

Meeting Minutes

Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board Meeting

Via [Zoom](#)

Tuesday, February 25, 2025, 3:00 P.M.

1. Call to Order & Introductions

- a. Patrick Gordon, Chair, 3:02 p.m.
- b. Members Present: Jon Alford, Jason Amrich, Matthew Colussi, Patrick Gordon, Dr. Kim Jackson, Margo Karsten, Scott Lindblom, George Lyford, Dr. Claire Reed, Mannat Singh, Jeremy Springston, Bob Vasil, Ryan Westrom
- c. Members Absent: None

2. Approve Minutes from December 17, 2024 Meeting

- a. Board members, 3:04 pm
- b. George Lyford motioned to approve; Bob Vasil seconded.
- c. None opposed. Minutes approved.

3. [CHASE Workgroup](#) Update

- a. Nancy Dolson, HCPF, 3:06 pm
- b. Nancy Dolson reviewed the Approach and Timeline of the workgroup (see slide deck). The workgroup is currently collecting data and evaluating the average commercial rate (ACR) for the directed payment program. The emerging consensus of the workgroup was also reviewed (slides 5-6).
- c. Nancy Dolson spoke about the upcoming 2024-25 CHASE model and some of the challenges around it, such as using historical data, the end of Medicaid continuous enrollment, and the public

health emergency winddown. The workgroup will evaluate the new model and use it to inform their proposal.

- d. Mannat Singh asked why the workgroup was considering uniform or percentage increases instead of a value-based payment for the directed payments program, other than timeline constraints.
 - i. Nancy Dolson responded that time constraints were the main reason that the workgroup was considering a uniform or percentage increase method instead of value-based payment.
 - ii. Dr. Kim Jackson, who also serves on the workgroup, said that in order to have a proposal for the Centers for Medicare & Medicaid Services (CMS) by the July deadline, a value-based payment method would be a much longer and complicated process. After the draft proposal and the pre-print has been submitted, a value-based payment method may be considered.
 - iii. Nancy Dolson agreed and added that since the program requires a pre-print submission every year, the approach will be analyzed annually and adjusted as needed. The current federal environment and potential Medicaid changes are also being watched carefully.
- e. Patrick Gordon asked for updates regarding the UC Health lawsuit and how that may affect the 2024-25 CHASE model and the workgroup.
 - i. Nancy Dolson briefly reviewed the lawsuit details. Both UC Health and the state gave oral arguments on February 10, 2025, and the judge is expected to rule in about 60 to 90

days.

- f. Jeremy Springston asked how the model would be impacted if the UC Health lawsuit was successful and the two hospitals were reclassified into different groups.
 - i. Nancy Dolson replied that she didn't have certain amounts to show how the model would be impacted at this time, but it would significantly impact the funding going to the different hospitals in those categories. Other possible impacts may be to the Disproportionate Share Hospitals (DSH) and the state directed payments programs.
- g. Patrick Gordon asked if it was possible to have different models drafted in case the lawsuit was successful, to prepare an alternate route so the workgroup can try to stick to their timeline.
 - i. Nancy Dolson said that the team would be looking at that but that the team's bandwidth was a factor, since they're also working on the new model and the state directed payments program with no added resources.
- h. Patrick Gordon asked if the commercial rates would vary by region or if the calculations would implement a state-wide rate.
 - i. Nancy Dolson said that using the cost report methodology would likely result in a state-wide rate.
- i. Patrick Gordon also asked if there were any other provider types going to be included in the program that weren't already in the existing framework.
 - i. Nancy Dolson said that she assumed not but that that would need to be checked by the workgroup.

- j. Jason Amrich said that one thing that the workgroup is doing is making sure that hospitals with high managed Medicaid populations are getting the credit for their work within the framework.
- k. Nancy Dolson reminded the board about the [workgroup webpage](#) where all meeting materials are uploaded. The group Government Performance Solutions (GPS) facilitates the group meetings and provides all agendas and meeting notes. Board members are not allowed to attend the meetings but may view the recordings and materials on the [webpage](#).

