

Proposed Enhancements to the Primary Care Fund

May 1, 2014
Discussion



Our Mission:

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



Purpose of Presentation

- Discuss with stakeholders ideas for enhancing the integrity of the Primary Care Fund.
- Changes would be implemented no sooner than FY 15-16



We will Discuss Four Key Proposals

1. Standardizing the Sliding Fee
2. Redefining Unduplicated Count
3. State-Funded Compliance Audit
4. Require CPA for Outside Entity





Our main goal is:

INTEGRITY
of the Program



Standardizing Sliding Fee Scale

- Equitable for patient
- Efficient for provider
- Mandate use of CICP copayment scale
(as maximum scale)



Current use of CACP Sliding Fee Scale

- About 20 providers submitted scale
- About 7 use CACP scale for FPL breakout or some services
- Appears CACP providers more likely to use CACP sliding fee scale



Redefining Unduplicated Count

- Change from insurance status of last visit closest to the freeze date to:
- uninsured status during any visit during the year



Redefining Unduplicated Count Questions to Ponder

- Easier to calculate?
- Which type of clinics might benefit?
- Effect of new Medicaid dental benefit on uninsured count?
- Voluntarily provide data to Department for testing purposes only?



Department May Redefine Unduplicated Count in the Application

→ Currently, “unduplicated count. . . 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 (8.950.2.S.)



State-Funded Compliance Audit

- Good stewardship
- Increases integrity of the program
- Funded equitably via 3% administrative costs allotment



State-Funded Compliance Audit of all Providers (Details)

- Annually, beginning in FY 15-16
- Department procure private CPA firm
- Audited on a rotating schedule
- About \$50,000 annual cost
- Financial impacts of adverse findings



Outside Entity Must Be a CPA

- Enhance integrity
- Burdensome for smaller clinics?
- Would this be necessary if a statewide compliance audit were conducted?



Which Clinics Affected by an Outside Entity CPA Requirement?

- Approximately 20 clinics must use CPA
- Approximately 4 clinics receive funding less than \$50,000



Summary of Our Four Key Proposals

1. Standardizing the Sliding Fee
2. Redefining Unduplicated Count
3. State-Funded Compliance Audit
4. Require CPA for Outside Entity





Your Ideas to Increase
INTEGRITY
of the Program



Open Discussion



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