



COLORADO
Department of Health Care
Policy & Financing

November 1, 2023

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

Dear Senator Zenzinger:

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 each year.

The report includes information on the Supplemental Payment methodology/structure, the amount of funds disbursed during State Fiscal Year (SFY) 2022-23, an overview of the work completed during the sixth 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 2022-23 Multi-Department RFI #5

CC: Representative Shannon Bird, Vice-chair, Joint Budget Committee
Representative Rod Bockenfeld, Joint Budget Committee
Senator Jeff Bridges, Joint Budget Committee
Senator Barbara Kirkmeyer, Joint Budget Committee
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Medicine/Executive Director, University of Colorado Medicine

**Terri Carrothers, Executive Vice Chancellor for Administration and Finance,
University of Colorado Anschutz Chief Financial Office**



FY23 CUSOM Interagency Agreement LRFI

Colorado School of Medicine Interagency Agreement

October 2023



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I. **Legislative Request for Information 5**

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, 2023.

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 (FY) 2022-23 include: telehealth expansion in rural and frontier areas, continued improvement in access to specialty care and behavioral health services, development of evaluation efforts, development of unhoused and jail transitions programs, supplemental payments to providers for direct clinical care, and increased collaboration with community partners.

II. **Executive Summary**

During FY 2022-23, CUSOM and the Department entered their sixth 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 105 unique investments ranging from scholarship support, increased behavioral health programming, enhanced wraparound services, and promoted transitions of care improvements.

The Supplemental Payment Program supports the health care workforce through full-time equivalent (FTE) support for high-need and specialized clinical providers caring for Health First Colorado Members.

Key Program Successes in FY 2022-23:

1. 91 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.

2. Telehealth Growth

In FY 2022-23, telemedicine grew by 21% from 2021 with 46,205 visits and 21,087 unique members seen and eConsults grew by 31% from 2021 with 1,407 eConsults sent in FY 2022-23.

3. Behavioral Health

A total of 20,660 unique Health First Colorado members received behavioral health services in FY 2022-23, an increase of 6% from the previous year (compared to a 5% increase in overall Medicaid membership). In FY 2022-23, behavioral telehealth services were 31% of the total telemedicine visits showing the continued need for telemedicine modalities to address the behavioral health crisis in Colorado.

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 brick-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.

III. 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 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.

IV. Supplemental Payment Methodology and 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 (FY) 2021-22 first quarter (July 01, 2021 - September 30, 2021) is based on services provided to Health First Colorado members during the FY 2020-21 first quarter (July 01, 2020 - September 30, 2020).

Since the Department is the only authorized agency to draw down federal Medicaid funds, General Fund originally designated to the Department of Higher Education is transferred to the Department on a quarterly basis. In addition, for payments made in FY 2022-23 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 Higher Education, General Fund appropriated to the Department, and drawn federal funds for each supplemental payment paid to CUSOM during FY 2022-23.

Table 1 - Schedule of Supplemental Payments to CUSOM FY 2022-23

Period of Payment	Total Fund	Reappropriated Fund	General Fund	Federal Fund	Date of Service FMAP	FMAP
QE-09/30/22	\$45,900,888.50	\$19,721,339.25	\$383,250.00	\$25,796,299.25	QE-09/30/21	56.20%
QE-12/31/22	\$45,900,888.50	\$19,721,339.25	\$383,250.00	\$25,796,299.25	QE-12/31/21	56.20%
QE-03/30/23	\$45,900,888.50	\$19,721,339.25	\$383,250.00	\$25,796,299.25	QE-03/30/22	56.20%
QE-06/30/23	\$45,900,888.50	\$19,721,339.25	\$383,250.00	\$25,796,299.25	QE-06/30/22	56.20%
Total	\$183,603,554.00	\$78,885,357.00	\$1,533,000.00	\$103,185,197.00	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.