4. Proposed Disproportionate Share Hospital (DSH) Policy

- a. Nancy Dolson, HCPF, 3:33 pm
- b. The board reviewed the DSH payments and the [Proposed Policy & Stakeholder Feedback](#).
- c. House Bill 24-1399 will sunset the Colorado Indigent Care Program (CICP) on July 1, 2025. Participating hospitals qualified to receive DSH payments, so the requirements will have to be amended.
- d. Current rules say that hospitals have to participate in CICP, or be a critical access hospital, or be a hospital that receives DSH payments under federal law. The proposed changes are to replace the CICP participation requirement with “an approved charity care program”, and add “or sole community hospital in a rural county” in addition to “be a critical access hospital”.
- e. The stakeholder feedback suggested requiring critical access hospitals and sole community hospitals to also have an approved charity care program.

- i. HCPF's recommendation is to keep the current proposal as is and revisit further changes in next year's rulemaking session.
 - ii. Mannat Singh clarified that HCPF's suggested change is to not expand the requirements for the first year.
- f. Patrick Gordon asked if the term "rural counties" was defined, as in a list.
 - i. Nancy Dolson answered that the state follows the federal definition of a rural county and that she would check to see if there was a list of rural providers that qualified as "sole community hospitals in a rural county" according to federal regulations.
- g. Nancy Dolson reviewed the other proposed DSH requirements: that the "charity care program" must include discounted hospital services for uninsured patients up to 250% of the poverty guideline and must include a sliding fee scale (see slide 12). It was clarified that HCPF supports the existing CACP copayment system being used.
 - i. Further charity care program proposals were reviewed (see slide 13).
- h. Jason Amrich asked for clarification surrounding the patient collections exemption.
 - i. Nancy Dolson explained that if hospitals want to be eligible for DSH payments, then the charity care program has to go beyond the HDC policy and exempt patients from debt collections if they qualify for a charity care program.
- i. Jon Alford asked if the proposed rule says that hospitals can't

pursue collections from a patient who received a discount on care through the hospital's own financial assistance programs.

- i. Nancy Dolson said that this rule would only apply to the former CACP population with income up to 250%.
- j. Additional stakeholder feedback included language access requirements and clarification about the process for hospitals to obtain approval for their charity care program.
- k. The next step in the rulemaking process, after confirming the recommendation from the CHASE board, is to attend the Medical Services Board's Public Rule Review Meeting, an initial hearing, and then a final hearing (see slide 15).

5. Board Discussion

- a. 3:54 pm
- b. Jason Amrich asked if the board vote would be line-by-line to review the different items.
 - i. Patrick Gordon said that the board members could ask any questions about any of the proposed line items before voting.
- c. Margo Karsten voiced support for the proposal as-is.
- d. Dr. Kim Jackson asked if there were any requirements that called for mandatory informing of the patient.
 - i. Nancy Dolson said that under HDC, all acute care hospitals are required to post patient rights and information about eligibility screening.
- e. Mannat Singh asked if further proposed changes would have to wait until next year, since HCPF is waiting to see what changes are happening at the federal level.

- i. Nancy Dolson confirmed that next year would be the next opportunity to make any changes.

6. Public Comment

- a. 3:58 pm
- b. Jaime, Center for Health Progress (CHP)
 - i. Jaime said that they supported the inclusion of the sliding scale fees and the inclusion of comprehensive services for patients, such as prescriptions, imaging services, etc. Jaime also emphasized the importance of addressing the language barrier and accessibility of the application, and how important it is for hospitals to adequately inform patients of their options.
- c. Bethany Pray, Colorado Center on Law and Policy (CCLP)
 - i. Bethany Pray asked about the administrative burden expected from using the CICP copay structure or non-CICP charity care programs for multiple services.
- d. Colleen Ahern, Center for Health Progress
 - i. Colleen Ahern shared their experience as a patient who was sent to debt collections for medical bills while actively trying to get care for a chronic illness. This made them hesitant to seek out follow-up care and created stress and anxiety for them.
- e. Sam Battan, Center for Health Progress
 - i. Sam Battan said that the proposed changes to the DSH policy were a great first step to improving health care affordability. They also asked the board to keep low-income populations in mind as they reviewed the proposals

and to include all medical services as listed in the proposal.

7. Board Action

- a. Proposed DSH Policy, 4:13 pm
- b. Dr. Claire Reed motioned to approve; Ryan Westrom seconded.
- c. Unanimous approval.
- d. None opposed.

8. Adjourn

- a. 4:15 pm
- b. Next meeting: April 22, 2025, at 3:00 p.m. via [Zoom](#)

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