

## Meeting Minutes

### Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board Meeting

Via [Zoom](#)

Tuesday, February 27, 2024, 3:00 P.M.

#### 1. Call to Order & Introductions

- a. Patrick Gordon, Chair, 3:00 p.m.

#### 2. Approve Minutes from December 12, 2023 Meeting

- a. Board members, 3:02 pm
- b. Jason Amrich motioned to approve. George Lyford seconded.  
Minutes passed unanimously.

#### 3. HCPF Updates

- a. Nancy Dolson, 3:03 pm
- b. Agenda (see slides):
  - i. 2023-24 CHASE Fees and Payments Model
  - ii. Centers for Medicare and Medicaid Services (CMS)  
Outpatient Supplemental Payments Financial Management  
Review
  - iii. HCPF legislative agenda and priority bills
  - iv. House Bills (HBs) 23-1226 and 23-1243 implementation
- c. 2023-24 CHASE model is delayed. Model and recommendation expected by April for next board meeting.
- d. Update on Medicaid caseload forecast. Enrollment is down with more expected to disenroll as levels return to pre-public health emergency (PHE) numbers.
- e. Centers for Medicare and Medicaid Services (CMS) is performing an Outpatient Supplemental Payments Financial Management Review (audit).
  - i. Reviewing the FFY 2020-21 outpatient supplemental

payments and upper payment limit (UPL) calculation. First round of documentation submitted.

- ii. Draft report expected by December 2024.
- f. HCPF legislative updates and priorities:
  - i. SB24-116 (revisions to Hospital Discounted Care) sets new requirements.
  - ii. Sunset bill requested for Colorado Indigent Care Program (CICP) and asking the Joint Budget Committee (JBC) to carry the bill.
    - 1. Revises CHASE statutes to reflect Disproportionate Share Hospital (DSH) payments instead of CICP.
    - 2. Directs DSH policy to hospitals serving more enrolled Medicaid and uninsured patients.
  - iii. Jon Alford asked for clarity around the change in CHASE fees due to Medicaid enrollment going down and if the removal of CICP would affect the CHASE fees.
  - iv. Nancy Dolson replied that the decline in Medicaid caseloads would result in a lower fee, since the actual caseload revision is lower than the November 2023 forecast, and the model will be revised accordingly. The healthcare expansion portion of the CHASE will receive less funding but not the supplemental payments to hospitals. The change from CICP to DSH in the CHASE statutes won't impact payments.
  - v. Bob Vasil asked why the fees wouldn't be kept the same and the supplemental payments be shifted accordingly, and if the audit would affect the payments at all.
  - vi. Nancy Dolson responded that the supplemental payments are decided by the UPL, not by the forecasted caseload, so the payments won't be changed directly. The CMS audit will be looking at the 2020-21 payments due to the substantial increase in outpatient supplemental payments. Results will be shared with the board when ready.
  - vii. Patrick Gordon asked for clarity around the Medicaid caseload and fees and payments calculations.

- viii. Nancy Dolson said that the supplemental payments are based on the upper payment limit, not Medicaid utilization, but the changes in caseload will slightly impact the UPL, but not greatly or directly.
- ix. Jon Alford asked if results of the audit will come back to the board for review of the UPL.
- x. Nancy Dolson said that the UPL calculations are prospective, using prior actuals to calculate the limit for the coming year, and will not be reconciled retroactively. The audit will examine the use of the UPL (around 96-97%) and the appropriateness of the payments. Changes may be required by the CMS upon their audit results.
- xi. George Lyford asked if the models going forward may show a variation of predictions using low-middle-high forecasts, based on the difference between this model's forecast and the actual numbers. He also asked if there was an evaluation of driving factors that caused the difference between the November 2023 and February 2024 forecasts.
- xii. Nancy Dolson said that the Department and other offices work with economists and experts to go through low-middle-high numbers before releasing the agreed-upon model draft and is a built-in piece of the creation of the forecasts and calculations. The evaluation of the delta between November 2023 and February 2024 will be presented to the board at a later date.
- xiii. HB23-1226 - Hospital Transparency and Reporting Requirements:
  - 1. Quarterly reporting requirements effective March 30, 2024. Submission window is open.
  - 2. Working with stakeholders to discuss rules around annual and one-time reporting requirements.
- xiv. HB23-1243 - Hospital Community Benefit:
  - 1. Working with stakeholders to determine development of rules and requirements.
  - 2. Rules will go to the Medical Services Board (MSB) in

April/May.

