



Primary Care Fund Grant Program

Frequently Asked Questions

Primary Care Fund (PCF) Grant Program Background

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.

What services do I need to provide to qualify for PCF?

To qualify for PCF the agency must provide or arrange for the provision of services on a year-round basis (consecutive 52-week period) for the following comprehensive primary care services:

- Basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting.
 - ✓ 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.
- In addition to comprehensive primary care, it may also include optional services based on a patient's needs such as dental, behavioral health and eyeglasses.

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Which patients can I include in my unduplicated patient count?

Patients that you may count on the PCF application are those who've had a face-to-face 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 following patients are not allowable in the unduplicated patient count:

- 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; or
- Duplicating a patient if the payment source designation changed during the applicable calendar year

Patients who received services from any of the following are not allowable:

- Outreach event, community education program, nurse hotline, or other types of community-based events or programs and were not documented on an individual basis;
- Large-scale efforts such as mass immunization programs, screening programs, and health fairs; or
- Those 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.

What is a 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. For example, the FY 2019-20 PCF application is due May 24, 2019 and includes data from the calendar year 2018. In this example, your freeze date could be anywhere from December 31, 2018 – May 23, 2019.



What is the PCF award based on?

The PCF awards are based on the uninsured population of patients whose Federal Poverty Level (FPL) is below 200%. Those patients that are with Colorado Indigent Care Program (CICP) may be included in this population. PCF funding does not include patients who were enrolled in:

- Medicaid (primary or secondary)
- CHP+
- 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 CICP clients.
- Any other Third-Party Payer not mentioned above (such as private insurance).

What supporting documentation do I need to provide in the PCF application?

The following documentation is required for the PCF application:

Sliding Fee Scales and Co-Payments

- A sliding fee scale is a tiered co-payment system that determines the level of patient 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. In the case of pharmaceutical services, formal arrangements with pharmaceutical companies to provide prescriptions at a minimal charge or at no fee can replace a sliding fee scale as long as all classes of prescription medications are covered.
- There should be a minimum of two sliding fee scales provided due to the change in the FPL guidelines at the end of January. Also include the corresponding co-payments for *each* sliding fee scale. This documentation should support the patient counts in your application

Certification by Outside Entity

- The numbers in the unduplicated patient count provided shall be verified by an outside entity prior to the submission of the PCF application response. The outside entity will also verify that the sliding fee scale has been administered correctly. The Department requires a minimum of 25 applications, unless notified differently to be sampled.



Certification and Licenses

- Active certification or licensure from the Joint Commission or Accreditation Association for Ambulatory Health Care (AAAHC)
- If you do not have certification or licensure from the Joint Commission or AAAHC then the applicant must supply a Quality Assurance Program in the PCF application.

When do I need to complete the entire PCF application?

An agency must complete the entire application if you are a new applicant. In addition, returning applicants must complete the entire application every three years.

How often will I go through a data validation audit?

Recipients of PCF funding can expect to go through the audit process approximately every three years by the Department and their vendor.

How long do I need to keep my records?

Access to files and documentation supporting the data in your application shall be made available for a period of 5 – 7 years following the submission of the application.

Are there financial impacts from audit findings?

If the data validation review uncovers overreported numbers in your application, you can expect a financial adjustment reflecting those findings in your fourth quarter payment.

How do PCF payments work?

The awarded amount is allocated based on the number of medically indigent patients served and the initial budget appropriation of tobacco tax revenue. PCF payments are dispersed in quarterly installments beginning the fall of the grant fiscal year. Recipients of PCF funding can expect their fourth quarter payment to be adjusted to the final tobacco tax revenue received in the grant fiscal year.

For more information about the [Primary Care Fund](#) contact:

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