



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

CHASE Initiatives Workgroup Meeting Notes

June 11, 2025

12:00pm- 1:30pm

[CHASE Workgroup Meeting 12 Slides](#)
[Meeting Recording](#)

Notes:

1. Introductions and Recap

a. Workgroup members (*regrets with strikethrough*)

- i. Alison Sbrana, Consumer
- ii. Annie Lee, President & CEO, Colorado Access
- iii. Emily King, Senior Policy Advisor/Deputy Director of the Office of Saving People Money on Health Care, Governor's Office
- iv. Josh Block, Deputy Chief Financial Officer, HCPF
- v. Dr. Kimberley Jackson, CHASE Board Vice President
- vi. Nancy Dolson, Special Financing Division Director, HCPF
- vii. Shauna Lorenz, Partner, Gjerset & Lorenz LLP
- viii. Tom Rennell, Senior Vice President Financial Policy and Data Analytics, CHA

b. Additional attendees:

- i. Bettina Schneider, HCPF
- ii. Greg Boyle, UCHHealth
- iii. Jacki Cooper Melmed, UCHHealth
- iv. Jaret Kanarek, LS Point
- v. Jeff Wittreich, HCPF
- vi. Jim Cairns, Public Consulting Group (PCG)
- vii. Jon Stall, LS Point
- viii. Mary Goddeeris, HMA for CHA
- ix. Matt Reidy, PCG
- x. Michael Joseph, PCG
- xi. Peg Burnette, DHHA
- xii. Rae True, UCHHealth
- xiii. Shay Lyon, HCPF
- xiv. Scott Humpert, PCG



- c. GPS shared a plan for this meeting, upcoming meetings, a progress update, and upcoming workgroup deliberations.
- d. *Discussion:*
 - i. Tom Rennell: Acknowledging the [notice from Trump Administration](#) 6/6 calling for programs to be funded at rates not higher than Medicare. Looking at this at CHA and at AHA as well. Current rules have not yet been updated.
 - ii. Kim Jackson: Have there been any estimates around the impact if Medicare rates become the limit?
 - iii. Nancy Dolson: No detailed estimates have been developed at this time, but we can certainly look at this further. We will follow the current rules and regulations.
 - iv. Mary Goddeeris: CMS sent over a proposed rule to OMB impacting SDP; still requires rule process (including revisions, public comment period, etc.). Encourage to move forward with what's allowed under current rules and address any needed changes in the future.

1. CHASE Model and State Directed Payment Program Design

- a. Nancy Dolson shared appreciation for the members of the ACR subgroup and the work that's been happening over recent week(s). Nancy described the high-level proposal for the SDP and updated CHASE Model design, including key assumptions and approaches, detailed calculations, and estimated impacts.
- b. *Discussion:*
 - i. Tom Rennell shared information around work related to intergovernmental transfers (IGT), including gaining legislative support as well as ongoing work with entities who are considering IGTs as part of the SDP program. No commitments yet. Acknowledge that the variables, payment differentials, and fee discounts represent a proposal that supports the overall goal of ensuring hospitals receive status quo or better.
 - ii. Alison Sbrana: Is there a scenario where the IGT is \$0 if the entities cannot accommodate?
 - 1. Tom Rennell: This is a possible scenario, but unlikely to be \$0. Ongoing conversations with hospitals who would participate in the IGT. May



not be at the top end of IGT estimate either;
working toward resolution now.

- iii. Alison Sbrana: Does the proposal include funding for expansion populations?
 - 1. Nancy Dolson: Yes, this model still includes funding for expansion populations.
 - 2. Shauna Lorenz: Important to note that these figures rely on 2024-25 numbers. If there is similar growth in expansion population as we have seen for 2024-25 in 2025-26, that growth will reduce the benefit to hospitals in order to fund the expansion expenditures.
- iv. Alison Sbrana: Under the impression that hospitals receive payment first. Correct?
 - 1. Nancy Dolson: That is correct, however, recent legislation ensures that UPL and DSH payments are covered, then administration and expansion expenditures, and then SDP payments.
- v. Tom Rennell: We have synthesized quite a lot, and there is quite a lot to figure out. Reminder that we will need to engage with CMS and may require revisions to the preprint. We are getting close to submission and we know we will have to iterate. Would like to understand what we need to do to get the preprint finished.
- vi. Matt Reidy: In all probability, there will be a few months where there's not much feedback from CMS. Then we can expect questions. CMS is sending out a standard set of 28+ questions to each state. That starts the back and forth process. We could think about this as being at the midpoint of the process.

2. Other Activities

- a. GPS and Nancy Dolson (HCPF) reviewed additional activities related to the preprint submission, including actions that must be taken before *and* after.
- b. *Discussion:*



- i. Nancy Dolson: The next two weeks are important, to meet the July 1 deadline. We will be developing the preprint, working through clearance, and submitting the preprint and fee waiver to CMS. HCPF staff are currently getting started on the preprint itself, including incorporating the quality metrics, as recommended by this group during the 6/4 meeting.
- ii. Kim Jackson: After submission, do you envision the workgroup needing to get together again?
 - 1. Nancy Dolson: The CHASE Board's charter is for the workgroup to come forward with a proposal. We may need to solicit input from the CHASE Board regarding their desire for the workgroup to continue and what does phase 2 look like for this group.
 - 2. Kim Jackson: For instance, if CMS mandates Medicare published rates, would the workgroup need to be involved?
 - a. Nancy Dolson: This is a great question for the CHASE Board and get their input on how to proceed, should that be the case.
 - b. Tom Rennell: We would have to reassess feasibility - could we even make it work? - and come back to the CHASE Board with scenarios. Then take direction from CHASE Board on how to proceed.
- iii. Alison Sbrana: If there's a possibility for the CHASE Board to consider that we, as a workgroup, are putting together a short-term approach with acknowledgement that there needs to be other and additional changes for the longer term SDP program.

3. Next Steps

- a. GPS to share meeting notes with decisions and actions.
- b. Determine the remaining activities, timeline, and owners for each task, including post-submission work
- c. Execute the plan and hit milestones, as agreed
- d. HCPF will post the next workgroup meeting on its [website](#).
- e. HCPF will post an agenda ahead of the next workgroup meeting.



4. Next Meeting: June 18, 2025, from 12:00-1:30pm MT. Please visit [Colorado Healthcare Affordability and Sustainability Enterprise \(CHASE\) State Directed Payment Program Workgroup](#)

Resources

1. HCPF has created a resource bank to enable asynchronous and self-paced learning. Scroll to the bottom of the [Work Group webpage](#) and click on “Resource Bank”
2. Opportunities for independent study, feedback, and questions
 - a. Individualized support and deeper learning for workgroup-relevant topics are available upon request. Please direct requests to Laura and Greg and they will facilitate responses (laura@governmentperformance.us and greg@governmentperformance.us).
 - b. There is also a dedicated email box for this project, available to workgroup members and any other stakeholders: HCPF_CHASE_SDP@state.co.us
 - c. The Workgroup will have a few business days in advance of each meeting to review upcoming meeting materials
 - d. Agendas, meetings materials, and notes will be posted on the [CHASE SDP Workgroup website](#)

Keep Up to Date with CHASE Workgroup Activities

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