

October 1, 2020

The Honorable Daneya Esgar, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Representative Esgar:

Enclosed please find the response to the Joint Budget Committee's Request for Information for Multiple Departments #4 regarding the Department of Health Care Policy and Financing (the Department) and the University of Colorado.

Request for information #4 states:

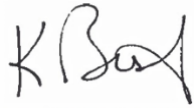
Department of Health Care Policy and Financing, Executive Director's Office and Department of Higher Education, Governing Boards, Regents of the University of Colorado -- Based on agreements between the University of Colorado and the Department of Health Care Policy and Financing regarding the use of Anschutz Medical Campus Funds as the State contribution to the Upper Payment Limit, the General Assembly anticipates various public benefits. The General Assembly further anticipates that any increases to funding available for this program will lead to commensurate increases in public benefits. The University of Colorado and the Department of Health Care Policy and Financing are requested to submit a report to the Joint Budget Committee about the program and these benefits by October 1, 2020.

The report includes information on the supplemental payment methodology/structure, the amount of funds disbursed during State Fiscal Year (SFY) 2019-20, an overview of the work completed during the third year of the program, and inherent benefits supporting continuation of the program.

This report pertains specifically to the Supplemental Payment to the University of Colorado School of Medicine for Physician and Professional Services.

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at Jill.Mullen@state.co.us or 720-682-3046..

Sincerely,



Kim Bimestefer
Executive Director
Department of Health Care Policy and Financing

Sincerely,



Todd Saliman
Senior Vice President of Strategy, Government
Relations, and CFO
University of Colorado System

Sincerely,



Dr. John J. Reilly, JR.
Vice Chancellor for Health Affairs
University of Colorado Anschutz Medical Campus

KB/DV

Enclosure(s): Health Care Policy and Financing FY 2020-21 Multi-Department RFI #4

CC:

Senator Dominick Moreno, Vice-chair, Joint Budget Committee
Representative Julie McCluskie, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Senator Rachel Zenzinger, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Eric Kurtz, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
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Tracy Johnson, Medicaid Director, HCPF
Bonnie Silva, Community Living Interim Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Anne Saumur, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF

Legislative Request for Information 4

Department of Health Care Policy and Financing, Executive Director's Office and Department of Higher Education, Governing Boards, Regents of the University of Colorado -- Based on agreements between the University of Colorado and the Department of Health Care Policy and Financing regarding the use of Anschutz Medical Campus Funds as the State contribution to the Upper Payment Limit, the General Assembly anticipates various public benefits. The General Assembly further anticipates that any increases to funding available for this program will lead to commensurate increases in public benefits. The University of Colorado and the Department of Health Care Policy and Financing are requested to submit a report to the Joint Budget Committee about the program and these benefits by October 1, 2020.

Executive Summary

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 4. Legislative Request for Information 4 requests the following:

- Information About This Program's Various Public Benefits

Within the capacity of the supplemental payment program to the University of Colorado School of Medicine (CUSOM), CUSOM will maintain and increase access to specialty care for Health First Colorado members around the state, as well as deliver comprehensive primary care in the Denver metropolitan area. Public benefits in State Fiscal Year (SFY) 2019-20 include: support for development of an e-consult program; investment in technology that promotes the virtual share of knowledge and experience to manage complex health issues; improved access to specialty care and behavioral health services, including substance use disorder treatment; improved health care access in rural and frontier areas; expansion of telemedicine services; and supplemental payments to providers for direct clinical care.

Background Information

The Colorado Department of Health Care Policy and Financing (the Department) submitted an initial State Plan Amendment (SPA) 16-0006 on September 30, 2016 to the Centers for Medicare & Medicaid Services (CMS) for a supplemental payment for physician and professional services delivered by providers employed by a public medical school. CMS approved the SPA on July 13, 2017, allowing the University of Colorado School of Medicine (CUSOM) and the Department to enter into a partnership to improve access to primary and specialty care for Health First Colorado members. To memorialize the partnership and to establish expectations, the Department and CUSOM jointly developed an Interagency Agreement (IA) by engaging the community to identify high priority areas of focus designed to achieve the intended improvements in access; as well as to improve quality and outcomes for Health First Colorado members. Annually, the IA and SPA are updated as a collaboration between the Department and CUSOM.

