



MEETING MINUTES

Rural Provider Access and Affordability Advisory Committee Department of Health Care Policy & Financing

Via [Zoom](#), passcode 279779

September 23, 2022, 1:00 P.M.

1. Call to Order and Introductions

Michelle Mills, Chair, 1:04 p.m.

Members present: Angela Koch, Michelle Mills, Stephanie Pugliese, Steve Holloway, Nancy Dolson (HCPF), Kelea Nardini

Members excused: Zach Weiderspon, Jeanie Gentry, Beth Saxton

HCPF employees present: Shay Lyon, Anthony Ciaramella, Riley De Valois

Quorum is present.

2. Approve Minutes from September 7, 2022 Meeting

Committee members, 1:05 p.m.

Postponed until more members enter meeting.

3. Draft bylaw review

Committee discussion, 1:05 p.m.

No additions or revisions discussed.

4. Rural hospital eligibility criteria

Review reference materials and committee discussion, 1:08 p.m.

Floor opened for discussion by Michelle Mills.

Map of Medicaid utilization (handout) pulled up on screen for review. Map is read as red-orange coloration is lower percentage of Medicaid members, dark-blue is highest percentage.

43 rural hospitals, 42 of which are critical access hospitals.

It's suggested to keep eligibility for the grant broad, to include all rural hospitals. The Committee is in agreement.)

Age of plant (how old and/or out-of-date infrastructure of facilities are) recommended to be an area of consideration of eligibility. Age of plant and payer mix data set in handouts. A points system to rate the need is

suggested.

Medicaid/Medicare population is suggested as a criteria. Hospital payer mix or county payer mix, or both, to be used as criteria? A similar points-system suggested as a way of rating eligibility.

Decile points system suggested, ranked 1-10, or 1-100, for rankings.

4-5 criteria, 10 point scale, forming a table that shows rankings to be used for final decision.

Also allow for documentation to show why hospital may rank low in certain area to continue competitive eligibility for the grant.

Steve Holloway shows spreadsheet to demonstrate a points system idea.

Increase of capacity for delivery of county services suggested as a criteria.

Will a financially unhealthy hospital rank higher or lower than a financially healthy hospital? 22 hospitals operating in the red, likely to increase within the next year. Special situations should be included in consideration.

Possible criteria as discussed: Age of plant, Medicare/Medicaid by county, strength of proposal, financial metrics (to be defined).

5. Public comment

2:00 p.m.

David Engel: agrees that some hospitals payer mixes are higher than the counties Medicaid overall.

Dr. Sami Diab: suggestion that collaboration with front range institutions and others to be considered as well, as part of strength of application.

6. Committee Action

2:05 p.m.

Minutes approval: Steve Holloway motions, Angela Koch seconds, unanimously approved.

Committee Bylaws: Kelea Nardini motions, Angela Koch seconds, unanimously approved

Rural hospital eligibility criteria: All 43 rural hospitals be eligible to apply. Angela Koch motions, Kelea Nardini seconds, unanimously approved.

7. Adjourn, 2:08 P.M.

Next meeting will review scoring criteria.

8. Next meeting

October 7, 2022, 1:00 P.M. via Zoom

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