



COLORADO
Department of Health Care
Policy & Financing



University of Colorado
Boulder | Colorado Springs | Denver | Anschutz Medical Campus

October 1, 2019

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 #5 regarding the Department of Health Care Policy and Financing (the Department) and the University of Colorado.

Request for information #5 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, 2019.

The report includes information on the supplemental payment methodology/structure, the amount of funds disbursed during State Fiscal Year (SFY) 2018-19, an overview of the work completed during the second 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, Nina Schwartz, at Nina.Schwartz@state.co.us or 303-866-6912.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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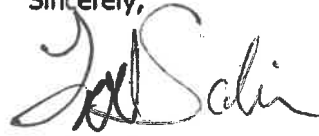


Sincerely,



Kim Bimestefer
Executive Director
Department of Health Care Policy and Financing

Sincerely,



Todd Saliman
Vice President of Budget and Finance and CFO
University of Colorado System

Sincerely,



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

KB/jme

Enclosure(s): Response to the Joint Budget Committee's FY 2018-19 Request for Information for Multiple Departments #5

Cc: Representative Daneya Esgar, Vice-chair, Joint Budget Committee
Representative Chris Hansen, 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
Legislative Council Library
State Library
John Bartholomew, Finance Office Director, HCPF
Tracy Johnson, Medicaid Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Bonnie Silva, Community Living Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Stephanie Ziegler, Cost Control and Quality Improvement Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Nina Schwartz, Legislative Liaison, HCPF
Brian T. Smith, Sr. Associate Dean, University of Colorado School of Medicine/Executive Director, University of Colorado Medicine

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Legislative Request for Information 5 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, 2019.

Executive Summary

This report is presented to the Joint Budget Committee (JBC) of the Colorado General Assembly in response to Legislative Request for Information 5. Legislative Request for Information 5 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) 2018-19 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 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) with performance targets and identified 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 CU Medicine. In early 2018, as required by the IA, CUSOM completed and the Department accepted a Community Needs Assessment.

Community Needs Assessment

A Community Needs Assessment was completed May 31, 2018 to identify areas of high priority that focused on health care improvement and access to care. The Community Needs Assessment also provided an analysis of Health First Colorado members' health care needs, determining strategies to address such needs in an effective and feasible manner. Based on the findings of the Community Needs Assessment, the following priority areas were identified:

Statewide:

- Mental & Behavioral Health Access for adults and children, including Substance Use Disorder (SUD) treatment
- Adult Specialty Care Access
- Pediatric Specialty Access, with an emphasis on Developmental Pediatrics and services for Children and Youth with Special Health Care Needs (CYSHCN)

Specific to the Aurora/Denver Metro Service Area:

- Comprehensive integrated Primary Care Teams for adults and children
- Transitions of Care programs for high risk and/or high utilizing Medicaid patients

Supplemental Payment Methodology/Structure

Per federal regulations, aggregate Medicaid payments to a group of facilities are allowed up to the amount of an Upper Payment Limit (UPL). The UPL is a reasonable estimate of the amount that would be paid for the services delivered by that group of facilities under Medicare payment principles. 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) 2018-19 first quarter (July 01, 2018 - September 30, 2018) is based on services provided to Health First Colorado members during the SFY 2017-18 first quarter (July 01, 2017 – September 30, 2017).

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 2018-19.

Table 1 – Schedule of Supplemental Payments to CUSOM
SFY 2018-19

Period of Payment	Total Funds	Reappropriated Funds	Federal Funds	Date of Service FMAP	Applicable⁽¹⁾ FMAP
QE-09/30/2018	\$34,154,640	\$17,070,489	\$17,084,151	QE-09/30/2017	50.02%
QE-12/31/2018	\$34,140,979	\$17,070,489	\$17,070,489	QE-12/31/2017	50.00%
QE-03/31/2019	\$34,140,979	\$17,070,489	\$17,070,489	QE-03/31/2018	50.00%
QE-06/30/2019	\$34,140,979	\$17,070,489	\$17,070,489	QE-06/30/2018	50.00%
Total	\$136,577,576	\$68,281,957	\$68,295,619		

At any time, this program is subject to review by the Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (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 a second-year IA. The 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 to Expand Specialty Access
and Quality of Care for Health First Colorado Members
SFY 2018-19

