

# Primary Care Fund

## Annual Application Review Conference FY 2024-25

Presented by Tracy Gonzales

March 7, 2024

# Our Mission

*Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.*

# Agenda

- Application Overview
- Data Validation Update
- Primary Care Fund Funding

# Application Overview

# SharePoint Platform

Applications are housed and will be officially submitted on the provider's SharePoint profile page under FY 2024-25 application year folder

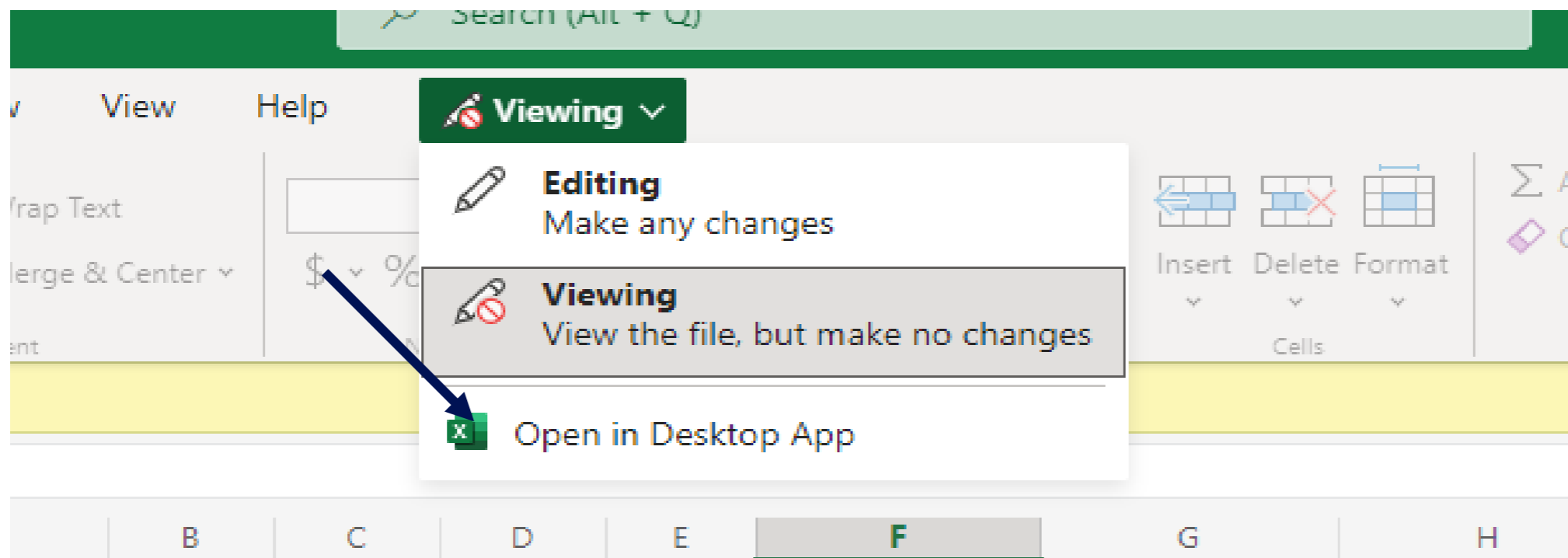
- 2024-25 application was released on January 29, 2024
- Historical applications and supporting documentation
- Must have a registered user to access SharePoint
  - Email [hcpf\\_primary.care@state.co.us](mailto:hcpf_primary.care@state.co.us) to request user access with name, email, and organization
  - **Accept** invitation to SharePoint and follow instructions to complete setup

