

7/9/2025 | 12pm | Virtual Meeting

<u>Type of Meeting</u>	Monthly eHealth Commission Meeting
<u>Facilitator</u>	Kevin Stanbury
<u>Commission</u>	Mona Baset, Ashlie Brown, Amy Bhikha, Jonathan Cohee, Sophia Gin, Micah Jones,
<u>Attendees</u>	Krystal Morwood, Alex Reed, Ellen Sarcone, Kevin Stansberry, Parrish Steinbrecher, Misgana Tesfaye, KP Yelapaala, Michael Feldmiller
	Absent: Toni Baruti, Patrick Gordon, Jackie Sievers

Minutes

Call to Order

Kevin Stansbury, Chair

- Quorum Met: Yes
- Voting of Meeting Minutes: Meeting minutes for June were approved.

Announcements

Stephanie Pugliese, Director, Office of eHealth Innovation

- Stephanie Pugliese (OeHI) stated that there were no updates from the OeHI team this month. She then introduced Kim Bimestefer, Executive Director of The Department of Healthcare Policy and Financing.

New Business

Presentation on the Budget Reconciliation Bill (The “Big Beautiful Bill”)

Kim Bimestefer, Executive Director, Department of Healthcare Policy and Financing

Summary: Kim Bimestefer, Executive Director of The Department of Healthcare Policy and Financing, provided an overview of the recently passed Budget Reconciliation Bill, informally referred to as “The Big Beautiful bill.” She emphasized the significant impact of the bill on Medicaid and rural hospitals, highlighting a projected almost trillion dollars in cuts to the Medicaid program nationwide. Kim invited the Commission's input and partnership in navigating these changes, particularly in identifying IT-related solutions to mitigate inappropriate coverage loss and automate eligibility processes, which are becoming more stringent.

- **Detailed Notes:**
 - Kim thanked the Commission for their work on the State's roadmap and invited them to consider how the Colorado Health IT Roadmap could incorporate the implications of the new bill.



- The bill introduces work requirements and a change to eligibility redeterminations from every 12 months to every 6 months for specific populations, largely Medicaid expansion. These provisions are set to take effect by January 1, 2027.
- Approximately 377,000 people would be affected by the twice-yearly eligibility and work requirements.
- A key challenge is the lack of systems to track work in the community, school enrollment, or job training for Medicaid beneficiaries, as required by the new work requirements.
- The state aims to mitigate inappropriate coverage loss, recognizing the catastrophic consequences for individuals and families when coverage is lost and the difficulty of the eligibility process.
- Downstream consequences of coverage loss include increased uninsured rates, medical bankruptcies, and unfunded liabilities for providers, especially rural and those with small margins.
- Kim also highlighted impacts on public health, noting that a lack of coverage can lead to delayed care and a decline in people's health (e.g., diabetics unable to afford insulin, individuals missing preventative screenings).
- For rural hospitals, the bill will reduce funds through restrictions on State-directed payments and provider taxes. The \$50 billion Rural Transformation Fund is considered inadequate to offset these losses.
- Kim emphasized the critical role of rural hospitals as the largest payer in many rural communities and their importance to rural sustainability.
- The goal is to automate processes to make eligibility and re-determination easier for individuals and counties.
- Kim noted the state is building a plan to address the bill's impacts, with a public release and feedback period possibly in August.
- Lessons learned from the Public Health Emergency (PHE) unwinding, particularly regarding coverage loss, will be integrated into future approaches.
- The bill also includes increased cost-sharing for adults earning over 100% of the Federal Poverty Level and reduced mandatory retroactive coverage, which could create unfunded liability for providers.
- There are also restrictions on populations eligible for Federal matching funds and limits to matching on emergency Medicaid.
- The state does not have federal funding to implement these changes, implying that existing resources will need to be reallocated.

- **Key Points:**

- The Budget Reconciliation Bill imposes significant financial and operational challenges on Colorado's healthcare system, particularly affecting Medicaid and rural providers.



