

October 1, 2021

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

Dear Senator Moreno:

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, 2021.

The report includes information on the supplemental payment methodology/structure, the amount of funds disbursed during State Fiscal Year (SFY) 2020-21, an overview of the work completed during the fourth 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, Iris Hentze at iris.hentze@state.co.us.

Sincerely,



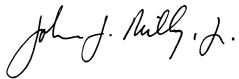
Kim Bimestefer
Executive Director
Department of Health Care Policy and Financing

Sincerely,



Todd Saliman
President
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:

Representative Julie McCluskie, Vice-chair Joint Budget Committee
Representative Leslie Herod, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Senator Chris Hansen, Joint Budget Committee
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Brian T. Smith, Sr. Associate Dean, University of Colorado School of Medicine/Executive Director, University of Colorado Medicine
Terri Carrothers, Executive Vice Chancellor for Administration and Finance, University of Colorado Anschutz Chief Financial Officer

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, 2021.

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) 2020-21 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, both General Funds originally designated to CU Anschutz and CU Medicine clinical revenue 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, CU Medicine clinical revenue, and drawn federal funds for each supplemental payment paid to CUSOM during SFY 2020-21.

Table 1 – Schedule of Supplemental Payments to CUSOM
SFY 2020-21

Period of Payment	Total Fund	Reappropriated Fund	Cash Fund	Federal Fund	Date of Service FMAP	FMAP
QE-09/30/20	\$37,947,818.50	\$7,426,653.00	\$11,547,256.25	\$18,973,909.25	QE-09/30/19	50.00%
QE-12/31/20	\$37,947,818.50	\$7,426,653.00	\$11,547,256.25	\$18,973,909.25	QE-12/31/19	50.00%
QE-03/30/21	\$43,319,428.00	\$7,426,653.00	\$11,547,256.25	\$24,345,518.75	QE-03/30/20	56.20%
QE-06/30/21	\$43,319,428.00	\$7,426,653.00	\$11,547,256.25	\$24,345,518.75	QE-06/30/20	56.20%
Total	\$162,534,493.00	\$29,706,612.00	\$46,189,025.00	\$86,638,856.00	N/A	N/A

At any time, this program is subject to review by the U.S. 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 2020-21. The SFY 2020-21 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 carryforward funds from the previous fiscal year.

Table 2 - Allocation of Program Funds
SFY 2020-21

Program Initiatives	SFY21 Allocation of Funds
Maintain & Expand Medicaid Member Volume	45.56%
Expand Access & Enhance Care Using Evidence-Based Health Care Delivery Models	27.18%
Expand Targeted Rural Patient Access	8.31%
Expand Telehealth	3.92%
Improving Transition of Care and Patient Follow-up	1.73%
Support for Federally Qualified Health Centers (FQHCs)	3.17%
Farley Health Policy Center	0.58%
Support for Rural and Diversity Programs	1.15%
Collaborative Initiative Funding	8.39%
Total	100.00%

For SFY 2020-21, a portion of the federally matched funds were tied to deliverables under areas of priority focus selected in collaboration between CUSOM and the Department 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 2021-22 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 2021-22 based on the SFY 2020-21 priority area deliverables is \$8,663,886.

SFY 2020-21 Priority Areas

Table 3 below shows the five priority areas jointly agreed upon by the Department and CUSOM to be achieved by the end of SFY 2020-21. CUSOM and the Department enhanced focus in SFY

2020-21 towards strategic planning, program development, community engagement, and building a strong evaluation protocol.