# Application

- Applications are in Excel format



- Open in Desktop App



# Table of Contents Tab

<b>Table of Contents</b>
<b>Introduction</b>
An introduction to the Primary Care Fund Program with a brief explanation describing an eligible provider and how funds can be obtained.
<b>Definitions</b>
A clear explanation of important terms used throughout the Primary Care Fund application.
<b>Timeline</b>
Important dates pertaining to the Primary Care Fund application process and award.
<b>Instructions</b>
Follow steps to complete the Primary Care Fund application in full.
<b>Agency Information</b>
All applicants must provide up to date information about their providing agency.
<b>Question 1</b>
This question pertains to each applicants medically indigent patient count. All applicants seeking funds must answer this question.
<b>Question 2</b>
This question pertains to each provider's Sliding Fee Scale(s), corresponding co-payments and accompanying policies.
<b>Waiver</b>
For all applicants who have obtained funding in the previous three years and are not required to complete the entire application need to fill out the waiver form in the tab, "Waiver", to be exempt from answering questions 3 through 6.
<b>Question 3</b>
This question pertains to Medically Underserved Populations and Medically Underserved Areas.
<b>Question 4</b>
This question pertains to each applicant's track record of providing cost effective primary health care
<b>Question 5</b>
This question pertains to each applicant's screening for eligibility for Medicaid, CHP+ and CICP.
<b>Question 6</b>
This question asks for the applicant to describe their plan and process for a Quality Assurance Program.
<b>Appeals Process</b>
Instructions on how to file an appeal with the Primary Care Fund Program.

# Introduction Tab

## INTRODUCTION

In accordance with Section 21 of Article X (Tobacco Taxes for Health Related Purposes) of the State Constitution, an increase in Colorado's tax on cigarettes and tobacco products became effective January 1, 2005, and created a cash fund that was designated for health related purposes. House Bill 05-1262 divided the tobacco tax cash fund into separate funds, assigned 19% of the moneys to establish the Primary Care Fund, set forth how the funds will be allocated and designated the Department of Health Care Policy and Financing (the Department) as the administrator of the Primary Care Fund.

The Primary Care Fund provides an allocation of moneys to health care providers that make basic health care services available in an outpatient setting to residents of Colorado who are considered medically indigent. Moneys shall be allocated based on the number of medically indigent patients served by one health care provider in an amount proportionate to the total number of medically indigent patients served by all health care providers who qualify for moneys from this fund.

[Code of Colorado Rules and Regulations, 10 CCR 2505-10 8.900, Pg. 36](#)



# Definitions Tab

Includes terminology and definitions to assist in understanding language used in the application

DEFINITIONS
The following listing of terminology and definitions is included to assist the applicant agency in understanding language used throughout this application form.
<u>Arranges For</u>
Demonstrating Established Referral Relationships with health care providers in the community for any of the Comprehensive Primary Care services not directly provided by the applicant agency.
<u>Children's Basic Health Plan</u>
<a href="#">Also known as Child Health Plan Plus (CHP+) - As specified in 25.5-8-101 et seq., C.R.S. (2007).</a>
<u>Colorado Indigent Care Program (CICP)</u>
<a href="#">As specified in 25.5-3-101 et seq., C.R.S. (2008).</a>
<u>Comprehensive Primary</u>
Basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting. At a minimum, this includes providing or arranging for the provision of the following services on a Year-Round Basis: primary health care; Maternity Care, including Prenatal Care; preventive, developmental, and diagnostic services for infants and children; adult preventive services; diagnostic laboratory and radiology services; emergency care for minor trauma; Pharmaceutical Services; and coordination and follow-up for hospital care. It may also include optional services based on a patient's needs such as dental, behavioral health and eyeglasses.

