



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

February 1, 2019

The Honorable Susan Lontine, Chair
Health and Insurance Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Lontine:

Enclosed please find a legislative report to the House Health and Insurance Committee from the Department of Health Care Policy and Financing on the Colorado Indigent Care Program (CICP) and Primary Care Fund.

Section 25.5-3-107, C.R.S. requires the Department to prepare an annual report concerning the status of the medically indigent program to be submitted to the health and human services committees of the Senate and the House of Representatives no later than February 1 of each year.

In FY 2017-18, more than 49,000 low-income Coloradans received discounted health care services through the CICP. The Department continues to make changes to the CICP to improve administrative efficiencies, while ensuring that the CICP remains a safety net for low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or the Child Health Plan Plus (CHP+) and who cannot afford their out of pocket health care costs. Those changes include formalizing an advisory council, adding a quality metric component to the CICP clinic funding determination, and contracting with an auditor to ensure CICP providers comply with the program's requirements.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, David DeNovellis, at David.Denovellis@state.co.us or 303-866-6912.

Sincerely,

A handwritten signature in black ink, appearing to read 'KB' followed by a stylized name.

Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2017-18 Annual Report



Cc: Representative Yadira Caraveo, Vice Chair, Health and Insurance Committee
Representative Mark Baisley, Health and Insurance Committee
Representative Susan Beckman, Health and Insurance Committee
Representative Janet Buckner, Health and Insurance Committee
Representative Marc Catlin, Health and Insurance Committee
Representative Joann Ginal, Health and Insurance Committee
Representative Dominique Jackson, Health and Insurance Committee
Representative Kyle Mullica, Health and Insurance Committee
Representative Matt Soper, Health and Insurance Committee
Representative Brianna Titone, Health and Insurance Committee
Legislative Council Library
State Library
John Bartholomew, Finance Office Director, HCPF
Laurel Karabatsos, Interim Health Programs Office Director & Medicaid Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Bonnie Silva, Interim Community Living Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Stephanie Ziegler, Cost Control and Quality Improvement Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
David DeNovellis, Legislative Liaison, HCPF





COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

February 1, 2019

The Honorable Jonathan Singer, Chair
Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Singer:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on the Colorado Indigent Care Program (CICP) and Primary Care Fund.

Section 25.5-3-107, C.R.S. requires the Department to prepare an annual report concerning the status of the medically indigent program to be submitted to the health and human services committees of the Senate and the House of Representatives no later than February 1 of each year.

In FY 2017-18, more than 49,000 low-income Coloradans received discounted health care services through the CICP. The Department continues to make changes to the CICP to improve administrative efficiencies, while ensuring that the CICP remains a safety net for low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or the Child Health Plan Plus (CHP+) and who cannot afford their out of pocket health care costs. Those changes include formalizing an advisory council, adding a quality metric component to the CICP clinic funding determination, and contracting with an auditor to ensure CICP providers comply with the program's requirements.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, David DeNovellis, at David.Denovellis@state.co.us or 303-866-6912.

Sincerely,

A handwritten signature in black ink that reads 'Kim Bimestefer'.

Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2017-18 Annual Report



Cc: Representative Dafna Michaelson Jenet, Vice-Chair, Public Health Care and Human Services Committee
Representative Yadira Caraveo, Public Health Care and Human Services Committee
Representative Lisa Cutter, Public Health Care and Human Services Committee
Representative Serena Gonzales-Guitierrez, Public Health Care and Human Services Committee
Representative Sonya Jaquez Lewis, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Colin Larson, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
Representative Kyle Mullica, Public Health Care and Human Services Committee
Representative Rod Pelton, Public Health Care and Human Services Committee
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David DeNovellis, Legislative Liaison, HCPF





COLORADO

**Department of Health Care
Policy & Financing**

Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

February 1, 2019

The Honorable Rhonda Fields, Chair
Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy and Financing on the Colorado Indigent Care Program (CICP) and Primary Care Fund.

Section 25.5-3-107, C.R.S. requires the Department to prepare an annual report concerning the status of the medically indigent program to be submitted to the health and human services committees of the Senate and the House of Representatives no later than February 1 of each year.

In FY 2017-18, more than 49,000 low-income Coloradans received discounted health care services through the CICP. The Department continues to make changes to the CICP to improve administrative efficiencies, while ensuring that the CICP remains a safety net for low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or the Child Health Plan Plus (CHP+) and who cannot afford their out of pocket health care costs. Those changes include formalizing an advisory council, adding a quality metric component to the CICP clinic funding determination, and contracting with an auditor to ensure CICP providers comply with the program's requirements.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, David DeNovellis, at David.Denovellis@state.co.us or 303-866-6912.

Sincerely,

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Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2017-18 Annual Report



Cc: Senator Brittany Pettersen, Vice-Chair, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator Jim Smallwood, Health and Human Services Committee
Senator Faith Winter, Health and Human Services Committee
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Rachel Reiter, External Relations Division Director, HCPF
David DeNovellis, Legislative Liaison, HCPF



Colorado Indigent Care Program and Primary Care Fund

Fiscal Year 2017-18 Annual Report

Kim Bimestefer
Executive Director



COLORADO
Department of Health Care
Policy & Financing

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TABLE OF CONTENTS

Executive Summary	1
Introduction	3
Program Overview	5
CICP Communication.....	6
Clients	7
Eligibility Requirements	7
Clients Served.....	10
Providers	13
Provider Eligibility Requirements	13
Provider Participation	13
Program Administration	17
Reporting Requirements	17
CICP Provider Compliance Audit.....	17
Prevention of Fraud by Applicants	17
Collection of Third-Party Payments.....	18
Incentives for Utilization Control	18
Reimbursement	19
Reimbursement for Clinics and Hospitals	19
Reimbursement Methodology for Hospitals	21
Reimbursement Methodology for Clinics	21
Children’s Hospital Colorado Clinic Payment.....	21
Primary Care Fund Program	23
Federal Match Rates	26
Disproportionate Share Hospital Payment	28
Law and Regulations	28
Payment Allotment.....	28
DSH audit.....	29
Definitions	31
CICP Financial Tables	37
CICP Utilization Tables	46

TABLE AND FIGURES

CLIENTS

Table 1 Annual Income Ranges for Each Federal Poverty Level Percentage Range	8
Table 2 Client Copayment Table Effective July 1, 2017	9
Figure 1 Total Unduplicated Client Count by Provider and Age Group	10
Table 3 Comparison of Inpatient Days	11
Figure 2 Inpatient Admissions by CICP Rating	11
Table 4 Comparison of Outpatient Visits	12
Figure 3 Outpatient Visits by CICP Rating	12

PROVIDERS

Table 5 FY 2017-18 CICP Clinics and Hospitals by County	14
Table 6 FY 2017-18 CICP Participating Providers	15
Table 6 FY 2017-18 CICP Participating Providers Continued	16

REIMBURSEMENT

Table 7 FY 2017-18 CICP Payments.....	20
Table 8 Historical CICP Write-Off Costs.....	20
Table 9 FY 2017-18 Percentage of Write-Off Cost Reimbursed	22
Table 10 Historical Percentage of Write-Off Cost Reimbursed.....	22

PRIMARY CARE FUND

Table 11 FY 2017-18 Primary Care Fund Payments	25
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FEDERAL MATCH RATES

Table 12 Colorado's Federal Match Rates.....	27
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DISPROPORTIONATE SHARE HOSPITAL PAYMENT

Table 13 Colorado DSH Allotments	29
Table 14 FFY 2017-18 DSH Payments.....	30

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment	37
Table 16 Total Hospital Financial Activity	38

Table 17 Physician Services Detail	40
Table 18 Outpatient Pharmacy Detail.....	40
Table 19 Ambulance Detail	41
Table 20 Denver Health Medical Center Detail.....	41
Table 21 Inpatient and Outpatient Charges (Detail)	42

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County.....	46
Table 23 Outpatient Visits and Inpatient Admissions by CICP Rating.....	48
Table 24 Inpatient Admissions and Days by CICP Rating.....	48
Table 25 Outpatient Visits and Charges by Age	49
Table 26 Inpatient Admissions and Charges by Age.....	49
Table 27 Utilization by Provider	50
Table 28 Unduplicated Inpatient and Outpatient by Age	52
Table 29 Unduplicated Total Count by Age.....	55

EXECUTIVE SUMMARY

This annual report is prepared by the Department of Health Care Policy and Financing (the Department) pursuant to Section 25.5-3-107, C.R.S. (2018). The purpose of this annual report is to inform stakeholders and policy makers about the structure, policy, statistics, and payments related to the Colorado Indigent Care Program (CICP). The CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan Plus (CHP+).

In FY 2017-18, the number of persons served by the CICP was 49,118. The CICP remains an important safety net for low-income Coloradans who are not eligible for Health First Colorado or CHP+ and who cannot afford their out of pocket health care costs.

Effective with FY 2017-18, the Department made changes to the CICP through the rule making process following more than 12 months of work with stakeholders. This resulted in improved administrative efficiencies while maintaining access to care for clients. Changes include enhanced programmatic flexibility by considering income only when determining CICP eligibility and allowing providers to mirror their internal charity care programs if they fit within the CICP's guidelines, such as using an alternate sliding fee scale if it is equivalent to or lesser than the traditional CICP scale.

In FY 2017-18, the CICP created a formal CICP Stakeholder Advisory Council (Advisory Council) through the rule making process as described under 10 CCR 2505-10 Section 8.905.D. The Advisory Council includes representatives of rural and urban hospitals, community health centers, safety-net clinics, consumers, and consumer advocates. The Advisory Council advises the Department on policies for the CICP and makes recommendations to improve program effectiveness. The Department will continue to work with its stakeholders to preserve the CICP safety net for its clients by taking opportunities to modernize the CICP and create efficiencies.

In FY 2017-18, there were 19 CICIP Clinics and 49 CICIP Hospitals. CICIP Clinics were reimbursed at 46.6% of indigent care costs. In FY 2017-18, payments to CICIP Hospitals were financed with hospital provider fees and federal matching funds under the federal Disproportionate Share Hospital (DSH) allotment as part of the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). For more information about the CHASE, see the 2019 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports. Payments to CICIP Hospitals and CICIP Clinics in FY 2017-18 are shown below.

