

October 1, 2022

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

Dear Representative McCluskie:

Enclosed please find the response to the Joint Budget Committee's Request for Information for Multiple Departments #8 regarding the Department of Health Care Policy and Financing (the Department) and the University of Colorado.

Request for information #8 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, 2022.

The report includes information on the Supplemental Payment methodology and structure, the amount of funds disbursed during State Fiscal Year (SFY) 2021-22, an overview of the work completed during the fifth 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 Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795.

Sincerely,



Kim Bimestefer
Executive Director
Department of Health Care Policy and
Financing



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 2021-22 Multi-Department RFI #8

CC: Senator Chris Hansen, Vice-chair, Joint Budget Committee
Representative Leslie Herod, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Rachel Zenzinger, Joint Budget Committee
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Ralph Choate, Medicaid Operations Office Director, HCPF
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Tom Massey, Policy, Communications, and Administration Office Director, HCPF
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Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF
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 8

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, 2022.

Executive Summary

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 8. Legislative Request for Information 8 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) 2021-22 include: telehealth expansion in rural and frontier areas, continued improvement in access to specialty care and behavioral health services, development of unhoused and jail transitions programs, supplemental payments to providers for direct clinical care, and increased collaboration with community partners.

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 provided 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, General Funds originally designated to CU Anschutz are transferred to the Department on a quarterly basis. In addition, starting in SFY 2021-22 general fund in the amount of \$1,533,000 was appropriated to the Department. 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, General Fund appropriated to the Department, and drawn federal funds for each supplemental payment paid to CUSOM during SFY 2021-22.

Table 1 – Schedule of Supplemental Payments to CUSOM
SFY 2021-22

Period of Payment	Total Fund	Reappropriated Fund	General Fund	Federal Fund	Date of Service FMAP	FMAP
QE-09/30/21	\$40,798,159.75	\$17,869,594.00	\$0.00	\$22,928,565.75	QE-09/30/20	56.20%
QE-12/31/21	\$40,798,159.75	\$17,869,594.00	\$0.00	\$22,928,565.75	QE-12/31/20	56.20%
QE-03/30/22	\$40,798,159.75	\$17,869,594.00	\$0.00	\$22,928,565.75	QE-03/30/21	56.20%
QE-06/30/22	\$44,298,159.75	\$17,869,594.00	\$1,533,000.00	\$24,895,565.75	QE-06/30/21	56.20%
Total	\$166,692,639.00	\$71,478,376.00	\$1,533,000.00	\$93,681,263.00	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 2021-22. The SFY 2021-22 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 2021-22

Program Initiatives	SFY22 Allocation of Funds
Maintain & Expand Medicaid Member Volume	45.56%
Expand Access & Enhance Care Using Evidence-Based Health Care Delivery Models	23.76%
Expand Targeted Rural Patient Access	6.78%
Expand Telehealth	2.09%
Improving Transition of Care and Patient Follow-up	1.97%
Support for Federally Qualified Health Centers (FQHCs)	2.10%
Farley Health Policy Center	0.59%
Support for Rural and Diversity Programs	6.51%
Collaborative Initiative Funding	10.66%
Total	100%

For SFY 2021-22, 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 priority area deliverables are met. If less than 100% of the priority area deliverables are met, then CUSOM will receive the SFY 2022-23 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 priority areas 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 2022-23 based on the SFY 2021-22 priority area deliverables is \$9,368,126.30. Due to both an increase in this program’s appropriations by the Colorado General Assembly and a temporary Federal Medicaid Assistance Percentage increase of +6.2%



from the federally declared COVID-19 Public Health Emergency, the SFY 2021-22 at risk funds equates to approximately 43% of the net increase of federal funds in SFY 2021-22.

SFY 2021-22 Priority Areas

The priority areas for SFY 2021-22 were: Evaluation, Specialty Care Access, Community Engagement, Telehealth, and Collaborative Initiatives. Table 3 below shows specific deliverables under each priority area jointly agreed upon by the Department and CUSOM to be achieved by the end of SFY 2021-22 and the status of the deliverables.