V. Interagency Agreement

The Department and CUSOM mutually agreed upon an Amendment to the IA for FY 2022-23. The FY 2022-23 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 - FY 2022-23

IA Section	Fiscal Year 23 IA Initiatives	Fiscal Year 23 Allocation
5.1	Expand Medicaid Member Volume	\$ 43,622,190
5.2	Expand Access & Enhance Care Using Evidence-Based Health Care Delivery Models	\$ 27,772,650
5.3	Expand Targeted Rural Patient Access	\$ 7,608,538
5.4	Expand Telemedicine and eConsults	\$ 2,701,476
5.5	Improving Transition of Care and Patient Follow-up	\$ 1,705,058
5.6	Support for Federally Qualified Health Centers (FQHCs)	\$ 1,961,471
5.7	The Division of Health Care Policy and Research	\$ 500,000
5.8	Support for Rural and Diversity Programs	\$ 4,300,000
5.9	Collaborative Initiative Funding	\$ 3,380,395
FY23 Total Funds Available for Agreement Programs		\$93,551,777
FY23 Enhanced FMAP to University of Colorado		\$11,166,420
Total		\$ 103,185,197

For FY 2022-23, a portion of the federally matched funds were tied to deliverables under five areas of priority focus selected in collaboration between CUSOM and the Department 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 FY 2023-24 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%.

As such, the total amount of at-risk federal funds for FY 2023-24 based on the FY 2022-23 priority area deliverables is \$11,235,869.90. Due to both an increase in this program’s appropriations by the Colorado General Assembly and a temporary Federal Medicaid Assistance Percentage increase of +5.9% from the federally declared COVID-19 Public Health Emergency, the FY 2023-24 at risk funds equates to approximately 47% of the net increase of federal funds in FY 2023-24.

VI. FY 2022-23 Priority Areas

The priority areas for FY 2022-23 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 FY 2022-23 and the status of the deliverables.

Table 3 - IA Priority Areas - FY 2022-23

<u>#</u>	<u>Priority Area</u>	<u>Goal</u>	<u>Deliverable</u>	<u>Status</u>
1	Evaluation	A data driven framework to evaluate Supplemental Funding investments to ensure they achieve the objectives of the Agreement and to promote sound stewardship of supplemental funds.	<ol style="list-style-type: none"> 1. Key Personnel List 2. CUSOM Presentation to Department Leadership 3. Section 5.1 Evaluation Plan 4. Provider Payment Methodology 5. Site Visits 	COMPLETE

			<ul style="list-style-type: none"> 6. Project Request Workflow 7. Project List 8. Updated reporting 9. Project Phase Out Plan 10. Collaborative Initiatives Evaluation Plan 11. QUEST Year End Presentation 12. Narrative in Stakeholder Year End Report 	
2	Specialty Care Access	Health First Colorado Member specialty needs and development of interventions to support the Specialty Care Action Plan to meet those needs.	<ul style="list-style-type: none"> 1. Specialty Care Report 2. Narrative in Stakeholder Year End Report 	COMPLETE
3	Community Engagement	Report community engagement activities incorporated in Supplemental funded programs and projects and identify opportunities for enhanced engagement with community partners within those programs and projects.	<ul style="list-style-type: none"> 1. Tiered System Framework 2. Community Engagement Tracker 3. Site Visit 1-Pager 4. RAE/Health Alliance 1-Pager 5. Narrative in Stakeholder Year End Report 	COMPLETE
4	Telehealth	Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for telehealth.	<ul style="list-style-type: none"> 1. ECHO Report 2. eVisit Programming Update 3. Patient Telemedicine Satisfaction Survey Outcome 4. Narrative in Stakeholder Year End Report 	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.	<ul style="list-style-type: none"> 1. Quarter Reporting 2. Narrative in Stakeholder Year End Report 	COMPLETE

Completion status of these priority area deliverables determines the amount of discount applied to the following state fiscal years' allowable level of funding. While the Specialty Care Report was submitted late, both parties remain committed to the timeliness of deliverables and emphasis will be placed on formal progress communications to ensure alignment with agreement due dates. Based on Table 3 above, and an agreement between the parties to improve collaborative efforts to achieve shared goals to the betterment of

Medicaid members, CUSOM qualifies to receive the entire \$11,235,869.90 at risk federal funds in FY 2023-24.

VII. Expenditure and Carryforward Report

Aligned by IA categories, Table 4 below shows the FY 2022-23 IA budget allocations, expenditures, and resulting carryforward balance.

