



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

CHASE Initiatives Workgroup Meeting Notes

April 9, 2025

12:00pm- 1:30pm

[CHASE Workgroup Meeting 7 Slides](#)
[Meeting Recording](#)

Decisions Made During This Meeting:

- Request a timeline change from the CHASE Board and keep the CHASE Board apprised of current progress along with reasonable timeline expectations as more information becomes available.
- At the next workgroup meeting, review specific decisions that need to be made along with any known dependencies. Consider using the consensus agreements format with additional details gleaned from the preprint template.

Actions Assigned:

- Alison Sbrana, Annie Lee, and Dr. Kim Jackson will work with HCPF on determining a set of **quality metrics** to bring to the workgroup for discussion.
- HCPF, PCG, CHA, and HMA will be convening to develop a proposal for **ACR calculation and methodology** (first meeting April 10).

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. Bethany Pray, CCLP
 - iii. Greg Boyle, UCHealth
 - iv. Jackie Cooper Melmed, UCHealth
 - v. Jaret Kanarek, LS Point
 - vi. Jason Durrett, Adelanto HealthCare Ventures
 - vii. Jim Cairns, Public Consulting Group (PCG)
 - viii. Jeff Wittreich, HCPF
 - ix. Jon Stall, LS Point
 - x. Kami Tam Sing, HCPF
 - xi. Mary Goddeeris, HMA for CHA
 - xii. Matt Haynes, HCPF
 - xiii. Matt Reidy, Public Consulting Group (PCG)
 - xiv. Melissa Eddleman, HCPF
 - xv. Michael Joseph, Public Consulting Group (PCG)
 - xvi. Scott Humpert, Public Consulting Group (PCG)
 - xvii. Windsar Fields, Adelanto HealthCare Ventures
 - xviii. Telephone participant ending in 0325
- c. GPS shared a plan for upcoming meetings
 - i. *Discussion:*
 - 1. **KJ:** Clarify that we can submit the proposal effective July 1 but not necessarily have to submit on or by July 1, how does this work and what is the actual deadline? **GPS:** Would not submit an incomplete proposal on July 1, can submit something later with an effective date of July 1.
 - a. **MR (PCG):** From a regulatory point of view, future preprint submissions cannot be submitted after the start date of the rate year. Currently, states can submit during the rate year with an effective date of July 1 of the same rating period.
- d. GPS recapped ground rules, caveats, emerging consensus, open questions, and an approach for working together
- e. Current events or environmental updates:
 - i. **TR (CHA):** Everyone has been getting questions about what's happening at the federal level, about what preprints are



getting approved, etc. We heard last week that AZ's preprint was approved with an increase. We also heard that has been a lot of activity from a lot of other states who are getting closer to approval.

- ii. **MR (PCG):** 10 or 11 preprints were approved on March 20, including 2 new preprints and other amendments and renewals submitted in 2024.
- iii. **AL:** Is there a clock that runs when we submit our application? If not, what is the timing of the recently approved preprints (e.g., when did states submit and when were they approved)?
 - 1. **MR:** there is no clock. Examples: NH submitted their preprint in June 2024, approved by new administration in February 2025. The amount of time for CMS to review preprints has historically been around 3 months; that average doesn't seem to apply now.
- iv. **MR:** In the upcoming month, Congress will be releasing a major legislative package that may include Medicaid items. The new head of Medicaid is Drew Snyder, former Mississippi Medicaid Director. Mississippi did quite a lot with SDPs under his leadership.

2. Quality Metrics and the Impact on Other Quality Programs (~ 12:20 PM)

- a. Michael Joseph (PCG) and Matt Haynes (HCPF) reviewed SDP preprint requirements regarding quality metrics and discussed the interaction with existing quality programs as well as principles in quality measure selection.
 - i. *Discussion:*
 - 1. **KJ:** New administration's stance on DEI initiatives and use funding to control their preferences. Some of these strategies address DEI initiatives. Do we need to be mindful of that as we develop quality metrics for the preprint?
 - a. **ND:** HCPF is not changing our pillars and priorities. As we consider the quality metric principles for the SDP preprint program, we would be smart to keep these recent actions in mind.