Table 3 – IA Priority Areas
SFY 2021-22

<u>#</u>	<u>Priority Area</u>	<u>Goal</u>	<u>Deliverable</u>	<u>Status</u>
1	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.	1. Project level measures review w/the Department completed on 10/6/2021. 2. Six Site Visits Completed: 1. Housing Transitions Team (590007): Assisting unhoused individuals transitioning out of the hospital setting (care management based) 2. CoPPCAP (530006): Colorado Pediatric Psychiatry Consultation and Access Program 3. TRUE Center (520027): Center for gender diverse children, adolescents, and young adults 4. ASCeNT (520009): Asthma Self Care, Education and Transition Program 5. Barbara Davis Center (520010): Improving outcomes in high-risk children and adolescents with type 1 diabetes 6. Rheumatology (530019): Tele-enabled Rheumatologic Care Delivery in Rural and Frontier Colorado	COMPLETE
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.	Action Plan Implementation and Evaluation: Continue collaborative programs to implement 13 activities identified in the Specialty Care Action Plan and begin evaluation efforts to monitor access to care.	COMPLETE
3	Community Engagement	Administer an enhanced strategy which will focus on addressing identified community engagement gaps and increasing the	1. Identify and engage at least three community-based organizations (traditional and nontraditional health care organizations, and rural) to partner on collaborative opportunities and garner community feedback on Medicaid	COMPLETE



		collaborative material and forums with community partners.	Supplemental Funding initiatives in the community. 2. Ensure alignment between the Aurora Community Health Commons and the larger community engagement strategy.	
4	Telehealth	Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for telehealth.	1. Explore utility of e-Visits for Medicaid members for Dermatology and pilot e-Visits within a primary care medical home. 2. Evaluate and report Medicaid member patient satisfaction with telemedicine visits to understand key causes of patient satisfaction differential between in-person and telemedicine visits.	COMPLETE
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.	1. Design scope of work for Unhoused Transitions of Care Program. 2. Implement Justice Involved Transitions of Care Program.	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 \$9,368,126.30 at risk federal funds in SFY 2022-23.

Expenditure and Carryforward Report

Aligned by IA categories, Table 4 below shows the SFY 2021-22 IA budget, expenditures, and carryforward balance. Areas where total expenditures are greater than allocations include targeted obligated expenditures from SFY 2020-21 Carryforward funds.

Table 4 – Expenditure and Carryforward Report⁽¹⁾
SFY 2021-22

IA Section	SFY22 IA Allocations	Total SFY22 Expenditures
5.1 Expand Medicaid Member Volumes	\$38,718,290	\$43,718,290



5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models	\$20,194,925	\$20,194,925
5.3 Expand Targeted Rural Patient Access	\$5,760,562	\$5,760,562
5.4 Expand Telemedicine & eConsults	\$1,772,483	\$1,519,358
5.5 Improving Transition of Care and Patient Follow-up	\$1,670,000	\$1,414,765
5.6 Support for Federally Qualified Health Centers (FQHCs)	\$1,781,814	\$3,256,675
5.7 Farley Health Policy Center	\$500,000	\$484,636
5.8 Support for Rural and Diversity Programs	\$5,530,000	\$5,530,000
5.9. Collaborative Initiative Funding	\$9,055,004	\$7,102,506
Total	\$84,983,078	\$88,981,717

⁽¹⁾ A detailed project-level SFY 2021-22 Expenditure Report is included in Appendix A.

SFY 2021-22 Carryforward & Obligated Targeted Investments

Table 5 below shows the SFY 2021-22 prior year carryforward funds which have been obligated toward strategic program investments as well as current year draw from these obligated funds.

