



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Colorado Healthcare Affordability & Sustainability Enterprise Meeting Minutes

Via Webinar

<https://cohcpf.adobeconnect.com/chase/>

Tuesday, November 17, 2020; 3:00 P.M.

- Members present (on the phone and webinar): Shepard Nevel, Allison Neswood, Bob Morasko, Dr. Claire Reed, Janie Wade, Dr. Kim Jackson, Dan Rieber, Ryan Westrom, Scott Lindblom, George Lyford, Matt Colussi, Bob Vasil and Jeremy Springston.
- Department Staff present (on the phone or webinar): Nancy Dolson, Karola Cochran, Matt Haynes, Cassie Geremaia, Rebecca Parrott, Courtney Ronner, Cynthia Miley, Daniel Pace, James Johnston, Austin Wozniak, Riley DeValois, Joe Sekiya, and Jeff Wittreich.
- Also, in attendance: Eric Kuhn, and representatives from MSLC and CHA.

A total of 38 people attended the meeting.

1. Introductions and welcome new board member, Jeremy Springston, Director of Reimbursement, Denver Health and Hospital Authority

- Chair Shepard Nevel, 3:03 p.m. to 3:05 p.m. Thanks to all who are joining us for this specially scheduled meeting. Nevel acknowledged the continued high level of participation by all during this pandemic. We had full participation by all board members.
- Nevel welcomed Springston to the board, and Springston introduced himself, saying he is looking forward to working with the Board. Nevel added that it is great to have Springston's expertise.

2. Approve Minutes from August 25, 2020 Meeting

- Chair Shepard Nevel, 3:05 p.m. to 3:10 p.m. Dr. Jackson moved to approve meeting minutes and Rieber and Wade seconded. Minutes passed unanimously.

3. Hospital Transformation Program (HTP) Community Advisory Council (CAC) Recommendations

- Allison Neswood, Chair of HTP CAC, 3:10 p.m. to 3:25 p.m.
- Board Discussion, 3:25 p.m. to 3:37 p.m.

CHASE Board Meeting Minutes (continued)

- Nevel introduced Neswood and thanked her for her willingness to chair the Community Advisory Council and for the important work that they are doing.
- Neswood - HTP CAC was created by the CHASE Board, and to ensure that there is regular community feedback about the implementation of the HTP and the way it is designed. Now, CAC is looking more broadly at hospital programs that under the CHASE charge. Commitments between HCPF and the Committee members, and how the committee would be operated and how the recommendations would be handled by the Department. Two co-chairs - Neswood and Diamontopoulos working on agenda setting and facilitating the meetings. The group is focusing on equity and the programs produce data that can be disaggregated by race, ethnicity and primary language. Two main goals of CAC are to improve racial and ethnic healthcare equity and to improve maternal health equity issues. And community engagement processes that hospitals are expected to follow. The CAC is requesting to have a regular place on the agenda at the CHASE board meetings, and recommendations discussed today are also posted on the HTP CAC Website. Pausing for questions.
- Nevel - any questions?
- Neswood continued with recommendations to maximize value of HTP and HQIP design. Prioritize improvements and to disaggregate data that the department already has. Have designated three primary areas. In order to understand how these programs are working, we are recommending maximizing collection and disaggregation of the data. We recommend that even though the hospitals aren't being reimbursed on the measures, we recommend that all seven HTP claims based measures be mandatory. Pausing for questions.
- Nevel - Any questions?
- Rieber - Question about all seven of the HTP measures. This may cause challenges for the hospitals especially since we are coming up on the date this is going into effect?
- Neswood - It was posed as an either/or ask. HCPF can speak to this.
- Dolson - The either or is to require them all or release the information. The Department can report this information. We think it's important that there is an opportunity for hospitals to select measures of interventions that are specific to the needs in their communities. We don't support making all seven HTP measures mandatory.
- Rieber - Is this an additional incremental administrative ask for the hospitals to accumulate this information?
- Dolson - This is all claims-based data, so there is not an additional request from hospitals for this information.