Table 3 – IA Priority Areas
SFY 2020-21

<u>#</u>	<u>Priority Area</u>	<u>Goal</u>	<u>Deliverable</u>	<u>Status</u>
1	Evaluation and Process Improvement	In partnership with the Department, demonstrate continuous evaluation of projects supported by supplemental funding to ensure projects are meeting their intended objectives and align with overarching program goals.	Strategy meeting to occur six months into fiscal year to review best practices, challenges, and strategic vision moving forward for project deliverable success.	COMPLETE
2	Specialty Care Action Plan	Completion of Deliverables outlined in Specialty Care Action plan for Urology, Rheumatology and Dermatology.	Three clearly defined Problem Statements, SMART goals, Key Driver Fishbone Diagram outlining root cause analysis outcomes, and Quarterly Report on progress.	COMPLETE
3	Community Engagement	Engage and consult with the community through ongoing stakeholder meetings, development of a community feedback process, and by increasing transparency through informational materials outlining Interagency Agreement outcomes and activity.	Development of community facing material and minimum of two community presentations.	COMPLETE
4	eConsults	Continued adoption and further interoperability enhancement of eConsult activity with FQHC partners to include ongoing eConsult user feedback on challenges, barriers, areas for improvement and successes in order to integrate into performance improvement activities and ongoing refinement of eConsult workflows. Partnership with the Department to inform eConsult best practice and policy development.	Cost Savings Analysis and Quarterly Reporting measures.	COMPLETE
5	ECHO (Extension for Community Health Outcomes)	Continuation and enhancement of ECHO series in partnership with community and governmental organizations to promote peer learning opportunities, knowledge exchange, and collaboration.	Presentation of ECHO program to the Department and Year End Reporting measures.	COMPLETE

Completion status of these priority area deliverables determines the amount of discount applied to the following state fiscal years' allowable level of funding. Based on Table 3 above, CUSOM qualifies to receive the entire \$8,663,886 at risk federal funds in SFY 2021-22.

Expenditure and Carryforward Report

Aligned by IA categories, Table 4 below shows the SFY 2020-21 IA budget, expenditures, and carryforward balance.

Table 4 – Expenditure and Carryforward Report ⁽¹⁾
SFY 2020-21

IA Section	SFY21 IA Allocations	SFY21 Funds Spent	Obligated SFY21 Carryforward Funds
5.1 Expand Medicaid Member Volumes	\$39,471,298	\$39,469,035	\$2,263
5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models	\$23,550,000	\$16,829,049	\$6,720,951
5.3 Expand Targeted Rural Patient Access	\$7,200,000	\$4,336,713	\$2,863,287
5.4 Expand Telehealth	\$3,400,000	\$1,991,846	\$1,408,154
5.5 Improving Transition of Care and Patient Follow Up	\$1,500,000	\$1,058,164	\$441,836
5.6 Support for Federally Qualified Health Centers (FQHCs)	\$2,750,000	\$532,221	\$2,217,779
5.7 Farley Health Policy Center	\$500,000	\$479,523	\$20,477
5.8 Support for Rural and Diversity Programs	\$1,000,000	\$2,030,000	(\$1,030,000)
5.9 Collaborative Initiative Funding	\$7,267,558	\$5,864,403	\$1,403,155
Total	\$86,638,856	\$72,590,954	\$14,047,902

⁽¹⁾ A detailed project-level SFY 2020-21 Expenditure Report is included in Appendix A

Table 5 below shows the SFY 2020-21 carryforward funds from Table 4 and prior year carryforward funds which have been obligated toward strategic program investments.

Table 5 – Carryforward and Obligated Targeted Investments
SFY 2020-21

Description	Amount
SFY21 Carryforward Funds	\$14,047,902
Obligated Targeted Investments	\$89,638,624
Total	\$103,686,526

SFY 2020-21 Carryforward

Mostly due to remaining restrictions on hiring new staff to support funded projects and delayed project ramp-up during the lingering COVID-19 pandemic, approximately 16% of the allocated funding was unspent in SFY 2020-21. The unspent carryforward funds outlined in Table 5 have been allocated to the following future program commitments:

- \$5 million of the SFY 2020-21 carryforward funds will be used to sustain the 12% increase in Health First Colorado member volumes seen in SFY 2020-21.
- Approximately \$7 million will be earmarked to pay for additional staffing costs for the current and future delivery of the programs supported by this funding.
- Approximately \$2 million will be used to support expansion of current projects that are exemplary in their work to expand access to Medicaid members, in addition to potential new investments identified jointly by CUSOM and the Department.

