Colorado Healthcare Affordability & Sustainability Enterprise Meeting Minutes

Via Webinar

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

Tuesday, December 15, 2020; 3:00 P.M.

- Board Members Present (on phone and webinar): Chair Shepard Nevel, Matt Colussi, Dr. Kimberly Jackson, Scott Lindblom, George Lyford, Robert Morasko, Allison Neswood, Dr. Claire Reed, Dan Rieber, Jeremy Springston, Bob Vasil, Janie Wade, and Ryan Westrom.

- Department Staff present (on the phone or webinar): Nancy Dolson, Karola Cochran, Matt Haynes, Gina DeCrescentis, Cassie Geremaia, Rebecca Parrott, Courtney Ronner, Cynthia Miley, Daniel Pace, James Johnston, Austin Wozniak, Riley DeValois, Joe Sekiya, and Jeff Wittreich.
- Also, in attendance: Representatives from MSLC and CHA.

1. Introductions

- Chair Shepard Nevel, 3:03 p.m. to 3:05 p.m. Thanked the board for full participation in these meetings. Asked is there is anyone to acknowledge on the Department's team.

2. Approve Minutes from November 17, 2020 Meeting

- Chair Shepard Nevel, 3:05 p.m. to 3:05 p.m. Dr. Jackson moved to approve the minutes, and Westrom seconded. Minutes passed unanimously.

- Chair Nevel also thanked everyone for attending back to back meetings.

3. Department Updates

- Nancy Dolson, 3:05 p.m. to 3:08 p.m. Updates included, Kim Bimestefer agreed to move the Hospital Transformation Program moved to April 2021. As we are in a third wave of the pandemic now in Colorado.

- Update acknowledge that the next meeting of the EDI Committee is on December 21, 2020. Maileen Hamto, the EDI Officer will be working with us through the Health Equity lens.

4. CHASE Annual Report Presentation

- Nancy Dolson, 3:08 p.m. to 3:43 p.m.
- Board discussion for board action, 3:43 p.m. to 3:48 p.m.
- Dolson review of page 10 additional FMAP rates go to the general fund.
- Rieber noted that the Table 2, a tier table has an error.
- Haynes acknowledged the error and DeValois will update the table.
- Dolson reviewed updates to tables and on pages 27 and 29, highlighting first, the HTP delay and update to the timeline. We have flushed out the information about HTP Council, when it meets and what they are engaged in. The update to the delay shows the new timeline on page 29.
- Dolson then went back to the cost shift section of the report, starting on page 18, mentioning that in CY19, the data source and sections have changed. We report on the cost-shift, which is the difference between costs and what the hospitals are paid for services. Now, with the HB 19-1001, the hospitals are reporting directly to the Department and the category of Self-Pay has been separated out in calendar year (CY) 2019. The methodology remains the same.
- Tables 6 and 7 show that the costs are increasing.
- Tables 10 and 11 show aggregate numbers.
- In calendar year (CY)19, the overall cost shift is lower than previously.
- Vasil – As it pertains to the hospital expenditure report, is this information taken from that report?
- Dolson – HB 19-1001 Yes, the Hospital Transparency Bill requires that hospitals share data with the Department.
- Vasil – Some data requests have been extended. We have some additional comments to make. Does this have any effect on this report?
- Dolson – No, we don’t expect that it will affect the report.
- Dolson continued: - Tables 12 and 13 The data shown here is on a

per patient basis. This shows a downtick in profits. Profits have decreased on a per patient basis in CY19. Hospitals are still experiencing profits on a per patient basis.

- Table 14 and 15 show patient mix based on hospitals reporting. Health First Colorado was expanded in 2014, and that is where you see an uptick in Medicaid, and insurance coverage went down.
- This shows that insurance dollars are going down and Medicare and Medicaid dollars are going up.
- Wade – Do you think is it called out in the report, that we hear that the cost shift hasn't gone down. Can it be emphasized in the report that is has?
- Dolson – The department notes that there is a decrease, but there is still a significant uptick since ACA.
- Neswood – Asked to look at the patient mix table again.
- Wade – Question about table on page 21 - Is this a summation or a weighted average in the Overall column?
- Rieber – It appears that it is a weighted average calculation.
- Dolson – This is on a per patient basis, so, this is a weighted average calculation.
- Neswood – On the other side health first Colorado, and more people insured, has a significant impact on reimbursement.
- Rieber - It looks like Medicare has increased from 32% to 39% and the payment to cost ratio is now at 1.07. There is a migration from insurance to Health First Colorado, which has decreased the overall payments. Is this emphasized enough here? Is that the proper interpretation?
- Dolson – Yes, that's correct. The figures are going back towards the 2015 numbers. We will want to keep an eye on these trends.
- Rieber – It looks like the data is here and speaks for itself but needs something to pull it all together. An executive summary would be very helpful. That talks about the erosion in payer mix. Something that talks about trends and the most recent information and talks about declines and under reimbursement.
- Westrom – I'd like to echo the thoughts of others. Agrees with Rieber, that we need to have some other trends that should be called out. We may need to start again in 2022 to get good data. We are looking at historical data, but we need to look at trends.
- Dolson continued with tables 16, 17 - Payment to cost ratio. These are per patient basis tables. There is a shift in how we get our data,

