



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

Meeting Minutes

Colorado Healthcare Affordability & Sustainability Enterprise (CHASE) Board Meeting

Via [Zoom](#)

Tuesday, October 28, 2025, 3:00pm

1. Call to Order & Introductions

- a. Patrick Gordon, Chair, 3:02pm

2. Approve Minutes from September 2, 2025 Meeting

- a. Board Members, 3:03pm
- b. Ryan Thornton motioned to approve. Julie Nickell seconded.
- c. Minutes approved unanimously.

3. HCPF Updates

- a. Jeff Wittreich, 3:05pm
- b. Jeff Wittreich introduced himself and greeted the board.
- c. Special thanks were given to Dr. Claire Reed for her service on the CHASE board as a member since 2020, as she resigned her seat to move away from Colorado.
- d. Two reports, the 2026 CHASE annual report and the Enterprise Transparency Report, are being prepared for the board's review and drafts will be delivered in early November 2025. The reports will be presented at the November board meeting for discussion.
 - i. The Enterprise Transparency Report is mandated by Senate Bill (SB) 25-270, which moves the Nursing Facility and Intermediate Care Facility Fees under the enterprise (CHASE).
- e. Jason Amrich asked what level of governance the board will

have as those types of facilities are added under the enterprise and how the board would make decisions.

- i. Jeff Wittreich said that the roles of the board and the support board are being determined. The hospital provider fees and the nursing and intermediate care facilities fees will be separate.

4. CHASE Cash Fund Reserve

- a. Jeff Wittreich, 3:12pm
- b. The cash fund reserve methodology was approved by the board in June 2022 (see handouts for details).
- c. The structure and process of the enterprise was reviewed (slides 9-11).
- d. The main reason for the cash fund reserve is to manage timing differences when federal matching funds are drawn down and when funding obligations must be deposited to hospitals. The cash fund may experience negative balances periodically due to this timing, so keeping a certain amount in the cash fund is crucial to maintaining a positive balance and avoiding dipping into the Colorado general fund to cover.
- e. Examples of the Average Daily Balance (ADB) with and without the cash fund reserve can be found in the handouts on the [webpage](#).
- f. Dr. Kim Jackson asked how the finalized actual costs from hospitals factor into the calculations for the cash fund reserve and if the current federal shutdown would have any effect on the cash fund and the model.
 - i. Jeff Wittreich answered the first question, saying that

actual costs don't factor into the timing of the funds going in or out of the reserve, but costs may influence how payments would be returned or paid to providers. To the second question, the federal shutdown has not affected Medicaid payments or federal matching funds at this point.

- g. Ryan Thornton asked how the example handouts compare to the actual balances in August.
 - i. Jeff Wittreich said that starting balance in August would have been greater than what is shown due to a non-traditional period created with the transition to the final 2024-25 program model.
- h. Ryan Thornton also asked what the program did without a cash fund reserve prior to 2022 and the pandemic.
 - i. Jeff Wittreich said that prior to 2022, there was still a cash fund reserve, but it was 10% of the funding obligations for expansion populations. The funding obligations have changed in the past 5 years, so a change of several percentage points from 2015 compared to now would be very different.
- i. Ryan Westrom asked if the monthly average daily balance was the one that mattered, since some negative balances still appear during the month's payments (see handouts).
 - i. Jeff Wittreich said yes, but if the cash fund had too many days in the negative, the state general fund would have to cover the funding balance and could result in penalties for the program in future years. Interest is accrued by the state treasury in the event of prolonged negative

balances.