- Key changes include stricter work requirements and more frequent eligibility redeterminations for Medicaid recipients.
- The state faces an urgent need for IT solutions to automate tracking and eligibility processes to mitigate coverage loss.
- The implications extend to provider sustainability, particularly for rural hospitals heavily reliant on government funding, and the overall health of the population.
- Collaboration among state agencies, providers, and the eHealth Commission is crucial to develop strategies and leverage technology to address these challenges.

Approval of the Commission Charter

Stephanie Pugliese, Director, Office of eHealth Innovation

eHealth Commissioners

Summary: The updated Commission Charter, which includes a new requirement for one mandatory in-person meeting per year, was presented for approval.

- **Detailed Notes:** Stephanie Pugliese confirmed that the draft Charter reflecting previous discussions was sent out. She mentioned that the Charter would include a new requirement for one mandatory in-person commission meeting annually, potentially including a half-day retreat. The August meeting was currently scheduled as the in-person meeting, but this could be adjusted.
- **Key Points:** The eHealth Commission Charter, a guiding document for the Commission, was approved. A new provision for an annual mandatory in-person meeting was included.
- **Comments and Questions:**
 - No additional discussion points were raised regarding the charter.
 - A motion to approve the Commission Charter was made by Ashlie Brown and seconded by Krystal Morwood.
 - The motion passed unanimously.

Approval of the 2025 Colorado Health IT Roadmap Implementation Plan

Stephanie Pugliese, Director, Office of eHealth Innovation

eHealth Commissioners

Summary: The 2025 Colorado Health IT Roadmap Implementation Plan was presented for approval. It was acknowledged as a living document that would continue to evolve, especially in light of the new federal bill.

- **Detailed Notes:**
 - Stephanie Pugliese emphasized that the plan is a living document and will continue to



evolve, with the OeHI team prioritizing tasks within the State fiscal year (July 1, 2025, to June 30, 2026).

- The plan currently lacks specific dates, funding details, or designated leads for individual tasks. The OeHI team plans to add more specificity and clear updates with the Commission.
- It was suggested that the Implementation Plan become a standing agenda item for monthly Commission meetings to discuss updates, pivots, and new learnings.

- **Key Points:**

- The 2025 Colorado Health IT Roadmap Implementation Plan was approved as a living document.
- Future edits will include a preamble acknowledging the Budget Reconciliation Act and its potential impact.
- The plan will be a standing agenda item for monthly discussions to ensure ongoing relevance and adaptation.

- **Comments and Questions:**

- **Parrish Steinbrecher:** Asked if the document would be living and if it would include timelines and funding needs, especially for initiatives like cybersecurity, and dependencies on federal approval.
- **Ashlie Brown:** Suggested incorporating specific details about the work needed to meet new federal requirements (e.g., data on who is in school, who is working) into the existing objectives of the plan.
- **Jonathan Cohee:** Supported incorporating the new federal requirements into the plan, questioning whether they would be subsections or require a pivot.
- **Ellen Sarcone:** Inquired if any work from the CoSHIE (Colorado Social Health Information Exchange) or community organization partnerships could assist with the new requirements.
 - Ashlie Brown responded that while CoSHIE focuses on social data, it does not currently collect the specific data needed (e.g., volunteering hours for eligibility), though some "pipes" might be reusable.
- **Krystal Morwood:** Proposed adding a preamble or an asterisk to the plan, stating that in all efforts, the Commission would closely monitor the situation regarding the federal bill and attempt to address upcoming issues as they work through their goals.
- Jonathan Cohee moved to approve the document as is, with the understanding that a preamble would be added, and it would be a continuous standing item on the agenda for evaluation. Krystal Morwood seconded the motion.
- The motion passed unanimously.



Commissioner Round Table Updates

eHealth Commissioners

Summary: Each commissioner provided a brief update on their organization's current priorities and challenges, with a recurring theme of adapting to the impacts of the Budget Reconciliation Bill and leveraging technology to do more with less.