Supplemental Payment Methodology/Structure

Per federal regulations, aggregate Medicaid payments to groups of providers are allowed up to the amount of an Upper Payment Limit (UPL). The UPL is the difference between a reasonable estimate of what commercial payors utilizing Medicare payment principles would have paid for professional services delivered to Health First Colorado members and what was actually paid by Health First Colorado. As such, supplemental payments to CUSOM for Physician and Professional Services to Health First Colorado members are made quarterly based on periods of service from a year prior. For example, a supplemental payment made by the end of the State Fiscal Year (SFY) 2019-20 first quarter (July 01, 2019 - September 30, 2019) is based on services provided to Health First Colorado members during the SFY 2018-19 first quarter (July 01, 2018 – September 30, 2018).

Since the Department is the only authorized agency to draw down federal Medicaid funds, the General Fund originally designated to CU Anschutz is transferred to the Department on a quarterly basis. Once federal funds are drawn then payments are made directly to CUSOM (via University Physicians, Inc, dba University of Colorado Medicine.) which includes the matching federal Medicaid funds. Table 1 below shows the General Fund originally designated to CU Anschutz, along with the drawn federal funds for each supplemental payment paid to CUSOM during SFY 2019-20.

Table 1 – Schedule of Supplemental Payments to CUSOM
SFY 2019-20

Period of Payment	Total Funds	Reappropriated Funds	Federal Funds	Date of Service FMAP	Applicable FMAP
QE-09/30/2019	\$38,999,080	\$19,499,540	\$19,499,540	QE-09/30/2018	50.00%
QE-12/31/2019	\$38,999,080	\$19,499,540	\$19,499,540	QE-12/31/2018	50.00%
QE-03/31/2020	\$38,999,080	\$19,499,540	\$19,499,540	QE-03/31/2019	50.00%
QE-06/30/2020	\$38,999,080	\$19,499,540	\$19,499,540	QE-06/30/2019	50.00%
Total	\$155,996,320	\$77,998,160	\$77,998,160	N/A	N/A

At any time, this program is subject to review by the Department of Health and Human Services (DHHS), CMS for timely filing of claims and conformance to the reimbursement methodology and other stipulations outlined in the Medicaid State Plan, Supplement to Attachment 4.19B - CUSOM Supplemental Payments for Physician and Professional Services. Documentation from either CUSOM or the Department, including but not limited to demonstrations that this program is qualified to receive reimbursement, may be requested by CMS, the Office of Inspector General (OIG), or the Office of the State Auditor (OSA), and both CUSOM and the Department are responsible for providing that documentation promptly. In the event that the Department determines that this program's reimbursement payments were made in error, or in the event of a disallowance of federal funds by CMS, CUSOM must return the appropriate amount of funds.

Interagency Agreement

The Department and CUSOM mutually agreed upon an Amendment to the IA for SFY 2019-20. The SFY 2019-20 IA outlines categories and amounts for funding which align with the priorities and Deliverables of the agreement. Table 2 below shows the allocation of funds as stipulated in the IA. Please note, this table excludes carry-forward funds from the previous fiscal year.

Table 2 - Allocation of Program Funds
SFY 2019-20

New Initiatives and Expansion of Programs	SFY20 Allocation of Funds
Maintain & Expand Medicaid Member Volume	42.70%
Expand Access & Enhance Care Using Medical Home Model	23.00%
Expand Targeted Rural Patient Access	6.80%
Expand Telemedicine	2.70%
Invest to Achieve Cost Reductions & Expand Transitions of Care	1.70%
Investment in Evidence Based Programs	1.70%
Health Data Compass	0.60%
Targeted Scholarships (Rural Services)	0.30%
Unallocated	20.60%
Total	100.00%

For SFY 2019-20, the Department and CUSOM agreed to tie a portion of the federally matched funds to performance measures in order to track the program's success in increasing public benefit. As funding levels cannot be altered during the current state fiscal year, performance will impact the amount of funding requested in the following state fiscal year's SPA submitted to CMS. As currently in the IA, CUSOM will receive 100% of the JBC appropriated amount if 100% of the performance measures are met. If less than 100% of the performance measures are met, then CUSOM will receive the SFY 2020-21 maximum less applicable performance-based portion of federally funded monies. The performance-based portion will account for 10% of the federally matched funding, with each of the performance measures equally accounting for 2%. Please note, that the 2% is tiered. If 90% of the measure is achieved, then only 10% of the funds as part of that two percent are withheld from CUSOM.

