

Colorado Department of Health Care Policy & Financing



PRIMARY CARE FUND GRANT

Our Mission:

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



PRIMARY CARE FUND GRANT

Goals:

1. Provide an allocation of moneys to qualified health care providers that make basic health care services available in an outpatient setting to residents of Colorado who are medically indigent
2. Guarantee Medically Indigent Patients receive services on a Sliding Fee Schedule or at no charge
3. Serves a designated Medically Underserved Area or Medically Underserved Population



QUALIFIED PROVIDER CRITERIA

- Provision of comprehensive primary care services
- Sliding fee schedule or not charge
- Serves a designated Medically Underserved Area or Population
- Demonstrated track record of cost-effective care



QUALIFIED PROVIDER CRITERIA

- Screens and refers for Medicaid Programs, Child Health Plan *Plus* (CHP+) and Colorado Indigent Care Program (CICP)
- Must be a Community Health Center, or at least 50% of the patients are medically indigent, enrolled in Medicaid or CHP+
- Rural may be exempt of some requirements if no other providers in community provide 1 or more of the services



COMPLETING PRIMARY CARE FUND APPLICATION

- All Eligible Providers complete application
- Providers who received grant within last 3 years are allowed to waive questions 2-6
- All Applicant Agencies must submit a copy of their facility's sliding fee scale for FY 2014-15 Primary Fund Grant
- All Applicant Agencies respond to Question 7



GENERAL REMINDERS

- Original Application Response must include original signatures on all pages requiring signatures
- There will be no opportunity to provide new information or documentation once the application response has been submitted
- The Primary Care Find Application Response deadline is **Friday, May 30, 2014, by Close of Business**
- Providers will receive Grant Acknowledgement Letter



UNDUPLICATED USER/PATIENT COUNT

- Unduplicated User/Patient Count is calculated on a specific point-in-time January 1, 2014 through date of submission of the application
- The patient's payment source designation in the application response would be the payment source designation listed for the patient at the specific point-in-time the data was collected to make the calculation



UNDUPLICATED USER/PATIENT COUNT EXAMPLES:

- Specific point-in-time is May 1, 2013
- Patient A January 20, 2012 Medicaid
- Patient A December 11, 2012 Uninsured
- Patient A February 15, 2013 Medicaid
- Payment Source is Medicaid because Feb. 15th is closest to Freeze Date



UNDUPLICATED USER/PATIENT COUNT EXAMPLES:

- Specific point-in-time is May 1, 2014
- Patient B February 15, 2013 Third Party Payer
- Patient B December 15, 2013 Uninsured
- Payment Source is Uninsured because Dec. 15th is closest to Freeze Date



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 however, each site has its own tax identification number, it will be necessary to apply separately**
- Where is income counted for patients that do not provide proof of income?
 - **Income verification can be through verbal or actual documentation**
- Can patients who received primary care at health fairs, schools, and 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**



QUESTIONS FROM THE AUDIENCE



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 a qualified provider, 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.**
- If attestation was done in previous Fiscal Year, is it necessary to have an audit in the current application year?
 - **Yes, it is necessary to have an audit for the current year application**



Primary Care Fund Grant Timeline

- Friday, May 30, 2014
 - **Application Responses Due**
- Monday, June 30, 2014
 - **Tentative Award Notification**
- October 2014
 - **Tentative 1st Quarter payment**



THANK YOU FOR YOUR ATTENDANCE AND PARTICIPATION



CONTACT INFORMATION

Department website

Colorado.gov/hcpf

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