CICIP Payments	
➤ CICIP Disproportionate Share Hospital Payments ¹	\$166,534,381
➤ CICIP Clinic Payments	\$6,059,760
Total Payments	\$172,594,141

¹ On November 2, 2017, the US House of Representatives passed [H.R. 3922](#) which delayed Medicaid payment reductions for disproportionate-share hospitals in FFY 2017-18 and FFY 2018-19. The FFY 2017-18 DSH payments were set before the bill was passed and therefore used the reduced allotment. A second DSH payment was made in December 2018 to make up the difference.

INTRODUCTION

The CICIP was created in 1983 under the “Reform Act for the Provision of Health Care for the Medically Indigent” and is currently located at 25.5-3-101, C.R.S. At its peak, the CICIP reimbursed participating clinics and hospitals for services provided to approximately 225,000 Coloradans in FY 2010-11.

Since it was created, the CICIP has undergone updates and changes to comply with legislative directives and to adapt to changes in the health care marketplace.

Effective with FY 2017-18, the Department made changes to the CICIP through the rule making process following more than 12 months of work with stakeholders. This resulted in improved administrative efficiencies while maintaining access to care for clients. Changes include enhanced programmatic flexibility by considering income only when determining CICIP eligibility and allowing providers to mirror their internal charity care programs if they fit within the CICIP’s guidelines, such as using an alternate sliding fee scale if it is equivalent to or lesser than the traditional CICIP scale

As part of the rule change, a formalized Advisory Council was created. The Advisory Council is comprised of 11 members representing the following groups: three consumers eligible for the program or three consumer advocates or a combination of each; a federally qualified health center; a rural health clinic or a community health clinic licensed or certified by the Department of Public Health and Environment; either Denver Health Medical Center or University of Colorado Hospital; an urban hospital; a rural or critical access hospital; an organization of community health centers as defined in the federal Public Health Service Act, 42 U.S.C. sec. 254(b); an organization of Colorado hospitals; and the Department. Information about current Advisory Council members and topics of discussion can be found at www.colorado.gov/pacific/hcpf/colorado-indigent-care-program-stakeholder-advisory-council.

Rule changes also allowed flexibility when determining financial resources for CICIP applicants and their copayments. Specifically, CICIP Clinics that are Federally Qualified Health Centers may mirror the income determination process and copayment schedule in line with their federal requirements. CICIP Clinics that are not FQHCs follow a similar process. Likewise, rules for the CICIP Hospitals were adjusted to allow hospitals to define income determination to best fit their communities. While these rule changes allowed more flexibility, minimum guidelines were retained to ensure that the CICIP remains responsive to the needs of low-income Coloradans.

The Department also took the opportunity with the recent rule change to modify the way that CICIP Clinics are reimbursed by adding a quality metric component to the methodology. The

new payment methodology that took effect in FY 2018-19 requires 75% of the payment be based on write-off costs and 25% of the payment be based on quality metrics. The majority of the current CICIP Clinics are federally qualified health centers, and as such are required by the federal government to calculate and report specific quality metrics to the Health Resources and Services Administration (HRSA). The Department has chosen to use four of these HRSA quality metrics to incorporate into the calculations, including: Body Mass Index Screening and Follow-Up; Screening for Clinical Depression and Follow-Up Plan; Controlling High Blood Pressure (Hypertensive Patients with Blood Pressure <140/90); and Diabetes: Hemoglobin A1c Poor Control (Diabetic Patients with HbA1c>9%). The Department is monitoring these quality metrics and will make changes to them through the rule making process when the majority of the CICIP Clinics achieve Department specified goals for each measure.

Aside from the recent rule changes, it is important to point out that the implementation of the ACA and the expansion of Health First Colorado to adults without dependent children in January 2014 has resulted in fewer clients served by the CICIP. However, while many former CICIP clients are eligible for health coverage following the implementation of the ACA, not all are covered. Citizens and legal immigrants who have been in the United States less than five-years remain eligible for the CICIP, so long as they are not eligible for Health First Colorado and have incomes that are at or below 250% of the federal poverty level (FPL). Also, while many low-income Coloradans are eligible for a federal subsidy to purchase health care coverage, there continues to be Coloradans with income under 250% of the FPL who cannot meet their out-of-pocket expenses. Finally, changes at the federal level including the proposed changes to the Public Charge rule, may drive eligible Coloradans back to the CICIP. Therefore, the Department continues to work with the Advisory Council to ensure the CICIP remains administratively effective and efficient while still retaining the underlying safety net for low-income Coloradans.

PROGRAM OVERVIEW

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” in 1983. This law made it possible to use State funds to partially reimburse providers for services provided to the State’s medically indigent residents. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program.” Part 1 of Article 3 in Title 25.5 is where the program’s enabling legislation resides. The following segment of the legislative declaration at Section 25.5-3-102, C.R.S. (2018) helps illustrate the program’s purpose.

The general assembly hereby determines, finds, and declares that:

(a) The state has insufficient resources to pay for all medical services for persons who are indigent and must therefore allocate available resources in a manner that will provide treatment of those conditions constituting the most serious threats to the health of such medically indigent persons, as well as increase access to primary medical care to prevent deterioration of the health conditions among medically indigent people.

The general assembly also recognizes that the program for the medically indigent is a partial solution to the health care needs of Colorado’s medically indigent citizens.

Therefore, medically indigent persons accepting medical services from this program shall be subject to the limitations and requirements imposed in this article.

Simply put, the CICP offers a partial solution to meet the health care needs of the State’s low-income residents. It is not a comprehensive benefits package nor is it an insurance program. Instead, it is a financial vehicle for providers to recoup some of their costs for providing medical services to low-income Coloradans who are not eligible for Health First Colorado or CHP+. The services offered under this program vary from provider to provider. By statute, providers participating in the CICP are required to prioritize care in the following order:

1. Emergency care for the full year;
2. Additional medical care for those conditions determined to be the most serious threat to the health of indigent persons; and
3. Any other medical care.

The CICP includes these requirements in its agreements with providers to ensure that low-income Coloradans have access to emergency care throughout the year.

CICP COMMUNICATION

The Department uses various communication channels to engage its audiences. Specifically, it publishes electronic newsletters that deliver updates on CICP policies and other Department news to CICP providers and stakeholders. In addition, it publishes an annual CICP Provider Manual as well as fact sheets. The CICP Provider Manual details program requirements, including determining an applicant's eligibility for CICP, and is a comprehensive program resource for providers, while the fact sheets offer CICP clients program eligibility guidelines for the CICP, Health First Colorado, and Connect for Health Colorado. The newsletters, Provider Manual, and fact sheets are available on the Department's website.

CLIENTS

ELIGIBILITY REQUIREMENTS

Participating hospitals and clinics administer the CICP client enrollment. Eligibility technicians at the CICP provider locations assist applicants in completing the client application and determine eligibility for the program using criteria approved by the Department. To be eligible for services discounted under the CICP, an individual must be aged 18 years or older or be an emancipated minor and meet requirements for lawful presence, Colorado residency, and income. Clients must not be eligible for Health First Colorado or CHP+, and they must have income and assets combined at or below 250% of the FPL. Clients can have other third-party insurance that must be billed prior to applying the CICP copayment to medical services.

Under regulations concerning lawful presence, all new applicants and clients reapplying for CICP aged 18 years and older must sign an affidavit indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a verifiable document may apply for a "Request for Waiver-Restrictions on Public Benefits" from the Department of Revenue. Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

To determine a client's copayment amount, providers assign a rating to the applicant based on the applicant's total income and assets (see Table 1). Ratings are based on a snapshot of an applicant's financial resources as of the date of the rating. See Table 2 for copayment determinations.

Client eligibility ratings are valid for one year. However, initial ratings may change, and a re-rating may occur when:

- Family income has changed significantly;
- Number of dependents has changed;
- Calculation errors are identified;
- Information provided was not accurate; or
- The client goes to a second provider that does not accept the client's initial rating due to the provider's income determination process differing from the first provider.

Table 1 Annual Income Ranges for Each Federal Poverty Level Percentage Range Effective April 1, 2018 through March 31, 2019

Family Size	0 to 40% & Homeless	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$4,856	\$0-\$4,856	\$4,857-\$7,527	\$7,528-\$9,833
2	\$0-\$6,584	\$0-\$6,584	\$6,585-\$10,205	\$10,206-\$13,333
3	\$0-\$8,312	\$0-\$8,312	\$8,313-\$12,884	\$12,885-\$16,832
4	\$0-\$10,040	\$0-\$10,040	\$10,041-\$15,562	\$15,563-\$20,331
5	\$0-\$11,768	\$0-\$11,768	\$11,769-\$18,240	\$18,241-\$23,830
6	\$0-\$13,496	\$0-\$13,496	\$13,497-\$20,919	\$20,920-\$27,329
7	\$0-\$15,224	\$0-\$15,224	\$15,225-\$23,597	\$23,598-\$30,829
8	\$0-\$16,952	\$0-\$16,952	\$16,953-\$26,276	\$26,277-\$34,328

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$9,834-\$12,140	\$12,141-\$14,204	\$14,205-\$16,146	\$16,147-\$19,303
2	\$13,334-\$16,460	\$16,461-\$19,258	\$19,259-\$21,892	\$21,893-\$26,171
3	\$16,833-\$20,780	\$20,781-\$24,313	\$24,314-\$27,637	\$27,638-\$33,040
4	\$20,332-\$25,100	\$25,101-\$29,367	\$29,368-\$33,383	\$33,384-\$39,909
5	\$23,831-\$29,420	\$29,421-\$34,421	\$34,442-\$39,129	\$39,130-\$46,778
6	\$27,330-\$33,740	\$33,741-\$39,476	\$39,477-\$44,874	\$44,875-\$53,647
7	\$30,830-\$38,060	\$38,061-\$44,530	\$44,531-\$50,620	\$50,621-\$60,515
8	\$34,329-\$42,380	\$42,381-\$49,585	\$49,586-\$56,365	\$56,366-\$67,384