Table 5 – Carryforward and Obligated Targeted Investments
SFY 2021-22

Description	Amount
SFY2021-22 Carryforward Balance	\$103,686,526
Carryforward Add/Draw	(\$3,998,639)
SFY2022-23 Carryforward Balance	\$99,687,887
<i>Obligated Targeted Investments (Pending Expenses)</i>	
Aurora Wellness Community	\$23,525,139
Diversity Scholarships (Graduation Class Commitment)	\$10,500,000
Center for Health Equity	\$10,000,000
Volume-based Medicaid Enhanced Clinical Provider Payments	\$35,000,000
Preservation of Project Staffing	\$7,000,000
Program Specific Decommissioning	\$9,600,000
CUSOM/Department Collaborative Initiatives	\$4,062,748
Total Obligated Targeted Investments	\$99,687,887



Certain programs being developed through this supplemental funding require a multi-year funding obligation. The obligated targeted investments using previous year carryforward funds outlined in Table 5 include the following program commitments:

\$23,525,139 million - Aurora Wellness Community Federally Qualified Health Center (FQHC) and Residency Program

The Aurora Wellness Community (AWC), previously known as the Aurora Community Health Commons, will build health, wealth, and wellbeing for Aurora residents through collaboration with the surrounding community. This partnership will create coordinated, comprehensive and equitable opportunities for Aurora to thrive. The AWC focuses on physical and mental health, social risk factors such as unstable housing and food insecurity, generational care, and community building. A residency training program remains a central pillar of the project with the expectation of reducing the unmet need for primary healthcare services in the three ZIP codes 80010, 80011, and 80012 surrounding the Anschutz campus.

\$10.5 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.

\$10 million - Center for Health Equity

The Center for Health Equity (CHE) is a community-engaged University center that will advance community health, wealth, and well-being by dismantling systemic drives of inequity. CHE will have a state-wide focus identifying strategic opportunities to improve equity in health for all Coloradans. The proximity of CHE to the Anschutz campus and AWC will support a specific focus on the Aurora community. The goal is to help create sustainable programs and policy that benefits the community by leveraging and building on current health equity work and resources. Health equity requires a collaborative approach to be successful including research, community engagement, education, connecting individual efforts and clinical outcomes. CUSOM and the Department will utilize CHE as a resource to ensure the work being completed is equitable and inclusive of the people and needs of the local community and state.

\$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 enable our providers to serve more Health First Colorado members and 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. As the Supplemental Funding Program pays providers one year in arrears, this funding commitment will provide an obligated one-year payment committed to providers if this program’s funding is substantially decreased or discontinued.

\$7 million – Project Staffing Costs

Seven million will be earmarked to pay for additional staffing costs for the current and future delivery of the programs supported by this funding.

\$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.

\$4,062,748 – SFY 2021-2022 Carryforward Funds will be obligated for CUSOM/Department Collaborative Initiatives under IA Section 5.9

SFY 2021-22 Work Completed

During SFY 2021-22, CUSOM and the Department entered their fifth year of partnership to increase the support of Health First Colorado members across the state via supplemental payment funding.

The Supplemental Funding Program has been successful in improving access to care for Health First Colorado members not only through enhancing provider payments but through creative initiatives focused on population health. Since program initiation in 2017, there has been a 49% increase in Health First Colorado members served by CUSOM providers. The program supports 103 unique investments ranging from scholarship support, increased behavioral health programming, enhanced wraparound services, and promoted transitions of care improvements. Notably, this program contributed to CUSOM’s ability to quickly pivot to telehealth to minimize disruptions in care during the COVID-19 pandemic and ongoing public health emergency, providing 36,681 telemedicine visits, 967 eConsults sent, and 35 provider education ECHO (Extension for Community Health Outcomes) training programs in SFY 2021-22.



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 over 700 unique individuals, inclusive of staff supported at partnering organizations.

Key Program Successes in SFY 2021-22:

1. Provider Reach

CUSOM providers saw 181,432 unique Health First Colorado members across all 64 counties. This represents a 20% increase since last year. CUSOM provided 61,769 primary care medical home visits across 17 primary care locations.

2. 95 Funded Projects

The projects span multiple specialties and medical disciplines. The Supplemental Funding Program supports innovative healthcare program and workforce development, behavioral health expansion, team-based population focused healthcare, and expanded unique program coverage such as electrolysis and transgender care.