New Initiatives and Expansion of Programs	Allocation of Funds
Maintain & Expand Medicaid Member Volume	48.8%
Expand Access & Enhance Care Using Medical Home Model	26.2%
Expand Targeted Rural Patient Access	7.8%
Expand Telemedicine	3.1%
Invest to Achieve Cost Reductions & Expand Transitions of Care	1.9%
Investment in Evidence Based Programs	1.9%
Health Data Compass	0.7%
Targeted Scholarships (Rural Services)	0.3%
Unallocated	9.4%
Total	100.00%

For SFY 2018-19, the Department and CU Medicine agreed to tie a portion of the federally matched funds to performance metrics in order to track the program's success in increasing public benefit. As funding levels cannot be altered during the current fiscal year, performance will impact the amount of funding requested in the following fiscal year's SPA submitted to CMS. As currently in the IA, CU medicine will receive 100% of the JBC appropriated amount if 100% of the performance metrics are met. If less than 100% of the performance metrics are met, then CU Medicine will receive the lesser of either the JBC appropriated amount or the SFY 2018-19 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 metrics equally accounting for 2%. Please note, that the 2% is tiered. If 90% of the metric is achieved, then only 10% of the funds as part of that two percent are withheld from CU Medicine.

As such, the total amount of at-risk federal funds for SFY 2019-20 based on the SFY 2018-19 performance measures is \$16,544,399. \$9,716,203 is at risk due to JBC increasing the SFY 2019-20 reappropriation amount from \$68,281,957 in SFY 2018-19 to \$77,998,160 and the remaining \$6,828,196 is directly tied to the achievement of the SFY 2018-19 performance metrics.

SFY 2018-19 Performance Measures

Table 3 below shows the five-performance metrics jointly agreed upon by the Department and CU Medicine to be achieved by the end of SFY 2018-19. Please note that additional information for applicable performance metrics in the table will be available directly below the table and broken out by the corresponding performance metric number.

Table 3 – IA Performance Measures
SFY 2018-19

#	Performance Measure	Target	SFY 2017-18	FY19 Additional Unique Medicaid Patients Served Beyond FY18	2-Year Program Unique Total	Target Met
1	Number of unique Medicaid patients served over two year period	137,009	123,169	63,775	186,944	Yes

#	Performance Measure	Target	Baseline SFY 2017-18	Final SFY 2018-19	Target Met
2	Number of Primary Care Practices that are PCMH designated or working towards PCMH designation	17 PCMH Practices	13	18	Yes
3	Number of CUSOM Adult and Pediatric specialists (any billable specialty care provider, including MD, APP, NP, Psychologist, and LCSQ) hired	10 FTE	0	13.45 FTE	Yes
4	Number of specialties offering eConsults	6 Specialties	2	9 Adult Specialties 10 Child Specialties	Yes
5	Number of care managers and pharmacists funded with supplemental funds to assist with transitions	4 Care Managers 2 Pharmacists	0 Care Managers 0 Pharmacists	18.4 FTE Care Managers 2.2 FTE Pharmacists	Yes

Performance Measure 1

- Measure: Increase the number of unique Medicaid patients served by a minimum of 15,000 members from the baseline.
- The methodology of counting the increase in 15,000 unique members involved calculating the baseline number of unique members served in SFY 2016-17 and comparing the result to the total unique members served in SFY 2017-18 as well as the additional unique members served in SFY 2018-19. As such, the Department and CUSOM agreed to count unique members over the two-year performance period.
 - $186,944$ (2-Year Unique Total) – $123,169$ (SFY 2017-18 Baseline) = $63,775$ (increase over baseline)
- The goal established by the JBC and reflected in the SFY 2017-18 IA of 15,000 additional unique Medicaid members seen over the two-year period of SFY 2017-18 & SFY 2018-19 when compared to the baseline year of SFY 2017-18 has been successfully achieved.

Performance Measure 2

- Measure: Number of Primary Care Practices that are Primary Care Medical Home (PCMH) designated or working towards PCMH designation. Due to the multi-year process of PCMH designation, five practices have begun the process but were not yet designated as of 6/30/19.
- Jointly agreed by the Department and CU Medicine, the performance measure includes both designated practices and practices working towards designation.

Performance Measure 3

- Measure: Number of hired CUSOM Adult and Pediatric specialists.

Performance Measure 4

- Measure: Number of specialties offering e-Consults.
- e-Consults programming began in SFY 2017-18. The target for number of Adult and Child Health specialties providing e-Consults was met and CUSOM continued expanding to additional specialties.