As such, the total amount of at-risk federal funds for SFY 2020-21 based on the SFY 2019-20 performance measures is \$8,673,104. With the supplemental payment increasing as a result of a 6.2% FMAP increase partially effective during the SFY 2020-21 payment cycle, the at-risk funds equate to slightly less than the entire net increase of drawn federal funds in SFY 2020-21.

SFY 2019-20 Performance Measures

Table 3 below shows the five performance measures jointly agreed upon by the Department and CUSOM to be achieved by the end of SFY 2019-20. Please note that additional information for applicable performance measures in the table will be available directly below the table and broken out by the corresponding performance measure number.

Table 3 – IA Performance Measures
SFY 2019-20

#	Performance Measure	Baseline	Target	SFY20 TOTAL	Target Met
1	Successful completion of three (3) Deliverables: Final Specialty Expansion Prioritization List, Specialty Care Access Action Plan, and Specialty Care Access Measures Library	0	3	3	YES
2	Number of supplemental payment funded projects delivering care to rural and frontier areas (via outreach, telemedicine, e-Consult, and provider training)	17	24	27	YES
3	Number of Medicaid Member Telemedicine Visits	729	1,094	18,132	YES
4	Number of Medicaid Member e-Consults	186	350	503	YES
5	Percent of adult Medicaid members with established care in CUSOM primary care practices receiving follow-up contact within 3 calendar days of Inpatient (IP) discharge from target hospitals	N/A	60%	83%	YES

Performance Measure 1

Successful completion of three (3) Deliverables: Final Specialty Expansion Prioritization List, Specialty Care Access Action Plan, and Specialty Care Access Measures Library.

- This measure was developed to ensure a strong focus on the specialty care access work.
- This goal was achieved for SFY 2019-20.

This measure is fulfilled upon successful completion of the following three Deliverables:

Deliverable	Status
1. Final Specialty Expansion Prioritization List: CUSOM and the Department will jointly determine the subset of specialties to expand access to Health First Colorado Members utilizing supplemental funds.	Completed
2. Specialty Care Access Action Plan: CUSOM and the Department shall develop a Specialty Access Action Plan outlining actionable steps for the specialty types identified in the Specialty Care Expansion Prioritization List to expand specialty access for Health First Colorado Members.	Completed

3. Specialty Care Access Measures Library: In conjunction with the Specialty Care Access Action Plan, CUSOM and the Department will jointly develop, test, and validate specialty care access measures.	Completed
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Performance Measure 2

Number of supplemental payment funded projects delivering care to rural and frontier areas (via outreach, telemedicine, e-Consult, and provider training).

- This measure was developed to ensure an adequate number of new supplemental payment funded projects are targeting members and providers in rural and frontier regions in Colorado due to the substantial access issues in these areas.
- The goal of 7 additional projects was completed for SFY 2019-20 (27 total projects = 17 in Baseline + 10 additional projects added in SFY 2019-20).

#	Performance Measure	Baseline	Target	SFY20 TOTAL	Target Met
2	Number of supplemental payment funded projects delivering care to rural and frontier areas (via outreach, telemedicine, e-Consult, and provider training)	<u>17</u>	<u>24</u>	<u>27</u>	<u>YES</u>

Performance Measure 3

Number of Medicaid Member Telemedicine Visits.

- Measure Description: The number of Medicaid member telemedicine visits completed from July 1, 2019 - June 30, 2020.
- This goal was completed in SFY 2019-20.

#	Performance Measure	Baseline	Target	SFY20 TOTAL	Target Met
3	Number of Medicaid Member Telemedicine Visits	729	1094	18,132	YES

Performance Measure 4

Number of Medicaid Member e-Consults.