3. Telehealth Growth

In SFY 2021-22, telemedicine expanded by 102% from 2020 with 36,681 visits and 18,975 unique members seen and eConsults grew by 75% from 2020 with 967 eConsults sent in SFY 2021-22.

4. Specialty Care Access

CUSOM increased statewide access to specialty care through innovation with the modalities used to connect patients to their specialty provider. These modalities include video and audio telehealth, asynchronous e-consults, and co-management with local providers through peer learning and ECHO training. These options complement the bricks and mortar expansion of specialty care sites to provide Health Care Colorado members with multiple opportunities to receive care through a modality that best meets their individual needs.

5. Community Collaboration

The Supplemental Funding Program works with community organizations to increase access for marginalized populations. This year, projects supported transitions of care programs for unhoused members leaving the hospital setting and individuals leaving the Arapahoe County Detention Center.

Program and Project Highlights

Below are some of the highlights from the unique investments made in SFY 2021-22:

Medical Legal Partnership



Medical Legal Partnerships (MLP) help members achieve “whole health” by helping find or maintain stable housing, food security, and economic development. MLP staff work with members to mitigate social risk factors that are detrimental to their health, while empowering them to be their own advocate. In SFY 2021-22, MLP served 358 members in virtual or in-person meetings and in court.

Dermatology Clinic & Electrolysis

In 2021, CUSOM opened a new Dermatology practice in Aurora focused on Health First Colorado patients. Through this partnership, an identified need of electrolysis for Health First Colorado-insured transgender patients was identified. Due to federal limitations regarding reimbursement, supplemental funding dollars were used to offset costs to increase the ability for the clinic to see patients. The Department worked with CUSOM to advocate to CMS to update reimbursement policy. Reimbursement was adjusted and now allows for more electrolysis. This clinic saw 53 members this fiscal year. Currently, this is the only location in Colorado providing electrolysis services to Health First Colorado-insured transgender patients.

Barbara Davis Center

The Barbara Davis Center provides specialty care for pediatric diabetic members across the state of Colorado through telemedicine and in person visits. Continuous glucose monitoring is used as a telehealth option so members can monitor their glucose levels at home. The Barbara Davis Center empowers children and parents to troubleshoot and read glucose levels through virtual patient education visits. The Barbara Davis Center was able to cut their canceled and no-show rates during the pandemic by increasing their telemedicine capabilities and seeing 670 members through telemedicine visits. In SFY 2021-22, the Barbara Davis Center saw 3,663 Health First Colorado members.

Cystic Fibrosis Travel

To optimize health outcomes, it is recommended that cystic fibrosis members are seen in-person by their provider four times a year. This project supports patients with transportation, food, and lodging to ensure they are able to make their appointments. 27 members’ families were impacted this fiscal year.

Rural Track and Diversity Scholarships

Over \$5 million was invested in SFY 2021-22 for Rural and Diversity Scholarships for MD students at the University of Colorado 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 have 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.



Diversity

Diversity scholarships funded 21 students in Academic Year 2022 (Fall 2021 – Summer 2022), in which students received a full or partial tuition scholarship. See below for student demographics summary.

Diversity Scholarship recipient quote:

“I truly would not be in medical school without the contributions of the scholarship. I have been able to realize my full potential of what I can do in medicine without the stressors of finances. This funding to me means that all the sacrifices that my parents and family made when we immigrated here from Vietnam and lived in poverty had paid off. It means that as a physician I can recognize the contributions of students and aspiring physicians that come from similar backgrounds.”

Rural

Rural scholarships funded 14 students in Academic Year 2022. See below for student demographics summary.

Rural Scholarship recipient quote:

“The rural scholarship has made the financial burden of medical school feel like less of an obstacle and it communicates to us that the rural program is seen and valued as an important part of the medical school, and similarly that our interest in rural medicine is encouraged and valued.”

Collaborative Initiatives

In FY 2021-22, the Collaborative Initiatives Priority Area focused on implementing cross-sector collaborative programs to enhance transitions of care for members with complex health and social needs who are transitioning out of a jail setting or are unhoused individuals. These transitions can increase the risk of adverse health events or lapses in care due to fragmented coordination of care and increased logistical barriers for patients.

