Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board

November 19, 2024



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.



Agenda

- Hospital Financial Transparency Annual Report Changes
- Revised CHASE Workgroup Recommendation
- Draft 2025 CHASE Report
- Public Comment
- Board Action Item



Hospital Financial Transparency Updates

James Johnston



Annual Report Changes

Major changes to be included in the annual report:

- 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)



Revised CHASE Workgroup Membership Recommendation

Nancy Dolson



Workgroup Composition

- Two HCPF representatives*
- Two CHA or hospital representatives,* one representing rural hospitals*
- Two consumer representatives, one advocate and one Medicaid member*
- One Medicaid managed care organization or Regional Accountability Entity representative*
- One representative from the Governor's Office
- One CHASE Board member who is not a HCPF, CHA, or a hospital representative
- HCPF's contracted consultant and CHA's contracted consultant to provide consultation and expertise to the workgroup



Nancy Dolson



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;



CHASE Annual Report

- 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.



- 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

ltem	Amount	
Inpatient Fee	\$543,695,022	
Outpatient Fee	\$716,741,892	
Total Healthcare Affordability and Sustainability Fee	\$1,260,436,914	
Inpatient Supplemental Payment	\$698,204,739	
Outpatient Supplemental Payment	\$633,184,156	
Essential Access Supplemental Payment	\$26,000,000	
Rural Support Supplemental Payment	\$12,000,000	
Hospital Quality Incentive Supplemental Payment	\$128,357,467	
Disproportionate Share Hospital Supplemental Payment	\$257,231,667	
Total Supplemental Payments	\$1,754,978,030	
Net Reimbursement to Hospitals	\$494,541,116	



- Section III, Administrative Expenses, Pages 24-26
- Limited to 3% of total CHASE expenditures; subject to appropriation by the General Assembly
- Include administrative expenditures for CHASE expansion populations
- \$124.4 million total funds (state fiscal year basis)
 - Itemized in Table 5
 - \$107.5 million contracted services; majority IT contracts for benefits and claims systems
 - 2.51% total; 0.26% HCPF staff



- Section V, Cost Shift, Pages 27-40
- 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 continue to increase
 - Charity care increased 12.7% from 2019-2023 when adjusted for inflation
- Payer mix continues to shift from private insurance to government payers
- Payment less cost at lowest level, driven by labor costs



Table 7. Payment to Cost Ratio, Post HB19-

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

1001



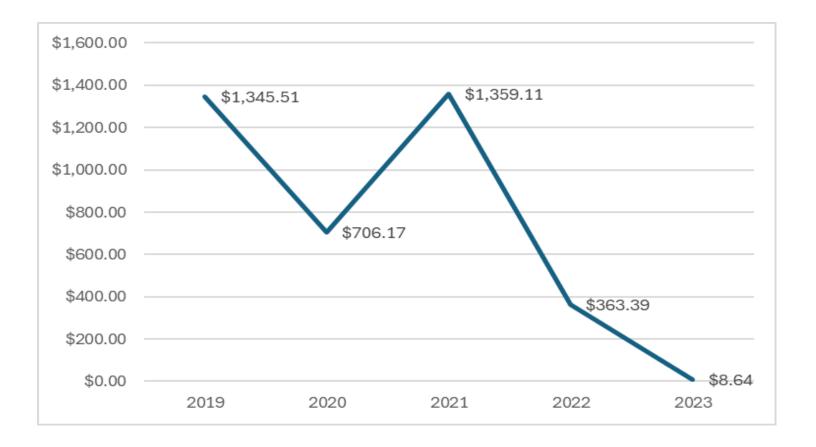


Figure 3. Payment less Cost per Patient 2019 to 2023



- Section VI, Hospital Transformation Program, Pages 41-61
- Cumulative progress through year
 - 84 Hospitals continue to submit interim activity on time
 - 95% of hospitals are on track to hit all their year four milestones
 - Over 13,000 interim activities across hospital interventions
 - Over 4,800 unique Community Health & Neighborhood Engagement (CHNE) activities
 - Over 3,750 consultations with key stakeholders
 - Over 800 community advisory meetings
 - 260 public engagement meetings
- Table 12 reports at-risk funds lost and redistributed
- Rural Support Fund \$12 million per year to 23 hospitals; details in appendix
- HTP Sustainability



Next Steps 2025 CHASE Annual Report

- Today's feedback to revised draft for review and action at Dec. 17th meeting
- Jan. 15, 2025 publish and deliver to CHASE Board, Senate and House Health and Human Services Committees, Joint Budget Committee, and Medical Services Board



Public Comment



Board Action Item

1. Revised CHASE Workgroup composition



Thank You

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