

Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board

November 18, 2025

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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
- Approval of the minutes from October 28 meeting
- 2026 CHASE Annual Report, discussion and amendments
- Hospital Transparency Report update
- SNF & ICF-IID Transparency Report update
- Public Comment
- Board Action
- Adjourn



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Draft 2026 CHASE Annual Report

Austin Wozniak

CHASE Annual Report

Pursuant to section 25.5-4-402.4(7)(e), C.R.S., the CHASE Board is to submit each January 15 a report that includes:

- The recommendations made by the CHASE Board to the Medical Services Board regarding the healthcare affordability and sustainability fee;
- A description of the formula for how the healthcare affordability and sustainability fee is calculated and the process by which the healthcare affordability and sustainability fee is assessed and collected;
- An itemization of the total amount of the healthcare affordability and sustainability fee paid by each hospital and any projected revenue received by each hospital, including quality incentive payments and increased Medicaid and CHP+ eligibility;



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For reference: [2025 CHASE Annual Report](#)

CHASE Annual Report cont.

- An itemization of the costs incurred by the CHASE in implementing and administering the healthcare affordability and sustainability fee;
- Estimates of the differences between the cost of care provided and the payment received by hospitals on a per-patient basis, aggregated for all hospitals, for patients covered by Health First Colorado, Medicare, and all other payers; and
- A summary of the efforts made by the CHASE to seek any federal waiver necessary to fund and support the implementation of a health care delivery system reform incentive payments program and program progress.



Draft 2026 CHASE Annual Report

- Section III, Fees and Payments, Pages 12-23
- Fees amounts, discounts, exceptions
- Enhanced federal match for supplemental payments and COVID-19
- Supplemental payments including DSH and Rural Support Fund
- HQIP
- Reflects 99.25% UPL

Table 1. FFY 2023-24 CHASE Fee and Supplemental Payments

Item	Amount
Inpatient Fee	\$602,717,759
Outpatient Fee	\$817,300,474
Total Healthcare Affordability and Sustainability Fee	\$1,420,018,233
Inpatient Supplemental Payment	\$838,141,038
Outpatient Supplemental Payment	\$634,701,759
Essential Access Supplemental Payment	\$26,000,004
Rural Support Supplemental Payment	\$11,999,997
Hospital Quality Incentive Supplemental Payment	\$126,882,385
Disproportionate Share Hospital Supplemental Payment	\$265,720,314
Total Supplemental Payments	\$1,903,445,497
Net Reimbursement to Hospitals	\$483,427,264*

*Reflects a total reimbursement of 134% of the Total Fee amount



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Draft 2026 CHASE Annual Report cont.

- Section III, Administrative Expenses, Pages 24-26
- Limited to 3% of total CHASE expenditures; subject to appropriation by the General Assembly
- Includes administrative expenditures for CHASE expansion populations
- \$131 million total funds (state fiscal year basis)
 - Itemized in **Table 5**
 - \$51.9 million contracted services; majority IT contracts for benefits and claims systems
 - 2.38% total; 0.22% HCPF staff



Draft 2026 CHASE Annual Report cont. 2

- Section V, Cost Shift, Pages 27-45
- Using data from Hospital Financial Transparency (HBs 19-1001 and 23-1226)
 - Calculate total costs, uncompensated costs, and payments using hospital-specific cost-to-charge ratio instead of statewide aggregate
- Bad debt and charity care increased 31.5% in 2024, a significant jump that brought these costs above 2013 levels for the first time.
 - Previous years' increases driven by inflation, not the case in 2024.
- Payer mix slight reversion, private insurance grew and government payers shrank.
 - Decrease in Medicaid payer mix, PHE unwind impacts
 - Medicare continued increase



Draft 2026 CHASE Annual Report cont. 3

Table 7. Payment to Cost Ratio, Post HB19-1001

Year	Medicare	Health First Colorado	Insurance	Self Pay	CICP/ Other	Overall
2019	0.75	0.63	1.84	0.30	0.89	1.08
2020	0.71	0.80	1.67	0.42	0.88	1.03
2020 w/ stimulus	0.76	0.87	1.76	0.49	0.95	1.10
2021	0.76	0.77	1.75	0.35	0.94	1.06
2022	0.73	0.79	1.64	0.33	0.90	1.02
2023	0.73	0.79	1.63	0.25	0.84	1.00
2024	0.72	0.80	1.65	-0.01	0.92	1.00



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Draft 2026 CHASE Annual Report cont. 4

