# Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Initiatives Workgroup

Meeting #10 Wednesday, May 21, 2025 12:00 – 1:30 p.m.

Facilitated by:

Government Performance Solutions, Inc. (GPS)





#### Virtual meeting guidelines

Here are some ideas to make virtual collaboration easy on us all:



This meeting is being recorded!



Please use your camera when speaking and use the blur or background as needed



Put your computer microphones (or phone) on mute



Use the chat feature to share ideas and ask questions



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To help all participants more quickly identify each other, please edit your name in your Zoom window to include your organization.

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### **CHASE Workgroup Objective**

Develop comprehensive recommendations for revisions to CHASE including the addition of a State Directed Payment (SDP) for CHASE Board consideration. Such that HCPF can develop and advance a broadly supported proposal to submit to the federal Centers for Medicare and Medicaid Services (CMS) for implementation to begin no later than July 1, 2025.

#### **CHASE Program Objectives**

As outlined in statute, the (4) CHASE program's goals are:

- Maximize reimbursement to hospitals for care for Medicaid members and uninsured patients subject to federal limits
- Increase the number of hospitals benefitting from the CHASE fee and minimize those hospitals that suffer losses.
- Support improvements in the quality of hospital care
- Support the expanded health care coverage for the Medicaid and CHP+ programs

### Agenda

- Plan for this Meeting and Upcoming Meetings (10 minutes)
- Environmental Update and Discussion of Implications (30 minutes):
  - '24-'25 CHASE Model—Revise fee methodology and FFS; What occurred
  - Federal Reconciliation—Grandfathers in SDPs submitted before bill's enactment
  - Proposed Rule impacting other fee programs (will review to assess any impact)
- Subgroup Updates and Timeline—ACR and Quality (30 minutes)
- Questions and Next Steps (5 minutes)

#### Work Group Members

- 1. Alison Sbrana, Consumer
- 2. Annie Lee, President & CEO, Colorado Access
- 3. Emily King, Senior Policy Advisor/Deputy Director of the Office of Saving People Money on Health Care, Governor's Office
- 4. Josh Block, Deputy Chief Financial Officer, HCPF
- 5. Dr. Kimberley Jackson, CHASE Board Vice President
- 6. Nancy Dolson, Special Financing Division Director, HCPF
- 7. Shauna Lorenz, Partner, Gjerset & Lorenz LLP
- 8. Tom Rennell, Senior Vice President Financial Policy and Data Analytics, CHA

#### Recap: Workgroup Ground Rules (1 of 2)

- 1. Workgroup Members and Participation members of the workgroup have been appointed by the CHASE Board chair in line with the Board's bylaws and serve at the pleasure of the Board.
  - While the meetings will be open to the public, and the workgroup may request information from subject matter experts, participation in the workgroup is limited to appointed workgroup members themselves with no alternates or proxies.
  - Workgroup members must commit to consistently attending meetings and actively engaging in the work.
  - Workgroup members are allowed actual and necessary traveling and subsistence expenses when in attendance at meetings away from their places of residence.
- 2. Stick to the workgroup's objectives the workgroup will devote its efforts to the work set out in this charter and not creep into other subjects unless directed by the CHASE Board.
- 3. Transparency within the group and commitment to working within the bounds of this process to foster trust, all parties need to be honest, direct, and forthcoming within the workgroup.

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#### Recap: Workgroup Ground Rules (2 of 2)

- 4. Participate in good faith, assume best intent, and extend the benefit of the doubt the workgroup must work together in good faith and assume best intent. To do so, the workgroup should agree at the outset to align around the shared goal of developing a mutually beneficial proposal and commit to working in good faith.
- 5. Coordinated communications workgroup member communication about this work outside of the workgroup should be aligned and coordinated using agreed-upon shared messaging and talking points. Following the CHASE Board's bylaws, individual workgroup members may not make a position statement that purports to be that of the workgroup or the CHASE Board unless the workgroup or Board has adopted such a position. However, no workgroup member is prohibited from stating his or her personal opinions, provided they are clearly identified as such.
- 6. ADOPTED Pursue Consensus workgroup members will explore options, strive to understand different points of view, and seek compromise so that recommendations represent a broad consensus consistent with the work group's purpose.