# Timeline Tab

## APPLICATION TIMELINE

The following timeline may be revised at the discretion of the Department:

Monday, January 29, 2024 - Department releases Application Form

Friday, February 2, 2024 - Notify selected Applicant Agencies of required full application response

Friday, February 2, 2024 - Notify Applicant Agencies if they are required to increase sample size due to FY 2022-23 data validation findings

Friday, February 9, 2024 - Written questions due from Applicant Agencies to the Department

Thursday, March 7, 2024 - Primary Care Fund Application Review Conference

Friday, April 12, 2024 - Intent to Apply Notification due from Applicant Agencies

**Friday, May 24, 2024 - Application Responses Due by Close of Business to the Department SharePoint site**

Monday, July 8, 2024 - Tentative Award Notification - As Determined by Department

# Instructions Tab

- Application Response Instructions
  - ✓ Do not convert to PDF
  - ✓ Keep all documentation for 5 years
- Application Response Submission
- Code of Colorado Rules and Regulation link

# Checklist Tab

<b>Complete the Checklist:</b>		
<i>All applicants must complete the sections in green</i>	Yes	No
<b>Agency Information</b>		
Upload certification if applicable		
<b>Question 1</b>		
Unduplicated Patient Count		
Freeze Date		
Source of Data		
<b>Question 2</b>		
Upload at minimum two Sliding Fee Scales and corresponding co-payments		
<b>Outside Entity &amp; Confirmation</b>		
Letter on letterhead from Outside Entity		
Certification signature page of Outside Entity		
Confirmation by Applicant Agency		
<b>Waiver Policy</b>		
Waiver signed by authorized representative		
<b>If applicant is new or has been selected to complete the full application, questions 3 - 6 are required.</b>		
Question 3		
Question 4		
Question 5		
Question 6		
Filled out application in its entirety		
Established referral relationship agreements (if applicable)		
<b>Application Submission</b>		
Upload to SharePoint site		
Email <a href="mailto:hcpf_primary.care@state.co.us">hcpf_primary.care@state.co.us</a>		

**Primary Care Fund Frequently Asked Questions:**

<https://www.colorado.gov/pacific/hcpf/PCF-FAQs>

# Agency Information Tab

## AGENCY INFORMATION

Legal Name of Applicant Agency:  
(Fill in here)

Business Name of Applicant Agency :  
(Fill in here)

Federal Employer Identification Number:  
(Fill in here)

Legal Address of Applicant Agency:  
(Fill in here)

Mailing Address (if different than Legal Address):  
(Fill in here)

Name of Applicant Agency's Primary and Secondary Contact Person and Position/Title:  
Primary Contact (Fill in here)  
Secondary Contact (Fill in here)

Primary and Secondary Contact Telephone Numbers:  
Primary Contact (Fill in here)  
Secondary Contact (Fill in here)

Primary and Secondary Contact E-mail Addresses:  
Primary (Fill in here)  
Secondary (Fill in here)

Check the Appropriate Box:

FQHC   
Non-FQHC

Check the Appropriate Box:

Corporation   
Partnership   
Other (list):

Certification and Licenses\*:

Exp. Date

Joint Commission	<input type="text"/>	<input type="text"/>
AAHC	<input type="text"/>	<input type="text"/>

\*upload copy of certification to SharePoint

\*must have duration of accreditation stated on certificate

Fill out the questions below

There is no set formula for this. An example is to use the UDS medical cost per medical visit formula:  
(Total medical cost – total cost of lab and x-ray) / (total medical visits – total RN visits)

Average  
Cost Per  
Visit:

Type of  
Cost:

Please double click in the text box below to describe cost of visits:

# Applicant History Tab

New applicants & clinics notified to fill out entire application must complete this tab