Table 4 - FY 2022-23 Allocations and Expenses¹

IA Section	FY23 IA Allocations	Total FY23 Expenditures
Section 5.1 Expand Medicaid Member Volumes	\$ 43,622,190.00	\$ 43,622,190.00
Section 5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models	\$ 27,772,650.00	\$ 22,126,262.29
Section 5.3 Expand Targeted Rural Patient Access	\$ 7,608,538.00	\$ 6,264,540.87
Section 5.4 Expand Telemedicine & eConsults	\$ 2,701,476.00	\$ 1,289,329.73
Section 5.5 Improving Transition of Care and Patient Follow-up	\$ 1,705,058.00	\$ 1,648,866.72
Section 5.6 Support for Federally Qualified Health Centers (FQHCs)	\$ 1,961,471.00	\$ 2,777,482.72
Section 5.7 The Division of Health Care Policy & Research	\$ 500,000.00	\$ 508,638.84
Section 5.8 Support for Rural and Diversity Programs	\$ 4,300,000.00	\$ 4,530,000.00
Section 5.9. Collaborative Initiative Funding	\$ 3,380,395.00	\$ 3,671,172.94
Total	\$ 93,551,778.00	\$ 86,438,484.11

¹ A detailed project-level FY 2022-23 Expenditure Report is included in Appendix A.

VIII. FY 2022-23 Carryforward and Obligated Investments

Carryforward funds accumulated predominantly during initial years of programming. Numerous program investments required substantial building periods resulting in lower expenditures. Program maturation is now promoting descending carryforward funds.

Table 5 below shows prior year and current FY 2022-23 carryforward funds which have been obligated to strategic program and multi-year investments, as well as current year draw from these obligated funds. The \$13,867,976.33 and \$35,000,000.00 (totaling \$48,867,976.33) listed

in Table 5 shows the carryforward funds that have been placed in reserve as outline in Section 9.3 of the IA.

9.3 Parties agree that in the event that Supplemental Program funding is not continued, it is in their best interest to employ the amount of remaining carryforward balance necessary to continue the objectives of the Agreement for at least one additional fiscal year following when the decision to discontinue funding was made.

Returns associated with financial investment of carryforward funding will be transparently reported and re-invested in a manner supporting advancement of the IA.

Table 5 - Carryforward and Obligated Investments - FY 2022-23

Description	Amount
FY22 Carryforward	\$ 99,687,887.42
Obligated Investment Funding Draw	\$ (41,272,344.85)
FY23 Program Balance (Allocated - Expensed)	\$ 7,113,293.89
FY23 Adjusted Program Balance (Carryforward)	\$ 65,528,836.46
<i>Obligated Investments Against FY23 Carryforward</i>	
Aurora Wellness Community	\$ -
Diversity Scholarships (Graduation Class Commitment)	\$ -
Center for Health Equity	\$ 9,752,794.17
Volume-based Medicaid Enhanced Clinical Provider Payments	\$ -
Preservation of Project Staffing (Primary Care)	\$ -
Collaborative Initiatives & Specialty Care Investment	\$ 6,908,065.96
<i>Continue Objectives of the Agreement (9.3)</i>	
Program Specific Decommissioning	\$ 13,867,976.33
Enhanced Clinical Payments	\$ 35,000,000.00
Total Obligated	\$ 65,528,836.46

Certain programs developed through this supplemental funding require a multi-year funding obligation. Obligated investments assigned to carryforward funds are outlined in Table 5, which include four (4) remaining investments below:

\$6,908,065 - Collaborative Initiatives & Specialty Care Investment

Investment includes numerous ongoing projects and programs designed collaboratively between the Department and CUSOM.

Active and pending programming includes, but not limited to:

- ✓ Unhoused transitions of care and mobile care unit
- ✓ County jail transitions of care
- ✓ Refugee and traumatized immigrant care navigation
- ✓ Palliative care
- ✓ Transplant services
- ✓ State-wide provider specialty care education

\$9,752,794 - 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 medical campus will help support 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.

Carryforward funds are also designated to section 9.3 of the Interagency Agreement:

Parties agree that in the event that Supplemental Program funding is not continued, it is in their best interest to employ the amount of remaining carryforward balance necessary to continue the objectives of the Agreement for at least one additional fiscal year following when the decision to discontinue funding was made.

“Objectives” referenced above include:

\$13,867,979 - Program Specific Decommissioning

Should this program’s funding be discontinued or significantly cut via actions taken at either the State or Federal level, \$13,867,976 is currently obligated to thoughtfully wind-down 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.