- Neswood - Any other questions or feedback? Next recommendation is to add a measure of severe maternal morbidity outcomes to either HTP or HQIP, but this isn't thought to be an appropriate measure. Could HCPF talk about this?
- Dolson - Maternal morbidity is a population health measure and the cases of maternal morbidity in the hospitals are low. It is hard to tie reimbursement to that one item. HQIP has a bundle that addresses Maternal Emergencies that encompasses this.
- Haynes - That's exactly right. The HQIP maternal emergencies bundle answers this. At this point there isn't reimbursement tied to this, so we may include it in the future, along with racial and ethnic disparity.
- Neswood - Thank you for this helpful explanation. Continuing with recommendations. HCPF - any input on this?
- Dolson - Additional screening in 2.2 of the recommendations is already in HQIP.
- Neswood - 2.3 - looking forward to having input into the 2023 HQIP model. Final recommendation is concerned with data disaggregation of patient experience information.
- Dolson - Patient experience equity is contained in Hospital Compare. I'll ask Haynes to expand on this.
- Haynes - Looking at care transitions after discharge, we want to use HCAP surveys. CMS uses this data internally, but this data isn't available from hospitals. There are legal and compliance questions about what we can share. We want to provide good information that isn't misleading. By the end of 2022, we want to explore what's possible. We want to see where there are opportunities where the data is more meaningful. We have heard that AHRQ is working on more reporting options.
- Neswood - Unresolved issue - looking at the hospital and the health neighborhood.
- Wade - We are experiencing another surge. This would potentially be a large time commitment. Could we push off changes till later?
- Nevel thanks Neswood and everyone on the HTP CAC. It will be great to bring these recommendations back to the Board. When the timing is appropriate, the Board is looking for some post-COVID follow-up.

4. Department Updates - TABOR Lawsuit, Proposition 117, HTP and HQIP

- Nancy Dolson, 3:37 p.m. to 3:46 p.m.
- Board Discussion, 3:46 p.m. to 3:48 p.m.
- Dolson - TABOR Lawsuit regarding the CHASE fee - State Supreme

Court ruled in favor of the State and dismissed the case.

- Dolson continued - Prop 117 - Effective January 1, 2021, State enterprises formed after this date that collect over \$100M in fees in the first 5 years, must go to the vote of the people. This doesn't affect CHASE, as it was formed in 2017.
- Neswood - What about if the fees are reallocated?
- Dolson - I don't believe that would affect the CHASE. Eric Kuhn is here from the AG's office.
- Kuhn - Agree with Dolson. This wouldn't affect CHASE.
- Dolson - HTP Rural Support Fund - provides \$12M/year to hospitals in critical areas that need assistance. Determinations will be made at the end of January. HTP Timeline has been updated.
- HTP and HQIP Activities - Held HTP Refresher training last week.
- HQIP Update to Timeline - We are in three different cycles currently. Finishing up 2020, rolling out 2021 and will be ready to finalize 2022 program at the CHASE Board December meeting. For the 2023 program, we will be working with HTP CAC.
- Nevel asked if there were any questions, and thanked Eric Kuhn for attending the meeting.

5. CHASE Annual Report Draft Review

- Nancy Dolson, 3:48 p.m. to 4:00 p.m.
- Board Discussion, 4:00 p.m. to 4:10 p.m.
- Dolson, went through the following sections: Overview, Fiscal Year is October to September to match the Federal Government, Medicaid expansion supplemental payment is 90%, Administrative expenditures cover all Medicaid administrative expenditures for 500K Coloradans.
- Wade - No mention of increased FMAP due to the Affordable Care Act. Shouldn't that be included?
- Dolson - Good catch. It would make sense to include that to provide insight into how it's saving the State's funds.
- Dolson continued - The Cost Shift section is under development and will be discussed at the December meeting. The efforts by CHASE including the HTP incentive plan and payment dollars and how they are used. HTP section includes COVID 19 impact and the HTP timeline update.
- Neswood - Will you add mention and recognition of the work that HTP CAC is accomplishing in this section?
- Dolson - Great suggestion.
- Dolson continued with the report, explaining each of the payments

and net benefit, and mentioning contents of the appendix. Then confirming adds to the report of Cares Act funding and HTP CAC to the HTP section.

- Nevel - Thanked Dolson and her team for work on the report. Also acknowledged hospitals during this pandemic. Asked everyone who attended to send questions regarding the report via email to Dolson.

6. Public Comment

- 4:10 p.m. to 4:13 p.m. No public comment.

7. Adjourned at 4:15 p.m.

- Nevel thanked everyone for their participation and adjourned the meeting.

8. Next meeting: December 15, 2020 at 3:00p.m.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-3698 or Nancy.Dolson@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.