- **Detailed Notes:**

- **Krystal Morwood (Colorado Department of Public Health and Environment (CDPHE)):** Highlighted the data modernization initiative funded by a federal public health infrastructure grant. She noted CDPHE's significant impact from the "big beautiful bill" and delayed/uncertain federal funding. The data modernization effort, led by Christen Lara, is aligned with Eric Brown's data governance project and aims to improve data sharing and use for population health.
- **Ashlie Brown (Colorado Access):** Focused on the potential impacts of the bill. Announced the successful launch of Phase 3 of the Accountable Care Collaborative (ACC), with relatively few technical complications. Colorado Access is also working with AllHealth Network and OeHI to pilot detailed screening data sharing through the CoSHIE infrastructure. They are exploring comprehensive digital engagement initiatives with providers, members, and the community. All initiatives are subject to change based on federal funding and priorities.
- **Amy Bhikha (Colorado Office of Information Technology (OIT)):** Shared updates on data sharing across agencies and entities. She mentioned a data inventory project to identify key data components and a new data governance manager to support data sharing efforts. She also highlighted a "sleds" initiative to pull data from early childhood, education, higher education, and Colorado Department of Labor and Employment (CDLE) to assess education program outcomes, which could provide insights into work and school status.
- **Jonathan Cohee (Delta Health):** Reported Delta Health's inclusion on lists of hospitals most likely to close. Current efforts are focused on communicating the bill's implications to the community and staff to maintain hope. They are also spending significant time on contingency planning ("Plan A, B, C") and fostering cooperation and collaboration among Western Slope CEOs to adapt to the "new normal" for healthcare. Jonathan emphasized the need for easy enrollment solutions to mitigate disenrollment effects.
- **Sophia Gin (SeidoHealth):** Provided an update on the newly established Health IT Data Governance Work Group, focusing on CoSHIE and community input. The group focuses on data standardization, data privacy and consent, and community engagement. She also highlighted strong engagement from community members and robust discussions on how CoSHIE impacts end-users and providers. Sophia welcomed interest from the group to get feedback on the re-enrollment process for the "big beautiful bill."



- **Michael Feldmiller (Colorado Community Managed Care Network / Carina Health Network):** Announced the organization's official name change to Carina Health Network, effective July 14. This follows a merger with Community Health Provider Alliance (CHPA) to focus on value-based care and improving quality outcomes. Michael emphasized the importance of this partnership for navigating the challenging road ahead with Medicaid and uninsured populations. They are collaborating with regional accountable entities (RAEs) to align practice transformation, reporting, and care coordination efforts for federally qualified health centers (FQHCs). They continue to provide the Community Analytics Platform to rural health centers and critical access hospitals to reduce provider burden. Michael expressed that he is eager to learn more about CoSHIE for community resource linkages and Medicaid eligibility, especially with the increase in Medicaid disenrollment.
- **Micah Jones (Contexture):** Briefly updated on the migration to a new technology platform and the execution of new participation agreements with existing participants, particularly data suppliers, to support future use cases. Contexture is also updating its participant policies to unify policies across Quality Health Network (QHN), Colorado Regional Health Information Organization (CORHIO), and HealthCurrent, and addressing data sharing consistent with 42 CFR Part 2. The new "modern data platform" aims to enhance integration and data analytics capabilities. Contexture is reviewing the "big beautiful bill" to assess its impact on participants, funding, and public health priorities. Acknowledged the uncertain times and emphasized Contexture's role as a consistent source of data for efficient sharing.
- **Alex Reed (University of Colorado):** Expressed concern about the potential impact of the bill on access to behavioral health, primary care, and specialty services in both urban and rural settings. Highlighted the visual impact of the bill potentially affecting a number of people equivalent to 18.5 Empower Field at Mile High stadiums. He also expressed concerns about the impact on Graduate Medical Education (GME) funding and federal loans, which could affect the future physician workforce. Alex expressed appreciation for the innovative nature of the group.
- **Ellen Sarcone (Denver Health):** Echoed concerns about the bill's impact on the education of future healthcare providers due to changes in federal loans and the ability to forbear during economic hardship, potentially exacerbating physician shortages. She suggested forming a community advisory panel with patients and healthcare providers to provide front-line feedback on any new system implemented for Medicaid eligibility.
- **Parrish Steinbrecher (Colorado Department of Healthcare Policy and Financing (HCPF)):** Shared updates from an IT perspective, including constant planning to find solutions for compliance with regulations and requirements in response to the bill. Parrish highlighted the implementation of new modular Medicaid enterprise systems, the launch of a new provider call center with improved technology, and the transition to a new data warehouse. He noted the extensive work with new Centers for Medicare and Medicaid Services (CMS) staff to get



numerous advanced planning documents (APDs) approved for funding. He discussed the ongoing work on AI governance, focusing on efficient operations while ensuring HIPAA compliance and the protection of Protected Health Information (PHI) and Personally Identifiable Information (PII).