In partnership, CUSOM and the Department designed two programs enhancing access to health care and coordinating community connections for these populations. These two programs seek to improve access to primary care and specialty care, and coordinate community resources.

Justice Involved Transitions of Care Program

This Collaborative Initiative focuses on individuals who are recently released from jail by supporting them in establishing primary healthcare while transitioning into the community. The program’s ability to maintain alignment with the implementation plan will be routinely evaluated by the program’s Community Advisory Board (CAB). The CAB is a group of expert community members who have personal lived experience with being incarcerated. The board was created earlier this year as a means of incorporating the voice of the community into the programming and providing an entity to hold the program’s leadership accountable to adhering to its mission in an effective and ethical way.



Unhoused Transitions of Care Program

This Collaborative Initiative seeks to further understand the growing needs, challenges, and potential solutions to better serve unhoused Health First Colorado members. A multipronged approach is being created to support the health and wellness needs of unhoused individuals interfacing with the healthcare system in Aurora and the surrounding community.

Activities accomplished in FY2021-22 include:

- Identifying, engaging, and collaborating with current homeless access points and unhoused direct care providers.
- Met with organizations, companies, and individuals that serve or work closely with this population. This included one on one conversations, structured cohort convenings, and visiting onsite service locations. The purpose was to break down silos, encourage collaboration, and identify where there are currently gaps in serving these people.
- Provide consultation and support to the Anschutz CU Street Outreach team. This included developing policy, procedures, and protocols for street-based outreach.
- CUSOM and the Department will be working with STRIDE Community Health Center to provide patient centered and street based multidisciplinary community-based care in FY23.
- Partner with recuperative care providers in Colorado Springs (Ascending to Health Respite Care) to improve hospital to community transitions of care, collect data, and design a Medicaid financial payment model.
- Implemented the UCHealth Hospital Transitions Team (HTT) specializing in care management model to support transitions of care for unhoused patients to reduce emergency room utilization and connect these members to a primary care provider and clinic. Social workers from the HTT provide support in navigating community resources and the health care system. Since Fall 2021, 339 patients were referred to the HTT and 87% are Health First Colorado members. 254 of these participants have closed cases and 43 have been housed.

State Benefit of Program Continuity

Moving into SFY 2022-23, this program is well-positioned to continue work in the five strategic priority areas. These priority areas were developed in partnership between the Department and CUSOM to reflect the current scope of work and are as follows for SFY 2022-23:

Improving health care equity, access and outcomes for the people we serve while
saving Coloradans money on health care and driving value for Colorado.
www.colorado.gov/hcpf



1. **Evaluation:** Develop a data-driven framework to evaluate Supplemental Funding investments in ensure they achieve the objectives of the IA and to promote sound stewardship of supplemental funds.
2. **Specialty Care Access:** Assess Health First Colorado Member specialty needs and development of interventions to support the Specialty Care Action Plan to meet those needs.
3. **Community Engagement:** Identify community engagement gaps and increase engagement with community partners.
4. **Telehealth:** Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for Telehealth.
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 2021-22 was met with many ongoing 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 2021-22