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$19,304-\$22,459	\$22,460-\$24,280	\$24,281-\$30,350
2	\$26,172-\$30,451	\$30,452-\$32,920	\$32,921-\$41,150
3	\$33,041-\$38,443	\$38,444-\$41,560	\$41,561-\$51,950
4	\$39,910-\$46,435	\$46,436-\$50,200	\$50,201-\$62,750
5	\$46,779-\$54,427	\$54,428-\$58,840	\$58,841-\$73,550
6	\$53,648-\$62,419	\$62,420-\$67,480	\$67,481-\$84,350
7	\$60,516-\$70,411	\$70,412-\$76,120	\$76,121-\$95,150
8	\$67,385-\$78,403	\$78,404-\$84,760	\$84,761-\$105,950

Table 2 Client Copayment Table Effective July 1, 2017

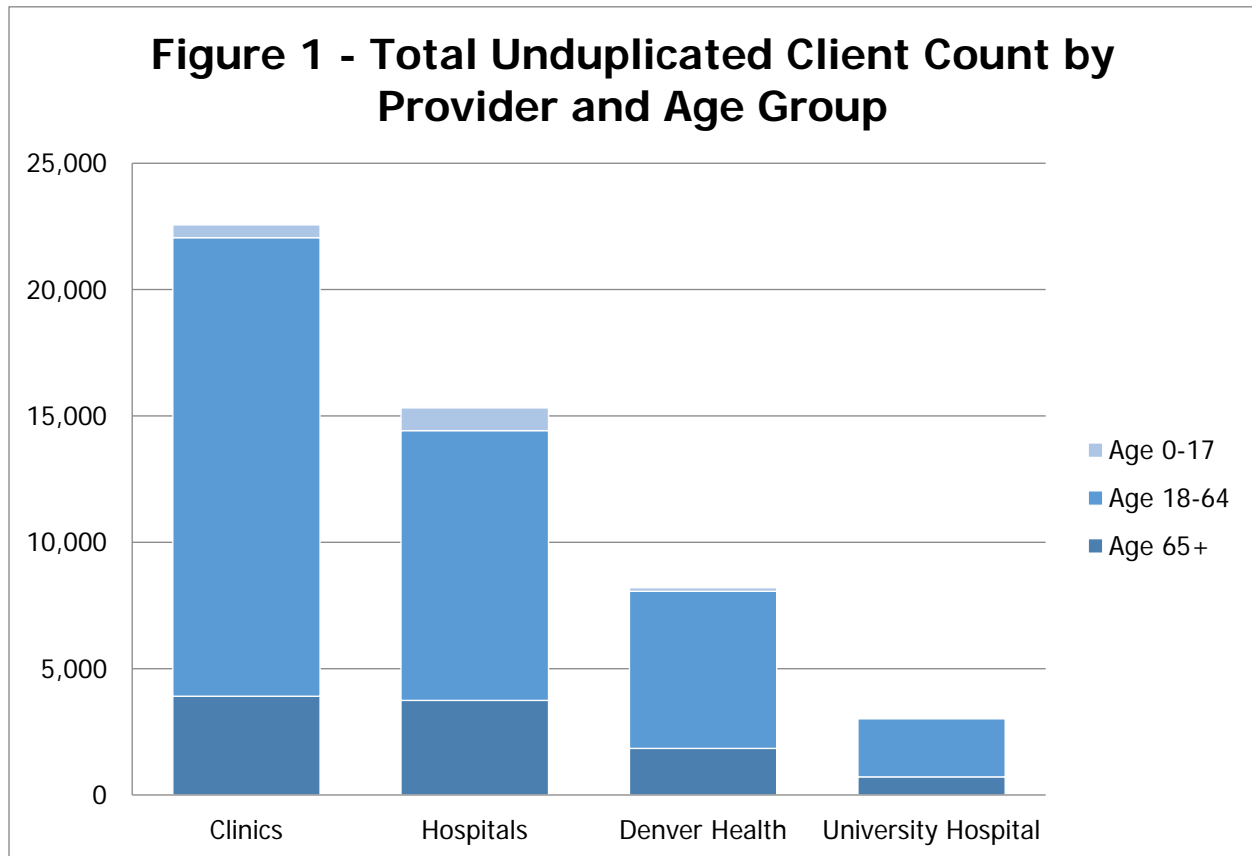
Percent of FPL	0 to 40% and Homeless	0 to 40%	41 to 62%	63 to 81%	82 to 100%	101 to 117%	118 to 133%	134 to 159%	160 to 185%	186 to 200%	201 to 250%
Ambulatory Surgery	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
Inpatient Facility	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
Hospital Physician	\$0	\$7	\$35	\$55	\$80	\$110	\$150	\$195	\$270	\$300	\$315
Emergency Room	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50
Emergency Transportation	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50
Outpatient Hospital Services	\$0	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40
Clinic Services	\$0	\$7	\$15	\$15	\$20	\$20	\$25	\$25	\$35	\$35	\$40
Specialty Outpatient	\$0	\$15	\$25	\$25	\$30	\$30	\$35	\$35	\$45	\$45	\$50
Prescription	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35
Laboratory	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35
Basic Radiology and Imaging	\$0	\$5	\$10	\$10	\$15	\$15	\$20	\$20	\$30	\$30	\$35
High-Level Radiology and Imaging	\$0	\$30	\$90	\$130	\$185	\$250	\$335	\$425	\$580	\$645	\$680

The CICIP client must pay the copayment listed, the copayment stipulated by their third-party insurance, or the actual charges, whichever is lower. Clients are notified of their copayment obligation at or before the time that services are rendered. For all clients with an FPL at or above 41% the annual copayments for CICIP cannot exceed 10% of the family's income. Annual copayments for clients with an FPL rating of 0% to 40% cannot exceed the lesser of 10% of the family's income or \$120. Clients with an FPL of 0% to 40% and who are homeless are exempt from a CICIP copayment.

CLIENTS SERVED

During FY 2017-18, there were 49,118 unduplicated clients who received services through the CICIP. This represents a 0.03% decrease from the 49,135 unduplicated clients assisted in FY 2016-17. Children represented 3.2% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICIP decreased by 37.7% in FY 2017-18 relative to the FY 2016-17 total. Overall, the program provided 3,196 unduplicated clients with inpatient care, while 47,893 received outpatient services in FY 2017-18.²

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 19,150 in FY 2016-17 to 18,753 in FY 2017-18, representing a decrease of 2.1%. Overall, the total number of inpatient days has decreased by 16.1% since FY 2015-16. Relative to FY 2016-17, Denver Health Medical Center had a decrease in inpatient days in FY 2017-18 of 19.4%, while University of Colorado Hospital had an increase of 6.8%.

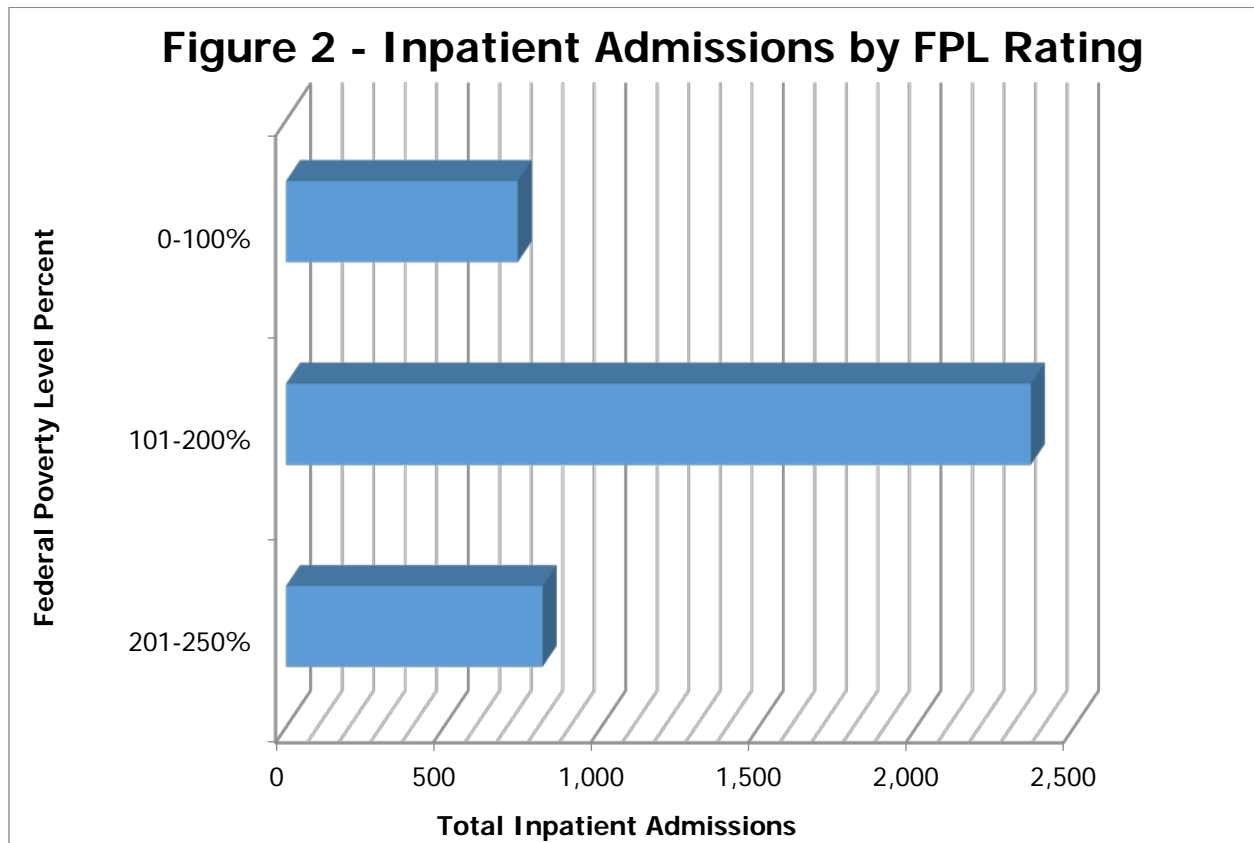
² This count is done at the provider level, a client who receives care at multiple CICIP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICIP

Table 3 Comparison of Inpatient Days³

CICP Provider	FY 2015-16 Inpatient Days	Percent Change	FY 2016-17 Inpatient Days	Percent Change	FY 2017-18 Inpatient Days	Percent Change
CICP Hospitals ⁴	12,769	-57.0%	11,295	-11.5%	11,366	0.6%
Denver Health Medical Center	5,115	-52.1%	3,824	-25.2%	3,081	-19.4%
University of Colorado Hospital	4,466	-58.4%	4,031	-9.7%	4,306	6.8%
TOTAL	22,350	-56.3%	19,150	-14.3%	18,753	-2.1%

Figure 2 shows the total inpatient admissions by CICP Rating and FPL percentage for FY 2017-18. Of the total inpatient admissions, 18.6% were made for individuals living at or below 100% FPL (former ratings Z, N, A, B, and C), similar to the 19.1% figure seen in FY 2016-17. FPL Ratings between 101 and 200% (former ratings D, E, F, G, and H) accounted for 59.8% of inpatient admissions, while FPL Ratings between 201 and 250% (former rating I) accounted for 20.6% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



³ Source: Analysis of Data from Previous CICP Annual Reports

⁴ Includes CICP Specialty Hospital Providers

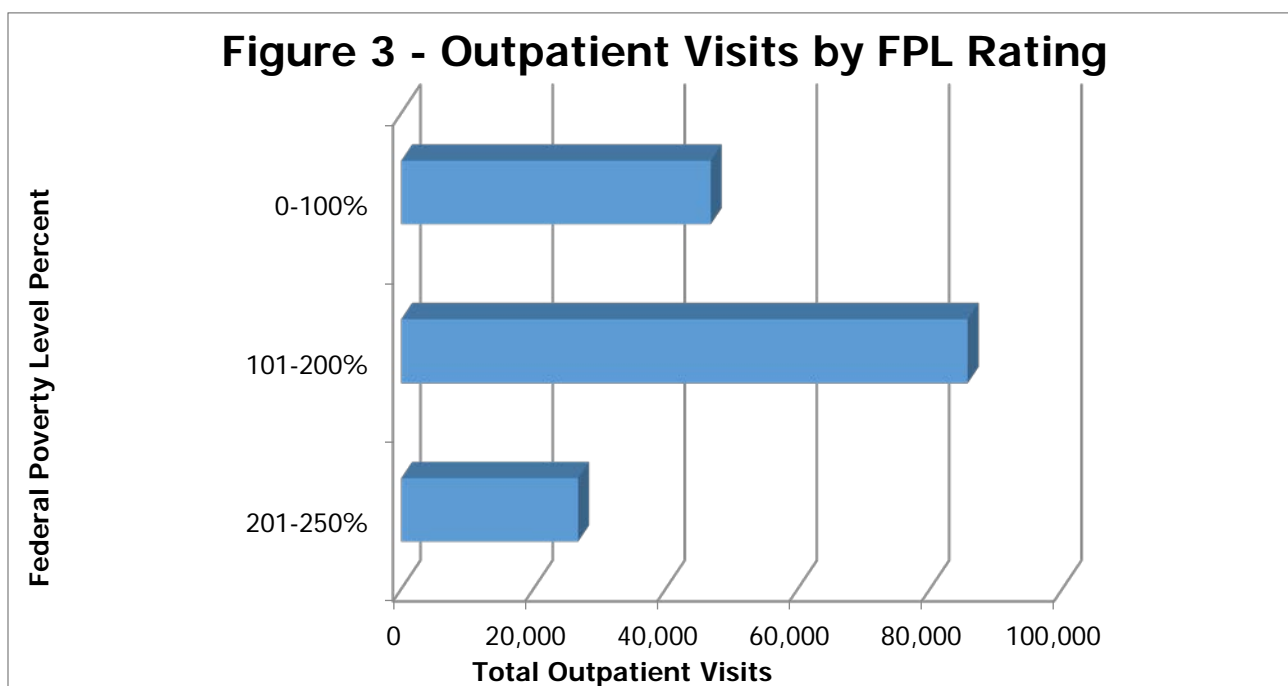
As shown in Table 4, there was a 0.1% increase in total outpatient visits from FY 2016-17 to FY 2017-18. CICP Clinics experienced a slight increase in outpatient visits—1.5% overall. CICP Hospitals experienced decreases in outpatient visits—0.7% for Denver Health Medical Center, 0.8% for University of Colorado Hospital, and 1.3% for all other hospitals. Though these decreases are nominal, they reflect continual trends resulting from the enactment of the ACA in January 2014.

Table 4 Comparison of Outpatient Visits⁵

CICP Provider	FY 2015-16 Outpatient Visits	Percent Change	FY 2016-17 Outpatient Visits	Percent Change	FY 2017-18 Outpatient Visits	Percent Change
CICP Clinics	68,246	-66.4%	72,757	6.6%	73,819	1.5%
CICP Hospitals ⁶	41,302	-66.0%	38,465	-6.9%	37,969	-1.3%
Denver Health Medical Center	45,146	-51.0%	35,314	-21.8%	35,084	-0.7%
University of Colorado Hospital	15,230	-58.2%	13,634	-10.5%	13,528	-0.8%
TOTALS	169,924	-62.5%	160,170	-5.7%	160,400	0.1%

In FY 2017-18, the total number of outpatient visits for CICP clients rose by 0.1%, increasing from 160,170 in FY 2016-17 to 160,400 in FY 2017-18. Clients with an FPL rating between 0 and 100% made up 29.2% of the total visits, with clients falling between 101 and 200% making up 53.4% of the total visits, and clients falling between 201% and 250% making up 16.7% of the total visits.

Figure 3 Outpatient Visits by CICP Rating



⁵ Source: Analysis of Data from Previous CICP Annual Reports

⁶ Includes CICP Specialty Hospital providers

PROVIDERS

PROVIDER ELIGIBILITY REQUIREMENTS

The CICP allows participation from any interested provider that meets the following criteria:

1. Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment (DPHE); or
A federally qualified health center, as defined in section 1861 (aa) (4) of the federal "Social Security Act", 42 U.S.C sec. 1395x (aa) (4); or
A rural health clinic, as defined in section 1861 (aa) (2) of the federal "Social Security Act", 42 U.S.C sec. 1395x (aa) (2).
2. Assure that emergency care is available to all CICP clients throughout the contract year.
3. If the provider is a hospital, the hospital must have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services as Health First Colorado members. In the case where a hospital is located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. This obstetrics requirement does not apply to a hospital in which the patients are predominantly under 18 years of age or which does not offer non-emergency obstetric services as of December 21, 1987.

For the purposes of this FY 2017-18 Annual Report, CICP providers are identified in the following categories by funding appropriation:

- CICP Clinics – clinics located throughout the state.
- CICP Hospitals – hospitals located throughout the state.
- CICP Specialty Hospitals – this includes Children's Hospital Colorado and National Jewish Health. Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICP must be provided to individuals who reside outside the City and County of Denver.
- Denver Health Medical Center – Denver Health Medical Center, including neighborhood outpatient clinics.
- University of Colorado Hospital – University of Colorado Hospital and associated specialty clinics.

PROVIDER PARTICIPATION

A total of 68 providers, 49 hospitals and 19 clinics, participated in the CICP in FY 2017-18. Most of the participating CICP Clinics and several of the CICP Hospitals have multiple sites. Any site other than the main facility is considered a satellite facility. There were 201 satellite CICP facilities throughout the state for FY 2017-18.

Table 5 FY 2017-18 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	10	4	14
Alamosa	8	1	9
Arapahoe	8	0	8
Archuleta	0	0	0
Baca	0	1	1
Bent	2	0	2
Boulder	5	3	8
Broomfield	1	0	1
Chaffee	0	3	3
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	3	1	4
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	0	1	1
Denver	19	2	21
Dolores	1	0	1
Douglas	6	0	6
Eagle	2	0	2
El Paso	27	3	30
Elbert	1	0	1
Fremont	2	1	3
Garfield	4	2	6
Gilpin	0	0	0
Grand	3	1	4
Gunnison	4	1	5
Hinsdale	0	0	0
Huerfano	0	1	1
Jackson	1	0	1
Jefferson	13	0	13
Kiowa	0	0	0
Kit Carson	0	0	0

County	Clinics	Hospitals	Totals
La Plata	0	1	1
Lake	1	0	1
Larimer	7	5	12
Las Animas	2	1	3
Lincoln	1	0	1
Logan	1	1	2
Mesa	10	3	13
Mineral	1	0	1
Moffat	1	1	2
Montezuma	9	1	10
Montrose	7	1	8
Morgan	1	2	3
Otero	2	1	3
Ouray	0	0	0
Park	0	0	0
Phillips	1	1	2
Pitkin	1	1	2
Prowers	8	1	9
Pueblo	11	2	13
Rio Blanco	0	0	0
Rio Grande	6	1	7
Routt	1	1	2
Saguache	2	0	2
San Juan	0	0	0
San Miguel	1	0	1
Sedgwick	1	1	2
Summit	4	0	4
Teller	2	1	3
Washington	0	0	0
Weld	14	1	15
Yuma	1	1	2
Totals	216	53	269

Table 6 lists CICIP providers by the city in which the main participating provider is located. A list of all current CICIP providers, including satellite facilities and the services they offer, can be found on the Department's website.

