

CHASE Board

April 22, 2025

Nancy Dolson
Department of Health Care Policy & Financing



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Colorado Healthcare Affordability and
Sustainability Enterprise

Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Agenda

- Call to Order & Introductions
- Approve Minutes from February 25, 2025 Meeting
 - CHASE and HCPF Updates
 - CHASE workgroup
 - Legislation and Budget
 - HTP Community Advisory Council
- Hospital Quality Incentive Program (HQIP) 2026 Measure Recommendations
- Board Discussion
- Public Comment
- Board Action



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CHASE and HCPF Updates

- CHASE Board Membership
 - Seven members' terms ending May 15
 - Identified new or returning applicants
- Recruiting member who represents a business that purchases health insurance for its employees
 - [Colorado.gov/governor/boards-commissions-application](https://colorado.gov/governor/boards-commissions-application)
 - Select the "Hospital Provider Fee Oversight and Advisory Board" option
 - Refer to Nancy.Dolson@state.co.us or Shay.Lyon@state.co.us



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CHASE and HCPF Updates

- Draft 2024-25 CHASE Model to be considered at May 13, 2025 meeting
 - Growth in expansion population costs
 - Buy In caseload, ACA population higher per capita costs and acuity, rate increases, behavioral health rising acuity, CHP+ program growth
 - At 6% fee limit and 99.25% UPL, utilize cash fund reserves
 - Post on [Board's web page](#) by May 5th
 - CHASE Model Q&A Webinar on May 8, 2025, from 9:00-9:45 am
 - [registration](#)
 - No more than one Board member may attend



CHASE and HCPF Updates

- New federal administration
 - Keeping a close eye on the evolving situation, are preparing, and will continue to communicate
- Educating on the importance of Medicaid and the impacts federal actions would have on Colorado
 - Provider fee 6% limit, ACA expansion federal match rates, per capita caps



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CHASE and HCPF Updates

- Fact sheets and information on HCPF web page under Legislator Resource Center
 - hcpf.colorado.gov/impact-of-federal-funding-cuts-to-medicaid
 - [Colorado Medicaid Insights and Potential Federal Medicaid Reduction Impact Estimates](#) - April 21, 2025 - updated information to reflect supplemental payments to hospital by district now available
 - NEW: [Work Requirements](#) Fact Sheet - April 16, 2025



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Legislation and Budget

- ❑ [SB25-206](#) Long Bill
 - 1.6% provider rate increase
 - 1.5% HCPF personal services decrease
- ❑ [SB25-166](#) Health-Care Workplace Violence Incentive Payments
 - HQIP metric and stakeholder engagement
- ❑ [SB25-078](#) Nonprofit Hospitals Collaborative Agreements
- ❑ [SB25-228](#) Enterprise Disability Buy-In Premiums
- ❑ [SB25-270](#) Enterprise Nursing Facility Provider Fees
- ❑ [SB25-290](#) Stabilization Payments for Safety Net Providers



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HTP Community Advisory Council

- [HTP Community Advisory Council](#) (CAC) served essential role in community feedback during construction and implementation of the Hospital Transformation Program (HTP)
- Last meeting June 2023, and only met twice that year
- CAC spoke to Board in August 2023, discussing lack of membership and direction
- CAC Chair reached out to various organizations to boost membership to no avail, and then Chair expressed interest in sunseting the CAC
- HCPF recommends the Board vote to approve disbandment of the CAC with new opportunities for community input in the near future as we begin outreach and engagement for HTP 2.0



Progress Update: CHASE Initiatives Workgroup

CHASE Board Meeting

Tuesday, April 22, 2025



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Update Overview

Purpose: Apprise the CHASE Board of the Workgroup's progress and plan for delivering the chartered requirements

Agenda:

- Recap charter highlights: group objective and composition
- Progress made: Activity and emerging consensus
- Challenges and options
- Plan for future meetings



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Workgroup Objectives and Key Questions (1 of 2)

Objective: Develop comprehensive recommendations for revisions to CHASE including the addition of a SDP for CHASE Board consideration. Such that HCPF can develop and advance a broadly supported proposal to submit to the federal Centers for Medicare and Medicaid Services (CMS) for implementation to begin no later than July 1, 2025.