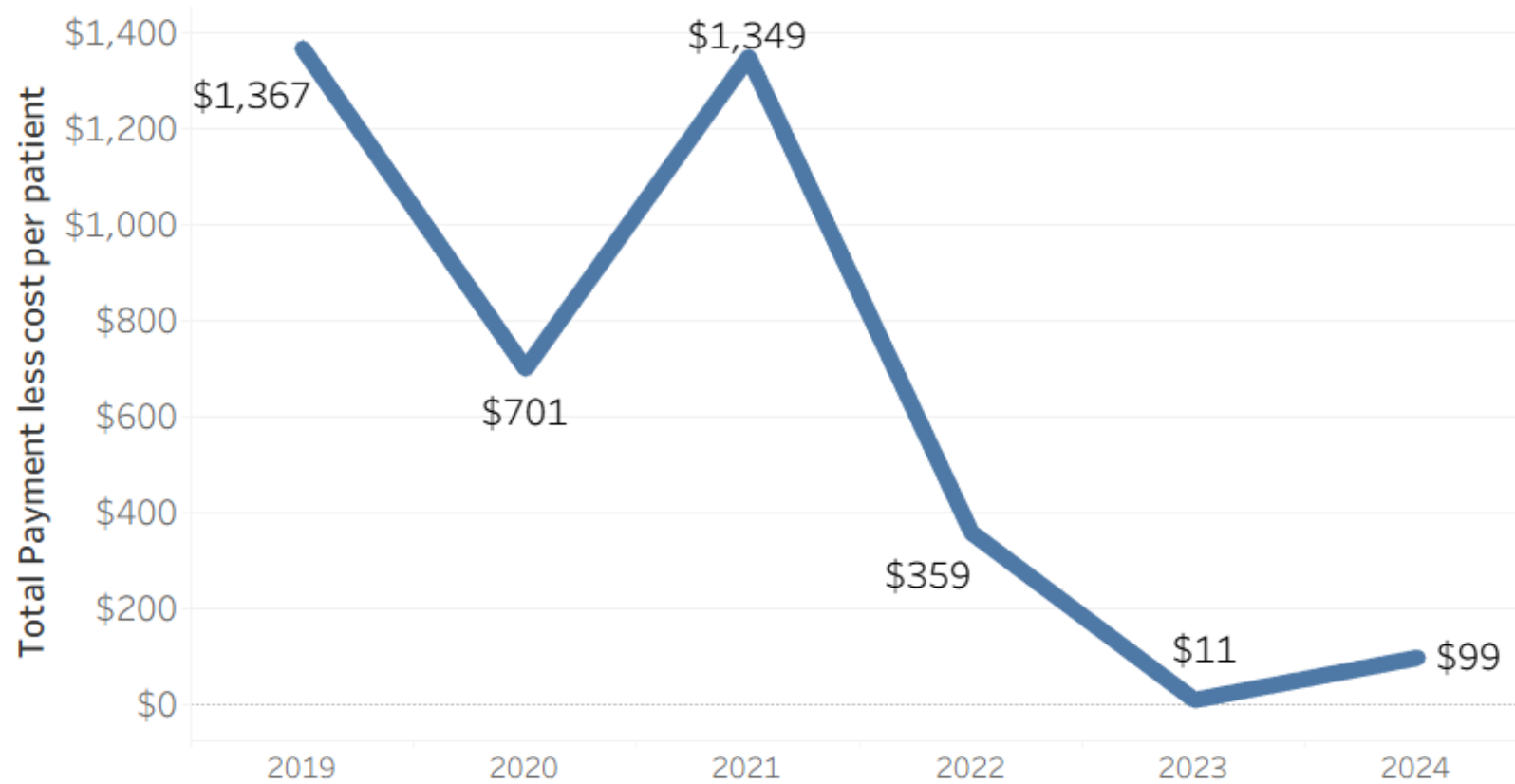


Figure 5. Payment less Cost per Patient 2019 to 2024



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Draft 2026 CHASE Annual Report cont. 5

- Section VI, Hospital Transformation Program, Pages 46-69
- Cumulative progress through year
 - 99.7 of hospitals continue to submit quarterly reports on time
 - 98% of hospitals are on track to hit all their year-four milestones
 - Over 16,000 interim activities across hospital interventions
 - Over 6,300 unique Community Health & Neighborhood Engagement (CHNE) activities
 - Over 4,900 consultations with key stakeholders
 - Over 1,000 community advisory meetings
 - 360 public engagement meetings
- Table 17 reports at-risk funds lost and redistributed (now with %'s)
- Rural Support Fund \$12 million per year to 23 hospitals; details in appendix
- HTP Sustainability



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New Additions

- Section V, Cost Shift, Pages 33-34
 - More detailed analysis and visuals on the proportion of hospitals with payment to cost ratios over 1 (figures 1-2)
- Section VI, Hospital Transformation Program, Pages 55-69
 - Figures tracking measures over 3-year period (figures 10-15)
 - Figures about high-performing hospitals (figures 16-17)



Next Steps 2026 CHASE Annual Report

- Today's feedback to revised draft for review and action at Dec. 16 meeting
- Jan. 15, 2026 publish and deliver to CHASE Board, Senate and House Health and Human Services Committees, Joint Budget Committee, and Medical Services Board



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Hospital Transparency Report Updates



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Remember last year's changes

Just like 2025, this report now details:

- Summary of the hospital's financial transfers to/from related parties.
- Narrative report of planned & completed projects and capital investments >\$25 million. Narratives are provided in the appendix.
- Information on physician affiliations and acquisitions.
 - *Information is de-identified and presented in aggregate.*
- Summary information on changes to service lines.
- Salary and total compensation data of the top five highest paid administrative positions.
 - *Information is de-identified and presented in aggregate.*
- Breakouts of uncompensated care costs by new categories (by county designation, by system, by Critical Access Hospital)



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For reference: [2024 Hospital Financial Transparency Report](#)

2026 Hospital Financial Transparency Report Changes

- Historic and current year analysis sections have been combined so that analysis by item (net patient revenue, total operating expense, etc.) are all together.
 - HCPH heard that it was confusing for where to find certain information based on section (revenue, expenses, profit, etc.)
 - removal of duplicative information or analysis
- Hospitals have completed 15-day review period.



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SNF and ICF Provider Fee Transparency Report Updates



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SNF and ICF Provider Fee Financial Transparency Report

- Skilled Nursing Facility (SNF) and Intermediate Care Facility (ICF) provider fees are now managed within CHASE
- Administration will occur through Nursing Facility Enterprise Support Board
- The CHASE Board may provide oversight and collaborate with the Support Board to carry out responsibilities
- The Support Board, not the CHASE Board, is responsible for making recommendations for MSB regulation approval
- The transparency report will be published to CHASE website shortly



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Board Discussion



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Public Comment

Board Action



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Thank You

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