Obligated Targeted Investments

Certain programs being developed through this supplemental funding require a multi-year funding obligation. These multi-year obligations are critical to not only carrying out the objectives of the IA, but also expanding access and improving the quality of care to Health First Colorado members. The obligated targeted investment funds outlined in Table 5 include the following program commitments:

\$25 million - Aurora Community Health Commons Federally Qualified Health Center (FQHC) and Residency Program

The Aurora Community Health Commons (ACHC) and Residency Program represents a joint commitment by CUSOM and Salud Family Health Centers to promote health and access to medical services as well as interdisciplinary training programs for the approximately 48,000 people in ZIP codes 80010, 80011, and 80012 that currently do not have access to a primary care provider. This 5-year investment will secure funding for the new facility being planned at the corner of Airport Road and Colfax Avenue in Aurora. It will also provide the financial commitment necessary to achieve accreditation for 3 years of a General Internal Medicine/Family Medicine interdisciplinary residency training program. These individuals will provide access to quality medical services to vulnerable Coloradans. Experience has demonstrated the value of training

programs in under-resourced communities for building a diverse workforce that is more likely to remain in the community after completion of their training program.

\$10 million - Center for Health Equity

The Center for Health Equity is a program dedicated to research, community engagement, education, and breaking down health and health care silos and barriers. The COVID-19 pandemic illustrates the need for investment in researching the impact of diseases and need for action on health equity issues. This will put Colorado at the forefront of research on how communities of color are being impacted in a disproportionate way. This 5-year funding commitment will support the work of health care providers to partner with the community and take steps to ensure opportunity, health, and well-being are justly distributed, available, and accessible. The Center will be located in the heart of the ACHC and will have long-lasting beneficial effects on the quality of life and access to care for under-resourced populations at local, statewide and national levels.

\$35 million - Medicaid Enhanced Clinical Provider Payments

Recruitment and retention of high-quality providers is a key pillar of the CUSOM strategy to ensure access to care for traditionally under-resourced populations. Supplemental funding payments to providers at CUSOM are directly tied to Health First Colorado clinical activity. These funds will enable our providers to serve more Health First Colorado members, increasing access to primary care and specialty services for the Health First Colorado population. These payments are necessary to maintain and increase access to services for Health First Colorado populations throughout the state of Colorado. As the supplemental funding program pays providers one year in arrears, this funding commitment will provide an obligated year payment committed to providers if this program's funding is substantially decreased or discontinued.

\$10 million - Diversity Scholarships

As part of our commitment to ensure that providers represent and understand the communities that they serve, CUSOM provides full and part tuition scholarships for students with backgrounds that are underrepresented in medicine. CUSOM has developed programs that bring students from all backgrounds to our campus to cultivate an interest and expertise in health care professions beginning in the public schools and through their undergraduate education. These students are highly sought after by prestigious medical schools across the country. Supplemental funding dollars have provided the scholarship support necessary for CUSOM to be competitive in recruiting these well-trained and highly qualified candidates. The commitment to these students extends throughout their 4 years of medical education. Data demonstrate that candidates with diverse backgrounds and experiences are more likely to choose primary care specialties and continue work in these communities after residency training.

\$9.6 million - Program Specific Decommissioning

Should this program's funding be discontinued or significantly cut via actions taken at either the state or federal level, \$9,638,624 is obligated to thoughtfully discontinue currently funded

programs. Special consideration will be given to programs that are identified to be essential to protecting Health First Colorado member care and to ensure there is no “cliff effect” that occurs.

SFY 2020-21 Work Completed

During SFY 2020-21, CUSOM and the Department entered their fourth year of partnership to increase the support of Health First Colorado members across the state via supplemental payment funding.