Table 6 FY 2017-18 CICIP Participating Providers

CICIP Hospital Providers	City
Arkansas Valley Regional Medical Center	La Junta
Aspen Valley Hospital District	Aspen
Banner Fort Collins Medical Center	Fort Collins
Boulder Community Health Foothills Hospital	Boulder
Centura Health - Penrose-St. Francis Health Services	Colorado Springs
Centura Health - St. Mary-Corwin Medical Center	Pueblo
Centura Health - St. Thomas More Hospital	Canyon City
Colorado Canyons Hospital and Medical Center	Fruita
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Grand River Hospital and Medical Center	Rifle
Gunnison Valley Hospital	Gunnison
Heart of the Rockies Regional Medical Center	Salida
Longmont United Hospital	Longmont
McKee Medical Center	Loveland
Melissa Memorial Hospital	Holyoke
Memorial Regional Health	Craig
Mercy Regional Medical Center	Durango
Middle Park Medical Center, Kremmling	Kremmling

CICIP Hospital Providers	City
Montrose Memorial Hospital	Montrose
Mt San Rafael Hospital	Trinidad
North Colorado Medical Center	Greeley
Parkview Medical Center	Pueblo
Platte Valley Medical Center	Brighton
Prowers Medical Center	Lamar
Rio Grande Hospital	Del Norte
San Luis Valley Health Conejos County Hospital	La Jara
San Luis Valley Regional Medical Center	Alamosa
Sedgwick County Memorial Hospital	Julesburg
Southeast Colorado Hospital District	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St. Mary's Hospital and Medical Center, Inc.	Grand Junction
Sterling Regional Medical Center	Sterling
UCHealth Longs Peak Hospital	Longmont
UCHealth Medical Center of the Rockies	Loveland
UCHealth Memorial Hospital	Colorado Springs
UCHealth Pikes Peak Regional Hospital	Woodland Park
UCHealth Poudre Valley Hospital	Fort Collins
UCHealth Yampa Valley Medical Center	Steamboat Springs
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray

Table 6 FY 2017-18 CICP Participating Providers Continued

CICP Specialty Hospital Providers	City
Children's Hospital Colorado	Aurora
Denver Health Medical Center	Denver
National Jewish Hospital	Denver
University of Colorado Hospital	Aurora

CICP Clinic Providers	City
Basin Clinic, Inc	Naturita
Clinica Family Health	Lafayette
Clinica Tepeyac	Denver
Community Health Clinic	Dove Creek
Denver Indian Health & Family Services, Inc	Denver
High Plains Community Health Center, Inc	Lamar
MarillacHealth	Grand Junction
Metro Community Provider Network (MCPN)	Englewood
Mountain Family Health Centers	Glenwood Springs
Northwest Colorado Health	Steamboat Springs
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Olathe
Salud Family Health Centers	Fort Lupton
Stout Street Health Center	Denver
Summit Community Care Clinic	Frisco
Sunrise Community Health Center	Evans
Uncompahgre Medical Center	Norwood
Valley-Wide Health Systems	Alamosa

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

To meet its fiduciary responsibility, the Department requires CICP providers to submit an annual report to the Special Financing Division at cicpcorrespondence@state.co.us.

This annual report has four forms (Summary Data, Physician, Pharmacy, and Ambulance). In accordance with the CICP Provider Manual, the Clinic's annual data is due with the Provider Application in May. The Hospital's data is due with the annual data aggregation in June.

CICP PROVIDER COMPLIANCE AUDIT

In accordance with the CICP Provider Manual, the Department requires CICP providers to submit a provider compliance audit statement along with a Corrective Action Plan (CAP), when required.

The provider submits the compliance audit statement and CAP, if needed, to the Department within six months of the completion of the annual financial audit related to the provider's annual CICP audit period. The three separate components of the CICP Compliance Audit are eligibility, billing, and programmatic. Failure to submit an audit statement that is acceptable to the Department for any year in which a provider participates in the CICP will result in the Department billing the provider for a full refund of monies received for the period in question or withholding payments until the audit has been submitted. In FY 2017-18, there were 69 audits submitted for FY 2016-17, 29 of which required a CAP. Most of the findings were in the Manual Used Correctly, Correct Copay, and Lawful Presence Affidavit portions of the audit. It should also be noted that 16 audits were late in submission. These findings were used to determine which areas to emphasize in the CICP provider training held in June 2018.

PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICP applicant is notified of their rights prior to completing and signing the CICP client application. The CICP client application requires that the applicant attest to the accuracy of the personal and financial information presented to the provider and affirm his or her understanding that false statements could result in prosecution by local authorities.

The CICP client application also includes a penalty clause, confirmation statement, and authorization for release of information. Part of the statement reads, "I authorize the Provider to use any information contained in the application to verify my eligibility for this program and to obtain records pertaining to eligibility from a financial institution as defined in Section 15-15-201(4), C.R.S., or from any insurance company." The applicant is required to sign this statement.

Any applicant reporting false information on a CICP application should be reported to the local county District Attorney's office or to the local police by the provider.

COLLECTION OF THIRD-PARTY PAYMENTS

The CICP guidelines require providers to collect all available payments from third-party resources. Providers are required to seek third-party reimbursement before the account is charged to the CICP.

INCENTIVES FOR UTILIZATION CONTROL

Incentives for efficient utilization of resources are built into the CICP by the very nature of the reimbursement level since providers are contracted to prioritize their services of emergency and urgent care to CICP clients. Many CICP Hospitals have limited services and provide only emergency and urgent care.

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2017-18 Long Bill, appropriations included the following line items:

Department of Health Care Policy and Financing

Section Five, Indigent Care Program

- Safety Net Provider Payments
- The Children's Hospital, Clinic Based Indigent Care

In the FY 2017-18 Long Bill (SB 17-254), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICP Hospitals and other hospital providers for uncompensated care. This appropriation is funded through hospital provider fees and matching federal funds. The CICP DSH Payment and Uncompensated Care Supplemental Payment are made from this line item. For more information on payments to hospitals funded through hospital provider fees, see the 2019 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department's website at www.colorado.gov/hcpf/department-reports.

The appropriation for CICP Clinics was \$6,119,760 in total funds appropriated through the FY 2017-18 Long Bill to the Clinic Based Indigent Care line item. The State share for the federal match is General Fund matched with federal funds under upper payment limit (UPL) financing. The appropriation included funds to reimburse Children's Hospital Colorado for the administration of CICP Clinic based care, resulting in total payments to CICP Clinics of \$6,059,760.

Table 7 FY 2017-18 CICIP Payments

	State Funds ⁷	Provider Fees ⁸	Federal Funds	Payments to Providers ⁹
CICIP Clinics ¹⁰	\$3,029,880	\$0	\$3,029,880	\$6,059,760
CICIP Hospitals and Specialty Hospitals	\$0	\$38,710,051	\$38,710,052	\$77,420,103
Denver Health Medical Center	\$0	\$30,292,560	\$30,292,561	\$60,585,121
University of Colorado Hospital	\$0	\$14,264,578	\$14,264,579	\$28,529,157
Total CICIP Payments	\$3,029,880	\$83,267,189	\$86,297,072	\$172,594,141¹¹

Table 8 Historical CICIP Write-Off Costs¹²

	FY 2015-16	FY 2016-17	FY 2017-18
CICIP Clinics	\$10,260,162	\$11,672,044	\$12,998,794
Percent Change	9.9%	13.8%	11.4%
CICIP Hospitals	\$70,057,921	\$64,014,635	\$66,823,346
Percent Change	-5.7%	-8.6%	4.4%
Denver Health Medical Center	\$24,444,891	\$22,597,162	\$21,479,670
Percent Change	-22.3%	-7.6%	-4.9%
University of Colorado Hospital	\$29,361,333	\$25,879,127	\$27,370,907
Percent Change	1.4%	-11.9%	5.8%
All CICIP Hospitals	\$123,864,145	\$112,490,924	\$115,673,923
Percent Change	-8.1%	-9.2%	2.8%
Total CICIP Providers	\$134,124,307	\$124,162,968	\$128,672,717
Percent Change	-6.9%	-7.4%	3.6%

⁷ State Funds include State General Fund appropriations

⁸ This amount represents the portion of the entire payment received by the provider that is comprised of fees. It does not represent the amount of fees paid by the provider

⁹ Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds. Clinic payments are stated on a Fiscal Year and hospital provider fees and payments are stated on a Federal Fiscal Year

¹⁰ \$6,119,760 was paid to Children's Hospital Colorado, which administers payments to CICIP Clinics. Children's Hospital Colorado retained \$60,000 of the total funds for the administration of this payment, which are not reported in any other statistics or diagrams in this annual report

¹¹ On November 2, 2017, the US House of Representatives passed [H.R. 3922](#) which delayed Medicaid payment reductions for disproportionate-share hospitals in FFY 2017-18 and FFY 2018-19. The FFY 2017-18 DSH payments were set before the bill was passed and therefore used the reduced allotment. A second DSH payment was made in December 2018 to make up the difference.

¹² Source: Analysis of Data from Previous CICIP Annual Reports

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

On May 30, 2017, the governor signed Senate Bill 17-267, Concerning the Sustainability of Rural Colorado, into law. This action repealed the Colorado Health Care Affordability Act (CHCAA) effective June 30, 2017 and created the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) effective July 1, 2017. CHASE is a government-owned business that operates within the Department for the purpose of charging and collecting the healthcare affordability and sustainability fee. The fee is matched with federal funds to increase hospital reimbursement for services provided to Health First Colorado and CICIP clients, fund hospital quality incentive payments, and finance health coverage expansion in the Health First Colorado and CHP+ programs, among other business services for hospitals.

Hospital payments financed with fees are reported on a federal fiscal year (FFY) basis. Payments under the CHASE for FFY 2017-18 totaled more than \$1.30 billion, including \$208 million in DSH payments for CICIP Hospitals.

On November 2, 2017, the US House of Representatives passed [H.R. 3922](#) which delayed Medicaid payment reductions for disproportionate-share hospitals in FFY 2017-18 and FFY 2018-19. The FFY 2017-18 DSH payments were set before the bill was passed and therefore used the reduced allotment. A second DSH payment was made in December 2018 to make up the difference.

More information about the CHASE hospital payments are reported in the 2019 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report, available on the Department's website at www.colorado.gov/hcpf/department-reports.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$6,059,760

CHILDREN'S HOSPITAL COLORADO CLINIC PAYMENT

An agreement was reached with Children's Hospital Colorado and the Department such that the hospital would administer the CICIP payments to the CICIP Clinics. Of the \$6,119,760 paid to Children's Hospital Colorado, \$6,059,760 was paid to the CICIP Clinics as payment for services provided under the CICIP. The remaining amount was retained by Children's Hospital Colorado to administer the payments to the CICIP Clinics.

Displayed in Table 9 are reimbursement and total write-off costs for Clinic Providers in FY 2017-18. The average reimbursement relative to costs for Clinic Providers was 46.62%, a decrease from last year's 51.92%.