- e-Consults programming began in SFY 2017-18 and CUSOM continued expanding to additional specialties in SFY 2019-20.
- The SFY 2019-20 target for number of Adult and Child Medicaid e-Consults was completed.

#	Performance Measure	Baseline	Target	SFY20 TOTAL	Target Met
4	Number of Medicaid Member e-Consults	186	350	503	YES

Performance Measure 5

Percent of adult Medicaid members with established care in CUSOM primary care practices receiving follow-up contact within 3 calendar days of Inpatient (IP) discharge from target hospitals.

- The intent of this measure is to report the percentage of Medicaid members who receive a follow-up from CU Medicine clinics within 3 days of a hospitalization. The percentage reflects total number of empaneled members receiving follow-up within 3 calendar days of an inpatient discharge out of total number of inpatient discharges by empaneled members with the reporting period.
- The SFY 2019-20 goal for this measure was accomplished at an annual average of 83%.

#	Performance Measure	Baseline	Target	SFY20 TOTAL	Target Met
5	Percent of adult Medicaid members with established care in CUSOM primary care practices receiving follow-up contact within 3 calendar days of Inpatient (IP) discharge from target hospitals	N/A	60%	83%	YES

Per the previously described methodology, achievement of these measures determines the amount of discount applied to the following state fiscal years' allowable level of funding. Based on Table 3 above, CUSOM qualified to receive the entire \$8,673,104 at risk federal funds in SFY 2020-21.

Expenditure and Carry-Forward Report

Aligned by IA categories, Table 4 below shows the SFY 2019-20 IA budget & expenditures, including the carryforward balance from previous program years.

Table 4 – Expenditure and Carry-Forward Report ⁽¹⁾
SFY 2019-20

IA Section	Carryforward Balance	SFY20 IA Allocations	Total Federal Funds	Total Funds Spent in SFY20	Federal Funds Remaining
5.1 Expand Medicaid Member Volumes	\$6,235,813	\$33,300,000	\$39,535,813	\$34,918,372	\$4,617,441
5.2 Expand Access and Enhance Care Using Medical Home Model	\$34,512,008	\$17,900,000	\$52,412,008	\$10,849,407	\$41,562,601
5.3 Expand Targeted Rural Patient Access	\$8,967,069	\$5,300,000	\$14,267,069	\$3,485,848	\$10,781,221
5.4 Expand Telemedicine	\$4,063,937	\$2,100,000	\$6,163,937	\$953,483	\$5,210,454
5.5 Investment to Achieve Cost Reductions and Expand Transition of Care	\$2,430,947	\$1,300,000	\$3,730,947	\$879,580	\$2,851,367
5.6 Investment in Evidence Based Programs	\$2,377,647	\$1,300,000	\$3,677,647	\$1,212,829	\$2,464,818
5.7 Health Data Compass	\$121,470	\$500,000	\$621,470	\$353,245	\$268,225
5.8 Targeted Scholarships	\$0	\$200,000	\$200,000	\$200,000	\$0
5.9. Unallocated Funds	\$6,473,905	\$16,098,160	\$22,572,065	\$689,569	\$21,882,496
Total	\$65,182,796	\$77,998,160	\$143,180,956	\$53,542,332	\$89,638,624

⁽¹⁾A detailed project-level SFY 2019-20 Expenditure Report is included in Appendix A

SFY 2019-20 Work Completed

During SFY 2019-20, CUSOM successfully solidified a robust Medicaid supplemental funding program infrastructure to include enhanced financial tracking, reporting on programmatic and project-level measures, and thoughtful community engagement efforts. We ended SFY 2019-20 with 91 total funding commitments, including 81 funded projects throughout CUSOM, scholarships for rural-track and diverse medical students, e-Consult reimbursement, data analytics, and numerous other initiatives.