- Agency's Mission
- History of Agency

# Question 1: Patient Count

QUESTION 1		
Enter Freeze Date: MM/DD/YYYY		
Unduplicated User/Patient Count		
Step 1	Identify the total number of Unduplicated Users/Patients served by the applicant agency during the calendar year January 1, 2023 - December 31, 2023 or to your freeze date.	0
Step 2	Identify the number of Unduplicated Users/Patients who were enrolled in:	
	a. Medicaid ( <b>primary or secondary</b> )	0
	b. CHP+	0
	c. Any other type of reimbursement for health care costs by a government program (i.e., Medicare, Social Security, Veterans Administration, Military Dependency [TRICARE or CHAMPUS], United States Public Health Service). NOTE: This number should not include CICIP	0
	d. Any other Third-Party Payer not mentioned above (such as private insurance).	0
Step 3	Subtract all of the numbers identified in STEP 2 from the total identified in STEP 1 to compute total number of uninsured patients served by the applicant agency.	0
Step 4	From the population identified in STEP 3, state the number of patients served by the applicant agency whose family incomes are at or above 200% of the Federal Poverty Level (200% FPL). This number should also include the number of Medically Indigent Patients whose family incomes are exactly 200% FPL or are unknown or undetermined.	0
Step 5	Subtract the total listed in STEP 4 from the total identified in STEP 3 to compute the total of Medically Indigent Patients with incomes <i>below</i> 200% FPL.	
<b>*Award is based on this number</b>	Note that this number will include CICIP clients whose family income is below 200% FPL. Since the CICIP provides discounted medical services to individuals up to 250% FPL the figure may not include all CICIP patients served by the applicant agency.	0

Remember to:

- Include your freeze date
- Keep your data

# Question 1: Freeze Date

The freeze date will act as a point of time in which data is fixed and definite so that a count can be made.

The patient's visit closest to your freeze date is the source designation used in the application.

The unduplicated patient count should be calculated on a specific point-in-time occurring between the end of the applicable calendar year and prior to the submission of the application.



# Question 1: Unduplicated Patient Count

## Unduplicated User/Patient Count (or Unduplicated Users/Patients)

The sum of patients who have had at least one Visit/Encounter and received at least one of the services under the definition of Comprehensive Primary Care during the applicable calendar year, but does not include the same patient more than once. The sum shall be calculated on a specific point-in-time occurring between the end of the applicable calendar year and prior to the submission of the application. Comprehensive Primary Care provided in a consecutive 52-week period directly by the provider and/or through an established referral relationship with other providers. If an organization is closed for four consecutive weeks or longer in a calendar year on a regularly scheduled basis, it is not considered to directly provide services on a year-round basis. The sum shall not include:

1. Counting a patient more than once if the same patient returns for additional services (e.g., medical or dental) and/or products (e.g., pharmaceuticals) during the applicable calendar year;
2. Counting a patient more than once if the payment source designation changed during the applicable calendar year;
3. Persons who have only received services through an outreach event, community education program, nurse hotline, or other types of community-based events or programs and were not documented on an individual basis;
4. Persons who have only received services from large-scale efforts such as mass immunization programs, screening programs, and health fairs; or
5. Persons whose only contact with the applicant agency is to receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) counseling and vouchers are not users and the contact does not generate an encounter.



# Question 1: Payment Source Designation

<b>EXAMPLE #1:</b>			
Specific point-in-time in which the data is collected for the calculation (Freeze Date): <u>April 1, 2024</u>			
Refer to Patient A in the example below. This patient made three visits from January 2023-February 2024. With the chosen Freeze Date of April 1, 2024, the February visit is closest; therefore, Patient A is considered to be covered under Medicaid in the application response for all visits made in CY 2023.			
PATIENT NAME	DATE OF VISIT	PAYMENT SOURCE AT TIME OF VISIT	PAYMENT SOURCE DESIGNATION IN APPLICATION RESPONSE
Patient A	20-Jan-23	Medicaid	
Patient A	11-Dec-23	Uninsured	
Patient A*	15-Feb-24	Medicaid	Medicaid
Patient B	15-Feb-23	Third Party Payer	
Patient B*	15-Dec-23	Uninsured	Uninsured
Patient C	10-Mar-23	Medicaid	
Patient C	15-Feb-24	Third Party Payer	
Patient C*	23-Mar-24	Uninsured	Uninsured
Patient D	19-Nov-23	Uninsured	
Patient D*	23-Jan-24	Third Party Payer	Third Party Payer



# Question 2 Sliding Fee Schedule

We expect a minimum of two Sliding Fee Scales (SFS)