Key Questions:

- How does the recommendation(s) align with the goals of the CHASE Program as outlined in statute?
 - Maximize reimbursement to hospitals for care for Medicaid members and uninsured patients subject to federal limits
 - Increase the number of hospitals benefitting from the CHASE fee and minimize those hospitals that suffer losses
 - Support improvements in the quality of hospital care
 - Support the expanded health care coverage for the Medicaid and CHP+ programs

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Workgroup Objectives and Key Questions (2 of 2)

Key Questions (continued):

- Is legislation and/or changes to state regulations necessary to implement the recommendations?
- How do the recommendations align with federal requirements?
 - Are there any emerging or enacted changes to federal requirements that may affect these recommendations?
- What are the impacts on the CHASE program?
 - How do the net gains (losses) for hospitals compare to the CHASE status quo?
 - Is there any increased risk to expansion populations' health care coverage due to insufficient fees?
- What are the available funding source(s)?
- What are the different types of SDP and which best meet the workgroup's objective?
- Which services and provider types should be included in the SDP?

Work Group Members

1. Alison Sbrana, Consumer
2. Annie Lee, President & CEO, Colorado Access
3. Emily King, Senior Policy Advisor/Deputy Director of the Office of Saving People Money on Health Care, Governor's Office
4. Josh Block, Deputy Chief Financial Officer, HCPF
5. Dr. Kimberley Jackson, CHASE Board Vice President
6. Nancy Dolson, Special Financing Division Director, HCPF
7. Shauna Lorenz, Partner, Gjerset & Lorenz LLP
8. Tom Rennell, Senior Vice President Financial Policy and Data Analytics, CHA



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Progress Update

The workgroup has met (7) times and reached consensus on several dimensions:

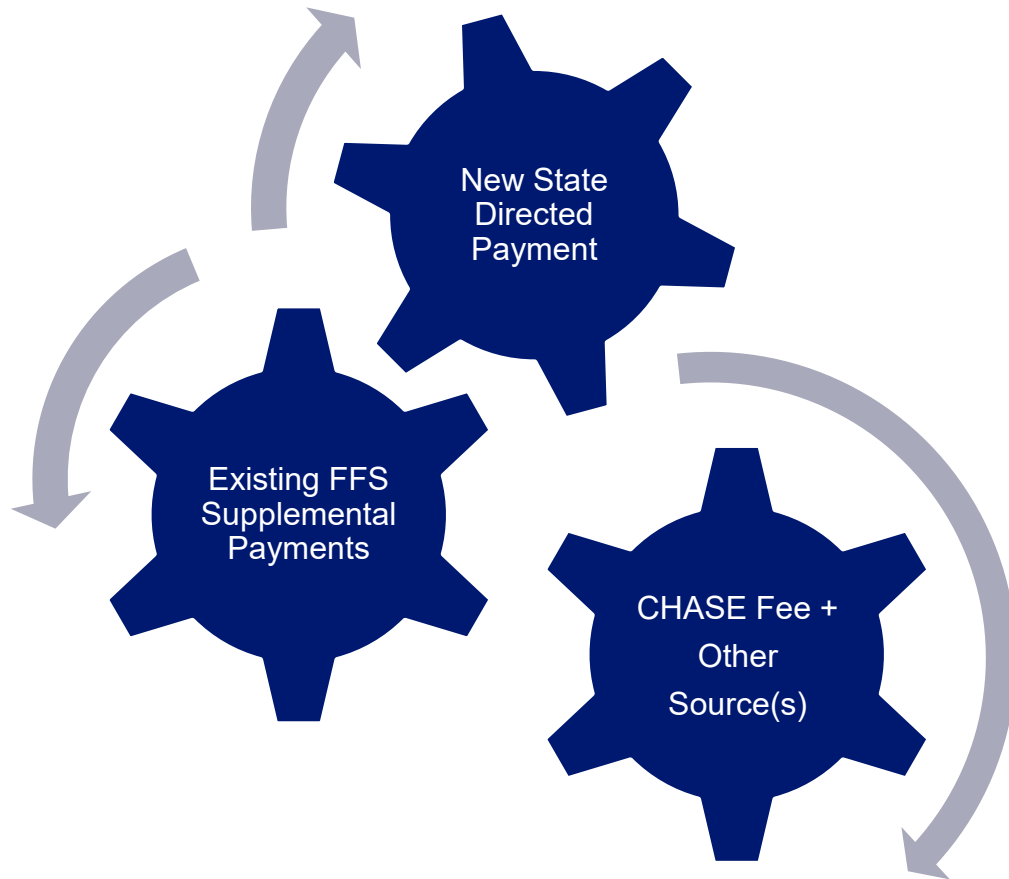
Dimension	Emerging Consensus
Overall Methodology	<ul style="list-style-type: none">• Revise existing UPL supplemental payments to simplify payment calcs and tie to utilization• Simplify to the degree possible, but this is a secondary goal
Services	Include both inpatient and outpatient services
Hospital Types	Include general, acute care and Critical Access Hospitals, and psychiatric hospitals
Funding Sources	<ul style="list-style-type: none">• Assume that an IGT is a permissible funding source; will not trigger TABOR• Replace some federal DSH funds with additional safety net hospital reimbursement
Funding Priorities	<ul style="list-style-type: none">• Preserve funding to Critical Access Hospitals• Support hospitals with high volume of Medicaid care (i.e., safety net)
Quality Principles	Aligned on 10 quality principles aligned with Colorado's Managed Care Quality strategy to guide measure selection