IA Section	Project #	Total SFY22 Expenditures
5.1 Expand Medicaid Member Volumes		\$43,718,290.34
Enhanced Clinical Payments	510001	\$43,718,290.34
5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models		\$20,194,925.34
Ado Medicine Behavioral Health Integration	520002	\$251,926.83
BC4U LCSW	520003	\$92,451.67
CHCO Primary Care Operations: Care Coordination	520004	\$944,082.02
Young Mother's Clinic Psychosocial	520005	\$168,091.15
Integrated Behavioral Health Services for Children with Medical Complexity in the Outpatient Setting	520007	\$219,104.31
Special Care Clinic Pharmacy Support	520008	\$145,577.56
Multidisciplinary Asthma Clinic (MAC)	520009	\$119,666.55
Improving Outcomes in High-Risk Children and Adolescents with Type 1 Diabetes	520010	\$604,761.01
Integrated Care in Family Medicine: Virtual and In-person Integrated Behavioral Health Services	520011	\$2,149,454.38
PROMISE Community Health Project	520012	\$881,282.88
Behavioral Health Services in the Child Health Clinic	520013	\$635,183.15
Improved Care Coordination for AFW Medicaid Patients	520014	\$44,446.00
Ambulatory Nicotine Cessation Program	520015	\$121,433.04
Aurora Wellness Network - Just Keep Breathing	520016	\$132,302.08
Aurora Wellness Network - Community Health Navigators in School-Based Health Centers	520017	\$119,715.57
Aurora Wellness Network - Clinical Process Improvement Strategies	520018	\$371,374.16
Aurora Wellness Network - Advanced Data Analytics	520019	\$126,203.56
Aurora Wellness Network - Primary Care	520020	\$348,136.72
Aurora Wellness Network - Medical Legal Partnership	520022	\$168,582.34
Increase Medicaid Patient access to Gastroenterology Services	520023	\$144,745.82
Behavioral Health Services for Cystic Fibrosis Patients	520024	\$190,726.28
Population Health Focused Clinical Pharmacy Services in Primary Care	520025	\$222,034.53
SCC Program Support	520026	\$204,479.15
TRUE Center Expansion	520027	\$525,899.94
CIDE Assistive Technology Clinic	520028	\$329,011.02
Connections Program for High-Risk Infants and Families	520029	\$604,407.44
Enhancing HIV Care Through the Patient-Centered Medical Home Model	520030	\$187,843.53
CHCO Primary Care APM and Payment Reform	520031	\$204,288.09



Warm Connections	520032	\$246,822.34
Pregnancy Medical Home for OBGYN UCHealth Practices	520033	\$345,161.81
HCPF Consulting Services	520034	\$0.00
Motivational Interviewing Training	520035	\$199,462.61
CU Family Medicine Community Practices	520036	\$591,528.63
UCHealth Integrated Transgender Program Expansion	520038	\$324,067.62
Women’s Health Service Line: BH Integration, Telehealth & E-Consults to Improve Women’s Well-Being	520039	\$1,320,168.99
Transgender Surgeon Support	520040	\$2,848.98
Increasing Access to Medication-Assisted Treatment Services and Enhancing Services to Meet High Behavioral Health Care Needs: ARTS Adult Outpatient Program	520041	\$1,797,013.47
Strengthening Families and Improving Access to Behavioral Health Services: Synergy’s Adolescent Program	520042	\$481,071.32
Practice Innovation Program	520043	\$1,948,540.79
Primary Care Clinical Informatics Fellow	520044	\$72,574.86
CU Dermatology Clinic	520045	\$60,192.78
Colorado Springs Pediatric Diabetes Center	520046	\$713,897.84
University of Colorado Medicine Geriatric Medicine (formerly known as KAVOD)	520047	\$1,461.22
Expansion of Clinical Pharmacy Services to CU Medicine Community Practices	520049	\$28,715.07
Functional Neurological Disorders (FND) Clinic	520050	\$389,128.79
HealthySteps Implementation in Primary Care at CHCO	520051	\$397,941.58
Behavioral Health Supports for Individuals with Down Syndrome in a Multidisciplinary Clinic	520052	\$145,622.07
Addiction Treatment for Medically Complicated	520053	\$589,216.39
Colorado Springs Behavioral Health Integration	520054	\$192,236.57
Opioid Management and Behavioral Health Integration	520055	\$90,040.83
5.3 Expand Targeted Rural Patient Access		\$5,760,561.59
Peer Mentored Care Collaborative (ECHO & eConsult Program)	530001	\$1,525,086.26
Outreach Coordinator	530002	\$69,219.96
Statewide Facilitation of Care for Sickle Cell Disease and Other Hemoglobinopathies in Colorado	530003	\$212,985.60
Children and Youth with Special Health Care Needs (CYSHCN)	530004	\$81,646.15
Developmental Pediatrics ACCESS: Access to Care for Communities through Education, Service and Support	530005	\$705,518.36
CoPPCAP: Colorado Pediatric Psychiatry Consultation & Access Program	530006	\$440,443.93
Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) Rural Training Program	530007	\$62,947.24
Colorado Statewide Youth Suicide Prevention Initiative	530008	\$687,608.27
Pediatric Pulmonary and Sleep Service Expansion to Grand Junction	530009	\$109,498.16
Pulmonary/Sleep Outreach to Durango and Cortez	530010	\$10,761.01