The Federal Poverty Guideline changes in January

<https://aspe.hhs.gov/poverty-guidelines>

- There could be as many as three SFS depending on your freeze date

**We need the corresponding co-payments for each SFS**

- Even if your scale and co-payments have not changed, we need documentation that supports your data

# Outside Entity

## Outside Entity Requirements

- Minimum sample size = 25 patients
- Please ensure your Outside Entity is sampling patients counted to your freeze date

Providers that had financial data validation findings in their Fiscal Year (FY) 2023-24 PCF application were notified to increase their sample size on February 2, 2024

# Confirmation by Applicant Agency

<b>CONFIRMATION BY APPLICANT AGENCY</b>	
<b><i>NOTE: This confirmation shall be signed by an authorized representative of the applicant agency.</i></b>	
I confirm that all of the data and/or documentation included herein and submitted as my agency's Primary Care Fund application response are true and accurate.	
I confirm that my agency is providing data and/or documentation according to all requirements and instructions specified within the Primary Care Fund application form. I agree to provide additional explanation or documentation should the Department decide it is necessary for determining my agency's eligibility or for verifying any data submitted herein.	
I confirm that my agency's JC or AAAHC accreditation or documentation and associated recordkeeping for our Quality Assurance Program shall be available for review by the Department upon request.	
I agree that my agency shall abide by the Department's regulations for the Primary Care Fund found in the Code of Colorado Regulations (CCR) at 10 CCR 2505-10, Section 8.950, et seq., as they now exist or may hereafter be amended.	
I agree to the conditions of the appeal rights specified under "Appeals Process" tab. I agree that the venue for any legal disputes related to the Primary Care Fund or the Primary Care Fund application response shall be in the City and County of Denver, Colorado.	
I agree that at any time my agency is subject to performance and/or financial audits concerning this application and/or any funding received from the Primary Care Fund. I understand that the audits would be conducted at the discretion of the State of Colorado and may be performed by the Department or the Colorado Office of the State Auditor (OSA). (Statutes governing the State Auditor and specifics about the auditing process can be found in 2-3-101, et seq., C.R.S [2005]). I understand that access to files and documentation shall be made available for a period of five state fiscal years following the submission of this response.	
I agree that at any time an authorized representative of my agency shall be made available, upon request, to appear before any member or committee of the Colorado General Assembly to testify concerning the Primary Care Fund application response and/or the funding received from the Primary Care Fund.	
<b>Legal Name of Applicant Agency</b>	
<b>Applicant Agency's Authorized Representative's Name</b>	<b>Title</b>
<b>Signature of Applicant Agency's Authorized Representative</b>	<b>Date</b>

# Waiver Policy

## Current Waiver exists if

- Grantee has been awarded funding within the previous 3 years
- Meets eligibility criteria of a Qualified Provider
- Certifies there has been no change in capacity to meet all eligibility requirements

# Waiver Policy Cont.

When the waiver does *not* apply:

- You are a new applicant
- If you have been notified to complete the entire application
  - Notifications to selected providers were sent on February 2, 2023
  - Expect this every three years

# Question 3 - Medically Underserved Area or Population

- Medically Underserved Area (MUA) or Medically Underserved Population (MUP) Designation - provide County Name, Designation Type, Service Area and Federal ID Number
- No MUA or MUP designation? Provide evidence that your agency serves an area or population that lacks adequate health care services



# Question 4 (7 Tabs)

- I. Primary Care
- II. Maternity Care
- III. Preventive, Developmental and Diagnostic Services for Infants and Children
- IV. Adult Preventive Services
- V. Diagnostic Laboratory and Radiology Services
- VI. Emergency Care for Minor Trauma
- VII. Pharmaceutical Services

Completion of Question 4 should demonstrate that the applicant agency:

1. Has a Track Record (covering a consecutive 52-week period prior to the submission of the application response) of providing Cost-Effective Care
2. Will continue to provide or Arrange For Comprehensive Primary Care Services to Persons of All Ages on a Year-Round Basis.