These may be adjusted by the workgroup as situations arise





# Workgroup Objectives and Key Questions (1 of 2)

**Objective:** Develop comprehensive recommendations for revisions to CHASE including the addition of a SDP for CHASE Board consideration. Such that HCPF can develop and advance a broadly supported proposal to submit to the federal Centers for Medicare and Medicaid Services (CMS) for implementation to begin no later than July 1, 2025.

#### **Key Questions:**

- How does the recommendation(s) align with the goals of the CHASE Program as outlined in statute?
  - Maximize reimbursement to hospitals for care for Medicaid members and uninsured patients subject to federal limits
  - Increase the number of hospitals benefitting from the CHASE fee and minimize those hospitals that suffer losses
  - Support improvements in the quality of hospital care
  - Support the expanded health care coverage for the Medicaid and CHP+ programs





# Workgroup Objectives and Key Questions (2 of 2)

#### Key Questions (continued):

- Is legislation and/or changes to state regulations necessary to implement the recommendations?
- How do the recommendations align with federal requirements?
  - Are there any emerging or enacted changes to federal requirements that may affect these recommendations?
- What are the impacts on the CHASE program?
  - How do the net gains (losses) for hospitals compare to the CHASE status quo?
  - · Is there any increased risk to expansion populations' health care coverage due to insufficient fees?
- What are the available funding source(s)?
- What are the different types of SDP and which best meet the workgroup's objective?
- Which services and provider types should be included in the SDP?



### **Progress Update**

The workgroup has met (7) times and reached consensus on several dimensions:

Dimension	Emerging Consensus		
Overall Methodology	<ul> <li>Revise existing UPL supplemental payments to simplify payment calcs and tie to utilization</li> <li>Simplify to the degree possible, but this is a secondary goal</li> </ul>		
Services	Include both inpatient and outpatient services		
Hospital Types	Include general, acute care and Critical Access Hospitals, and psychiatric hospitals		
Funding Sources	<ul> <li>Assume that an IGT is a permissible funding source; will not trigger TABOR</li> <li>Replace some federal DSH funds with additional safety net hospital reimbursement</li> </ul>		
Funding Priorities	<ul> <li>Preserve funding to Critical Access Hospitals</li> <li>Support hospitals with high volume of Medicaid care (i.e., safety net)</li> </ul>		
Quality Principles	Aligned on 10 quality principles aligned with Colorado's Managed Care Quality strategy to guide measure selection		

#### Open Questions/Assignments

Items not yet handled from recent meetings (pasted here for convenience):

- Alison Sbrana: Can we get some info on how many psych hospitals, how many rehab and LTC hospitals etc., we are talking about who are being currently excluded and may benefit? Or some more info on pros/cons of including them?
- Alison Sbrana: Commercial payers don't pay as much for behavioral health and Medicaid/Medicare payers pay more? Do we need to factor this in?
- Josh Block: What is the sequence and timeline for related activities that must follow the preprint submission (e.g., contract development and rate setting that also need CMS approval, reporting requirements for MCOs incorporated into contracts, timeline reviews for payments, frequency of payments, etc.)?