- **Misgana Tesfaye (Colorado Department of Human Services (CDHS)):** Highlighted the modernization of CDHS health IT systems, including replacing 2,000 access databases with new applications or secure server space. Announced the successful 9-version upgrade of their Cerner electronic health record (EHR) system earlier this year. Future plans include seamless exchange, reducing paper use, introducing tablets at hospitals, and upgrading incident management systems for data exchange with employee and patient records. CDHS is partnering with OIT's data office to establish robust data governance and privacy infrastructure. Rolling out a new AI policy, prioritizing administrative use before health IT or health data, to ensure responsible utilization.
- **Kaakpema Yelapaala (Yale School of Public Health):** Noted that AI components of the new bill will lead to a state-by-state regulatory environment, forcing organizations to "do more with less" and utilize AI. He emphasized the need for clarity and opportunity for innovators and entrepreneurs in Colorado's AI regulatory environment to enable solutions for these challenges.
- **Mona Baset (Intermountain Health):** Stated that Intermountain Health is doubling down on two strategic initiatives: simplifying for consumers, patients, caregivers, and members, and expanding proactive or value-based care. These initiatives aim to navigate the "big beautiful bill" by making healthcare more accessible and efficient.
- **Kevin Stansbury:** Reiterated the need to leverage technology and innovation to "do more with less." He noted that the Rural Transformation Fund emphasizes investments in technology and cybersecurity. He also acknowledged the current "fear" within the healthcare community due to the bill and emphasized the importance of managing this fear and regaining optimism, seeing it as an opportunity for transformation. Kevin stressed the need to invite innovators and entrepreneurs to find "big ideas" applicable to all levels of healthcare.

[Open Discussion](#)

- **RE: Presentation on the Budget Reconciliation Bill (The "Big Beautiful Bill")**

- **Kevin Stansbury:** Emphasized that the Budget Reconciliation Bill is a "sea change" in his 40+ year career, projecting almost a trillion dollars in cuts to Medicaid nationwide, with the \$50 billion Rural Transformation Fund being inadequate. He urged the group to recognize this as a statewide problem impacting virtually every rural hospital. He also noted that over 50% of rural hospitals in Colorado are operating on a negative margin *before* these new challenges hit. He stressed the importance of partnering with organizations like the Colorado Rural Health Center and the Colorado Hospital Association. He also highlighted the unique opportunity for the group to help rural providers invest in



technology, but only if there's an actual return on investment.

- **Jon Cohee:** Echoed concerns, stating that the disenrollment piece will be "huge" and "devastating" for hospitals like his, highlighting a \$3.2 million impact due to missed 340B drug discount eligibility by only 78 inpatient Medicaid days. He emphasized the need to make the enrollment process easy for people and counties, as resources, software, and connectivity are lacking.
- **Ashlie Brown:** Acknowledged the unrealistic timeline for implementing work requirements and the need for a "good faith waiver." She also raised the critical question of how to fund the necessary data flows and systems given the other cuts, as no federal funding was provided for these new requirements.
- **Ellen Sarcone:** Raised concerns about patient access to resources (e.g., computers, smartphones) to complete Medicaid renewals and applications, suggesting the need to consider how to make these processes proactive and accessible before people need care.
- **Kevin Stansbury:** Highlighted that the current Colorado Medicaid application is 43 pages long and suggested that simplifying and making the redetermination process more tech-accessible could be an opportunity for improvement.

Public Comment Period

- No new comments

Action Items

- *Next meeting: Wednesday, August 13, 2025 (Hybrid meeting) [Join virtually here](#)*