# Question 4

Agencies not providing or Arranging For Comprehensive Primary Care Services to Persons of All Ages on a Year-Round Basis must provide documentation of an Established Referral Relationship.

## Established Referral Relationship

A formal, written agreement in the form of a letter, a memorandum of agreement or a contract between two entities which includes:

The Comprehensive Primary Care and/or products (e.g., pharmaceuticals, radiology) to be provided by one entity on behalf of the other entity;

Any applicable policies, processes or procedures;

The guarantee that referred Medically Indigent Patients shall receive services on a Sliding Fee Schedule or at no charge; and

Signatures by representatives of both entities.

# Question 5 - 6

## Question 5 Eligibility Screening

- Process for screening patients' eligibility for Medicaid, CHP+, and the CACP and referring patients potentially eligible for any of these programs to the appropriate entity

## Question 6 Quality Assurance Program

- Formalized plan and processes designed to ensure the delivery of quality and appropriate Comprehensive Primary Care

# Application Submission

- Upload all supporting documentation to SharePoint

<b>Complete the Checklist:</b>		
<i>All applicants must complete the sections in green</i>	Yes	No
<b>Agency Information</b>		
Upload certification if applicable		
<b>Question 1</b>		
Unduplicated Patient Count		
Freeze Date		
Source of Data		
<b>Question 2</b>		
Upload at minimum two Sliding Fee Scales and corresponding co-payments		
<b>Outside Entity &amp; Confirmation</b>		
Letter on letterhead from Outside Entity		
Certification signature page of Outside Entity		
Confirmation by Applicant Agency		
<b>Waiver Policy</b>		
Waiver signed by authorized representative		
<b>If applicant is new or has been selected to complete the application, questions 3 - 6 are required.</b>		
Question 3		
Question 4		
Question 5		
Question 6		
Filed out application in its entirety		
Established referral relationship agreements (if applicable)		
<b>Application Submission</b>		
Upload to SharePoint site		
Email <a href="mailto:hcpf_primary.care@state.co.us">hcpf_primary.care@state.co.us</a>		

- Email [hcpf\\_primary.care@state.co.us](mailto:hcpf_primary.care@state.co.us)

# Frequently Asked Questions

Please utilize the Primary Care Fund Grant Program  
Frequently Asked Questions for helpful information:

<https://hcpf.colorado.govPCF-FAQs/>

# Data Validation Audits & Common Findings

# Data Validation Audits

- Organizations selected to have their FY 2024-25 applications audited will be notified in the coming months
  - Comprehensive review of PCF application and supporting documentation
  - Keep all documentation used to complete the application for six fiscal years
  - Data Validation Audits will happen approximately every three years

# Common Findings

- Not counting secondary insurance
- Not verifying yearly income is below 200% of the FPG
- Not charging appropriate Sliding Fee Scale co-pays
- Counting Self-Pay patients
- Not keeping documentation to support application
  - Patient count
  - Federal Poverty Level
  - Charged co-pays



# Medically Indigent Patients

A Medically Indigent Patient is a patient:

- Whose yearly family income is below two hundred percent (200%) of the Federal Poverty Guidelines;
- Who is not eligible for Medicaid, CHP+, Medicare or any other governmental reimbursement for health care costs such as through Social Security, the Veterans Administration, Military Dependency (TRICARE or CHAMPUS), or the United States Public Health Service; and
- There is no Third-Party Payer

# Self-Pay Patients

To meet the qualifications of a Primary Care Fund provider the provider must accept all patients regardless of their ability to pay and use a Sliding Fee Scale for payments or do not charge Medically Indigent Patients for services (10 CCR 2505-10 8.950.2.N.1.).

The Sliding Fee Scale is a tiered co-payment system that determines the level of patient's financial participation and guarantees that the patient financial participation is below usual and customary charges. Factors considered in establishing the tiered co-payment system shall only be financial status and the number of members in the patient's family unit (10 CCR 2505-10 8.950.2.P.).

