First Regular Session Seventy-fifth General Assembly STATE OF COLORADO

ENGROSSED

This Version Includes All Amendments Adopted on Second Reading in the House of Introduction

LLS NO. 25-0667.01 Shelby Ross x4510

HOUSE BILL 25-1288

HOUSE SPONSORSHIP

Martinez and Winter T.,

SENATE SPONSORSHIP

Roberts and Simpson,

House Committees

Senate Committees

Health & Human Services

101

A BILL FOR AN ACT

CONCERNING FINANCIAL SUPPORT FOR FEDERALLY QUALIFIED HEALTH

102 CENTERS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at http://leg.colorado.gov.)

The bill authorizes the department of health care policy and financing (state department) to seek and accept gifts from private or public sources for the primary care fund. Upon receiving federal authorization, if the state department receives gifts designated for a federally qualified health center (FQHC) or a qualified provider, the state department is required to allocate 115% of the total amount of gifts

received to the designated FQHC or qualified provider. The bill prohibits the state department from allocating money to a qualified provider if the donor is an FQHC or a qualified provider that has a direct or indirect relationship to medicaid payments and the allocation amount is positively correlated to the donation.

The bill authorizes an FQHC to establish a separate subsidiary company for the purpose of providing fee-for-service services outside of the FQHC's standard cost report if the subsidiary is providing fee-for-service services that have historically been provided and reimbursed on a fee-for-service basis, or if the state department determines that the subsidiary's reimbursements would be budget neutral. Upon receiving any necessary federal authorization, the state department is required to reimburse a subsidiary of an FQHC on a fee-for-service basis for services that are eligible for fee-for-service reimbursement. A subsidiary that receives reimbursement is authorized to pass through money received from the reimbursement directly to the FQHC operating as the subsidiary's parent corporation. Services reimbursed to an FQHC's subsidiary are excluded from the FQHC's cost report.

Be it enacted by the General Assembly of the State of Colorado:

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2 **SECTION 1. Legislative declaration.** (1) The general assembly finds that:

- (a) Federally qualified health centers (FQHC) play an important role in the safety net system by serving roughly 30% of medicaid patients in Colorado; however, FQHCs receive less than 2% of the state's medicaid provider reimbursement;
- (b) The primary care fund (fund) was created to allocate money to qualified providers who provide comprehensive primary care services in an outpatient setting to uninsured and medically indigent patients, or individuals enrolled in medicaid;
- (c) Each dollar in the fund receives a one-for-one match by the federal centers for medicare and medicaid (CMS); and
- (d) CMS adopted rules that prohibit qualified providers who would benefit from the federal match from donating to the fund, but the

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rules do not prohibit other gifts from being made to the fund.

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(2) Therefore, the general assembly declares that it is necessary to allow the state to seek and accept gifts for the primary care fund.

SECTION 2. In Colorado Revised Statutes, 24-22-117, **amend** (2) introductory portion and (2)(b)(I); and **add** (2)(b)(VI) as follows:

24-22-117. Tobacco tax cash fund - accounts - creation - legislative declaration. (2) There are hereby created in the state treasury the following funds:

(b) (I) The primary care fund to be administered by the department of health care policy and financing. The state treasurer and the controller shall transfer an amount equal to nineteen percent of the moneys MONEY deposited into the cash fund, plus nineteen percent of the interest and income earned on the deposit and investment of those moneys THE MONEY, to the primary care fund. except that, for the 2008-09, 2009-10, 2010-11, and 2011-12 fiscal years, the state treasurer and the controller shall transfer to the primary care fund only an amount equal to nineteen percent of the moneys deposited into the cash fund. IN ADDITION TO THE MONEY TRANSFERRED FROM THE CASH FUND, THE PRIMARY CARE FUND CONSISTS OF GIFTS RECEIVED PURSUANT TO SUBSECTION (2)(b)(VI) OF THIS SECTION AND ANY OTHER MONEY THE GENERAL ASSEMBLY MAY APPROPRIATE OR TRANSFER INTO THE PRIMARY CARE FUND. All interest and income derived from the deposit and investment of moneys MONEY in the primary care fund shall be IS credited to the primary care fund. except that all interest and income derived from the deposit and investment of moneys in the primary care fund during the 2008-09, 2009-10, 2010-11, and 2011-12 fiscal years shall be credited to the general fund. Any unexpended and unencumbered moneys MONEY

