



COLORADO

Department of Health Care
Policy & Financing

Provider Stabilization Fund Advisory Board Meeting Minutes

Via [Zoom](#)
August 20, 2025
1:00 - 3:00 p.m.

1. Welcome, Roll Call and Introductions - 1:04 p.m.

- Members' Present

Abrey Hill, Jack Teter, Jennifer Lang, Kara Johnson-Hufford, Kevin Martin, Melanie Kesner, Rachel Williams, Simon Smith and Stephanie Brooks

There were sufficient members for a quorum.

- Staff Present

Shannon Huska, Daniel Harper, Tracy Gonzales and Mindy Lee

2. Board Purpose and Bylaws

- Overview of the Provider Stabilization Fund
- Board makeup
 - Nine seats appointed by the Governor
 - Chairperson and Vice Chairperson nominated and voted by the Board
 - Secretary shall be fulfilled by HCPF
- Members
 - Members shall meet the qualifications for membership
 - Terms are three years
 - Terms commence on August 1, 2025
- Attendance
 - Members are expected to attend all regular meetings. Notify the Chair or HCPF if unable to attend
- Quorum and Voting
 - A majority of Board members shall constitute a quorum
 - A majority vote of members present is required to approve or deny a motion
 - All members must vote unless excused from voting due to conflict of interest
- Meeting Procedures
 - Meetings will be recorded for compiling meeting notes
 - Follow Robert's Rule of Order
 - Chairperson or Vice Chair shall chair all meetings
 - Agenda shall be established by Chairperson





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3. Chair and Vice Chair Nominations and Vote

- Kara Johnson-Hufford nominated Simon Smith to Chair. Stephanie Brooks seconded the nomination for Simon Smith. The motion passed unanimously.
- Jack Teter nominated Stephanie Brooks to Vice Chair. Jenny Lang nominated Abrey Hill to Vice Chair. Stephanie Brooks seconded the nomination for Abrey Hill. The motion passed unanimously.

4. Draft Rules Discussion

- Quality Assurance
 - Board Concerns
 - Can all clinics meet the requirement?
 - May get in the way of some smaller clinics being able to access the funds. Curious to explore other options of verifying agency information.
 - Small clinics may not be able to put together a quality assurance program in place in the short timeframe.
 - Language applies only to comprehensive primary care. There needs to be a mention of certification of BHA.
 - HCPF Response
 - Quality Assurance will be removed
- Primary Care Definitions
 - Board Concerns
 - The Primary Care definition should include behavioral health.
 - A definition of behavioral health should also be included in definitions section.
 - HCPF Response
 - Definitions will be updated.
- Outside Entity Definition
 - Board Concerns
 - Recommend having HCPF handle audits.
 - Having some standard methodology in place that is consistent is important to avoid potential duplications and how numbers are assessed.
 - HCPF Response
 - There are no processes in place currently for HCPF to perform audits, so the ask is that the clinics have the outside entity verify the patient counts agencies submit in their applications. Clarified that there will not be an additional audit performed by HCPF.
- Unduplicated Patient Count Definition
 - Board Concerns
 - Recommends using a different word other than documented.
 - 'Captured' was suggested as an alternate word.
- Visit/Encounter Definition
 - Board Concerns





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- Some clinics do not bill insurance at all so the definition should be tweaked
 - Recommends changing to 'in a primary care setting'
 - HCPF Response
 - Proposed changing the definition to read "the appointment included care that falls under the definition of primary care"
- Application
 - Board Concerns
 - 8.970.4.B.2 Should "eligible" for Medicaid be changed to 'enrolled'?
 - HCPF Response
 - Will investigate the possibility to changing 'eligible' to 'enrolled'
- Disbursement
 - Board Concerns
 - Knowing how much and when payments will be made is extremely important to clinics.
 - Will SPA be pursued?
 - Recommend additional conversation before pursuing SPA
 - Does the disbursement of federal funds need to be added to the rules or does it fall under 'money received'
 - HCPF Response
 - Hoping to get payment as soon as possible. The gifts and grants are unknown so we'll have to work together on how those payments will be made.
 - Federal match - First priority is to get the available funds out the door as soon as possible. We will continue to look at how we can access the federal funds.
 - Doesn't think the federal funds disbursement needs to be added but will think about it.
- Sliding Fee Schedule Definition
 - Board Concerns/Feedback
 - Last sentence of definition may need to be tweaked as some clinics may not look at only the financial status when applying the sliding fee scale.
 - If this is something board members want to review and email suggestions, we can look at amending the definition.

5. Application Overview

- Agency Information Tab
 - Board Concerns/Feedback
 - The check boxes should mirror what is in the bill. Using statutory language seems like the cleanest way for clarification.
 - The average cost per visit may not be applicable nor necessary. May be an administrative burden.
 - HCPF Response
 - Will look at it and come up with some additional language to help





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- with clarity.
 - The average cost per visit will be removed.
- Eligibility Screening
 - Board Concerns
 - Some clinics do not screen for Medicaid
- Eligible Provider
 - Board Concerns
 - Is there a way to educate those providers that don't qualify as an eligible provider?
 - HCPF Response
 - HCPF is always happy to have conversations with providers that don't qualify
- Miscellaneous Application Process
 - Board Concerns
 - Some Primary Care Fund grant recipients that are also behavioral health providers do not capture the low-income, uninsured patients seen for only behavioral health in the Primary Care Fund application. Are there processes for those Primary Care Fund clinics to capture that population in the Provider Stabilization application?
 - Are there any other ways for the application to be streamlined?
 - HCPF Response
 - Current Primary Care Fund providers can choose to complete the application if they want to capture the bigger population (behavioral health and the 1% difference in FPL).

6. Proposed Timeline

- No comments or concerns

7. Public Comment

- Kelly Erb Zager - Associate Director of Policy and Advocacy, Colorado Rural Health Center
 - Concern about asking providers how they deliver primary care. Recommends having drop down options instead of having an open-ended question
 - Concern that the outside entity would be costly for many rural clinics, especially non designated clinics. Suggests HCPF conduct audits internally.
 - Concern that the Provider Stabilization Fund will be administered exactly like the Primary Care Fund. That was not the intention of the bill and will prohibit many clinics from receiving Primary Care Fund support.
- Phyllis Albritton - Colorado Safety Net Collaborative
 - Idea of the bill was to not make this program a duplication of the Primary Care Fund program so anything outside the scope of the legislation makes it difficult for clinics that are not already Primary Care Fund grant recipients.
 - The cost of care per organization was not something that was contemplated while the bill was written. The contemplation was the number of providers,





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amount of money that went out the door, making sure the money was moving in the direction to keep the safety net in place.

8. Miscellaneous Actions

- HCPF requests any additional feedback be emailed to the Provider Stabilization Fund inbox by end of day Wednesday, September 3rd.

9. Board Action

- Simon Smith motioned to adjourn. Stephanie Brooks seconded. The motion passed.

10. Meeting Adjourned at 3:00 p.m.

The next scheduled meeting is at 1:00 p.m. on Wednesday, September 10, 2025, via Zoom.

Reasonable accommodation will be provided upon request for persons with disabilities. Please notify the Board Coordinator at hcpf_providerstabilizationfund@hcpf.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.