# Self-Pay Patients Cont.

If a provider is charging patients on a Self-Pay rate that is outside of the provider's Sliding Fee Scale or is not at a zero dollar rate those patients *are not to be included* in the final Medically Indigent Patient count and should be eliminated during the methodology process on the Primary Care Fund application.

# Women's Wellness Connection (WWC)

WWC reimburses a limited set of services on a per-patient, service-specific basis.

- WWC patients should be categorized under Step 2c: any other type of reimbursement for health care costs by a government program in the Primary Care Fund application.

If a patient has received WWC services but also has received other comprehensive primary care services, they may be included as a clinic's uninsured count in the Primary Care Fund application *only if*:

- The patient was charged a sliding fee scale copayment for the other comprehensive primary care services and
- The services are distinctly documented in the provider's billing system

# HRSA COVID-19 Uninsured Program

HRSA COVID-19 Uninsured Program reimburses a limited set of services specific to COVID-19 on a per-patient, service-specific basis.

- <https://www.hrsa.gov/coviduninsuredclaim/frequently-asked-questions>

If a patient has received HRSA reimbursable services but also has received other comprehensive primary care services, they may be included as a clinic's uninsured count in the Primary Care Fund application *only if*:

- The patient was charged a sliding fee scale copayment for the other comprehensive primary care services and
- The services are distinctly documented in the provider's billing system

# Ryan White HIV/AIDS Program

Ryan White HIV/AIDS Program has four parts

- Part A, Part B, and Part C grant recipients can include patients in the Primary Care Fund medically indigent patient count.
  - We will require supplemental documentation supporting which part of the Ryan White HIV/Program has been awarded submitted with the Primary Care Fund application.
  - The applicant will need to discreetly identify what type of Ryan White funding(s) are being received, i.e. Part A \$50,000 Part D \$10,000.

# Ryan White HIV/AIDS Program

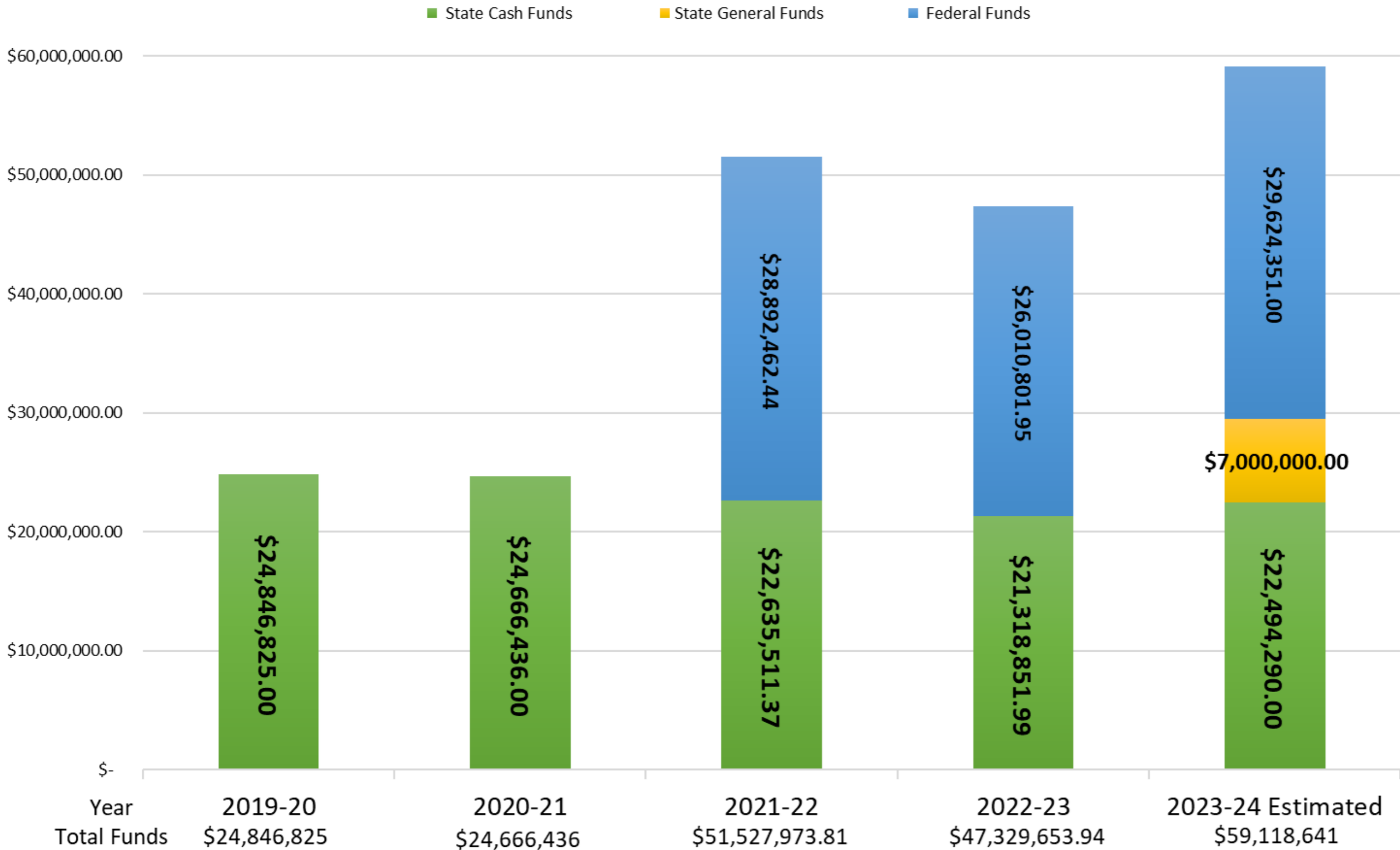
Part D is associated with providing primary medical care to women, infants, children and youth living with HIV when other payments for such services are unavailable. Part D payments are associated with specific patients and services.