which has gone from aggregate through CHA, and now directly from the hospitals. It shows uncompensated costs.

- Table 18 - There has been an uptick in bad debt and charity care in 2019.
- Wade – For the last five years, the high deductible health plans cause patients to appear to be insured, but they are essentially uninsured for at least a part of their hospital stay.
- Dolson – Thanks for pointing this out. The number of uninsured patients may continue to increase.
- Table 19 shows the all payer cost margin on a per patient basis. From 2018 to 2019, we are back down to 2015 levels.
- Rieber – The new data shows something and there is still a good margin per patient, but a dramatic shift down by 23% in CY19.
- Dolson – Table 20 - Thanks to Jeremy Springston, we will update this table to line up the totals in the correct columns.
- Open Discussion: 3:43 p.m. to 3:48 p.m.
- Chair Nevel – Thanks for all the questions and comments. Opening this up for discussion from the group.
- Rieber – No more comments, this is a good story. Making seven cents on the dollar, has served us well. Hospitals that have needed the extra seven cents, that we have resources to react to the pandemic. We have had a positive experience. Proud to be a part of this board and part of the hospital system in Colorado. Thanks to the Department for pulling the report together. There is a really good positive story here, knowing the history. Data is getting better every year.
- Westrom – Great point by Rieber. Echoing that. Comment to Nancy and her team, and DeValois. It can be a heavy lift. Appreciate what the Department has done this year.
- Chair Nevel – Thank you, Westrom. Great work everyone. Good policy requires good data. Reporting, synthesizing, analyzing from year to year, 2009 to present. It's a great report and lets us look at the trends from multiple perspective and timeframes. Very valuable report. Thank you to Dolson and her team. And of course, to the hospitals for participating.
- Jackson – Seconds everyone's comments. Especially because of the pandemic, with all the uncertainty we have had. Reports like this take even more effort than normally. Thank you Dolson and your team.

- Dolson – Thank you. I accept the praise on behalf of my team. Shout out to DeValois and Johnston, who put a lot of effort into this report. And, shout out to Ronner who has contributed quite a bit to this effort.

5. Hospital Quality Incentive Payment (HQIP) 2022 Measure Details

- Matt Haynes, Department Staff, 3:48 p.m. to 3:58 p.m.
- Board discussion for board action, 3:58 p.m. to 4:06 p.m.
- Haynes – Thanks for having me here today. We have completed our round for 2022. There is an action item on the agenda, so we can post them on the website. We like to get the information out to the hospitals. Great appreciation for the HQIP subcommittee, and the HTP CAC. We have Brief overview of HQIP measures. I will share the highlights.
- 2022 Measures – Reduction in peripartum disparities and zero suicide. Excited about these measures, with hospital engagement with the communities and data collection and tracking. Building in the culture of tracking of lens focused on groups that experience health inequities.
- There are changes with sepsis, hospitals to report on improved results. We are building measurements of the results of initiatives into the 2022 measures.
- Handoff and signouts – Newer measure where the hospitals put in systems of measurements of results of initiatives. 63% of hospitals reported that they need more coordination.
- 2023 HQIP Measures Development Overview – timeline starts in August 2021, based on the last year’s results. Making sure there is an equity lens.
- Any questions?
- Wade – What ability does the State have to help RAEs work with community partners? They meet with the community partners, and there is some duplicated work. What authority does the state have over the RAEs?
- Haynes – RAEs are under contract with the Department under the Accountable Care Collaborative. There is a shared mission around care coordination. This is a big HTP role. A lot of our efforts are focused here. We can get back to you regarding this issue.
- Dolson – I have nothing to add. We can discuss this with our colleagues. We are looking for alignment there between the RAEs

and the community to be more efficient.