Table 9 FY 2017-18 Percentage of Write-Off Cost Reimbursed¹³

	Payment	Write-Off Costs	Percent Reimbursed
CICP Clinic Providers	\$6,059,760	\$12,998,794	46.62%

Table 10 shows the average reimbursement as a percentage of costs for CICP Clinic Providers over the past six fiscal years. The reimbursement rate for CICP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The Department believes reimbursement percentages for the past four years are higher than previous years due to the enactment of the ACA in January 2014, which resulted in lower write-off costs for Clinic Providers due to increased eligibility for Health First Colorado.

Table 10 Historical Percentage of Write-Off Cost Reimbursed¹⁴

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
CICP Clinic Providers	13.94%	21.11%	64.92%	59.06%	51.92%	46.62%

Write-off costs for all CICP providers have decreased 77.8% from FY 2012-13 to FY 2017-18, with write-off costs for CICP Hospitals decreasing 76.4% and write-off costs for CICP Clinics decreasing 70.1% from FY 2012-13 levels. Write-off costs for the two largest CICP Hospital providers have decreased significantly since 2012-13, with a decrease of 85.1% for Denver Health Medical Center and a decrease of 74.8% for University of Colorado Hospital. The decrease in write-off costs, as is the case with caseload and other statistics, can be largely attributed to the implementation of the Medicaid expansion pursuant to SB 13-200 and the ACA in January 2014.

¹³ Source: Table 7, Financial Tables

¹⁴ Source: Analysis of CICP Annual Reports

PRIMARY CARE FUND PROGRAM

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. HB 05-1262 divided the tobacco tax cash fund into separate funds, assigning 19% of the moneys to establish 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. Awards are allocated based on the number of medically indigent patients who received services from a provider in an amount proportionate to the total number of medically indigent patients served by all health care providers who qualify for an award from this fund. Primary Care Fund providers are required to submit with their application the tiered co-payment sliding fee schedule they use for determining the level of patient financial participation and that guarantees the patient financial participation is below usual and customary charges.

To be a qualified provider, an entity must:

- Accept all patients regardless of their ability to pay, using either a meaningful sliding fee schedule or providing services to the patient at no charge;
- Serve a population that lacks adequate health care services;
- Provide cost-effective care;
- Provide comprehensive primary care for all ages;
- Screen and report eligibility for Health First Colorado, CHP+, and CACP; and,
- Be a federally qualified health center per Section 330 of the federal Public Health Services Act or have a patient base that is at least 50% uninsured, medically indigent, a participant in the CHP+, a participant in Health First Colorado, or any combination thereof.

In FY 2017-18, \$26,709,204 was allocated to 36 Primary Care Fund providers. These providers served 107,999 unique medically indigent clients in the 2016 Calendar Year.

The Department historically has not audited the information provided on applications for funding through the Primary Care Fund for accuracy and validity. The General Assembly approved a Department request to appropriate funds for this purpose beginning in FY 2015-16. The Department has contracted with an auditor that is engaging in a data validation process of provider applications for a fourth year in FY 2018-19. For the FY 2018-19 program year, 36 Primary Care Fund provider applications were awarded. Of those 36 Primary Care Fund providers, 36 of them have been through or are currently in the process of their first or second data validation audit review. The goal for the data

validation process that began in FY 2015-16 was to audit approximately one-third of all Primary Care Fund providers each year. The results from the data validation process have improved the transparency and efficiency of the Primary Care Fund Grant. The role of the contractor is to:

- Verify the number of unique medically indigent clients reported on the application;
- Verify correct copayments were charged;
- Report draft findings after they complete each provider audit; and
- Prepare a final report for the Department.

Table 11 FY 2017-18 Primary Care Fund Payments

Primary Care Fund Provider	Total Payments
Carin' Clinic	\$17,559
Caritas Clinic at St. Joseph Hospital	\$243,600
Clinica Colorado	\$1,074,313
Clinica Family Health	\$3,007,286
Clinica Tepeyac	\$925,433
Community Health Clinic	\$61,086
Denver Health and Hospital Authority	\$3,805,850
Doctors Care	\$26,462
Family Medicine Clinic for Health Equality (FMC-CAHEP)	\$94,720
Fort Collins Family Medicine Residency Program	\$36,107
High Plains Community Health Center, Inc.	\$284,901
Hopelight Medical Clinic	\$126,623
Inner City Health Center	\$352,169
Kids First Health Care	\$107,085
MarillacHealth	\$501,791
Metro Community Provider Network (MCPN)	\$3,879,548
Mission Medical Center	\$136,268
Mountain Family Health Centers	\$727,091
Northwest Colorado Health	\$345,492
Open Bible Medical Clinic	\$64,053
Peak Vista Community Health Centers	\$2,370,958
Pueblo Community Health Center	\$416,470
River Valley Family Health Center	\$197,353
Rocky Mountain Youth Clinics (RMYC)	\$282,675
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	\$398,169
Salud Family Health Centers	\$3,705,689
SET Family Medical Clinics	\$109,558
Sheridan Health Services	\$258,439
St. Mary Family Health	\$7,667
St. Mary-Corwin Health Foundation	\$10,882
Stout Street Health Center	\$398,169
Summit Community Care Clinic	\$516,630
Sunrise Community Health	\$1,526,396
Uncompahgre Medical Center	\$45,505
Valley-Wide Health Systems	\$630,887
Value Care Health Care	\$16,322
Total Providers	\$26,709,204

FEDERAL MATCH RATES

Payments for medical services covered under Title XIX of the Social Security Act (the Medicaid Program) are matched with federal funds at the state's Federal Medical Assistance Percentage (FMAP) rate. The FMAP rate is the percentage of the total payments that consists of federal funds. For example, if the FMAP is 50%, then for every qualified payment of \$100, \$50 is sourced from federal funds while the remaining \$50 is sourced from General Fund or other state dollars. The FMAP is based on the state's median income level relative to the national average. States with a larger proportion of their population at low-income levels will receive a higher federal match than states with a smaller proportion of low-income individuals. The FMAP rate varies from state to state but is never less than 50%.

For DSH payments, the federal government matches state payments using the FMAP, but the total DSH payments in a state are subject to an annual allotment or cap.

Section 5001 of Public Law 111-5, the American Recovery and Reinvestment Act of 2009 (ARRA), provided for a temporary increase in the FMAP to assist states in meeting the costs of increasing Medicaid caseloads at a time when their revenues fell due to rising unemployment. Three types of temporary assistance applied to the costs of Medicaid items and services during the period October 1, 2008, through December 31, 2010:

1. States that would otherwise experience a drop in their federal matching rate under the regular FMAP formula during FY 2009 or FY 2010 or the first quarter of FY 2011 were held harmless against any decline.
2. Every state received an increase in its FMAP by 4.9 percentage points for the entire nine-quarter period.
3. States experiencing an increase in their unemployment rate received an additional percentage point increase in their FMAP based on a specific formula.

In August 2010, Congress extended the FMAP increase through June 2011 under H.R. 1586, the Education Jobs and Medicaid Assistance Act, with a phase down of the FMAP increase. For Colorado, the enhanced FMAP stepped down from 61.59% to 58.77% for January through March 2011 and then to 56.88% for April through June 2011. The FMAP returned to 50% on July 1, 2011. The FMAP increased to 51.01% for October 2014 through September 2015. For the period October 1, 2015, through September 30, 2016, the FMAP decreased to 50.72% and decreased again to 50.02% for the period October 1, 2016, to September 30, 2017.

For the period October 1, 2017 to September 30, 2018, Health First Colorado was assigned the minimum FMAP rate of 50%. Federal funds were specified to offset the state's General Fund and not directed to increase or decrease provider payments when the FMAP changes.

The FMAP increase under ARRA did not apply to DSH payments. The FMAP for DSH payments remained at the state’s effective FMAP rate without ARRA, keeping Colorado’s FMAP for DSH payments at 50%.

The FMAP rates for Colorado from FFY 2008-09 through FFY 2017-18 are listed in Table 12

Table 12 Colorado’s Federal Match Rates

Federal Fiscal Year (October – September)	Match Rate
2008-2009 (Oct. 1, 2008 - March. 31, 2009)	58.78%
2008-2009 (April 1, 2009 - Sept. 30, 2009)	61.59%
2009-10	61.59%
2010-11 (Oct. 1, 2010 - Dec. 31, 2010)	61.59%
2010-11 (Jan. 1, 2011 - March 31, 2011)	58.77%
2010-11 (April 1, 2011 - June 30, 2011)	56.88%
2010-11 (July 1, 2011 - Sept. 30, 2011)	50.00%
2011-12	50.00%
2012-13	50.00%
2013-14	50.00%
2014-15	51.01%
2015-16	50.72%
2016-17	50.02%
2017-18	50.00%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

LAW AND REGULATIONS

In 1987, Congress amended Title XIX of the Social Security Act (the Medicaid Program), requiring states to make enhanced payments for those safety-net hospitals which provide services to a disproportionate share of Medicaid and low-income patients. DSH payments are intended to offset the uncompensated costs of providing services to uninsured and underinsured patients. The payments assist in securing hospitals' financial viability and preserving access to care for Medicaid and uninsured patients, while reducing a shift in costs to private payers. In subsequent legislation, Congress gave states a great deal of flexibility in the design and implementation of their DSH plans.

As states exercised this flexibility to finance the state share of the Medicaid Program, the federal government became alarmed at the corresponding impact on the federal budget. Regulations were put into effect to limit states' discretion in using provider taxes and contributions for this purpose. These regulations placed caps on the amount of DSH payments states can utilize. Since January 1991, Health First Colorado has developed and implemented several measures using DSH payments to finance Health First Colorado program expansions and to cover the escalating costs of ongoing Health First Colorado programs and costs associated with the CICP. Today, DSH payments to CICP Hospitals are financed with the healthcare affordability and sustainability fee and federal matching funds.

PAYMENT ALLOTMENT

Federal law establishes an annual DSH allotment for each state that limits Federal Financial Participation (FFP) for total statewide DSH payments made to hospitals. Federal law also limits FFP for DSH payments through the hospital-specific DSH limit. Under the hospital-specific DSH limit, FFP is not available for DSH payments that are more than the hospital's eligible uncompensated care cost, which is the cost of providing inpatient hospital and outpatient hospital services to Medicaid and uninsured patients, minus payments received by the hospital from or on behalf of those patients.