- Patients seen under Part D of the Ryan White HIV/AIDS Program should be categorized under Step 2c: any other type of reimbursement for health care costs by a government program in the Primary Care Fund application.

# Primary Care Fund Funding



# Primary Care Fund Awards



# PCF Funding

- State Plan Amendment (SPA) CO 23-0032 was approved on January 17, 2024
  - Allows Medicaid providers to receive State funds in addition to federal matching funds.

## State Funds - Budget Appropriation

- FY 2023-24 \$22,494,290
- FY 2024-25 \$22,494,290
  - \$7,000,000 State General Funds

We are not anticipating a drastic change in FY 24-25; however, the numbers above are estimates pending approval of the long bill

# PCF Funding and Payments

To be more in line with the actual revenue received and help prevent drastic shortfalls in the fourth quarter payment we:

- Pay 90% of the appropriated amount
  - Will adjust based on need when comparing to the appropriation
- True up to the actual tobacco tax received in the fourth quarter payment

# Payments Continued

We make every effort to issue quarterly payments on time however

- First quarter payment will no longer be delayed due to SPA. [Link to Provider Bulletin](#)
- Payments may be delayed if there is not enough tobacco tax revenue collected during each quarter.
- Q4 payment may be delayed as we reconcile the end of the FY & the final tobacco tax revenue.

# Application Timetable Reminder

**Friday, April 12, 2024, Intent to Apply Due**

**Friday, May 24, 2024, Application Responses Due by Close  
of Business (5:00 P.M.)**

**Monday, July 8, 2024, Tentative Award Notification**

[hcpf\\_primary.care@state.co.us](mailto:hcpf_primary.care@state.co.us)

# Contact Information

**Tracy Gonzales**  
Program Assistant II

[hcpf\\_primary.care@state.co.us](mailto:hcpf_primary.care@state.co.us)

<https://hcpf.colorado.gov/primary-care-fund-information-providers>

# Thank You!



# Questions