\$35,000,000 - 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.

IX. FY 2022-23 Work Completed

During FY 2022-23, CUSOM and the Department entered their sixth 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 105 unique investments ranging from scholarship support, increased behavioral health programming, enhanced wraparound services, and promoted transitions of care improvements.

The Supplemental Payment Program supports the health care workforce through full-time equivalent (FTE) support for high-need and specialized clinical providers caring for Health First Colorado Members.

Key Program Successes in FY 2022-23:

1. 91 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.

2. Telehealth Growth

In FY 2022-23, telemedicine grew by 21% from 2021 with 46,205 visits and 21,087 unique members seen and eConsults grew by 31% from 2021 with 1,407 eConsults sent in FY 2022-23.

3. Behavioral Health

A total of 20,660 unique Health First Colorado members received behavioral health services in FY 2022-23, an increase of 6% from the previous year. In FY 2022-23, behavioral telehealth services were 31% of the total telemedicine visits showing the continued need for telemedicine modalities to address the behavioral health crisis in Colorado.

Supplemental Funding Program support to projects offering integrated behavioral health services through primary care clinics have been able to

expand access to Medicaid patients utilizing telehealth to reduce appointment wait times.

One project psychologist reported the following patient story:

“I worked with a single mother who had severe depression and was recovering from a serious illness, going through a divorce, had a lot of financial problems, and was struggling to support herself and her daughter. We built strong rapport in a short amount of time. She was open and willing to practice DBT (Dialectical Behavioral Therapy) coping strategies. Her depressive symptoms were reduced, and she successfully transitioned to a long-term psychotherapist in the community to continue with long term trauma treatment.”

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 brick-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.

X. Program and Project Highlights

Below are some of the highlights from the unique investments made in FY 2022-23:

Quality Evaluation Support Team (QUEST)

Many projects at University of Colorado School of Medicine that receive Supplemental Funding Program support have limited resources to build evaluation into their care models. The burden of creating project metrics, defining data, and extracting data can be challenging. Additionally, this can create gaps in reporting capabilities; teams often do not have the capacity to tell their story from both a qualitative and quantitative perspective to share back with important collaborators and partners. The Quality Evaluation Support Team (QUEST) is a Supplemental Funding Program investment aimed at filling this capacity gap and supporting teams with evaluation.

In FY 2022-23, QUEST undertook evaluations for 5 project teams, as well as partnered with additional teams to automate and update project metrics, collaborated with the Department and CUSOM to improve reporting processes and begin manuscript development.

Expanding Access to Mental Health Treatment for Refugees and Traumatized Immigrant Populations

The Immigrant Refugee Mental Health Project has been providing culturally sensitive services in support of refugees from over 25 nations since 1999. Supplemental funding was obtained in 2020 allowing for the expansion of the clinical care team that now includes a social worker, psychiatrist, therapist, a triage counselor, and evaluator.

The team reported this patient story:

“We were made aware that a young adolescent refugee who would eventually resettle in Denver was in a psychiatric hospital in Qatar due to severe emotional and behavioral disturbance while in transit from her country of origin. She had been in the hospital for several weeks. We were able to coordinate with her refugee resettlement agency staff and staff at Children’s Hospital in Aurora. The result was that on arrival in Denver, she was admitted to Children’s Hospital for several more weeks. During the hospital stay, our team communicated with Children’s Hospital staff and attended family meetings at Children’s, so that when the client was discharged from the hospital, she and her family were already familiar with her outpatient care team at CU Medicine. None of this coordination of care, which amounted to

about 20 hours, was billable. Thus, the work that we put into this case was fully funded through our Supplemental Funding Program grant. We believe that this patient and her family will have a significantly better outcome as a result.”

Six Building Blocks of Prescription Opioid Management & Behavioral Health Integration

The Six Building Blocks project is an opportunity for practices to learn and share evidence-based practices in the areas of pain and safe opioid management. This project’s goals are to increase utilization of behavioral health interventions for patients with chronic pain and support implementation of opioid prescribing guidelines to decrease risky opioid prescribing for chronic non-cancer pain in seven family medicine clinics. Every clinic has a psychologist to champion the effort. Additionally, each clinic has also implemented new behavioral health approaches for patients with chronic pain on opioids including one-on-one therapy, warm handoffs during routine primary care visits for brief psychotherapy, multidisciplinary case conferences, and group pain classes. All clinics are now actively engaged through the Colorado Department of Public Health and Environment’s statewide Six Building Blocks project.