CUSOM providers saw a total of 150,652 unique Health First Colorado members across all 64 counties in Colorado, representing a 12% increase over SFY 2019-20 volumes (134,221) and a 23.5% increase from SFY 2016-17 baseline (122,009).¹ CUSOM provided 63,944 primary care medical home visits to Health First Colorado members during SFY 2020-21 across 17 primary care access sites. COVID-19 provided an impetus to quickly ramp up scheduled and on-demand telehealth capacity for Health First Colorado members across Colorado who would otherwise have avoided care or traveled long distances to receive specialty care. With a 120% increase from SFY 2019-20 telemedicine volume, 40,007 telemedicine visits occurred in SFY 2020-21.

The supplemental payment program supports the health care workforce through full-time equivalent (FTE) support for high-need clinical providers, data and analytics support, and operational staff. The program supports a total of 601 individuals for 246.56 total FTE, inclusive of staff supported at partnering organizations.

Key Program Successes in SFY 2020-21:

- Developed Specialty Care Action Plans to improve access in Rheumatology, Dermatology, and Urology on the Anschutz campus and across the state.
- Provided COVID-19 response support through 377 just-in-time ECHO training sessions to providers across Colorado since series inception.
- Launched a collaborative, person-centered transitions of care program for individuals leaving county jails.
- Created a community engagement strategy to engage with the populations and stakeholders impacted by supplemental funding programming.
- Implemented an Access to Health Care Framework to guide project development and evaluation.

¹ Includes primary and specialty care, excludes emergency department.

Program and Project Highlights

In SFY 2020-21, there were 102 unique investments focusing on access to primary and specialty care, evidence-based practices, access for patients living in under-served rural/frontier areas, telehealth, behavioral health, and other wraparound services for Health First Colorado members. The collaborative approach to this programming focused on initiatives that were not just clinically driven, but that aimed to improve access to care and address social determinants of health.

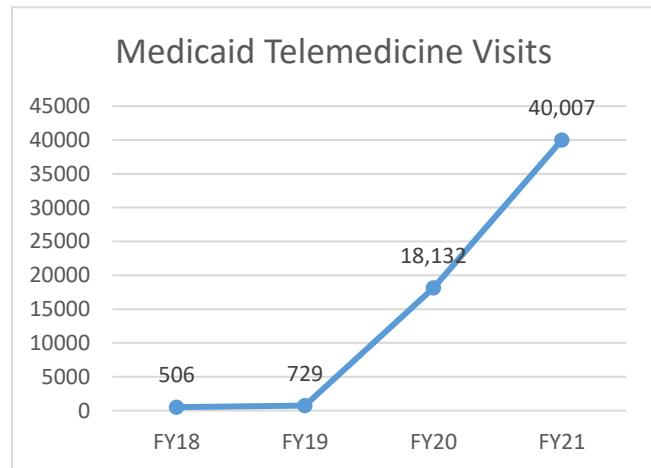
Below are some of the highlights that resulted from the 102 unique investments made in SFY 2020-21:

Dermatology Clinic

Investments were made in a new Dermatology clinic strategically located on the south side of Aurora, CO within an extremely diverse, multicultural neighborhood. This clinic immediately met an urgent community need, seeing rapid growth in patient services provided. In SFY 2020-21 this clinic served a total of 1,196 unique Health First Colorado patients for 1,910 visits. This is the only location in Colorado currently providing electrolysis services to Health First Colorado insured transgender patients.

Telemedicine Growth

Additional funding and resources were provided to drastically increase telemedicine visits by 120% over the SFY 2019-20 visit volume. Over half of all CUSOM providers now regularly incorporate telemedicine into their practices.² CUSOM provided telemedicine visits to Health First Colorado members across the state of Colorado and to members living in all 64 Colorado counties. 9% of all Health First Colorado telemedicine visits were provided for members living in Rural or Frontier counties.