CUSOM has continued to leverage Medicaid supplemental funding to implement innovative projects that align with established State and Federal goals for the Medicaid program, thereby

ensuring a sound return on investment. Focus has been on initiatives that increase access to primary and specialty care, promote evidence-based practices, expand access to rural/frontier areas, promote telehealth solutions, and enhance availability of behavioral health and other wraparound services for the Medicaid population. Key accomplishments of SFY 2019-20 include, but are not limited to:

COVID-19 Response:

SFY 2019-20 brought the ongoing COVID-19 pandemic and its associated opportunities and challenges. With the support of Medicaid supplemental funding, CUSOM rapidly activated a multi-faceted response to the pandemic. During the second half of the year, CUSOM accelerated positive transformations that were already underway by rapidly deploying telehealth capabilities to facilitate continuity and availability of care in a safe and efficient manner. Additionally, CUSOM deployed a “Just in Time” COVID-19 ECHO series in partnership with the Colorado Department of Public Health and Environment (CDPHE) and other local community and governmental organizations. ECHO Colorado (Extension for Community Health Outcomes in Colorado) is a statewide professional education initiative aimed at connecting health workforces to topic experts to increase access to specialty care and expert knowledge. The COVID-19 ECHO series promotes interdisciplinary knowledge on COVID-19 in Colorado, including updates on epidemiology and public health issues, therapeutics, and focus topics such as appropriate ED referrals, managing well-child visits, health equity issues, and school reopening. All ECHO session topics are identified based on participant needs and requests. Over 38 COVID-19 ECHO sessions engaged 400+ unique providers and members of the community in SFY 2019-20. This high-demand series will continue into SFY 2020-21, with two or more sessions to be held weekly.

Telehealth:

The COVID-19 pandemic thrust telehealth front-and-center during the last months of SFY 2019-20. To highlight how rapid this expansion was, between the first week of March to the last week in April 2020, Medicaid telemedicine visit volume increased 85-fold. Early investments in telehealth, made possible by Medicaid supplemental funding, were a key strategy to build CUSOM’s ability to provide the right care, at the right time, and in the right setting. Prior to COVID-19, there were 30 funded projects across 18+ high-need specialty areas, including Psychiatry, Infectious Disease, Endocrinology, and Neurology, that included a telehealth/telemedicine component. By the end of SFY 2019-20, most funded projects now include a telemedicine or telehealth component.

Rural and Frontier Focus:

Expanding access to Medicaid members living in Rural and Frontier counties continues to be an area of focus for the Medicaid supplemental funding program. In SFY 2019-20, a key performance measure was to increase the number of funded projects that deliver care to rural and frontier areas, with a goal of increasing from 17 to 24 projects. CUSOM successfully expanded services to include 27 projects that increase access to rural and frontier counties, ranging in focus areas from Sickle Cell education, Autism and Developmental Disabilities programming, Pediatric Asthma programming, Behavioral Health service expansion, Digestive Health services, and outreach

services, among numerous others. In total, CUSOM served all 64 counties in Colorado in SFY 2019-20.

Specialty Care Access:

As part of the SFY 2019-20 IA, CUSOM was responsible for producing a specialty care prioritization list as one of the performance measure Deliverables. The initial phase of this work included data analysis and stakeholder feedback to create an initial list of eight specialty care areas with the highest need for improved access. This list included: Cardiology, Urology, Neurology, Dermatology, Endocrinology, Orthopedics, Gastroenterology, and Rheumatology. Many improvements in access to these specialty care areas were made in SFY 2019-20 through expansion of e-Consults, a new Dermatology clinic in Aurora, use of an Advanced Practice Provider (APP), patient navigator, and bilingual staff to increase access to adult outpatient Gastroenterology services, recruitment of a surgeon specializing in transgender surgery, expansion of fetal Cardiology services to rural communities, streamlined referral systems, and expansion of telemedicine.

The next phase of this work in SFY 2019-20 included further analysis and collaboration to refine the list to determine the top three specialty care areas with the highest need for improved access. These three specialty care areas would then become the focus of the work in SFY 2020-21 and be outlined in an Action Plan. The top three highest priority specialty areas that were identified are the following:

1. Urology
2. Dermatology
3. Rheumatology

In SFY 2020-21, CUSOM and the Department will be partnering to utilize the Action Plan to conduct a root cause analysis and develop strategic goals to address potential barriers to care and identify process improvement opportunities within the identified three highest priority specialty care areas.