Rural Track and Diversity Scholarships

Significant investments have been made in FY 2022-23 for Rural and Diversity Scholarships for medical students at the University of Colorado School of Medicine. These scholarship dollars are crucial to recruiting the most talented students from diverse backgrounds. 71 students granted full or partial tuition scholarships in the medical program since FY 2016-17. The first funding year group recently graduated the first 3 MD candidates in June 2023.

Diversity

Diversity scholarships funded 38 students in Academic Year 2023 (Fall 2022 - Summer 2023), in which students received a full or partial tuition scholarship.

Diversity Scholarship recipient quote:

"Growing up in Aurora, the CU Anschutz medical campus has played a key role in some of my family's most difficult moments. The support and care my family and I have received here has been nothing short of phenomenal. Having the opportunity to learn about medicine in a place where I've had some of my most intimate healthcare experiences is a true honor. I knew that by coming to study at CU Anschutz, I would have the opportunity to learn from some of the best doctors and healthcare professionals in the world. I've seen this expertise and professionalism first-hand, and I chose to come here to provide that same level of care to others in the future. Furthermore, I could not turn down the chance to return home and be close to my family."

Rural

Rural scholarships funded 33 students in Academic Year 2023.

Rural Scholarship recipient quote:

"...going to high school in a rural area did give me a taste for the unique needs of rural communities. I went on to attend college in a rural college town in Missouri, then to an internship program in Kentucky that worked extensively with rural Appalachian communities in western KY, when I returned home to Colorado and finished my library science masters, I actively sought out positions in rural areas, ultimately landing in Eagle County. As I returned to my childhood dream of being a physician, all these life experiences influenced my choice. From the interest in medicine itself, to the interest in working with kids and families, serving in a rural area and even my passion for improving health literacy through science communication, clinical communication, and patient education. I am so grateful for my winding non-traditional path towards medicine because I picked up important tools, skills, and experiences all along the way that I now see as essential to becoming the type of physician I want to be."

Collaborative Initiatives

CUSOM and the Department work together to define, implement, and evaluate collaborative projects that work to increase access to care and improve outcomes for populations with complex health care needs across the state.

These community identified projects incorporate population-level and individual-level determinants of health and interventions and support robust evaluation to better scale interventions for underserved populations.

Specific Collaborative Initiatives undertaken in FY 2022-23 included Unhoused Transitions of Care Program, Jail Transitions of Care Program, STRIDE Healthcare in the Community, and Ascending to Health Respite Care.

XI. State Benefit of Program Continuity

Moving into FY 2023-24, 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 FY 2023-24:

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.

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.

Community Engagement: Identify community engagement gaps and increase engagement with community partners.

Telehealth: Facilitate partnership to explore opportunities for information exchange, guidance, and dissemination for Telehealth.

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.

XII. Appendix A

Project-Level Expenditure Report - FY 2022-23

IA Section	Project #	Total FY23 Expenditures
Section 5.1 Expand Medicaid Member Volumes		\$ 43,622,190.00
Enhanced Clinical Payments	510001	\$ 43,622,190.00
Section 5.2 Expand Access and Enhance Care Using Evidence-Based Health Care Delivery Models		\$ 22,126,262.29
Ado Medicine Behavioral Health Integration	520002	\$ 301,215.20
BC4U LCSW	520003	\$ 66,713.68
CHCO Primary Care Operations: Care Coordination	520004	\$ 1,085,180.82
Young Mother's Clinic Psychosocial	520005	\$ 184,261.72
Integrated Behavioral Health Services for Children with Medical Complexity in the Outpatient Setting	520007	\$ 190,909.80
Special Care Clinic Pharmacy Support	520008	\$ 147,555.20
Multidisciplinary Asthma Clinic (MAC)	520009	\$ 132,555.93
Improving Outcomes in High-Risk Children and Adolescents with Type 1 Diabetes	520010	\$ 685,978.66
Integrated Care in Family Medicine: Virtual and In-person Integrated Behavioral Health Services	520011	\$ 3,184,309.00
PROMISE Community Health Project	520012	\$ 1,070,587.83
Behavioral Health Services in the Child Health Clinic	520013	\$ 616,131.96
Improved Care Coordination for AFW Medicaid Patients	520014	\$ 51,858.00
Ambulatory Nicotine Cessation Program	520015	\$ 133,366.47
Aurora Wellness Network - Just Keep Breathing	520016	\$ 176,568.88
Aurora Wellness Network - Community Health Navigators in School-Based Health Centers	520017	\$ 134,364.15
Aurora Wellness Network - Clinical Process Improvement Strategies	520018	\$ 282,929.44
Aurora Wellness Network - Advanced Data Analytics	520019	\$ 149,234.71
Aurora Wellness Network - Primary Care	520020	\$ 373,107.48
Aurora Wellness Network - Medical Legal Partnership	520022	\$ 206,145.73