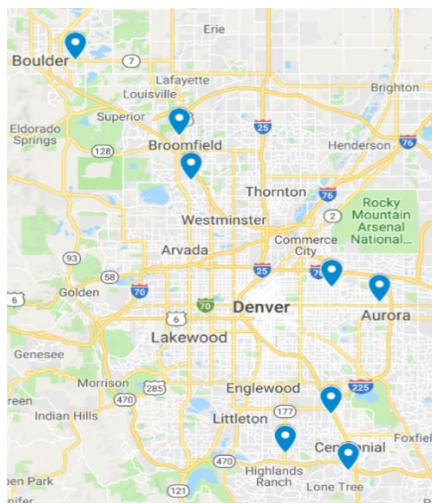
Pediatric specialties provided the highest volume of Health First Colorado telemedicine visits in SFY 2020-21, with Neurology, Gastroenterology, and Developmental Pediatric specialties providing the most visits.

² Includes ALL CUSOM providers, including procedural specialties

Aurora Community Health Commons

In 2018, Salud Family Health Centers purchased 27 acres of land to create a community development called the Aurora Community Health Commons (ACHC). The ACHC will include a Federally Qualified Health Center (FQHC) that will provide healthcare services to community members in three ZIP codes identified as having an extreme need for primary care providers. This FQHC will be a CUSOM training site for Family Medicine and Internal Medicine physicians as well as other members of the healthcare team. In SFY 2020-21, CUSOM signed an operating agreement with Salud that defines the mission, targets, and desired outcomes of the ACHC. \$25 million has been committed over the next 5 years to support ACHC planning, development, and launch, in addition to \$10 million over the next five years to create a Center for Health Equity to be co-located at the ACHC site. This multi-year, collaborative, community-based project brings an innovative approach to investment in health care delivery, workforce education and training, and social determinants of health in Aurora.

Integrated Virtual and In-Person Behavioral Health in Primary Care



SFY 2020-21 was the first full year of implementation for CUSOM's multi-site initiative integrating in-person and virtual behavioral health and psychiatry services across 7 primary care sites in the Denver area. All 7 clinics are in various stages of implementation with many providing services while in the process of hiring and onboarding additional members of the care team to include psychologists, psychiatrists, and clinical coordinators. This project has benefitted 1,016 Health First Colorado members in SFY 2020-21 with crucial behavioral health support during the ongoing mental health crisis during the COVID-19 pandemic. There are also plans to rapidly increase availability of these services in SFY 2021-22.

Inclusion Initiatives

In SFY 2020-21, funding supported expansion of the TRUE (Trust, Respect, Understand, Emerge) Center in order to increase access to medical and behavioral health services for Colorado's gender diverse children and adolescents. Expansion allows for more efficient new patient intake, reduced current waitlists, and increased appointment availability to accommodate the increasing number of new and established patients throughout the state. Additionally, the recruitment of a transgender surgeon was supported to fulfill transgender patients' service needs and has since served a significant number of Health First Colorado members. The expanded use of telehealth and eConsults has improved service delivery and access, especially for Health First Colorado members and patients living in rural and frontier areas.

Additionally, the program supports the Integrated Transgender clinic which is one of the only adult programs in the country that provides a same-day, multi-specialty integrated visit. The three key outcomes of this clinic are:

- Clinical Care: Provided 157 clinical visits for Health First Colorado members in SFY 2020-21.
- Education for patients, staff, and providers: 316 unique participants joined in Transgender ECHO series.
- Quality Improvement and Community Involvement: Enabled a quarterly Community Advisory Board comprised of community providers, transgender and gender diverse patients, and community organizations serving transgender and gender diverse populations to garner input on the clinical care provided at the Integrated Transgender Clinic.

Rural Track and Diversity Scholarships

Over \$2 million was invested in SFY 2020-21 for Rural and Diversity Scholarships for MD students at the School of Medicine. With every million dollars of scholarship support, CUSOM can fund 4-6 full tuition scholarships or twice that many at half tuition for four full years. These scholarship dollars are crucial to recruiting the most talented students from diverse backgrounds. Since this program inception, there has been more than 35 students granted either full or partial tuition scholarships in the MD program and the first funding year group is planning to graduate in SFY 2022-23.