- Haynes – In this particular area of zero suicide, as many efforts that we can have. We want to attack this from all angles.
- Wade – We need to be managing costs in the system. Primary care needs to be aligned with other programs. We should be coordinating together. Coordination is key.
- Wade – Collection of data is a health equity issue –when the patient doesn't want to share their personal information (race, ethnicity), what happens then?
- Haynes – We started with getting a data collection system in place, then asked hospitals to pay close attention to underserved groups. Patients have free will, but hospitals can collect it and develop programs. How are we looking at the data?
- Wade – Is it required as part of the Medicaid application?
- Dolson – The information isn't required to be disclosed, it is voluntary.
- Chair Nevel – Thank you Haynes, any further questions or comments?
- Haynes – Thank you to the board. I appreciate your questions and comments.

6. HTP Rural Support Payments final proposal

- Nancy Dolson, 4:06 p.m. to 4:15 p.m.
- Board discussion for board action, 4:15 p.m. to 4:23 p.m.
- Dolson – Rural Support Payments – we have a final proposal and are seeking approval from the board today. It should improve funding for rural and critical care hospitals to help them be successful in the HTP.
- HTP newsletter – sent out on December 3 to providers and asked for additional feedback.
- We have revised our factsheet. This is to support hospitals in the following categories: non-profit, rural Critical care, bottom 10% of profits and bottom 2 1/2% of reserves based on their last Medicaid report.
- $12 million to help these hospitals succeed in the HTP, and to help them engage with their communities.
- Dolson shared a list of hospitals that are eligible – 23 rural hospitals. So, if all of the hospitals respond, they would each get approximately $522,000.

- We have heard from some hospitals who are not eligible, who wanted to understand why and to request that the number of hospitals could be increased.
- Chair Nevel – Is it the expectation that all of these hospitals will apply for this support?
- Dolson – Yes, we expect them to all apply. We want them to have the extra funds to help them be successful. To help them improve their data collections and analytics. We have tried to make this application not too onerous. We are requesting documentation about what they are planning to do and how they end up using the funds.
- Chair Nevel – We are open for questions.
- Wade – What if we see that the money hasn't been well utilized?
- Dolson – We are asking the hospitals to provide the attestation each year. We want to be able to help the hospitals to redirect them if they aren't on the right track. We plan to work proactively with these hospitals. We aren't looking to change the requirements, just to redirect the hospitals that aren't on the right track.
- Wade – I am concerned if we don't have an ability to stop funding something if the funds are being inappropriately used. This board has a duty to make sure that the funds are being spent wisely.
- Dolson – If the funds aren't being appropriately used, there may be provisions about the future funding for those hospitals.
- Morasko – Looking at the third requirement, investing in value based organizational improvements. It would be difficult for a rural critical access hospital to go to a value-based system. Medicare pays costs. What does that look like for a critical access hospital to go to a value-based system? Most critical access hospitals rely on the cost-based from Medicare.
- Dolson – It may not be possible for all critical access hospitals to do this. The State could look for centers of excellence. The information we have in these three areas isn't exclusive. It may not be appropriate for some hospitals. We want to support the hospitals to be successful in HTP.
- Morasko – Does the Department negotiate with the State on what it will look like to use the funds?
- Dolson - Hospitals would provide information about how they are going to use the funds to be successful in HTP, examples are electronic records, financial analytics, and strategic planning. Hospitals are telling us how they are going to spend the funds within the parameters of the HTP.

- Dolson – DeValois called our attention to the fourth question under the RSSPP Requirements section has been deleted.
- Chair Nevel – Moving on to public comment as there are no more questions of comments.

7. Public Comment

- 4:23 p.m. to 4:24 p.m.
- No public comment.

8. Board Actions

- Chair Nevel – moving on to Board Actions – 4:24 p.m.
- Annual Report – Rieber - Approve the report with the suggested changes and the discussions with the adjustments that we requested to be made.
- Dolson – Table 2, Table 20, and a summary in the cost shift section.
- Chair Nevel – asking to approve the minutes with this refined motion – Rieber so moved and Westrom seconded.
- Annual Report was approved unanimously with the modifications reflected at 4:26 p.m.
- HQIP – Motion to approve – Wade and Dr. Reed so moved, and Jackson seconded.
- HQIP passed unanimously at 4:27 p.m.
- Rural Support Payments – motion to approve - Dr. Jackson moved and Morasko seconded.
- Rural Support Payments passed unanimously at 4:28 p.m.

9. Adjourn –

4:30 p.m. – Chair Nevel -Wishing everyone a very, very happy and healthy holiday season.

Dolson -Echoing Chair Nevel's wishes for a happy and healthy holiday season. We will see you in February, virtually. We may be moving to a new platform – Zoom. Looking forward to working with all of you.

Chair Nevel –And, we are adjourned. Thanks to everyone for your full participation. And look forward to seeing you in the new year.

10. Next meeting: February 23, 2021 at 3:00 p.m.