Increase Medicaid Patient access to Gastroenterology Services	520023	\$ 211,677.29
Behavioral Health Services for Cystic Fibrosis Patients	520024	\$ 214,869.80
Population Health Focused Clinical Pharmacy Services in Primary Care	520025	\$ 194,457.86
SCC Program Support	520026	\$ 208,558.22
TRUE Center Expansion	520027	\$ 621,368.66
CIDE Assistive Technology Clinic	520028	\$ 346,742.75
Connections Program for High-Risk Infants and Families	520029	\$ 625,150.82
Enhancing HIV Care Through the Patient-Centered Medical Home Model	520030	\$ 103,644.91
CHCO Primary Care APM and Payment Reform	520031	\$ 226,291.37
Warm Connections	520032	\$ 233,906.12
Pregnancy Medical Home for OBGYN UCHHealth Practices	520033	\$ 388,149.59
HCPF Consulting Services	520034	
Motivational Interviewing Training	520035	\$ 205,291.26
CU Family Medicine Community Practices	520036	\$ 733,360.15
UCHHealth Integrated Transgender Program Expansion	520038	\$ 373,881.83
Women's Health Service Line: BH Integration, Telehealth & E-Consults to Improve Women's Well-Being	520039	\$ 1,431,256.12
Transgender Surgeon Support	520040	\$ 3,880.00
Increasing Access to Medication-Assisted Treatment Services and Enhancing Services to Meet High Behavioral Health Care Needs: ARTS Adult Outpatient Program	520041	\$ 1,420,693.35
Strengthening Families and Improving Access to Behavioral Health Services: Synergy's Adolescent Program	520042	\$ 309,569.89
Practice Innovation Program	520043	\$ 1,576,009.10
Primary Care Clinical Informatics Fellow	520044	\$ 91,523.61
CU Dermatology Clinic	520045	\$ 49,982.03
Colorado Springs Pediatric Diabetes Center	520046	\$ 763,049.22
University of Colorado Medicine Geriatric Medicine (formerly known as KAVOD)	520047	\$ 178,276.16
Expansion of Clinical Pharmacy Services to CU Medicine Community Practices	520049	\$ 58,556.37

Functional Neurological Disorders (FND) Clinic	520050	\$ 425,275.21
HealthySteps Implementation in Primary Care at CHCO	520051	\$ 417,383.77
Behavioral Health Supports for Individuals with Down Syndrome in a Multidisciplinary Clinic	520052	\$ 174,233.36
Addiction Treatment for Medically Complicated	520053	\$ 68,406.00
Colorado Springs Behavioral Health Integration	520054	\$ 835,326.84
Opioid Management and Behavioral Health Integration	520055	\$ 134,820.56
Psychiatry Administrative Support	520056	\$ 327,695.41
Section 5.3 Expand Targeted Rural Patient Access		\$ 6,264,540.87
Peer Mentored Care Collaborative (ECHO & eConsult Program)	530001	\$ 1,842,353.75
Outreach Coordinator	530002	\$ 32,685.65
Statewide Facilitation of Care for Sickle Cell Disease and Other Hemoglobinopathies in Colorado	530003	\$ 229,031.01
Children and Youth with Special Health Care Needs (CYSHCN)	530004	\$ 20,410.42
Developmental Pediatrics ACCESS: Access to Care for Communities through Education, Service and Support	530005	\$ 847,665.80
CoPPCAP: Colorado Pediatric Psychiatry Consultation & Access Program	530006	\$ 560,636.26
Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP) Rural Training Program	530007	\$ 38,405.54
Colorado Statewide Youth Suicide Prevention Initiative	530008	\$ 631,039.84
Pediatric Pulmonary and Sleep Service Expansion to Grand Junction	530009	\$ 73,721.72
Pulmonary/Sleep Outreach to Durango and Cortez	530010	\$ 37,975.95
CAMP: Expansion of the Obstetric Medical Home Model for Adolescent Pregnancy	530011	\$ 434,888.45
CHoSEN QIC (Colorado Hospitals Substance Exposed Newborn Quality Improvement Collaborative)	530012	\$ 710,520.38
Digestive Health Intestinal Rehab Telehealth	530013	\$ 51,186.17
Digestive Health Psychology Support	530014	\$ 148,926.39
Pediatric Asthma and High-Risk Asthma in Colorado Springs	530015	\$ 140,533.49
Cystic Fibrosis Travel	530016	\$ 8,155.88