Collaborative Initiatives

A concerted effort between CUSOM and the Department was made in SFY 2020-21 to enrich the collaboration in program design, project development and investment, and community engagement.

Enhancing Medical Services Available for Individuals Experiencing Homelessness

CUSOM conducted a listening tour to learn about the gaps, opportunities, successes, and challenges of serving unhoused Health First Colorado members in the community.

- 19 organizations were consulted, including an additional round table discussion at the Aurora Health Alliance's spring quarterly meeting (46 attendees).
- Information was gathered to identify areas of opportunity and reduce duplication of efforts.
- 50+ unhoused individuals were interviewed in the listening tour to share their lived experience of homelessness in the Denver metro area and how they would like to ideally receive healthcare in the future.

Information gathered from these listening sessions will be incorporated in the SFY 2021-22 strategy for implementing programs and services that support Health First Colorado members experiencing homelessness.

Programs for Individuals Transitioning Out of County Jails

A key collaboration area is enhancing transitions of care for individuals previously and currently incarcerated in county jails. A main objective of this work is to increase access to care for incarcerated individuals by initiating relationships with the medical community during incarceration, then bridging successful transitions back to the community. A Corrections Program Manager was hired to initiate a transitions of care partnership between CUSOM, UHealth, and Arapahoe County Jail. This multi-year program will work to strengthen relationships between county jails and the medical community, provide advocacy for incarcerated individuals, increase retention in medical care for justice involved populations, and evaluate data to develop transitions of care best practices. Future phases of this program include an over \$400k annual investment to build the program, expand to other counties, include specialty care access, and develop a person-centered care team to provide wrap-around services and supports.

State Benefit of Program Continuity

Moving into SFY 2021-22, this program is well-positioned to continue work in the five strategic priority areas. These priority areas have been updated from SFY 2020-21 to reflect the current scope of work and are as follows for SFY 2021-22:

1. **Project Evaluation:** Build upon a strategic pivot from project approval and program ramp-up to existing project evaluation. A formal evaluation unit is in process of hiring and implementing a rapid, robust evaluation arm to the program.
2. **Specialty Care Access:** Implementation of the Specialty Care Action Plan designed to improve access in Urology, Dermatology, and Rheumatology. Tracking improvement efforts to determine successes and continued challenges in specialty care access.
3. **Community Engagement:** Administer an enhanced strategy which will focus on addressing identified community engagement gaps and increasing the collaborative material and forums with community partners.
4. **Telehealth:** Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for telemedicine, eConsults, and ECHOs.
5. **Collaborative Initiatives:** Define, implement, and evaluate collaborative projects that work to increase access to care and improve outcomes for populations with high health care needs across the state.

Overall SFY 2020-21 was met with many challenges associated with COVID-19, however program teams at both the Department and CUSOM continuously adapted to support this program's ongoing services to Health First Colorado members. The positive, collaborative relationship between the Department and CUSOM program teams is a model of two distinct organizations working together for the benefit of improving health care access and outcomes for the most vulnerable citizens in Colorado.