Project-Level Evaluation

CUSOM is committed to continuous evaluation of supplemental payment funded projects to ensure alignment with overarching program objectives. To this end, CUSOM successfully established project-level measures for each of the 80+ funded projects during the first two quarters of SFY 2019-20 and initiated successful reporting of project-level measures in SFY 2019-20 Quarter 3 (January 1, 2020 - March 31, 2020). A key priority moving into SFY 2020-21 is to apply a data-driven approach to evaluate project success in meeting intended objectives, and to provide technical assistance, sharing of best practices, and other support to all supplemental payment funded projects.

Project Highlights

In SFY 2019-20, the program expanded to include 80+ projects that increase access to primary and specialty care, promote evidence-based practices, expand access to rural/frontier areas, promote telehealth solutions, and enhance availability of behavioral health and other wraparound services for the Medicaid population. CUSOM's approach to this programming has focused on initiatives that are not just clinically driven, but that aim to address social determinants of health and barriers to care.

Key projects this year include:

- Aurora Health Commons/ Medical Legal Partnership (MLP) Program

CUSOM partnered with a local FQHC (Federally Qualified Health Center), Salud Family Center, to launch a new primary care site in an Aurora zip code with a high percentage of Health First Colorado members. Program funds were utilized to support clinical operations and infrastructure development for the new clinic. A key component of this project integrates a Medical Legal Partnership (MLP) into primary care health clinics to improve overall health outcomes for low-income populations. The Medical Legal Partnership provides onsite office hours and availability to meet with patient families who, through the clinic screening process, are determined to have a civil legal issue negatively affecting their health and well-being.

Three attorneys employed by Medical Legal Partnership Colorado (MLP-CO) are providing free legal representation to low-income patients at the Aurora Health Commons whom need these services. The attorneys represent patients in the following areas:

- Income Supports
- Housing
- Education
- Legal Status
- Personal Stability

- Integrated Virtual and In-Person Behavioral Health in Primary Care

This \$1M+ investment, approved in SFY 2019-20, seeks to expand an integrated behavioral health model piloted at AF Williams to all Department of Family Medicine outpatient clinics, which serves a large proportion of Medicaid patients in integrated care services. This project utilizes a hybrid, in-person and virtual team-based model and facilitates integrated behavioral health care within the primary care setting. This represents a partnership between the Department of Family Medicine and the Helen and Arthur E Johnson Depression Center and the Department of Psychiatry. Supplemental funding resources are leveraged to both enhance and expand this model to cover all patients including Medicaid members not being served due to current limited implementation of the model.

- e-Consults

SFY 2019-20 also brought expansion of specialty care access services for the Medicaid population via e-Consult services. At the end of SFY 2019-20, nearly all specialty areas now offer e-Consult services, and we have invested in partnerships with STRIDE Community Health Centers and Salud Family Health Centers to further expand this service to the Medicaid population across the Front Range. Over 500 e-Consults were provided on behalf of Medicaid members in SFY 2019-20.

- Extension for Community Health Outcomes in Colorado (ECHO)

ECHO is a statewide professional education initiative, aimed at connecting health workforces to topic experts to increase access to specialty care and expert knowledge. Based at the University of Colorado Anschutz Medical Campus, ECHO Colorado builds learning communities connected by video-conferencing technology across the rural and underserved areas of Colorado to improve health by improving access to knowledge of specialty care and by improving the effectiveness of disease prevention programs. ECHO series combine interactive learning and case-based discussions that offer every health professional the opportunity to participate in a community where experts and peers share knowledge, experience and expertise using technology, not proximity, to connect.

Over the past fiscal year, ECHO Colorado and its partners have offered 41 distinct series covering topics impacting the full lifespan of health care and public health in varied settings. For example, hospitals have shared best practices on managing substance-exposed newborns. School nurses have trained on managing concussion and other common neurological issues in the school setting. Dentists have collaborated on implementing new regulations for dental hygienists' expanded scope of practice. Clinicians and administrative staff have learned how to create and implement trans-friendly practices. Primary care providers have received support from developmental pediatricians and social workers on whole-child care of children with autism. Specialists and primary care providers have collaborated on quality improvement of the e-Consult process. At the heart of every series offered is the patient.