Performance Measure 5

- Measure: Number of care managers and pharmacists funded with supplemental funds to assist with transitions.

Per the previously described methodology, achievement of these metrics determines the amount of discount applied to the following fiscal years allowable level of funding. Based on Table 3 above, CU Medicine qualified to receive the entire \$16,545,765 at risk federal funds in SFY 2019-20. An increase in reallocated funds from the Department of Higher Education by JBC in SFY 2019-20 accounted for \$9,716,203 of the at-risk federal funds, while the remaining \$6,829,562 was dependent upon the level of success CU Medicine had in achieving the previously listed performance metrics.

SFY 2018-19 Work Completed

In SFY 2018-19, CU Medicine successfully established foundational elements of the program infrastructure including mechanisms for distributing funding, financial tracking, and quarterly reporting. Projects specifically designed to meet the deliverables of the IA were developed and funded. The majority of these projects support the requirement of additional faculty and staff to enhance services to Health First Colorado members. Recruitment to fill these positions was a success of SFY 2018-19.

In SFY 2018-19, this program has successfully established 30 projects in support of program priorities such as improved access to specialty care, behavioral health services, and improved health care access in rural and frontier areas. CUSOM also continued collaboration with key partners on the Anschutz Medical Campus including Children's Hospital Colorado (CHCO) and University of Colorado Hospital (UCH). CU Medicine and the Department continued to work in partnership to develop and grow the program. In particular, the Department and CU Medicine worked jointly to approve investment in specific projects, define program metrics, identify & analyze data, and refine reporting metrics to increase accuracy and utility.

Expenditure and Carry-Forward Report

Aligned by IA categories, Table 4 below shows the SFY 2017-18 carryforward balance, SFY 2018-19 IA budget & expenditures, as well as the current SFY 2019-20 IA budget.

Table 4 – Expenditure and Carry-Forward Report
SFY 2018-19

IA Section/Project Description	SFY 2017-18 Carryforward Balance	SFY 2018-19 IA Budgeted Amount	SFY 2018-19 Actual Expenditures	SFY 2018-19 Remaining	SFY 2019-20 IA Budgeted Amount
Section 5.1 Expand Medicaid Member Volumes	\$2,867,544.00	\$33,300,000.00	\$29,931,731.00	\$6,235,813.00	\$33,300,000.00
Provider Payment Strategy, SFY 2018-19			\$29,931,731.00		
Section 5.2 - Expand Access and Enhance Care Using Medical Home Model	\$17,900,000.00	\$17,900,000.00	\$1,287,992.00	\$34,512,008.00	\$17,900,000.00
Diversity Scholarships			\$800,000.00		
Adolescent Medicine Behavioral Health Integration			\$8,289.00		
BC4U Clinic Health Educator			\$1,760.00		
Young Mother's Clinic Psychosocial Support			\$18,741.00		
Special Care Clinic Behavioral Health Integration			\$27,322.00		
Special Care Clinic Pharmacy Support			\$5,000.00		
Barbara Davis Center			\$193,519.00		
Promise Clinic			\$77,702.00		
Child Health Clinic Behavioral Health Integration			\$24,326.00		
Adult Medicaid GI Access			\$23,496.00		
Cystic Fibrosis Behavioral Health Access			\$31,347.00		
Assistive Technology Partners Clinic			\$27,810.00		
Primary Care Community Practice PCMH Support			\$48,680.00		
Section 5.3 - Expand Targeted Rural Patient Access	\$4,825,000.00	\$5,300,000.00	\$1,157,931.00	\$8,967,069.00	\$5,300,000.00
ECHO			\$275,000.00		
Outreach Coordinator			\$12,327.00		
Sickle Cell			\$201,229.00		
Specialty Outreach Clinics CYSHCN			\$96,180.00		
Autism and Developmental Disabilities Program (ACCESS)			\$64,017.00		
CoPPCAP			\$37,473.00		
Colorado Statewide Youth Suicide Prevention Initiative			\$216,379.00		
Pulmonary Sleep Expansion to Grand Junction & Western Slope			\$24,205.00		
Pulmonary Sleep Expansion to Durango & Cortez			\$1,789.00		
Expansion of CAMP			\$105,526.00		
Chosen QIC			\$113,338.00		
Digestive Health Intestinal Rehab Telehealth			\$2,916.00		
Pediatric Asthma Program and High-Risk Asthma in CO Springs			\$3,914.00		
Foot Care Clinic Colorado Springs			\$3,638.00		
Section 5.4 - Expand Telemedicine	\$2,098,470.00	\$2,100,000.00	\$134,533.00	\$4,063,937.00	\$2,100,000.00
CORE Econsult Provider Reimbursement			\$41,130.00		
BC4U Telehealth			\$42,311.00		
Ecompass Clinic & Telehealth Expansion			\$51,092.00		
Section 5.5 - Investment to Achieve Cost Reductions and Expand Transition of Care	\$1,300,000.00	\$1,300,000.00	\$169,053.00	\$2,430,947.00	\$1,300,000.00
CHCO HIV Transitions			\$155,966.00		
CHCO Transitions of Care			\$1,423.00		
Pediatric to Adult Transitions of Patients with Asthma			\$11,664.00		
Section 5.6 - Investment in Evidence Based Programs	\$1,300,000.00	\$1,300,000.00	\$222,353.00	\$2,377,647.00	\$1,300,000.00
Addiction Treatment for Medically Complicated			\$77,636.00		
Functional Neurological Disorders (FND) Clinic			\$144,717.00		
Section 5.7 - Health Data Compass	\$0.00	\$500,000.00	\$378,530.00	\$121,470.00	\$500,000.00
Health Data Compass			\$378,530.00		
Section 5.8 - Targeted Scholarships (Rural Services)	\$0.00	\$200,000.00	\$200,000.00	\$0.00	\$200,000.00
Rural Track Program Operations Support			\$100,000.00		
Rural Track Scholarships			\$100,000.00		
Section 5.9 - Unallocated Rollover Funds	\$278,572.00	\$6,395,619.00	\$200,286.00	\$6,473,905.00	\$16,098,160.00
CU Medicine Administrative Expenses			\$200,286.00		
Total	\$30,569,586.00	\$68,295,619.00	\$33,682,409.00	\$65,182,796.00	\$77,998,160.00

