

Primary Care Fund Grant

2015 Conference

Presented by: Karen Talley

May 7, 2015



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Department of Health Care
Policy & Financing

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Objective

- Goals of Primary Care Grant
- Legislation
- Definitions
- Provider Criteria



Goals

- Provide an allocation of moneys to qualified health care providers who provide medical services in an outpatient setting to medically indigent Colorado residents
- Serves a designated Medically Underserved Area or Medically Underserved Population
- Guarantee Medically Indigent Patients receive services on a Sliding Fee Scale or at no charge
- Ensure Sliding Fee Scale is meaningful and meeting intent of the law



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Legislation

- Section 21 of Article X (Tobacco Taxes for Health Related Purposes)
 - Provided an increase in Colorado's tax on cigarettes and tobacco products
 - Created cash fund designated for health related purposes
 - House Bill 05-1262 divided the tobacco tax cash into separate funds
 - Assigned 19% of the moneys to establish the Primary Care Fund
 - Designated the Department of Health Care Policy and Financing (the Department) as the administrator of the Primary Care Fund



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SB 15-234 Also know as Long Bill

- Appropriation for Fiscal Year 2015-16
 - \$26,661,415.00
- Approximately 40 Applicant Agencies applying
 - Five New Provider Applicants for FY 2015-16



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Department Updates

- Primary Care Fund Compliance Audit
 - Funds have been appropriated for Auditor
 - Provider Applications will be selected at random and based on risk assessment
- The Department will not change the methodology for counting unduplicated patients
- Excel template for completing Q7 is available on the Department's website



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Definitions

- Arranges For- Demonstrated established referral relationship with health care providers in the community for any of the Comprehensive Primary Care services not directly provided by the applicant agency
- Comprehensive Primary Care- Basic, entry-level health care provided by health care practitioners or non-physician health care practitioners generally provided in an outpatient setting



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Definitions

- Cost-Effective Care- Provides or arranges for Comprehensive Primary Care that is appropriate and at a reasonable average cost per patient Visit/Encounter
- Established Referral Relationship- A formal, written agreement in the form of a letter, a memorandum of agreement or a contract between two entities



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Definitions

- Medically Indigent Patient - A patient receiving services from a Qualified Provider and:
 - Whose yearly family income is below two hundred percent (200%) of the Federal Poverty Level (FPL); and
 - 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
 - No Third Party Payer
 - Colorado Indigent Care Program (CICP)- Payments not considered a governmental reimbursement or third party payer



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Definitions

- Outside Entity- A business or professional that is not classified as an employee of the applicant agency or the Department
 - Does not have direct or indirect financial interest with the applicant agency
 - The business or professional should have auditing experience or experience working directly with Medicaid or similar services or grants for Medically Indigent Patients



Definitions

- Sliding Fee Schedule (Scale)- A tiered co-payment system that determines the level of patient financial participation and guarantees that the patient participation is below usual and customary charges
 - Factors considered in establishing the tiered co-payment system should be based solely on financial status and the number of members in the patient's family unit



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Definitions

- Track Record- Evidence of providing Comprehensive Primary Care covering at least a consecutive 52-week period prior to the submission of the application
- Unduplicated User/Patient Count- Patient counted once for visit/encounter, and received primary care services during applicable calendar year
 - The sum of patients are calculated on a specific point-in-time occurring between the end of the applicable calendar year and prior to the submission of the application
 - Each patient is counted once under only one payment source designation (Third Party Payer or Medically Indigent Payment)



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Definitions

- Visit/Encounter- A face-to-face appointment with medical personnel and appointment is billable to a Third Party Payer
- Year-Round Basis- Comprehensive Primary Care provided in a consecutive 52-week period directly by the applicant agency 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



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Provider Criteria

- Accepts all patients regardless of their ability to pay and uses a Sliding Fee Schedule for payments or does not charge Medically Indigent Patients for services
- Serves a designated Medically Underserved Area or Medically Underserved Population
 - Section 330(b) of the federal “Public Health Service Act”, 42 U.S.C. sec. 254b
- Has demonstrated Track Record of providing Cost-Effective Care
- Provides or arranges for provision of Comprehensive Primary Care to persons of all ages
 - An entity in a rural area may be exempt from this requirement if it can be demonstrated there are no providers in the community to provide one or more of the Comprehensive Primary Care services



Provider Criteria

- Completes a screening that evaluates eligibility for Medicaid, CHP+, and CACP
 - Refers patients potentially eligible for state programs to appropriate agency
- Is a community health center, as defined in Section 330 of the federal “Public Health Services Act”, 42 U.S.C. Section 254; or at least 50% of the patients served by the applicant agency are Medically Indigent Patients or patients who are enrolled in Medicaid, CHP+, or any combination thereof



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Objective

- Completing Provider Application
- Key Dates
- Application Submission
- Appeal Window



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Completing Provider Application