- Dermatology Clinic

The new CU Medicine Dermatology clinic located in Aurora opened its doors in June of 2020. The dermatology care team's priority is to deliver quality dermatology care to patients, with an emphasis on caring for Medicaid patients and other under-served populations. Board-certified dermatologists, and nurse practitioners with an exclusive emphasis in Dermatology, will take the time to listen to and address the skin care needs of each individual patient. The catchment for this population is Aurora (east of Chambers, south to Parker Road and west to Havana St), which is considered a high need area. The clinic is focused on serving skins of color with an emphasis on providing dermatologic care to all patients in this area.

SFY 2020-21 Prospective Program Activity

SFY 2020-21 promises to be an exciting year as much of the operational groundwork has been accomplished during the previous program years. Continued progress is expected in SFY 2020-21 as a result of many of the projects successfully solidifying foundational elements of their work such as hiring and onboarding critical staff, despite challenges posed by the COVID-19 pandemic. Key priority areas of focus for the work to be done in SFY 2020-21 were identified in partnership between the Department and CUSOM.

The five priority areas for SFY 2020-21 include:

1. Program evaluation and quality improvement.
2. Identification of barriers and potential solutions to accessing specialty care, with focus on Urology, Dermatology, and Rheumatology.
3. Community engagement.
4. Continued adoption and further interoperability enhancement of e-Consult activity.
5. Continuation and enhancement of ECHO series in partnership with community and governmental organizations to promote peer learning opportunities, knowledge exchange and collaboration.

State Benefit of Program Continuity

To date, CUSOM has continued to achieve all annual performance measures under the IA while utilizing 56.97% of the total amount of drawn federal funds since the inception of the program. In the upcoming year, the program will continue to manage new and existing initiatives that align with program aims. To ensure maximum public benefit additional attention will be given to program evaluation and improvement opportunities. The positive and collaborative relationship between the Department and CUSOM implementation teams is a model of two distinct organizations working together for the benefit of improving health care access and outcomes for the most vulnerable members of our state. The Department and CUSOM look forward to continuing this important and valuable work and both entities recommend this financing and supplemental payment to continue in the future.

Appendix A – Project-level Expenditure and Carry-Forward Report
SFY 2019-20

IA Section	Project #	SFY20 Funds Spent
Section 5.1 - Expand Medicaid Member Volumes		\$34,918,372
Provider Payments	510001	\$34,918,372
Section 5.2 - Expand Access and Enhance Care Using Medical Home Model		\$10,849,407
Diversity Scholarships	520001	\$800,000
Adolescent Medicine Behavioral Health Integration	520002	\$106,143
BC4U Clinic Health Educator	520003	\$98,176
Child Health Clinic Care Coordination	520004	\$296,874
Young Mother's Clinic Psychosocial Support	520005	\$162,988
Special Care Clinic Behavioral Health Integration	520007	\$203,144
Special Care Clinic Pharmacy Support	520008	\$140,880
Multidisciplinary Asthma Clinic	520009	\$122,340
Barbara Davis Center	520010	\$561,111
Enhanced Integrated Virtual Care	520011	\$263,673
Promise Clinic	520012	\$528,811
Child Health Clinic Behavioral Health Integration	520013	\$328,771
AF Williams Care Coordination	520014	\$46,260
Tobacco Cessation Specialist	520015	\$176,031
Just Keep Breathing	520016	\$100,226
CHNs within SBHCs	520017	\$68,645
Clinical Process Improvement Strategies	520018	\$129,221
Advanced Data Analytics	520019	\$31,825
Expand PCP Capacity Through PEOCs	520020	\$201,817
CHCO Medical Legal Partnership	520022	\$58,645
Adult Medicaid GI Access	520023	\$132,009
Behavioral Health Services for Cystic Fibrosis Patients	520024	\$174,592
Adult Clinical Pharmacy	520025	\$115,160
Special Care Clinic Genetics Support	520026	\$23,750
TRUE Center Expansion	520027	\$179,920
Assistive Technology Clinic	520028	\$368,004
CFCC Behavioral Health	520029	\$231,487
IDGP PCMH	520030	\$64,339
CHCO APMS	520031	\$86,163
Warm Connections	520032	\$108,625
Pregnancy Medical Home	520033	\$49,728
Motivational Interviewing Training	520035	\$196,077
Primary Care Community Practice PCMH Support	520036	\$525,516
UCHealth Integrated Transgender Program Expansion	520038	\$134,614
Psychiatry BH Integration Women's Health Service Line	520039	\$238,772
UCHealth Integrated Transgender Surgeon MW	520040	\$232,794
ARTS Increasing Access to Medication Assisted Treatment	520041	\$572,076
ARTS Synergy Adolescent Program	520042	\$588,903
Practice Innovation Program	520043	\$1,108,894
Primary Care Clinical Informatics Fellow	520044	\$0
CU Dermatology Clinic	520045	\$244,999
Colorado Springs Pediatric Diabetes Center	520046	\$291,789
KAVOD Senior Primary Care	520047	\$2,958
Aurora Health Commons FQHC	520048	\$739,250
CU Community of Practice Pharmacy Support	520049	\$13,407
Section 5.3 - Expand Targeted Rural Patient Access		\$3,485,848
ECHO	530001	\$275,000
Outreach Coordinator	530002	\$79,683