Project Highlights

Many of the newly funded projects in SFY 2018-19 worked to onboard new clinical staff, build programmatic processes & infrastructure, and begin operational launch. Below are a few projects in each priority area of the IA that demonstrate the impact of supplemental funding on key health issues for members across the state:

Section 5.1 – Expand Medicaid Member Volumes (\$29,931,731)

- Qualitative positive feedback from providers reflecting increased engagement with this patient population.
- Increase in unique members seen over the first two-year period.

Challenge(s): Difficulty accurately measuring impact. Current reports draw from CU Medicine and the Department billing data. This fails to capture impact when CUSOM providers deliver services that they don't directly bill for and also fails to capture the expanded capacity of non CUSOM providers/locations.

Section 5.2 – Expand Access and Enhance Care Using Medical Home Model

- Initiated Advanced Practice model for improving Medicaid specific access in adult gastroenterology clinic. (\$23,496)
- Expanded services to Health First Colorado members who require assistive devices such as specialized wheelchairs. (\$27,810)

Section 5.3 – Expand Targeted Rural Patient Access

- Maintained continuity of the Health Care Program for Children with Special Needs, which provides services through six specialty care clinics across the state. (\$96,180)
- Built a network for non-CUSOM primary care providers in rural, frontier and underserved urban communities to empower local providers to identify Developmental Disabilities/Autism Spectrum Disorders, manage behavior, and support families in their home community. (\$64,017)

Challenge(s): High need subspecialists (Developmental Pediatrics or surgeons specializing in Transgender Surgery) are in short supply nationwide. Recruitment for these positions take extended periods of time to identify, hire, and onboard.

Section 5.4 – Expand Telemedicine

- Expanded Encompass, which delivers evidence-based mental health/substance treatment services, into four Denver metropolitan area high schools. (\$51,092)
- Funded the development of a telemedicine service for the BC4U adolescent family planning clinic to reach adolescents and young adults in rural and frontier counties. (\$42,311)

Challenge(s): Multiple Electronic Medical Record (EMR) systems used across the state create barriers to efficient communication. This lack of interoperability requires the creation of manual processes for scheduling, pre-visit information review, lab ordering, and communication back to the referring provider.

Section 5.5 – Investment to Achieve Cost Reductions and Expand Transitions of Care

- Children’s Hospital of Colorado facilitates health literacy education for patients and providers to promote the smooth transition of vulnerable patients to an adult health site and team. (\$155,966)

Challenge(s): Time required to recruit, hire, and onboard new staff.

