (CHP+) health plans and Medicaid managed care organizations (MCOs). Brian Robertson (Northeast Health Partners) asked Russell to clarify the purpose of this PIP selection and Russell shared insight on the new PIP topic selection versus the current PIPs that will be closing out with the final validation being initiated in October 2025. Health Services Advisory Group (HSAG) presented guidance for the October 2025 PIP submissions during the August 26, 2025 IQuIC meeting.

4. 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Methodology and Results

Lauren Sublett (Health Services Advisory Group/HSAG) led this PowerPoint presentation. The PowerPoint slide topics covered: Methodology/Response Rates, Methodology/Top Box Scores, Regional Accountable Entity (RAE) Adult and Child

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Rates Results, CHP+ Top Box Scores and Results, Medicaid MCO Top Box Scores and Results, Improving Response Rates, Comments and Questions. Katie (Denver Health) later asked if the PowerPoint including slide notes from Lauren can be shared? Lauren said yes and will make plans to follow up to share the requested input. Kathryn Burch (Colorado Access) chatted a question that asked if the sample sizes varied by RAE? Lauren replied that sample sizes do vary by RAE based on the adult and child population with a base sample size of 1,350 and 1,650 respectively, and Russell and Lauren discussed how the oversample of 20 percent was not included in the base sample size but was included in the overall sample size. Russell then spoke about his previous and current efforts to increase the sample sizes. Carlos Madrid (Kaiser) shared input about his stakeholders concerns when data that is not statistically significant are presented and Carlos suggested that future PowerPoint presentations de-emphasize data that is not statistically significant. Russell said he will look at future options to address the small sample sizes and emphasize statistically significant results in the PowerPoint presentation. Sarah Lambie (HSAG) pointed out a couple of national average response rates in the PowerPoint that a few health plans have met, or exceeded compared to the national and asked staff from two of the health plans to share best practices used. Stacy Stapp (Colorado Access) shared her health plans newsletter, provider education, and call center efforts to improve CAHPS responses. Russell later asked if Stacy could share this input directly with him and Stacy agreed. Katie Egan (Denver Health) shared her health plans newletter efforts and said that she would also share input later on with Russell. Also, Katie Egan (Denver Health) noted that her health plan had previously received member level CAHPS data, but wondered when a CAHPS summary will be shared? Lauren noted that she will follow up with Katie about the summary input.

5. HCPF and Health Plan Updates/Reminders

Russell shared input about the health plan quality report submissions that are sent to the Department. Russell said that he would like to work with health plans on the quality report template and that he will be reaching out to health plans at a later date on this effort.

6. Public Comments

No public attendees at the meeting.

7. Adjourn

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