Foot Care Clinic for Adult Homeless Population in Colorado Springs	530017	\$ 1,787.36
Pediatric Cardiology - Southern Colorado Outreach	530018	\$ 63,051.29
Tele-enabled Community-based Rheumatology Practices in Rural and Frontier Colorado	530019	\$ 57,993.50
Colorado Springs Developmental Pediatrics	530020	\$ 333,572.02
Section 5.4 Expand Telemedicine & eConsults		\$ 1,289,329.73
CORE e-Consult Provider Reimbursement	540001	\$ 97,602.00
Family Planning/BC4U Telehealth Expansion	540002	\$ 320,681.58
Telespine Triage	540003	\$ -
Colorado Fetal Care Center Telehealth	540004	\$ 7,500.00
Expanding Access to Integrated Substance/Mental Health Treatment for Adolescents and Young Adults	540005	\$ 89,648.52
Delivery of TeleHealth Pre-Exposure Prophylaxis (PrEP) for HIV Prevention	540006	\$ 133,559.39
Creation of the University of Colorado Program for Diabetes and Endocrine Virtual Care	540008	\$ 29,022.82
COVID-19 Response	540009	\$ 86,574.33
GIM Telehealth Expansion	540010	\$ 56,298.85
Teleneurology for Movement Disorders	540011	\$ 304,229.91
Ophthalmology Support	540012	\$ 6,198.95
Barbara Davis Center Pediatric Diabetes Telehealth Program	540013	\$ 158,013.38
Section 5.5 Improving Transition of Care and Patient Follow-up		\$ 1,648,866.72
CHCO HIV Transitions	550001	\$ 398,264.39
Post-Discharge Telehealth Home Nursing Visits for Medically Complex Children at High Risk for Readmission	550002	\$ 213,138.42
Asthma Pediatric to Adult Transition (P2A)	550003	\$ 104,628.27
Adults in Special Care Clinic	550005	\$ 446,342.67
Behavioral health Access for Refugees and Immigrants	550006	\$ 343,638.73
STRIDE UCH Inpatient Care Manager	550007	\$ 54,270.65
Transition to Adult Care and Adult Models of Care	550008	\$ 88,583.59

Section 5.6 Support for Federally Qualified Health Centers (FQHCs)		\$ 2,777,482.72
Aurora Wellness Community	560005	\$ 2,777,482.72
Section 5.7 The Division of Health Care Policy & Research		\$ 508,638.84
Health Data Compass	570001	\$ 508,638.84
Section 5.8 Support for Rural and Diversity Programs		\$ 4,530,000.00
Rural Scholarships	580001	\$ 100,000.00
Rural Track Program Support	580002	\$ 130,000.00
Diversity Scholarships	580003	\$ 4,300,000.00
Section 5.9. Collaborative Initiative Funding		\$ 3,671,172.94
CU Medicine Administrative Expenses	590001	\$ 1,155,925.79
Specialty Area Initiatives: Urology	590003	\$ 344,622.83
Specialty Area Initiatives: Dermatology	590004	\$ 2,732.71
Corrections Transitions of Care Program	590006	\$ 469,091.08
Unhoused Transitions of Care Program	590007	\$ 913,590.67
Center for Health Equity	590008	\$ 247,205.83
QUEST	590010	\$ 538,004.03
Total		\$ 86,438,484.11