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1	remaining in the primary care fund at the end of a fiscal year shall remain
2	REMAINS in the fund and shall IS not be credited or transferred to the
3	general fund or any other fund.
4	(VI) THE STATE DEPARTMENT MAY SEEK AND ACCEPT GIFTS FROM
5	PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF THIS SUBSECTION
6	(2)(b).
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8	SECTION 3. In Colorado Revised Statutes, amend 25.5-5-331
9	as follows:
10	25.5-5-331. Federally qualified health center - reimbursement
11	- rules. (1) Costs associated with services provided by clinical
12	pharmacists through a federally qualified health center, as defined in the
13	federal "Social Security Act", 42 U.S.C. sec. 1395x (aa)(4), are
14	considered allowable costs for the purpose of a federally qualified health
15	center's cost report and must be included in the calculation of the
16	reimbursement rate for a patient visit at a federally qualified health center.
17	(2) (a) A FEDERALLY QUALIFIED HEALTH CENTER, AS DEFINED IN
18	THE FEDERAL "SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1395x (aa)(4),
19	MAY ESTABLISH A SEPARATE SUBSIDIARY COMPANY FOR THE PURPOSE OF
20	PROVIDING FEE-FOR-SERVICE SERVICES OUTSIDE OF THE FEDERALLY
21	QUALIFIED HEALTH CENTER'S STANDARD COST REPORT IF:
22	(I) THE SUBSIDIARY IS PROVIDING FEE-FOR-SERVICE SERVICES
23	THAT HAVE HISTORICALLY BEEN PROVIDED AND REIMBURSED ON A
24	FEE-FOR-SERVICE BASIS; AND
25	(II) THE STATE DEPARTMENT DETERMINES THAT THE SUBSIDIARY'S
26	REIMBURSEMENTS WOULD BE BUDGET NEUTRAL.
27	(b) UPON RECEIVING ANY NECESSARY FEDERAL AUTHORIZATION,

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1	THE STATE DEPARTMENT SHALL REIMBURSE A SUBSIDIARY COMPANY, AS
2	DESCRIBED IN SUBSECTION (2)(a) OF THIS SECTION, ON A FEE-FOR-SERVICE
3	BASIS FOR SERVICES THAT ARE ELIGIBLE FOR FEE-FOR-SERVICE
4	REIMBURSEMENT.
5	(c) A SUBSIDIARY THAT RECEIVES REIMBURSEMENT PURSUANT TO
6	THIS SECTION MAY PASS THROUGH MONEY RECEIVED FROM THE
7	REIMBURSEMENT DIRECTLY TO THE FEDERALLY QUALIFIED HEALTH
8	CENTER OPERATING AS THE SUBSIDIARY'S PARENT CORPORATION.
9	(d) (I) THE STATE DEPARTMENT SHALL EXCLUDE ALL COSTS
10	ASSOCIATED WITH A SUBSIDIARY COMPANY ESTABLISHED PURSUANT TO
11	THIS SUBSECTION (2) FROM THE CALCULATION OF A FEDERALLY QUALIFIED
12	HEALTH CENTER'S REIMBURSEMENT RATES.
13	(II) THE STATE DEPARTMENT SHALL REQUIRE A FEDERALLY
14	QUALIFIED HEALTH CENTER THAT ESTABLISHES A SEPARATE SUBSIDIARY
15	COMPANY PURSUANT TO THIS SUBSECTION (2) TO INCLUDE THE COSTS
16	ASSOCIATED WITH THE SUBSIDIARY IN ITS COST REPORT THAT IS
17	NECESSARY TO CALCULATE REIMBURSEMENT RATES.
18	(2) (3) The state department shall promulgate rules to implement
19	the provisions of this section.
20	SECTION 4. Safety clause. The general assembly finds,
21	determines, and declares that this act is necessary for the immediate
22	preservation of the public peace, health, or safety or for appropriations for
23	the support and maintenance of the departments of the state and state
24	institutions.

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