- ii. Ryan Westrom asked for a definition of fiscal and operational risk and if it's outlined in statute.
 - iii. Jeff Wittreich said that less than 10% of annual revenue for an enterprise must come from a source other than Colorado state and local governments combined, as defined in the [Colorado Constitution Art. X, § 20. The Taxpayer's Bill of Rights](#). CHASE must show that it can fund its own obligations without relying on the state general fund. Failure to do so may result in a violation of the constitution's conditions for an enterprise.
- j. Dr. Kim Jackson asked if the enterprise had to pay interest on the occasional negative daily balances or if it was exempt under a certain period of time.
- i. Jeff Wittreich confirmed that the enterprise is exempt from interest under a certain period of time.
 - ii. Dr. Kim Jackson asked what that interest amount would average as a cost to CHASE.
 - iii. Jeff Wittreich said with the cash fund reserve, they haven't had to pay interest on extended periods of negative balances since 2022. Conversely, by maintaining a positive balance, the cash fund collects interest. In 2023-24, the cash fund collected approximately \$8 million in collected interest.
- k. Julie Nickell asked what the reserve balance was tied to prior to 2022 and if the expansion populations were the potential variable.

- i. Jeff Wittreich said yes, the reserve was previously equal to 10% of the funding obligation for expansion populations, and that has been the main driver for the change in recent years.
- l. Ryan Thornton asked what happens with the accrued interest.
 - i. Jeff Wittreich said most years, it's refunded back to hospitals.
- m. Jeff Wittreich said the cash fund reserve also exists to manage the differences between estimated and actual funding obligations for Medicaid expansion members.
 - i. In Federal Fiscal Year (FFY) 2024-25, estimates were approximately 8% lower than actual costs. The cash fund reserve helps to maintain coverage of these costs.
- n. Julie Nickell asked if there was any control over the Medicaid expansion cost.
 - i. Jeff Wittreich said there was a multi-step process in HCPF to determine rates for certain services. The rates are determined by the November forecast published every year. A deeper discussion would be necessary to explain the entire process.
- o. Dr. Kim Jackson said that it can take up to 2 years to determine the difference between estimates and actual costs, and it sounds like the cash fund is necessary to mitigate that.
- p. Jeff Wittreich explained the recent approved methodology for the cash fund reserve (see slides 17-19).
 - i. In June 2022, the CHASE board approved a cash fund reserve equal to 1.5% of the total CHASE funding

obligation.

- ii. If the reserve amount is *greater* than the prior year's ending fund, the difference is refunded to hospitals.
 - iii. If the reserve amount is *lesser* than the prior year's ending fund, the difference is increased by making adjustments to the collected hospital fees.
- q. Ryan Westrom commented that there were 2 years in the past 3 that showed overassessments of fees and asked if the future state directed payments (SDP) could be used to balance the differences in reserve amounts using it to bring in additional dollars. He also questioned if 1.5% was the right number for the reserve methodology.
- i. Jeff Wittreich said that conversation will be had in the future in greater detail to examine how changing the 1.5% methodology may affect the rest of the program.
- r. Jeff Wittreich said HCPF is currently finalizing the final ending fund balance of FFY 2024-25. It's expected to be more similar to FFY 2021-22 and 2022-23 instead of FFY 2023-24. HCPF will present the final ending fund balance and the FFY 2025-26 cash fund limit amount at a future board meeting.
- s. Jason Amrich asked if the board will vote for approval of the fund balance.
- i. Jeff Wittreich said it will depend on how the state directed payments play into the program and if revisions will need to be made.
 - ii. Jason Amrich asked if the reserve can be used for other expenditures and what the board's scope of governance

was regarding the reserve funds.

- iii. Jeff Wittreich said that the reserve funds can only be used for CHASE funding obligations and remaining funds are refunded back to hospitals.
- t. Patrick Gordon thanked Jeff Wittreich for the overview of the program and the operations of the cash fund. He said he hoped to see greater details of variations and adjustments that may affect the program going forward to inform future discussions about the cash fund reserve.

5. State Directed Payments (SDP) Update

- a. Jeff Wittreich, 3:57pm
- b. Jeff Wittreich gave a brief update on the status of the SDP program (see slide 21).
- c. The preprint has been submitted to the Center for Medicare & Medicaid Services (CMS) and HCPF has been working with them to revise the model according to their guidance.
- d. The FFY 2025-26 model is currently in development. More information will be presented to the board as it becomes available in the future.
- e. Jason Amrich asked if there was a general timeline for the release of the SDP model.
 - i. Jeff Wittreich said waiting on CMS will be the determining factor in the timeline.
- f. Ryan Westrom commented that he hoped to continue these discussions through the lens of creating a win-win-win scenario for all involved parties.