Sickle Cell	530003	\$213,540
Specialty Outreach Clinics CYSHCN	530004	\$194,288
Autism and Developmental Disabilities Program	530005	\$652,472
CoPPCAP	530006	\$353,541
Rural and Frontier Consultation Rotation for Trainees	530007	\$20,532
Colorado Statewide Youth Suicide Prevention Initiative	530008	\$775,231
Pulmonary Sleep Expansion to Grand Junction & Western Slope	530009	\$79,741
Pulmonary Sleep Outreach to Durango & Cortez	530010	\$5,805
Expansion of CAMP	530011	\$168,396
Chosen QIC	530012	\$527,087
Colorado Springs High Risk Asthma	530015	\$95,120
Cystic Fibrosis Travel	530016	\$2,544
Foot Care Clinic Colorado Springs	530017	\$2,405
Cardiology Outreach Southern Colorado	530018	\$28,512
Community-Based Rheumatology	530019	\$11,954
Section 5.4 - Expand Telemedicine		\$953,483
CORE e-Consult Provider Reimbursement	540001	\$122,274
BC4U Telehealth	540002	\$346,970
Colorado Fetal Care Center Telehealth	540004	\$1,711
Expanding Access to Integrated Substance Mental Health Treat	540005	\$256,230
IDGP TelePrep	540006	\$130,352
Teleneurology Service for ED and Inpatient Consults	540007	\$61,890
Endocrine Virtual Care	540008	\$14,463
COVID-19 Response	540009	\$19,592
Section 5.5 - Investment to Achieve Cost Reductions and Expand Transition of Care		\$879,580
CHCO HIV Transitions	550001	\$341,372
CHCO Transitions of Care	550002	\$146,156
Pediatric to Adult Transition of Patients with Asthma	550003	\$80,910
Adults in Special Care Clinic	550005	\$245,232
Behavioral health Access for Refugees and Immigrants	550006	\$48,661
STRIDE UCH Inpatient Care Management	550007	\$17,250
Section 5.6 - Investment in Evidence Based Programs		\$1,212,829
Addiction Treatment for Medically Complicated	560001	\$508,695
Functional Neurological Disorders (FND) Clinic	560002	\$582,744
HealthySteps Implementation in Primary Care at CHCO	560003	\$118,791
SIE Center Down Syndrome Behavioral Health Support	560004	\$2,599
Section 5.7 - Health Data Compass		\$353,245
Health Data Compass	570001	\$353,245
Section 5.8 - Targeted Scholarships		\$200,000
Rural Track Program Operations Support	580001	\$100,000
Rural Track Scholarships	580002	\$100,000
Section 5.9. - Operational Funds		\$689,569
Operational Expenses	590001	\$689,569
Total		\$53,542,332