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Interconnectedness of CHASE Program



The CHASE program is subject to federal and state requirements as well as CHASE goals and statutes. **A change to one element of CHASE may impact compliance or yield unintended consequences in other areas.**

Factors Impacting Funds Available

- Broad based/uniformity requirements for provider fees
- Hold harmless restrictions/6% NPR safe harbor threshold
- Expansion coverage and administrative costs
- Varying federal match rates across programs
- Willingness/ability of public hospital(s) to engage in IGT

Factors Impacting Supplemental Payments

- Upper payment limits for fee for service and managed care
- Alignment with CO managed care quality strategy
- Shifts in managed care utilization during rating period



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Challenges and Plans to Overcome

In addition to the uncertainty presented by current budget challenges and the administration change, the group is working to overcome three known challenges:

- **Non-Federal Share Available:** Assume limited fees available due to Medicaid expansion caseload increases in acuity and utilization □ maximum amount of Inter-Governmental Transfer (IGT) available to be determined
- **Data Availability:** Medicare cost report data was the planned source for calculating the Average Commercial Rate, but the underpinning data has ranges that defy logic □ Launched a subgroup to investigate other data sources and methods
- **Timeline:** The complexity of the task exceeds the time available, particularly given dependencies on the FY24-25 model □ Deliver the recommendations ASAP and prepare the preprint with a July 1, 2025 effective date to capture maximum SDP reimbursement while establishing a well-founded program



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Upcoming Activities

- Small group to review alternatives and present ACR method recommendations to workgroup
- HCPF to identify available quality measures that map to goals and objectives in quality strategy, WG to evaluate measures based on selection criteria and select measures for preprint
- Begin to look at adjustments to the existing CHASE methodology: fees, reducing DSH, supplemental payments, and adjusting the FFS v. Managed Care split
- Define scenarios to feed into the model so the group understands which hospitals may benefit and by how much

Report back to the CHASE Board with a firm plan as soon as the timeline is understood



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Questions?



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Hospital Quality Incentive Payment (HQIP) Program

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Agenda

1. Introductions
2. Review Proposed 2026 Antibiotic Stewardship Modifications
3. Review Proposed 2026 HCAHPS Modifications
4. Review Proposed 2026 Zero Suicide Modifications
5. Action Items

2026 Antibiotic Stewardship

2026 Measure Recommendations

Measure 2.E - Antibiotic Stewardship

Deliverable	2025 Language	2026 Proposed Language
4a	Deliverable 4a: Provide the dates of reporting antibiotic use data to NHSN, as well as evidence of at least three months reporting (e.g., sample SAAR report or line listing).	Deliverable 4a: Upload example(s) of how antibiotic use and resistance data from NHSN is reported to facility leadership at least annually . Provide the date of reporting (such as meeting date or minutes) and documentation of presentation (e.g. slide deck, report, etc.). *
4b	Deliverable 4b: Provide the dates of reporting antibiotic resistance data to NHSN, as well as evidence of at least three months reporting (e.g., sample graph, report, or line listing).	Deliverable 4b: Upload example(s) of how antibiotic use and resistance data from NHSN is reported to the facility antimicrobial stewardship program at least quarterly . Provide the date of reporting (such as meeting date or minutes) and documentation of presentation (e.g. slide deck, report, etc.).*

*New deliverable

2026 HCAHPS

2026 HCAHPS

- Composite 7 (Care Transitions) will be retired after calendar year 2024
- HQIP 2025: 12 months of data will be available for Composite 7 (10/23-9/24)
- HQIP 2026: Communication with Nurses (Composite 1) proposed to replace Care Transition

2026 HCAHPS

HQIP 2026: Communication with Nurses (Composite 1) Questions

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
2. During this hospital stay, how often did nurses listen carefully to you? Communication with Nurses
3. During this hospital stay, how often did nurses explain things in a way you could understand?