Appendix A – Project-level Expenditure Report
SFY 2020-21

IA Section	Project #	SFY21 Funds Spent
Section 5.1. Expand Medicaid Member Volumes		\$39,469,035.46
Enhanced Clinical Payments	510001	\$39,469,035.46
Section 5.2. Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models		\$16,829,048.61
Adolescent Medicine Behavioral Health Integration	520002	\$130,672.76
BC4U LCSW	520003	\$96,351.03
CHCO Primary Care Operations: Care Coordination	520004	\$541,862.58
Young Mother's Clinic Psychosocial Support	520005	\$162,673.61
Integrated Behavioral Health Services for Children with Medical Complexity in the Outpatient Setting	520007	\$255,413.80
Special Care Clinic Pharmacy Support	520008	\$143,055.15
Multidisciplinary Asthma Clinic (MAC)	520009	\$102,298.98
Improving Outcomes in High Risk Children and Adolescents with Type 1 Diabetes	520010	\$567,236.56
Integrated Care in Family Medicine: Virtual and In-person Integrated Behavioral Health Services	520011	\$1,364,828.96
Promise Clinic	520012	\$718,954.10
Child Health Clinic Behavioral Health Integration	520013	\$614,407.89
AF Williams Care Coordination	520014	\$24,335.00
Ambulatory Nicotine Cessation Program	520015	\$118,564.86
Aurora Wellness Network - Just Keep Breathing	520016	\$167,302.58
Aurora Wellness Network - Community Health Navigators in School-Based Health Centers	520017	\$109,252.88
Aurora Wellness Network - Clinical Process Improvement Strategies	520018	\$185,533.40
Aurora Wellness Network - Advanced Data Analytics	520019	\$96,101.53
Aurora Wellness Network - Primary Care	520020	\$299,776.59
Aurora Wellness Network - Medical Legal Partnership	520022	\$192,717.05
Adult Medicaid GI Access	520023	\$107,784.91
Behavioral Health Services for Cystic Fibrosis Patients	520024	\$199,187.42
Population Health Focused Clinical Pharmacy Services in Primary Care	520025	\$129,343.76
Special Care Clinic Program Support	520026	\$129,397.50
TRUE Center Expansion	520027	\$453,989.93
CIDE Assistive Technology Clinic	520028	\$308,686.11
Connections Program for High-Risk Infants and Families	520029	\$585,129.25
Enhancing HIV Care Through the Patient-Centered Medical Home Model	520030	\$126,830.19
CHCO Primary Care APM and Payment Reform	520031	\$107,514.45
Warm Connections	520032	\$271,069.50
Pregnancy Medical Home for OBGYN UCHealth Practices	520033	\$215,633.31
HCPF Consulting Services	520034	\$544.06
Motivational Interviewing Training	520035	\$200,377.09
Primary Care Community Practice PCMH Support	520036	\$692,487.02
UCHealth Integrated Transgender Program Expansion	520038	\$276,646.90
Psychiatry BH Integration Women's Health Service Line	520039	\$940,170.73
UCHealth Integrated Transgender Surgeon MW	520040	\$62,392.62
ARTS Increasing Access to Medication Assisted Treatment	520041	\$1,399,594.72
ARTS Synergy Adolescent Program	520042	\$477,755.60
Practice Innovation Program	520043	\$1,820,161.10
Primary Care Clinical Informatics Fellow	520044	\$73,279.64
CU Dermatology Clinic	520045	\$274,123.72
Colorado Springs Pediatric Diabetes Center	520046	\$544,735.26