# Environmental Update and Discussion (30 minutes)

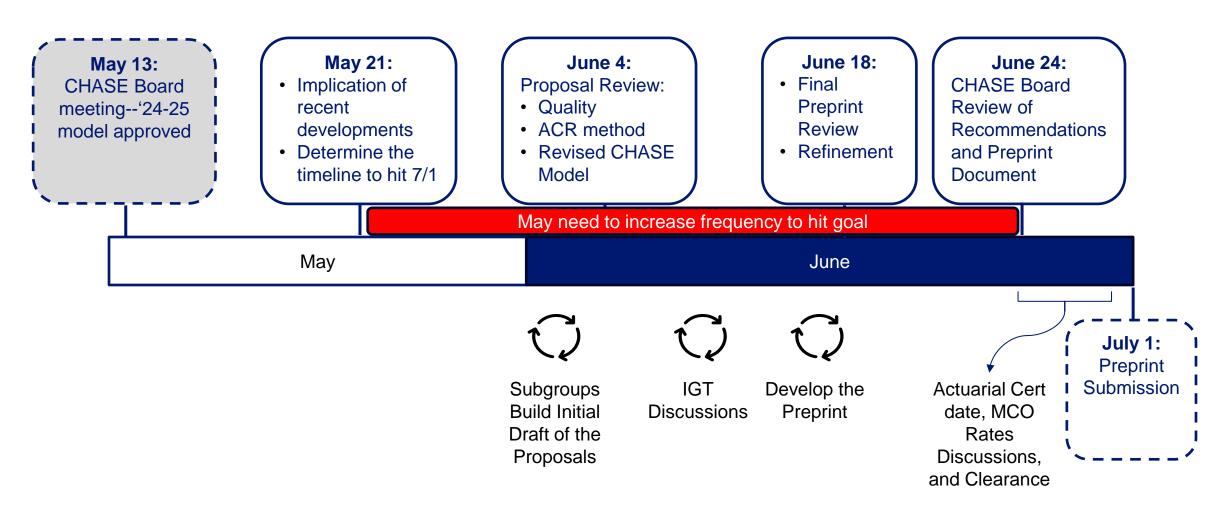


#### **Environmental Updates**

- **CHASE model**: The '24-'25 model was approved by the CHASE Board on May 13. We will continue with Rulemaking to implement the model. This model will be the basis for future proposals related to CHASE model adjustments and SDP design.
- Federal reconciliation: Links to the <u>Summary Memo</u> and the <u>Health legislative text</u>. UPDATE: The federal budget reconciliation bill was amended to grandfather in SDP applications submitted before the bill's enactment.
- **Proposed Federal Rule change:** There is a draft Rule, CMS-2448-P that may impact provider fee programs. It's unclear yet if our plans would be impacted. Here is the <u>proposed rule</u> to be published May 15<sup>th</sup>, along with a <u>press release</u>, and a <u>fact sheet</u>. Public comment will be open until July 14, 2025

# ACR and Quality Measures Updates (30 minutes)

### Proposed Path to July 1



### **ACR Update**

The subgroup has continued to work on the following items.
$\square$ Continue refining encounter data and working with hospitals on variances
☐ Gathering outstanding Psychiatric Hospital data and exploring separate ACR methodolog

☐ Preparing distribution modeling options for Workgroup review

The subgroup has continued to work on the following items:

options using best sources available

Based on the urgency, the group must deliver a recommendation based on how the Directed Payment interacts with the rest of the CHASE model by June 4.

### Quality Measures Update

The next steps for the SDP Quality Measures are to convene a group of stakeholders to determine the workflows of collecting and reporting the quality metrics. The group should include:

- The individuals already on the quality subgroup (Alison Sbrana, Emily King, Dr. Kimberly Jackson, Annie Lee)
- A representative from CHA, and other hospital representatives including Denver Health, a rural Western Slope hospital with high volumes of Medicaid Managed Care, representatives from the managed care plans (Denver Health, Rocky Mountain Health Plans, CO Access), and the HCPF MCO Data SME.
- We are working to identify specific people to fill each role and will schedule a meeting as soon as possible.

A final proposal will be ready for discussion by June 4.

#### Other Activities

#### We must also:

- Hold IGT discussions with Denver Health to establish the size of the transfer
- Engage with HCPF Rates team and the actuary to determine the certification date
- Begin working with HCPF Procurement team + MCOs for contract amendments
- Develop the drafts for approval:
  - Preprint document
  - Revised fee methodology
  - State plan amendment\*\*

\*\*Need to submit for public noticing





Questions?



#### **Next Steps and Actions**

- GPS to share meeting notes with decisions and actions.
- Execute the plan as agreed
- HCPF will post the next workgroup meeting on its website.
- HCPF will post an agenda ahead of the second workgroup meeting.



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