2026 Zero Suicide

2026 Zero Suicide Proposed Updates

Measure 2.A - Zero Suicide

Deliverable	2025 Language	2026 Proposed Language
3e	<p>Deliverable 3e: Please describe your policies, procedures, and workflows for safety planning with patients at risk for suicide. In your description, please include:</p> <ul style="list-style-type: none">• What standardized tool is used for safety planning• Which staff make safety plans with patients• If safety planning includes discussion of lethal means• If the process/tool is embedded in the EHR. Please also identify any future plans towards improving safety planning practices with patients at risk, and any obstacles foreseen	<p>Deliverable 3e: Please describe your policies, procedures, and workflows for safety planning with patients at risk for suicide. In your description, please include:</p> <ul style="list-style-type: none">• Confirmation that your system uses the Stanley-Brown Safety Planning Template (or customized safety plan that includes, at minimum, all elements present in the Stanley-Brown template)• Which staff make safety plans with patients• If the process/tool is embedded in the EHR. Please also identify any future plans towards improving safety planning practices with patients at risk, and any obstacles foreseen.

- Red, bold text indicates new language
- Text that has been struck through indicates that the text is proposed for removal

2026 Zero Suicide Proposed Updates

Deliverable	2025 Language	2026 Proposed Language
4a	<p>Please provide indication that your health system participates in the Colorado Follow-Up Project in partnership with the Office of Suicide Prevention and Rocky Mountain Crisis Partners. (The Colorado Office of Suicide Prevention can confirm participation.)</p> <p>Alternative Deliverable 4a: Please submit a written policy and work plan for following up (via phone call, text, email, etc.) within 3 calendar days for clients who screen positive for suicide risk that includes which staff are responsible for making the non-demand caring contact and what system is used to track implementation. On an annual basis, submit a report with the number and percentage of individuals who screened positive for suicide risk who received such follow-up.</p>	<p>Deliverable 4a1, Warm Hand-Off: Please submit this <u>checklist</u> from the National Action Alliance for Suicide Prevention, along with work plan for improving collaborative protocols and procedures with outpatient provider organizations to ensure safe, seamless transfer of care.</p> <p>Deliverable 4a2, Follow-Up: Please provide indication that your health system is enrolled, active, refers patients to the Colorado Follow-Up Project and that the hospital submits the Partner Data Entry Form to CU during each month of the measurement period.</p> <p>(The Colorado Office of Suicide Prevention will confirm participation and submission of monthly data deliverable)</p> <p>Deliverable 4a2, Follow-Up Alternate: Please submit a written policy and work plan for following up (via phone call, text, email, etc.) within 24-48 hours post-discharge for clients who screen positive for suicide risk that includes which staff are responsible for making the non-demand caring contact and what system is used to track implementation. On an annual basis, submit a report with the number and percentage of individuals who screened positive for suicide risk who received such follow-up.</p>

Measure 2.A - Zero Suicide

Red, bold text indicates new language

2026 Zero Suicide Additional Resources

- Added list of Stanley-Brown Safety plan elements under Safety Planning, Bullet 1 (Stanley-Brown Safety Plan elements).
- Available Clinical Workforce Training references updated (Screening and Assessment Skills, Collaborative Safety Planning, Ongoing Clinical Care)

Summary and Action Items

Summary of Proposed Changes

Antibiotic Stewardship

- Deliverables 4a and 4b focus on how antibiotics use and resistance data is **reported to facility leadership** and **the facility antimicrobial stewardship program** respectively
- Deliverables must support reporting to leadership at **least annually**, and reporting to facility stewardship program at **least quarterly**

HCAHPS

- Care Transition composite retired
- Communication with Nurses composite proposed to replace Care Transition

Zero Suicide

- Clinical Workforce Training references updated (Screening and Assessment Skills, Collaborative Safety Planning, Ongoing Clinical Care)
- Deliverable 3e, updated requirements around safety planning (Stanley-Brown plan)
- Deliverable 4a criteria updated (Warm hand-off, monthly data deliverable)

Action Items

- Vote to accept changes to Antibiotic Stewardship
- Vote to accept changes to HCAHPS
- Vote to accept changes to Zero Suicide



Board Discussion





Public Comment





Board Action

