

Meeting Minutes

Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board Meeting

Via [Zoom](#)

Tuesday, April 22, 2025, 3:00 P.M.

1. Call to Order & Introductions

- a. Patrick Gordon, Chair, 3:00 p.m.
- b. Members Present:
 - i. Dr. Claire Reed, Jeremy Springston, Ryan Westrom, George Lyford, Matthew Colussi, Margo Karsten, Patrick Gordon, Jason Amrich, Scott Lindblom, Bob Vasil, Mannat Singh, Jon Alford, Dr. Kimberley Jackson
- c. Members Excused: None

2. Approve Minutes from February 25, 2025 Meeting

- a. Board members, 3:01 pm
- b. George Lyford moved to approve, Dr. Claire Reed seconded.
- c. Minutes approved unanimously, with none opposed.

3. CHASE and HCPF Updates

- a. Nancy Dolson, HCPF, 3:02 pm
- b. Nancy Dolson asked to be allowed to re-order the agenda to discuss the Legislation and Budget first, and the workgroup after. Chair Patrick Gordon agreed.
- c. CHASE Board membership was discussed, with 7 members' terms expiring on May 15, 2025, and new or returning candidates have applied or plan to do so.
- d. The board is looking to fill the seat of a representative of a

business that purchases or provides health insurance for its employees. Qualified candidates can apply [here](#).

- e. The board added a meeting on May 13, 2025, to review and discuss the 2024-25 CHASE model.
- f. The model will be available on the [board's webpage](#) by May 5, 2025.
- g. There will be a Q&A webinar on May 8, 2025. [Register to attend here](#).
 - i. No more than 1 board member may attend the webinar to stay in compliance with the [Open Meetings Law](#).
- h. Nancy Dolson said that HCPF is closely watching the new federal administration and what impacts may occur should there be funding cuts to Medicaid.
- i. Fact sheets and information can be found [here](#).
 - i. [Colorado Medicaid Insights and Potential Federal Medicaid Reduction Impact Estimates](#) - April 21, 2025
 - ii. [Work Requirements Fact Sheet](#) - April 16, 2025
- j. Patrick Gordon said that he was concerned about expansion population costs and the model's use of emergency funding, and he asked what HCPF could share at this moment regarding that.
 - i. Nancy Dolson said the expansion cost model grew by 30% due to certain rate increases and lower federal match rates. Other issues included delays in updates and reports, the public health emergency unwind after COVID-19, and significant increases to the budget that exceed the Tabor limit. More will be discussed at the May 13th board meeting in greater detail.

- k. Dr. Kimberley Jackson, who is in the CHASE workgroup, mentioned the potential impact that funding cuts to Medicaid may have on rural hospitals and healthcare accessibility for persons with disabilities. Dr. Jackson asked if HCPF had focused on those issues specifically in their work.
 - i. Nancy Dolson said that HCPF has produced a resource that shows Medicaid utilization by congressional district, which includes rural areas. HCPF Executive Director Kim Bimestefer also spoke at the Colorado Rural Health Center Conference and addressed some of the challenges facing rural hospitals and providers.
- l. Legislation and Budget
- m. Nancy Dolson reviewed some of the legislation that would have the greatest impact on the CHASE and its work.
 - i. [SB25-206](#): Long Bill
 - 1. 1.6% provider rate increase
 - 2. 1.5% HCPF personal services (full time employment) decrease
 - ii. [SB25-166](#): Health-Care Workplace Violence Incentive Payments
 - 1. HQIP metric and stakeholder engagement
 - iii. [SB25-078](#): Nonprofit Hospitals Collaborative Agreements
 - iv. [SB25-228](#): Enterprise Disability Buy-In Premiums
 - v. [SB25-270](#): Enterprise Nursing Facility Provider Fees
 - vi. [SB25-290](#): Stabilization Payments for Safety Net Providers
- n. Hospital Transformation Program (HTP) Community Advisory Council

- i. Nancy Dolson commented on the HTP Community Advisory Council's role as it was developed to help inform the implementation of the Hospital Transformation Program. The Chair of the subcommittee has expressed interest in sunseting the council. HCPF recommends that the Board vote to officially disband the council.
- ii. Mannat Singh asked if the results of the stakeholder engagement and outreach with the future HTP will be shared with the Board.
 - 1. Nancy Dolson said that yes, the results will still be shared with the Board.
- iii. Ryan Westrom commented that the council had a limited scope for their work and asked for clarity.
 - 1. Nancy Dolson and Matt Haynes responded that the council's original scope was to aid in the development and implementation of the program and evaluate impacts through feedback and community engagement.
- o. [CHASE workgroup](#)
 - i. Nancy Dolson reviewed the workgroup's progress and challenges (see slides 10-18).
 - ii. Members of Public Consulting Group (PCG) and Health Management Associates (HMA) are consulting with HCPF and the Colorado Hospital Association (CHA) to answer questions and inform decisions.
 - iii. Some of the biggest challenges facing the workgroup is the complexity of the task, dependencies on the 2024-25

CHASE model, and the deadline of July 1, 2025 to deliver recommendations.