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in FFY 2013-14 and scheduled through FFY 2019-20. However, several pieces of legislation enacted since 2010 altered the ACA's Medicaid reduction schedule. In 2018, the aggregate reductions were delayed again, originally to begin in FFY 2017-18 and now slated to begin in FFY 2019-20 through FFY 2024-25.

DSH AUDIT

Each year, the Department submits an independent audit of DSH Payments (DSH Audit) to the Centers for Medicare and Medicaid Services (CMS) as directed by Title 42 of the Code of Federal Regulations (CFR), Section 447 (Payments for Services, Reporting Requirements) and 42 CFR Section 455 (Subpart D—Independent Certified Audit of State Disproportionate Share Hospital Payment Adjustments). Beginning with the audits for FY 2010-11, those hospitals that exceed their hospital-specific DSH limit must redistribute the overage to those hospitals under their hospital-specific DSH limit as prescribed by the Medicaid State Plan. The most recent DSH Audit was submitted in December 2018 for DSH payments made in FY 2014-15.

More information, including states' Annual DSH Reports, is available on CMS' website at <https://www.medicaid.gov/medicaid/financing-and-reimbursement/dsh/index.html>.

Table 13 Colorado DSH Allotments

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2008-09	\$93,235,244
2009-10	\$95,566,125
2010-11	\$92,507,555
2011-12	\$94,727,736
2012-13	\$97,190,657
2013-14	\$98,648,517
2014-15	\$100,226,893
2015-16	\$100,527,574
2016-17	\$101,432,322
2017-18	\$103,969,030 ¹⁵

¹⁵ On November 2, 2017, the US House of Representatives passed [H.R. 3922](#) which delayed Medicaid payment reductions for disproportionate-share hospitals in FFY 2017-18 and FFY 2018-19. The FFY 2017-18 DSH payments were set before the bill was passed and therefore used the reduced allotment. A second DSH payment was made in December 2018 to make up the difference

Table 14 FFY 2017-18 DSH Payments

Provider Name	Payment Amount
Arkansas Valley Regional Medical Center	\$500,608
Banner Fort Collins Medical Center	\$818,309
Boulder Community Health Foothills Hospital	\$5,421,644
Centura Health – Penrose-St. Francis Health Services	\$6,789,885
Centura Health – St. Mary-Corwin Medical Center	\$869,591
Centura Health – St. Thomas More Hospital	\$671,598
Children’s Hospital Colorado	\$13,234,150
Colorado Plains Medical Center	\$526,672
Community Hospital	\$447,930
Delta County Memorial Hospital	\$721,133
Denver Health Medical Center	\$60,585,121
Grand River Hospital and Medical Center	\$1,519,648
HealthOne North Suburban Medical Center ¹⁶	\$6,099,129
Longmont United Hospital	\$3,571,078
McKee Medical Center	\$1,506,258
Melissa Memorial Hospital	\$113,674
Memorial Regional Health	\$986,577
Middle Park Medical Center, Kremmling	\$348,096
Montrose Memorial Hospital	\$2,250,673
Mt. San Rafael Hospital	\$674,959
National Jewish Health	\$6,752,064
North Colorado Medical Center	\$2,279,569
Platte Valley Medical Center	\$2,155,426
San Luis Valley Health Conejos County Hospital	\$260,490
Sedgwick County Memorial Hospital	\$208,547
Southeast Colorado Hospital District	\$74,278
Southwest Memorial Hospital	\$214,641
St. Mary’s Hospital and Medical Center, Inc	\$5,662,400
UCHealth Medical Center of the Rockies	\$3,338,513
UCHealth Memorial Hospital	\$11,073,854
University of Colorado Hospital	\$28,529,157
Valley View Hospital	\$4,407,052
Wray Community District Hospital	\$20,786
Total	\$172,633,510

¹⁶ HealthOne North Suburban Medical Center does not participate in the CICP, but it was eligible for a DSH payment due to its proportion of Health First Colorado days to total Health First Colorado days being higher than the average proportion for all hospital providers in the state plus one standard deviation.

DEFINITIONS

Affordable Care Act (ACA) – The comprehensive federal health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.

American Recovery and Reinvestment Act of 2009 or ARRA – Economic stimulus bill that was created after the economic recession in 2007 to invest in healthcare initiatives.

Calendar Year - The twelve-month period beginning on January 1st and ending on December 30th of the same year.

Centers for Medicare and Medicaid Services (CMS) – The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated health insurance marketplace.

Child Health Plan Plus (CHP+) – Colorado's Children's Health Insurance Program, which is jointly funded by the state and federal government. CHP+ is low cost health and dental insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for Health First Colorado, but not enough to afford private health insurance.

Colorado Indigent Care Program (CICP) – A State program that reimburses participating providers for a portion of the costs incurred in treating eligible individuals. In turn, providers must adhere to State-established limits for amounts charged to eligible individuals. The program promotes access to health care services for low-income individuals by helping to defray the provider costs of furnishing uncompensated care and by limiting the amount that low-income patients must pay. The CICP is not an insurance plan under state law, because it does not provide individuals with a policy that defines a list of benefits to which they are entitled. Colorado statute limits the program's expenditures to available appropriations and the individual provider's physical, financial, and staff resources.

CICP Client – A lawfully present, Colorado resident whose household income and assets are at or below 250% of the federal poverty level.

CICP Clinic or Clinic Provider – A community health clinic licensed by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic and participates in the Colorado Indigent Care Program.

CICP Hospital or Hospital Provider – Any General Provider that is a general hospital licensed or certified by the Department of Public Health and Environment pursuant to 25-1.5-103 C.R.S., which operates inpatient facilities and participates in the Colorado Indigent Care Program.

CICP Rating – An assigned numeric code that designates a family's copayment and annual copayment cap and correlates to a specific ability to pay. Income, resources, and the family household size are used to determine what percentage of the federal poverty level the family meets. The CICP Federal Poverty Level Percentage Range Scale is divided into 11 sections.

Colorado Health Care Affordability Act or CHCAA (HB 09-1293 or Hospital Provider Fee Program) – Section 25.5-4-402.3, C.R.S., authorized the Department, with federal approval, to collect a fee from hospital providers to increase Health First Colorado and CICP payments to hospitals and expand coverage under public health care programs. This was repealed effective June 30, 2017.

Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) Act of 2017 – Pursuant to Section 25.5-4-402.4, C.R.S., effective July 1, 2017 CHASE is a government-owned business within the Department to collect a healthcare affordability and sustainability fee from hospitals to increase Health First Colorado and CICP payments to hospitals, to fund hospital quality incentive payments, to expand health care coverage in the Health First Colorado and CHP+ programs, to reduce cost-shifting to private payers, and to provide other business services to hospitals.

Comprehensive Primary Care – Specific to the Primary Care Fund, the basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting. Comprehensive primary care, at a minimum, includes providing or arranging for the provision of the following services on a year-round basis: 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.” 25.5-3-203 (1), C.R.S.

Connect for Health Colorado – Colorado's health insurance marketplace for small employers with two to fifty (2 to 50) employees, Coloradans who buy their own health insurance or are uninsured, or do not have access to affordable coverage through an employer. Connect for Health Colorado is a non-profit entity established by a state law, Senate Bill 11-200, that was passed in 2011. The organization, legally known as the Colorado Health Benefit Exchange, is governed by a Board of Directors with additional direction from a committee of state legislators, known as the Legislative Health Benefit Exchange Implementation Review Committee.

Department of Health Care Policy and Financing or Department – A department of the government of the State of Colorado.

Denver Health Medical Center – Under the CICP, Denver Health Medical Center primarily serves eligible patients who reside in the City and County of Denver. These facilities include Denver Health Medical Center and 10 neighborhood health clinics, 9 of which are located in Denver and 1 of which is located in Winter Park.

Disproportionate Share Hospitals (DSH) – Available DSH funds are distributed to hospitals that participate in the CICP and to other Colorado Health First Colorado hospitals under two separate DSH payments: the CICP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment. The payments help defray the cost of treating uninsured and low-income patients. DSH payments assist in securing the hospitals' financial viability, preserving access to care for the Health First Colorado and low-income clients, while reducing cost shifting onto private payers.

Emergency Care – Treatment for conditions of an acute, severe nature which are life, limb, or disability threats requiring immediate attention, where any delay in treatment would, in the judgment of the responsible physician, threaten life or loss of function of a patient or viable fetus, Section 25.5-3-103 (1), C.R.S.

Federal Fiscal Year or FFY – The twelve-month period beginning on October 1st of each Calendar Year and ending on September 30th of the following Calendar Year.

Federal Medical Assistance Percentage (FMAP) or Federal Match Rate – The portion of the eligible medical and administrative payments that consist of federal funds. For example, if the federal match rate is 50%, then for every qualified payment of \$100, \$50 is federal funds while the remaining \$50 is State General Fund or other state dollars.

Federal Poverty Level or FPL - A measure of income issued every year by the United States Department of Health and Human Services (HHS).

Federally Qualified Health Center – Community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) to provide primary care services in underserved areas as defined in section 1861 (aa)(2) of the Federal Social Security Act, 42 U.S.C. sec. 1395x (aa)(4).

Fiscal Year or FY - The twelve-month period beginning on July 1st of each Calendar Year and ending on June 30th of the following Calendar Year.

General Provider – Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a federally qualified health center or rural health clinic.

Health First Colorado or Colorado's Medicaid Program – Colorado medical assistance program as defined in Article 4 of Title 25.5, C.R.S.

Inpatient Day – Each day in which an individual is admitted into a hospital, whether or not the individual is in a specialized ward and whether or not the individual remains in the hospital for lack of suitable placement elsewhere.

Long Bill – Legislative document that provides for the payment of expenses of the executive, legislative, and judicial departments of the State of Colorado, and of its agencies and institutions, for and during the fiscal year beginning July 1st, unless otherwise noted.

Medically Indigent or Indigent - A person receiving medical services from a Qualified Health Care Provider and:

- Specific to the Primary Care Fund:
 - Whose yearly family income is below 200% of the FPL for the Primary Care Fund;
 - Who is not eligible for Health First Colorado, 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. (Payments received from the CICP are not considered a governmental reimbursement for health care costs related to a specific patient); and
 - There is no Third-Party Payer.

