



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Meeting Minutes

Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board Meeting

Via [Zoom](#)

Tuesday, December 12, 2023, 3:00 P.M.

1. Call to Order & Introductions

- a. Chair, Patrick Gordon
- b. Called to order at 3:02pm.
- c. Members present: Chair Patrick Gordon, Jon Alford, Ryan Westrom, Bob Vasil, Scott Lindblom, Jason Amrich, George Lyford, Mannat Singh, and Jeremy Springston.
- d. Members excused: Dr. Claire Reed, Dr. Kimberley Jackson
- e. Mr. Gordon has worked in Colorado health care for over 25 years and formerly worked for the Department of Health Care Policy & Financing. He has experience in many different health plan settings and is excited to work with the Board.

2. Approve Minutes from November 14, 2023 Meeting

- a. 3:04pm, Mr. Gordon made a motion to approve. Scott Lindblom seconded.
- b. No discussion of the minutes. The minutes were unanimously approved with none opposed.

3. 2024 CHASE Annual Report

- a. Nancy Dolson, 3:05pm
- b. Comments were received from the Colorado Hospital Association (CHA) and board member Jon Alford after the presentation of the 2024 report draft. Documents of these comments are included on the [CHASE webpage](#).

- c. The goal is to review the 2024 report draft with the new changes and approve them, if acceptable to the board. A clean copy of the draft without mark-ups is also available on the CHASE webpage.
- d. Nancy Dolson did an overview of the changes made to the draft.
 - i. The coverage expansion report was moved up in the document under the Executive Summary.
 - ii. Comments were received about the presentation of the payment to cost ratios and Figure 3. Language explaining the changes in the payment to cost ratio and the context of Figure 3 was added.
 - iii. Language was revised to replace the 'profit' terminology, changing it to 'payment less cost'. These changes will be made throughout the report.
 - iv. Comments were received removing about the cash on hand section. This section was removed from the Executive Summary but kept in the body of the report.
 - v. Language was removed from the Executive Summary regarding the Federal Stimulus but was kept in the Cost Shift section of the report to provide context to previous years' data.
 - vi. Comments were received on the payer mix and its effect on hospitals and the cost shift data results. Language was added to the Executive Summary explaining those changes.
 - vii. Language was added to the Payment, Cost and Profit section of the report explaining the changes in payer mix from private insurance to government payers and overall changes since 2009. These changes are presented visually in Figure 1.
 - viii. Changes were made to the representation of bad debt and charity care which show the growth of these numbers since 2015.
 - ix. Errors were seen in the Hospital Transformation Program section and changes were made to the amounts of consultations with key stakeholders to reflect accurate numbers from the top five reporting hospitals. Jon Alford also suggested putting the hospitals in order of highest to lowest

consultations to reflect the corrected numbers.

x. Updates were made to the list of current CHASE board members. Jason Amrich asked how the Chair of the board is chosen. Nancy Dolson answered that the Governor appoints the Chair, while the Vice Chair is selected by the board members.

xi. Conclusion of suggested changes.

4. Board Discussion

a. Patrick Gordon asked if the board had any other comments for discussion.

b. Jon Alford brought up the 'days cash on hand' section, adding that it doesn't represent all the hospitals in Colorado and that organizations that are in other sections of the report are not shown in Table 8. He suggested that the data should be comprehensive and should present data from all Colorado hospitals and health systems. He also commented that some health systems shown in the data set operate outside of Colorado.

c. Patrick Gordon asked if the cash on hand data is a required element of the report. Nancy Dolson answered that it is not required.

d. Jason Amrich suggested that since the data is not comprehensive and not required, the data should be removed from the report completely. Ryan Westrom agreed, and he mentioned that this data can be found in another report. He said that it would be redundant to repeat it in the CHASE report.

e. Patrick Gordon commented that since the data is a new addition to the report and not required, the intent of including the data was unclear.

f. Nancy Dolson responded that the data was presented in more clarity in the Hospital Financial Transparency report. She said that the intent of including the data in the CHASE report was to provide context to the effects of COVID-19 and stimulus packages on hospitals' cash reserves and explain the changes in these numbers from 2019 to 2022.

- g. Patrick Gordon said that the cash on hand data may not be a good metric for larger systems but would be more useful for smaller and rural facilities. He suggested that the data be removed from the report until a more accurate representation of Colorado organizations could be developed, in order to finalize the report in a timely manner. Jon Alford agreed.
- h. Patrick Gordon asked for any more comments. None were made. He made a motion to remove the cash on hand dataset until further discussion was had. Jason Amrich seconded.
- i. The board voted in favor of this change with none opposed.
- j. Public comment and formal board approval will follow the Public Health Emergency Unwind presentation.