- iv. Upcoming tasks include Average Commercial Rate (ACR) recommendations, identifying quality measures, considering adjustments to the CHASE methodology, and creating scenarios to show how certain hospitals may benefit and by how much.
- v. Dr. Kim Jackson commented that a challenge facing the workgroup was the delay in approved preprints that have been approved by the Centers for Medicare and Medicaid (CMS) under the new federal administration. The recently approved preprints can now be accessed and used to inform the draft preprint for the workgroup. Even though the preprints may be submitted after the July 1st deadline for retroactive approval, this is not something the workgroup wants to rely upon and hopes to submit within a few weeks after the deadline.
- vi. Patrick Gordon asked if the workgroup was looking at inpatient/outpatient hospital services where managed care may be applicable in Colorado, or if the scope extended to other categories and broader managed care use cases.
 - 1. Nancy Dolson said that the workgroup is focused only on inpatient/outpatient hospital services.
- vii. Matt Reidy of PCG said that one of the reasons that CMS is changing their deadline regulations is due to the late submissions of preprints that were being submitted as late

as the end of the rate year, in some cases.

- viii. Jason Amrich thanked the workgroup for their efforts and encouraged them to continue working to hit the July 1st deadline. As a CEO of a critical access care hospital, Amrich reiterated the importance of maternity care and Medicaid financing that allows programs like that to stay operational.

- 1. Dr. Jackson commented that rural hospitals are often large employers for rural communities, so the economic impact of these hospitals losing funding and potentially employees would be wider-spread than just healthcare.

- ix. Patrick Gordon asked about the state directed payments model and using an intergovernmental transfer (IGT), how that would work, and why it might be a constraint.

- 1. Nancy Dolson explained that with IGTs, which is the transfer of funds from one government agency to another, the funds that are transferred to the state executive branch are counted against the [TABOR](#) limit. Issues may arise when payments are higher or lower than expected or needed, and the source and amount of revenue from hospitals is a potential challenge.

- 2. Matt Reidy commented that IGTs are common within Medicaid programs in many states, but they're getting more attention from the new federal administration now than before.

3. Patrick Gordon clarified that the TABOR limit is the main constraint in this case.
4. Nancy Dolson confirmed and said that because the CHASE is an enterprise (government-owned business), those fee transfers are an exception to the TABOR limit. If those IGTs can be allowed to go through CHASE, then those funds could fall under that same exception.
5. Patrick Gordon asked if a statutory change would be necessary in order to allow the IGTs to flow through the enterprise.
6. Nancy Dolson confirmed that statutory authority must be confirmed to utilize the state directed payment funds.

4. Hospital Quality Incentive Program (HQIP) 2026 Measure

Recommendations

- a. Matt Haynes, HCPF, 3:59 pm
- b. Matt Haynes reviewed the 2026 measure modifications that are being proposed for approval by the Board (see slides 20-34).
- c. The proposals include Antibiotic Stewardship, HCAHPS, and Zero Suicide modifications.
- d. The proposals being made are recommended by the HQIP subcommittee and are supported by HCPF.
- e. Jason Amrich asked if communication with doctors and other providers were also considered along with communication with nurses for care transitions.
 - i. Matt Haynes said that communication with nurses was a

better fit and that a care coordination composite will be introduced later on.

- f. Dr. Kim Jackson asked if the 988 crisis hotline was included in the available resources for the Zero Suicide modification.
 - i. Matt Haynes said that the 988 hotline is through the Department of Public Health & Environment, while the Zero Suicide measure aligns with those efforts but is not a focus of the measure.

5. Public Comment

- a. 4:16 pm
- b. No public comments were made.

6. Board Action

- a. HQIP 2026 Measure Recommendations
 - i. Jason Amrich moved to approve the 3 HQIP proposals as written. Patrick Gordon seconded. The Board voted to approve the proposals unanimously, with none opposed.
- b. HTP Community Advisory Council
 - i. Dr. Claire Reed moved to approve the disbandment of the Council. Dr. Kim Jackson seconded. The Board voted to approve the disbandment of the HTP Community Advisory Council unanimously, with none opposed.

7. Adjourn

- a. Next meeting: May 13, 2025, at 3:00 p.m. via [Zoom](#)

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