University of Colorado Medicine Geriatric Medicine (formerly known as KAVOD - Senior Primary Care)	520047	\$35,471.63
CU Community of Practice Pharmacy Support	520049	\$54,525.68
Functional Neurological Disorders (FND) Clinic	520050	\$435,180.79
HealthySteps implementation in Primary Care at CHCO	520051	\$410,018.79
Behavioral Health Supports for Individuals with Down Syndrome in a Multidisciplinary Clinic	520052	\$97,019.05
Addiction Treatment for Medically Complicated	520053	\$508,658.57
Section 5.3. Expand Targeted Rural Patient Access		\$4,336,712.65
Peer Mentored Care Collaborative (ECHO & eConsult)	530001	\$1,095,515.98
Outreach Coordinator	530002	\$80,982.06
Statewide Facilitation of Care for Sickle Cell Disease and Other Hemoglobinopathies in Colorado	530003	\$201,246.23
Children and Youth with Special Health Care Needs (CYSHCN)	530004	\$114,771.69
Autism and Developmental Disabilities Program (ACCESS)	530005	\$650,579.74
Colorado Pediatric Psychiatry Consultation & Access Program (CoPPCAP)	530006	\$407,050.88
Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) Rural Training Program	530007	\$29,804.13
Colorado Statewide Youth Suicide Prevention Initiative	530008	\$601,115.77
Pediatric Pulmonary and Sleep Service Expansion to Grand Junction	530009	\$81,721.82
Pulmonary Sleep Outreach to Durango & Cortez	530010	\$7,152.31
CAMP: Expansion of the Obstetric Medical Home Model for Adolescent Pregnancy	530011	\$249,320.00
Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative (Chosen QIC)	530012	\$556,450.99
Digestive Health Intestinal Rehab Telehealth	530013	\$18,925.38
Digestive Health Psychology Support	530014	\$37,445.82
Pediatric Asthma and High Risk Asthma in Colorado Springs	530015	\$104,170.19
Cystic Fibrosis Travel	530016	\$1,120.00
Foot Care Clinic for Adult Homeless Population in Colorado Springs	530017	\$2,336.50
Pediatric Cardiology Outreach Southern Colorado	530018	\$50,714.06
Tele-enabled Community-based Rheumatology in Rural and Frontier Colorado	530019	\$46,289.10
Section 5.4. Expand Telehealth		\$1,991,845.69
CORE e-Consult Provider Reimbursement	540001	\$326,200.00
Family Planning/BC4U Telehealth Expansion	540002	\$219,087.25
Telespine Triage	540003	\$11,010.50
Colorado Fetal Care Center Telehealth	540004	\$260,789.80
Expanding Access to Integrated Substance/Mental Health Treatment for Adolescents and Young Adults	540005	\$337,911.07
Delivery of Telehealth Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	540006	\$194,683.95
Teleneurology Service for ED and Inpatient Consults	540007	\$199,133.67
Creation of the University of Colorado Program for Diabetes and Endocrine Virtual Care	540008	\$96,604.37
COVID-19 Response	540009	\$274,811.89
GIM Telehealth Expansion	540010	\$31,230.93
Teleneurology for Movement Disorders	540011	\$40,382.26
Section 5.5. Improving Transition of Care and Patient Follow-up		\$1,058,164.46
CHCO HIV Transitions	550001	\$318,221.55
Post-Discharge Telehealth Home Nursing Visits for Medically Complex Children at High Risk for Readmission	550002	\$164,206.00
Pediatric to Adult Transition of Patients with Asthma	550003	\$104,846.40
Adults in Special Care Clinic	550005	\$246,914.49
Behavioral health Access for Refugees and Immigrants	550006	\$161,194.36
STRIDE UCH Inpatient Care Management	550007	\$51,750.00
Transition to Adult Care and Adult Models of Care	550008	\$11,031.66
Section 5.6. Support for Federally Qualified Health Centers (FQHCs)		\$532,220.73
Aurora Community Health Commons (ACHC)	560005	\$532,220.73
Section 5.7. Farley Health Policy Center		\$479,522.90

Farley Health Policy Center	570001	\$479,522.90
Section 5.8. Support for Rural and Diversity Programs		\$2,030,000
Rural Scholarships	580001	\$100,000
Rural Track Program Support	580002	\$100,000
Diversity Scholarships	580003	\$1,830,000
Section 5.9. Collaborative Initiative Funding		\$5,864,403.20
CU Medicine Operational Expenses	590001	\$900,047.07
Specialty Area Initiatives: Urology	590003	\$18,114.62
Specialty Area Initiatives: Dermatology	590004	\$2,091.45
Specialty Area Initiatives: Rheumatology	590005	\$24,480.00
Specialty Area Initiatives: Corrections Transitions	590006	\$1,070.69
Homeless Services Initiatives	590007	\$25,939.55
Center for Health Equity	590008	\$18,701.54
CU Community Practice COVID Operations Support	590009	\$1,973,958.28
Primary Care Practice Support	590011	\$2,900,000.00
Total		\$72,590,953.69