6. HQIP, HCAHPS, and Measure Details Clarifications Updates

- a. Matt Haynes, HCPF, 3:55pm
- b. Matt Haynes reviewed a new measure being introduced to the Hospital Quality Incentive Payment Program (HQIP) in 2026, the Workplace Violence Measure (see slides 24-28).
- c. Senate Bill (SB) 25-166 added a performance metric related to workplace violence under HQIP. A workgroup was created to make recommendations to the HQIP subcommittee, and the subcommittee will develop metrics for the measure.
- d. Beginning May 2026, a question will be added to the HQIP Data Collection Tool about formal workplace violence prevention policies. The first year of data collection will not be scored. The subcommittee will continue to assess deliverables for implementation in future years.
- e. Matt Haynes reviewed the 2026 Postpartum Discharge Transition measure clarification questions and summarized the proposed 2026 expectations (see slides 30-33).
- f. Matt Haynes presented the recommended scoring distribution for the 2025 HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems), as approved by the HQIP subcommittee (see slides 35-37). The proposed calculated bounds would affect Composites 5, 6, and 7.
- g. Ryan Thornton asked how the point system will impact hospitals in the lower half of scoring versus the ones in the upper half.
 - i. Matt Haynes said performances across hospitals are consistent and most hospitals don't perform below the calculated bounds. The HQIP program is pay-for-performance and includes competitive elements to

incentivize better outcomes.

- h. Ryan Thornton asked if the funds that are moved over to HQIP are matched and if that impacts CHASE's federal matching funds.
 - i. Jeff Wittreich said yes, the HQIP payments to hospitals follow the same 3-day federal funds draw pattern and are federally matched in the same way. The program funding is approximately 60% federal matching funds and 40% hospital fees. Each hospital receives payments equal to their performance in the program.

7. Board Discussion

- a. Board Members, 4:25pm
- b. Patrick Gordon commented that the proposed calculated bounds are grouped around central tendencies for each measure and not tied to national standards. This helps focus the program on improving Colorado hospitals' performances. He also said that it's important that the measures are chosen carefully in order to be actionable.
- c. Patrick Gordon asked what happens if the scoring curve changes significantly and what impact that may have on participating hospitals.
 - i. Matt Haynes said that the subcommittee pays close attention to the scoring distribution to ensure there's a mix of measures and scores that help hospitals to get their best scores and support major priorities. The program is still evolving and will continue to be responsive to the environment in further developing the program.

- d. Patrick Gordon asked for clarity regarding the HQIP subcommittee.
 - i. Matt Haynes said the subcommittee has a wide range of hospital representatives including hospital systems and rural and independent providers. The meetings are open to the public for anyone to join and engagement is high.
- e. Ryan Thornton asked about the process of board approval for the proposals.
 - i. Matt Haynes said the board has already approved the measures and methodologies for HQIP. The board votes on the subcommittee's calculated bounds recommendations which are based on available data and the previously approved methodology. Board approval and feedback on these proposals will be used to inform future developments in the program.

8. Public Comment

- a. 4:36pm
- b. No comments were made.

9. Board Action

- a. Board Members, 4:36pm
- b. Proposed Changes to HQIP/HCAHPS Scoring
- c. Dr. Kim Jackson motioned to approve the HCAHPS recommendations. Jason Amrish seconded the motion.
- d. A roll call vote was called to unanimous approval from all board members.

10. Adjourn

- a. Meeting adjourned at 4:39pm.

b. Next meeting: November 18, 2025, at 3:00pm via [Zoom](#)

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4764, or Shay.Lyon@state.co.us, or the 504/ADA Coordinator hcpf504ada@state.co.us, at least one week prior to the meeting to make arrangements.