5. Public Health Emergency Unwind Updates

- a. Natalie Coulter, Director of Communications, HCPF, 3:32 pm
- b. Slides of the presentation can be found on the CHASE webpage.
- c. Natalie Coulter mentioned that the data in the slides are about 1-2 months old due to various delays. The 2023 data only includes numbers from May to August, in comparison to the average numbers of Calendar Years (CY) 2018 and 2019.
- d. The Historical Comparison chart showed the difference in the average percentages of Coloradans losing health coverage, Coloradans receiving eligibility denials, and Coloradans receiving procedural denials. These numbers are higher than previous years due to the approximate 40% increase in coverage during the COVID-19 public health emergency.
- e. The amount of procedural denials are very high and the Department is working to lower those numbers.
- f. The September data is significantly different due to changes in procedures and new rules. System changes were made in October, leading to higher numbers of pending applications.
- g. The Point in Time data (page 4 of slide deck) can be misleading. Page 5 explains how the number of renewals changed after the pandemic and have since recovered during the 90 day reconsideration period.

- h. The renewal packets have been redesigned to make it easier for applicants to use and more official in appearance. Improvements were also made at the individual level, for vulnerable populations, and mobile app experience.
- i. Much effort has gone into raising awareness for patients to renew coverage or find other coverage.
- j. Natalie Coulter asked stakeholders to help the Department measure the effectiveness of these measures by sending in examples of communications being used, by checking renewal eligibility with patients in a timely manner, and helping patients fill their applications and signing page 4.
- k. End of slides and presentation. Natalie Coulter asked for questions.
- l. Patrick Gordon asked about the methods through which patients were applying, such as online, through the portal, through Colorado agencies, etc., and which agencies were feeling the most administrative burden.
- m. Natalie Coulter responded that all methods go directly to county agencies and that they are the ones in charge of their population's renewals.
- n. Jason Amrich stated that his facility and financial team were also feeling the impact of so many people losing coverage and are putting in extra effort to getting people covered again and giving them access to services. He thanked the Department for their efforts on this matter.
- o. Ryan Westrom asked if there was a process for escalation if hospitals had difficulty getting patients back on public health plans. Natalie Coulter said that the escalation process is for individual cases but not hospitals. Nancy Dolson confirmed that hospitals have reached out for support on this topic, but no formal process exists.
- p. Patrick Gordon said that his organization had seen an estimated doubling of Medicaid terminations. A recurring theme is county capacity and their workload. He asked if there was a way to better support counties and their case workers with the process.

- q. Natalie Coulter said yes, the Department recognizes the large volume of work and its impact, and it is working now on how to best support county agencies. Strategies are being researched and actively being developed.
- r. Patrick Gordon thanked Natalie Coulter for her work. He asked if the board could get a clearer picture of future scenarios to expect and prepare for different outcomes.
- s. Jason Amrich asked what the effects of the Hospital Discounted Care program would have on the current situation and if it could provide an incentive for patients to not enroll in Medicaid.
- t. Nancy Dolson answered that the Hospital Discounted Care (HDC) program established minimum requirements for hospital financial assistance programs for low-income patients without coverage. Part of the screening process for HDC is to first check eligibility for Medicaid and other public healthcare coverage. The program doesn't require that people try to apply to these other public options first, as stated in the legislation. Hospitals are encouraged to explain to patients that Medicaid provides better coverage than the HDC program and is recommended. She also commented that previously, there were communications made to the public to raise awareness for Medicaid enrollment and that that idea could be revisited for this scenario.

6. Public Comment

- a. 3:56 pm
- b. No public comment.

7. Board Action

- a. 3:58 pm
- b. CHASE Annual Report Approval
 - i. Motion to remove cash-on-hand data from the report.
 - ii. Motion to change 'profit' to 'payment less cost'.
- c. Patrick Gordon made the motion to approve. Bob Vasil seconded the motion.
- d. All members voted aye to confirm the report. None opposed.
- e. Nancy Dolson thanked the board and said that the CHASE report and other hospital reports will be delivered in January.



8. Adjourn

9. Next meeting: February 27, 2024, at 3:00 p.m. via [Zoom](#)

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