Section 5.6 Investment in Evidence-Based Programs

- Developed the Addiction Treatment for Medically Complicated Patients project to initiate evidence-based treatment while the patient is in the hospital and create a defined transitions of care process to continue treatment in the outpatient setting at time of discharge. (\$77,636)
 - Successes in SFY 2018-19 include:
 - 10 hospitalists X-waivered to prescribe buprenorphine,
 - 10 hospitalists committed to becoming board certified in Addiction Medicine by 2021,
 - 10 hospitalists completed or scheduled to complete 75% of the total training/shadowing.

Challenge(s): There has been some uncertainty at the faculty level of the potential stability of this funding. This created reluctance to build new and ongoing programs that might have to be dismantled, impacting negatively the staff hired to do that work and patients receiving services. As variances in budget and actual spend will occur annually, we do not believe this approach will negatively impact or inhibit our ability to fully use supplemental funding to support our joint objectives.

Section 5.7: Health Data Compass (\$378,530)

- The Department, Colorado Department of Human Services, CUSOM, Farley Health Policy Center, and Health Data Compass have engaged in analytics projects focused on foster care children and youth with Health First Colorado (HFC) coverage. Evidence in literature suggested that foster care clients use emergency department services for non-emergent care at much higher rates than other children and youth with Health First Colorado coverage. This evidence however did not compare foster care children and youth to others with similar physical and behavioral health complexities.

- Phase 1: Utilized administrative claims data provided by the Department to address the evidence gap and answer if foster care members use emergency department services differently than members with similar health complexities.
- Phase 2: Utilized a linked database of the administrative and claims data provided by the Department with the information from the EMR from the University of Colorado Health System, CU Medicine, and Children’s Hospital Colorado to focus on the use of emergency department services for non-emergent conditions examining the extent to which there are differences between foster care and comparable non-foster care members.
- Phase 3: Links data from the Department of Human Services that includes information on removals and placements of foster care children and youth with HFC coverage to examine relationships between patterns in primary care and emergency department services to changes in foster care placements.
- Phase 1 and 2 findings:
 - Children and youth in the foster care system have a significantly higher prevalence of behavioral health and physical health complexities compared to similarly non-foster HFC members.
 - Foster care members utilize more primary care services following entry into the foster care system causing an increased utilization sometimes persisting for up to twelve months.
 - Emergency department utilization for foster care HFC members decreases to a level similar of that of non-foster care HFC members post entry into foster care.

Section 5.8: Targeted Scholarships (Rural Services) (\$200,000)

- Provided a total of ten scholarships to medical students in the School of Medicine’s Rural Track program. The Rural Track provides mentorship and rural life experiences to support & encourage interest in rural practice. All scholarships are recurring, four-year commitments.

SFY 2019-20 Prospective Program Activity

SFY 2019-20 promises to be an exciting year as many areas of specific focus for this program have already been jointly identified by the Department and CU Medicine. With much of the groundwork accomplished during the past two years, exponential growth is expected for many of the current projects. To the programs benefit, CU Medicine has hired a new program manager whom is successfully being oriented and trained to oversee the program. In addition to the continuation of ongoing projects, several new projects have been approved with total approved ongoing expenditures nearing \$60 Million.

Beginning immediately in the first quarter of SFY 2019-20:

- The Department and CU Medicine will form a Specialty Care Workgroup to analyze the current state of specialty care in Colorado. This group will specifically work to identify challenges for Health First Colorado members to access specialty care, create a plan of action to address identified barriers, and develop meaningful access to care measures.
- As a component of growing the multidisciplinary transgender patient programs, a surgeon with specific training in transgender surgery will begin work in Colorado.
- In conjunction with CUSOM's hospital partners, the program will begin further expanding specialty services across the state including, but not limited to, Rheumatology, Endocrinology, and Neurology.
- Staff at both CU Medicine and the Department will also continue to standardize various aspects of the program to create reasonable, readable, and actionable reporting material to identify programmatic weaknesses and continue to drive change.

State Benefit of Program Continuity

As this program has now passed its second birthday since its inception, as measured through claims billing data, an additional 60,000+ unique Medicaid members have benefited across the state and to date CUSOM has achieved all performance metrics while utilizing 50.02% of the drawn federal funds. Given the opportunity to grow and continue, this program will continue to manage existing and new projects, as well as appropriately evaluate new proposals to ensure maximum public benefit. The positive, 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. We look forward to continuing this important and valuable work and both the Department and CUSOM recommend this financing and supplemental payment to continue in the future.