3. Annual report submissions to start September 1, 2024.
- xv. End of HCPF updates. Chair Patrick Gordon called for the next agenda item, 2025 HQIP measures.

#### 4. 2025 Hospital Quality Incentive Payment (HQIP) Measures

- a. Matt Haynes, 3:34 pm
- b. Matt Haynes presented on the recommended changes to the HQIP program for FY 2025 (see slides).
  - i. Recap of 2024 changes
  - ii. 2025 Antibiotics Stewardship Modifications
  - iii. 2025 Zero Suicide Measure Modifications
  - iv. 2025 Postpartum Discharge Transition Measure Bundle
- c. 2024 program changes were approved by the board in 2023:
  - i. Proposed changes were aimed at reducing racial and ethnic disparities in patient safety, renamed the Health Equity Patient Safety Bundle.
  - ii. The Advanced Care Planning Measure was retired, with those points reallocated to Health Equity Patient Safety Bundle.
  - iii. Changes were made to align more with federal efforts.
  - iv. The Joint Commission's Health Equity Certification will be accepted by the HQIP as evidence of program measure fulfillment.
- d. 2025 Proposals:
  - i. Antibiotic Stewardship Modifications were designed from discussions and recommendations from the Department of Public Health and Environment (DPHE) and the HQIP subcommittee. Changes include removal of irrelevant and duplicative deliverables and the addition of leadership requirements to include antibiotic stewardship responsibilities.
  - ii. Jason Amrich voiced concerns about organizational job descriptions being changed to include antibiotic stewardship requirements.

- iii. Matt Haynes clarified that the inclusion of these responsibilities should be seen in “job descriptions, contracts *or* performance reviews of physician or pharmacy co-leads”.
- iv. Jeremy Springston asked if this proposal was because of concerns that hospitals weren’t utilizing qualified people to lead those efforts, and how the evaluation process worked.
- v. Matt Haynes replied that the proposals were made from the recommendations of the Department of Public Health and Environment. The intention of the Antibiotic Stewardship proposal was to make sure that that responsibility was being evaluated as part of the job description, instead of an ad hoc item. The evaluation process is conducted by experts from the Public Consulting Group (PCG) and department officials who review and assess that the stewardship responsibility is a documented part of a leader’s role and expectations.
- vi. Zero Suicide Measure Modifications were designed in partnership with the Office of Suicide Prevention at the Department of Public Health and Environment for the implementation of the Zero Suicide framework. Changes include the removal of a self-study requirement deliverable to reduce administrative burden.
- vii. The Postpartum Discharge Transition Measure Bundle proposal is due to the challenges posed by various measures applied to institutions, especially with religious affiliations. The proposal would shift focus towards postpartum discharge and transition, replacing the reproductive life/family planning measure. The HQIP subcommittee decided to support the proposal for discussion and development. The complete measure bundle features 13 elements and hospitals would be required to report on a maximum of 5 of those elements in 2025. A table reviewing the scoring tiers is available in the HQIP slide deck.
- viii. A table showing the 2025 HQIP measure proposals in

summary is also available in the slide deck, detailing the reallocation of points.

- ix. End of 2025 HQIP Measures review.

## 5. Board Discussion

- a. 4:06 pm
- b. Chair Patrick Gordon had to leave the meeting early, and Vice Chair Dr. Kimberley Jackson was asked to lead.
- c. Dr. Jackson asked the board for any further questions on the 2025 HQIP proposals.
- d. No additional questions.

## 6. Public Comment

- a. 4:07 pm
- b. No comments from the public.

## 7. Board Action

- a. 4:09 pm
- b. 2025 HQIP Measures action items:
  - i. Antibiotic Stewardship
  - ii. Zero Suicide
  - iii. Postpartum Discharge Transition Measure Bundle
- c. Jon Alford motioned to approve all proposals. Ryan Westrom seconded.
- d. A roll call vote was called. The board approved all 2025 proposals unanimously.

## 8. Adjourn

- a. The meeting was adjourned at 4:11 pm.

## 9. Next meeting: April 23, 2024, at 3:00 p.m. via [Zoom](#).



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