CAMP: Expansion of the Obstetric Medical Home Model for Adolescent Pregnancy	530011	\$315,660.87
CHoSEN QIC (Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative)	530012	\$666,444.59
Digestive Health Intestinal Rehab Telehealth	530013	\$55,627.50
Digestive Health Psychology Support	530014	\$154,429.90
Pediatric Asthma and High Risk Asthma in Colorado Springs	530015	\$142,413.50
Cystic Fibrosis Travel	530016	\$4,436.65
Foot Care Clinic for Adult Homeless Population in Colorado Springs	530017	\$2,539.16
Pediatric Cardiology - Southern Colorado Outreach	530018	\$71,569.65
Tele-enabled Community-based Rheumatology Practices in Rural and Frontier Colorado	530019	\$90,912.50
Colorado Springs Developmental Pediatrics	530020	\$350,812.33
5.4 Expand Telemedicine & eConsults		\$1,519,358.10
CORE e-Consult Provider Reimbursement	540001	\$118,622.00
Family Planning/BC4U Telehealth Expansion	540002	\$312,417.19
Telespine Triage	540003	\$11,083.33
Colorado Fetal Care Center Telehealth	540004	\$800.00
Expanding Access to Integrated Substance/Mental Health Treatment for Adolescents and Young Adults	540005	\$232,625.62
Delivery of TeleHealth Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	540006	\$156,293.41
Teleneurology	540007	\$12,563.13
Creation of the University of Colorado Program for Diabetes and Endocrine Virtual Care	540008	\$117,122.13
COVID-19 Response	540009	\$160,679.33
GIM Telehealth Expansion	540010	\$54,515.76
Teleneurology for Movement Disorders	540011	\$258,062.02
Barbara Davis Center Pediatric Diabetes Telehealth Program	540013	\$84,574.18
5.5 Improving Transition of Care and Patient Follow-up		\$1,414,764.54
CHCO HIV Transitions	550001	\$326,104.41
Post-Discharge Telehealth Home Nursing Visits for Medically Complex Children at High Risk for Readmission	550002	\$191,271.94
Asthma Pediatric to Adult Transition (P2A)	550003	\$126,780.45
Adults in Special Care Clinic	550005	\$296,727.20
Behavioral health Access for Refugees and Immigrants	550006	\$322,681.91
STRIDE UCH Inpatient Care Manager	550007	\$70,552.50
Transition to Adult Care and Adult Models of Care	550008	\$80,646.13
5.6 Support for Federally Qualified Health Centers (FQHCs)		\$3,256,674.74
Aurora Wellness Community	560005	\$3,256,674.74
5.7 Farley Health Policy Center		\$484,636.09
Health Data Compass	570001	\$484,636.09



5.8 Support for Rural and Diversity Programs		\$5,530,000.00
Rural Scholarships	580001	\$100,000.00
Rural Track Program Support	580002	\$100,000.00
Diversity Scholarships (\$1,533,000 from General Funds included in total SFY22 allocations)	580003	\$5,330,000.00
5.9. Collaborative Initiative Funding*		\$7,102,505.85
CU Medicine Administrative Expenses	590001	\$950,547.95
Specialty Area Initiatives: Urology	590003	\$220,335.10
Corrections Transitions of Care Program	590006	\$167,114.14
Unhoused Transitions of Care Program	590007	\$807,629.33
Center for Health Equity	590008	\$51,424.02
CU Community Practice Operations Support	590009	\$1,900,000.00
QUEST	590010	\$105,455.31
Primary Care Practice Support	590011	\$2,900,000.00
Total		\$88,981,716.59