- Submit one original copy of Application Response in a three ring binder, letter-size paper, with one-inch margins on all sides, printed in 12-point font, double-sided, with consecutive page numbers in a consistent numbering format printed on each page
- Complete response package shall include the following tabs:
 - Table of contents
 - Application Response (followed by the completed response to Section B)
 - Appendix A (followed by Sliding Fee Schedule (scale))
 - Appendix B (followed by formal written agreements [if necessary])
 - Appendix C (followed by JCAHO or AAAHC Accreditation [if applicable])
 - Appendix D (followed by letter from Outside Entity)
 - Appendix E (followed by required documentation [if necessary])
 - Appendix F (followed by completed Certification to Waive Documentation of Qualified Provider Criteria [if applicable])



Key Dates

- Friday, May 29, 2015- Application Responses due by close of business
 - No faxes or Emails accepted
- Monday, June 29, 2015- Tentative Award
 - Notification- As determined by Department
- October 2015
 - Tentative 1st Quarter Primary Care Fund Grant Payment



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Appeals Process

- Any applicant agency who is aggrieved in connection with Primary Care Fund Application Form for Fiscal Year (2015-16)
- Grievance must be filed in writing within five (5) business days of award notification
- Grievance shall be sent to Sue Birch, Executive Director, Department of Health Care Policy and Financing
- Copy of Grievance shall be sent to Nancy Dolson, Special Financing Division Director, Department of Health Care Policy and Financing



Appeals Process

- Copies of grievance should be sent by fax to the Department to 303-866-4411 to both of the aforementioned parties
- Grievance will be reviewed by Special Financing Director, Nancy Dolson
- No new information or documentation may be submitted by an applicant agency during the appeals process
- Final determination will be made by the Executive Director, Sue Birch



Objective

- Unduplicated User/Patient Count
- Examples of Unduplicated User/Patient Count
- Frequently Asked Questions

Unduplicated User/Patient Count

- Unduplicated User/Patient Count is calculated on a specific point-in-time(Freeze Date) January 1, 2015 through date of submission of application
- The patient's payment source designation listed at the specific point-in-time the data was collected
 - Applicant Agency determines the Freeze Date-Not the Department
 - Applicant Agency may select a specific point in time for the collection of data as to maximize uninsured count.



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Example of Unduplicated User/Patient Count

- Specific point-in-time is May 1, 2015
 - Patient A January 20, 2014 Medicaid
 - Patient A December 11, 2014 Uninsured
 - Patient A February 15, 2015 Medicaid
- The payment source for Patient A is Medicaid in this example



Example of Unduplicated User/Patient Count

- Specific point-in-time is December 31, 2014
 - Patient A January 20, 2014 Medicaid
 - Patient A December 11, 2014 Uninsured
 - Patient A February 15, 2015 Medicaid
- The payment source for Patient A is Uninsured in this example



Example of Unduplicated User/Patient Count

- Specific point-in-time is April 1, 2015
 - Patient B December 15, 2014 Uninsured
 - Patient B February 15, 2015 Third Party Payer
- The payment source for Patient B is Third Party Payer in this example



Example of Unduplicated User/Patient Count

- Specific point-in-time is January 1, 2015
 - Patient B December 15, 2014 Uninsured
 - Patient B February 15, 2015 Third Party Payer
- The payment source for Patient B is Uninsured in this example



Frequently Asked Questions

- If the organization operates multiple sites, can the application be made to only apply to one site?
 - If the multiple sites have the same tax identification number, then only one application will be accepted.
 - If each site has its own tax identification number, it will be necessary to apply separately



Frequently Asked Questions

- How is income verified for patients who do not provide proof of income?
 - Income verification can be through verbal or actual documentation



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Frequently Asked Questions

- Q3 requires evidence of a track record of cost-effective care. If some of the required services in the prior 52 weeks were provided by a referral relationship, but that relationship was not documented by a formal written agreement, would that be a disqualifying situation?
 - To be considered a qualified provider, applicant agency providers must provide or arrange for the provision of comprehensive primary care services. “Arranges for”- means an established referral relationship through a formal written agreement



Frequently Asked Questions

- Can patients who receive primary care at health fairs, schools, or other events be included in the Unduplicated User/Patient Count in Q7 Table 1?
 - Providers should not include patients who receive primary care at health fairs, schools or other events



Frequently Asked Questions

- Attestation-
 - To affirm to be correct, true, or genuine
- If the Applicant Agency Provider had attestation done on previous fiscal year application, is it necessary to have an audit for the current application year?
 - Yes, it is necessary to have an audit for the current year application



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Reminders

- Sliding Fee Scale
 - A tiered co-payment system
 - Based on patient's financial status and the number of members in the patient's family unit
- Electronic Excel Spreadsheet Available for completing Q7-Table 1
- Write legibly
- Provide appropriate signatures
- Provider Applications due by COB Friday, May 29, 2015



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Questions or Concerns?



Contact Information

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<http://www.colorado.gov/hcpf>

Click the following links: “For Our Providers”, “Get Info- FAQs & More”, “Primary Care Fund (PCF)”, then select “Application Process”, “2015-16 Primary Care Fund Application”



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Thank You!



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