2. **TR:** We have a substantial quality program for Medicaid FFS. Do those metrics fit under this structure and apply to SDP, or is that something different?
 - a. **MH (HCPF):** We do not want to create undue administrative burden and we have the opportunity to find measures that will be appropriate for managed care population and fee-for-service populations; identify where alignment might be possible
3. Principles in quality measure selection
 - a. **SL:** May want to add additional CMS requirements including that there must be at least 2 measures and at least one of those must be a performance measure
 - b. **MG (HMA):** That data is available for MCO and FFS populations has been a sticking point for CMS - measures need to be limited to Medicaid MCO population. It can be difficult for smaller hospitals to delineate between MCO and FFS populations because the data sets can be very small. Need to consider the feasibility when selecting measures.
 - c. **MH:** A measure may be applicable to a FFS population, but for purposes of reporting and setting baselines related to the SDP, only the MCO population is considered or included.
 - d. **JB:** Interested in existing metrics and where we see room for improvement in performance.
- ii. Alison Sbrana, Kim Jackson interested in participating in the quality metrics discussion

2. ACR Methods (Continued) (~12:40 PM)

- a. GPS provided an update on the ACR calculation, status, and plan.
 - i. *Discussion:*
 1. **ND:** HCPF, CHA, and associated consulting experts (PCG and HMA) will be meeting April 10 to review all sources, determine which are most reasonable, and align on a weighting methodology. ACR methodology is important as it sets the total amount of potential funding. Outcome will be



a proposal to bring back to the workgroup for review and discussion.

3. Options for Going Forward (12:45 PM)

- a. The workgroup discussed three options for moving forward: 1) continue working under the current timeline; 2) request a timeline change from the CHASE Board; and 3) narrow the focus of the SDP submission.
- b. Nancy Dolson (HCPF) shared a FY 24-25 CHASE model update: will not have time to provide current model with CHASE Board during upcoming meeting, so will be looking to schedule another meeting. That means in the next few weeks, we will have something more concrete to share.

- i. *Discussion:*

- 1. **KJ:** What would narrowing the focus look like? All members of a class should be assessed provider fee equally. This would be a narrowing on those receiving the payments, not necessarily those who are paying the fee.
 - a. **MR (PCG):** The state would define provider types in the preprint, including specific hospitals (as an option to be very specific). Some states focus on critical access hospitals, or level 2 trauma hospitals, etc. The state has an option to identify a sub-group within the provider type.
 - 2. **TR:** Initially thought this would be beneficial for all hospitals providing these services. Narrowing the program could be harder and take us longer to figure out who to include. This approach could be very challenging. I would encourage to look at adjusting the timeline.
 - 3. **AL:** What is the magnitude of foregone revenue if we extend the timeline?
 - a. **ND:** We don't quite have that picture together, given the FY 24-25 model and ACR calculations. Additionally, we can submit a preprint after July 1 but have it retroactively applied to July 1.
 - b. **MG (HMA):** It is likely more a cash flow issue than actually accessing the total funding.



- c. **MR (PCG):** Hard to quantify risk issues as we are in a new era. We have to be cognizant that unanticipated changes may occur.
- 4. **AS:** Is there a higher risk of rejection if we ask for retroactive applicability? (i.e., submit after July 1 with a July 1 effective date)
 - a. **SL and MG:** have never seen a preprint rejected
- 5. **JB:** How far are we allowed to bring this back? **SL:** to the start of the year in which the rates are effective
 - a. **MR:** we had one client that was told by one person at CMS that if they didn't have all issues resolved within 6 months, the state would lose the effective date. This is just one person and not an official policy.
- 6. **AL:** Quite a lot of examples of approved preprints with retroactive dates. It looks like states have submitted preprints anywhere from a couple of months up to 6 or 7 months past the start of the rating period.
- 7. **JB:** what is our ability to make changes to the preprint after we submit it? How can we leverage our flexibility?
 - a. **MR:** Analogous to state plan amendments in that you submit your best at the time and expect some back and forth with CMS. Have to be careful not to make unilateral material changes post-submission. There can be amendments to preprints as well.
- 8. **ND:** It is unlikely we will have a fully fleshed out proposal for the CHASE Board to review in June. What does the workgroup think we should request in terms of an extension?
 - a. **SL:** maybe we wait to ask for the timeline change? We might have better insight in a month on what we need.
 - b. **ND:** We can notify the CHASE Board about our progress and the need for additional time. As we move forward with the ACR work, we will have a better sense of what's needed.
- ii. **DECISION: Request a timeline change and keep the CHASE Board apprised of current progress and what to reasonably expect.**



1. **JB:** Request that at the next workgroup, we can review the specific decisions that need to be made and how we will decide (e.g., vote). Run through it like a checklist.
 - a. **AL:** agree and create a visual for how the decisions connect. GPS: could start with the preprint template itself, key decisions, and any known dependencies.
 - b. **KJ:** The consensus table might help us with this if we add more detail in terms of what else needs decisions. This has been helpful in keeping track of items we've already agreed up.

4. Next Steps

- a. GPS to share meeting notes with decisions and actions.
- b. Engage with CHASE Board to:
- c. Provide progress update
- d. Review options for moving forward
- e. Schedule additional sessions with them as needed
- f. Modeling resources will continue doing their work and tap analytic support as needed.
- g. HCPF will post the next workgroup meeting on its [website](#).

6. Next Meeting: April 26, 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](#)

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