- Specific to the CICP:
 - Whose income and combined assets are at or below 250% of the FPL; and
 - Who is not eligible for Health First Colorado or CHP+.

Medical Services Board – An 11-member board responsible for adopting rules that govern the Department's programs. Of the 11 members, there is at least 1 member from each congressional district and no more than 6 members from the same political party.

Non-Emergency Care – Treatment for any conditions not included in the emergency care definition and any additional medical care for those conditions the Department determines to be the most serious threat to the health of medically indigent persons.

Outpatient visit – Determined by counting only one visit day for each calendar day that a patient visits an outpatient department or multiple outpatient departments.

Primary Care Fund or Primary Care Fund Program - The Primary Care Fund as authorized by state law at part 2 of the article 3 of title 25.5, C.R.S. (2017).

Qualified Health Care Provider – A provider defined by each program as follows:

- Specific to the CICP:
 - Any General Provider who is approved by the Department to provide and receive funding for discounted health care services under the CICP.

- Specific to the Primary Care Fund:

- A provider who is identified by the Department to receive funding from the Primary Care Fund and who:
 - 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 as provided in section 330(b) of the federal “Public Health Services Act”, 42 U.S.C. sec. 254b, or demonstrates to the Department that the entity serves a population or area that lacks adequate health care services for low-income, uninsured persons;
 - Has a demonstrated Track Record of providing Cost-Effect Care;
 - Provides or arranges for the provision of Comprehensive Primary Care to persons of all ages. An entity in a rural area may be exempt from this requirement if they can demonstrate that there are no providers in the community to provide one or more of the Comprehensive Primary Care services;
 - Completes a screening that evaluates eligibility for Health First Colorado, CHP+, and the CICP and refers patients potentially eligible for one of the Programs to the appropriate agency (e.g., county departments of human/social services) for eligibility determination if they are not qualified to make eligibility determinations; and
 - Is a community health center, as defined in Section 330 of the federal “Public Health Services Act”, 42 U.S.C. Section 254b; 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.

Residency – The residence of a person is the principal or primary home or place of abode of a person. A principal or primary home or place of abode is that home or place in which a person's habitation is fixed and to which they, whenever absent, have the present intention of returning after a departure or absence there from, regardless of the duration of such absence, pursuant to Section 1-2-102, C.R.S.

Rural Health Clinic – Clinics that are located in rural areas and that have been certified under Medicare as defined in section 1861(aa)(2) of the Federal Social Security Act, 42 U.S.C. sec. 1395x (aa)(2). Such clinics are either freestanding or hospital affiliated.

Sliding Fee Schedule – Specific to the Primary Care Fund, 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 Schedule as long as all classes of prescription medications are covered.

Social Security Act – A legislative act established in 1935 to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several states to make more

adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish Social Security Board; to raise revenue; and for other purposes.

Third-Party Payment or Third-Party – Any payment for health services including, but not limited to, private health insurance, medical payments under any other private insurance plan, Workers' Compensation, Medicare, CHAMPUS, The Health Care Program for Children with Special Needs, and other insurance coverage responsible for payment of medical expenses incurred by individuals. Responsibility for payment may be established by contract, by statute, or by legal liability. Third-party payment does not include: 1) payment from voluntary sources or 2) payment under the Colorado Crime Victim Compensation Act, Section 24-4.1-100.1, C.R.S.

University of Colorado Hospital – Under the CICP, University of Colorado Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University of Colorado Hospital also serves as a referral center to provide such complex care that is not available nor contracted for in Denver and the remaining areas of the state.

Upper Payment Limit or UPL – The UPL is the maximum amount Health First Colorado can reimburse a provider and still receive the federal match rate. The UPL is calculated for three (3) distinct service categories: Inpatient Hospital, Outpatient Hospital, and Nursing Facilities. The three (3) unique UPLs are calculated by the Department such that each must be a reasonable estimate of the amount Medicare would reimburse providers for providing Health First Colorado services.

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Basin Clinic, Inc.	\$26,101	\$6,547	\$2,659	\$16,895	\$16,895	\$17,314
Clinica Family Health	\$4,070,980	\$133,849	\$350,419	\$3,586,712	\$3,586,712	\$1,310,976
Clinica Tepeyac	\$8,367	\$0	\$6,244	\$2,123	\$2,123	\$112,782
Community Health Clinic ¹⁷	\$50,377	\$16,635	\$7,118	\$26,625	\$26,625	\$24,966
Denver Indian Health & Family Services, Inc.	\$600	\$0	\$0	\$600	\$600	\$254
High Plains Community Health Center ¹⁷	\$466,721	\$22,100	\$34,399	\$410,222	\$410,222	\$176,885
MarillacHealth	\$68,068	\$0	\$2,800	\$65,268	\$65,268	\$34,574
Metro Community Provider Network (MCPN)	\$2,610,425	\$0	\$287,689	\$2,322,736	\$2,322,736	\$991,793
Mountain Family Health Centers	\$253,147	\$0	\$34,810	\$218,337	\$218,337	\$99,566
Northwest Colorado Health	\$50,251	\$13,250	\$3,429	\$33,572	\$33,572	\$19,852
Peak Vista Community Health Center ¹⁷	\$3,288,370	\$388,358	\$349,369	\$2,550,643	\$2,550,643	\$1,287,083
Pueblo Community Health Center ¹⁷	\$993,053	\$207,902	\$191,212	\$593,939	\$593,939	\$230,720
River Valley Family Health Center	\$327,933	\$83,535	\$48,915	\$195,483	\$195,483	\$40,446
Salud Family Health Centers	\$2,298,335	\$0	\$266,491	\$2,031,844	\$2,031,844	\$989,764
Stout Street Health Center ¹⁷	\$30,829	\$0	\$0	\$30,829	\$30,829	\$24,879
Summit Community Care Clinic	\$3,911	\$0	\$841	\$3,070	\$3,070	\$101,199
Sunrise Community Health Center	\$733,387	\$0	\$146,854	\$586,533	\$586,533	\$401,984
Uncompahgre Medical Center	\$143,513	\$45,920	\$10,224	\$87,369	\$87,369	\$63,430
Valley-Wide Health Systems	\$472,682	\$148,871	\$87,817	\$235,994	\$235,994	\$131,293
Total CICP Clinic Providers	\$15,897,050	\$1,066,967	\$1,831,290	\$12,998,794	\$12,998,794	\$6,059,760

¹⁷ Includes outpatient pharmacy charges, third party payments, and patient liabilities

Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$2,206,680	\$745,902	\$125,329	\$1,335,449	\$584,617
Aspen Valley Hospital District	\$1,850,583	\$601,644	\$52,862	\$1,196,077	\$868,680
Banner Fort Collins Medical Center	\$504,480	\$126,713	\$16,176	\$361,591	\$271,235
Boulder Community Health Foothills Hospital ¹⁸	\$5,360,168	\$456,202	\$38,355	\$4,865,611	\$1,067,358
Centura Health - Penrose-St. Francis Health Services ^{18, 19}	\$46,322,342	\$7,427,367	\$472,907	\$38,422,068	\$8,182,609
Centura Health - St. Mary-Corwin Medical Center ^{18, 19}	\$18,026,957	\$2,186,520	\$256,330	\$15,584,107	\$3,391,578
Centura Health - St. Thomas More Hospital ¹⁸	\$2,655,939	\$407,708	\$59,365	\$2,188,866	\$759,480
Colorado Canyons Hospital and Medical Center	\$209,393	\$150,427	\$5,685	\$53,281	\$25,353
Colorado Plains Medical Center	\$2,199,052	\$662,988	\$54,774	\$1,481,290	\$383,721
Community Hospital	\$2,832,579	\$726,187	\$60,504	\$2,045,888	\$711,550
Delta County Memorial Hospital	\$881,750	\$411,221	\$11,735	\$458,794	\$180,560
East Morgan County Hospital	\$1,148,387	\$440,062	\$6,383	\$701,942	\$410,065
Estes Park Medical Center ¹⁹	\$665,143	\$241,696	\$17,651	\$405,796	\$233,639
Grand River Hospital and Medical Center	\$1,246,522	\$234,669	\$62,461	\$949,392	\$577,216
Gunnison Valley Hospital	\$379,169	\$38,437	\$37,671	\$303,061	\$160,592
Heart of the Rockies Regional Medical Center	\$944,860	\$272,544	\$22,262	\$650,054	\$310,588
Longmont United Hospital	\$5,466,356	\$600,564	\$27,338	\$4,838,454	\$1,412,493
McKee Medical Center	\$5,658,751	\$1,594,919	\$94,989	\$3,968,843	\$1,274,926
Melissa Memorial Hospital	\$145,314	\$50,214	\$5,597	\$89,503	\$76,515
Memorial Regional Health	\$277,480	\$37,940	\$5,547	\$233,993	\$143,182
Mercy Regional Medical Center ¹⁸	\$578,193	\$99,769	\$12,438	\$465,986	\$153,935
Middle Park Medical Center, Kremmling	\$420,952	\$0	\$21,451	\$399,501	\$315,248
Montrose Memorial Hospital ¹⁸	\$6,825,641	\$2,331,458	\$292,915	\$4,201,268	\$1,701,666
Mt San Rafael Hospital	\$1,217,618	\$186,393	\$60,761	\$970,464	\$370,466
North Colorado Medical Center	\$17,871,667	\$5,055,122	\$493,264	\$12,323,281	\$3,385,428
Parkview Medical Center ¹⁸	\$29,023,586	\$3,176,944	\$254,348	\$25,592,294	\$4,307,433
Platte Valley Medical Center	\$7,133,310	\$1,328,712	\$347,628	\$5,456,970	\$1,714,127
Prowers Medical Center ¹⁸	\$991,913	\$261,449	\$76,701	\$653,763	\$354,336

¹⁸ Includes physician charges, third party payments, and patient liabilities

¹⁹ Includes ambulance charges, third party payments, and patient liabilities

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Rio Grande Hospital ²⁰	\$302,981	\$47,386	\$42,345	\$213,250	\$113,785
San Luis Valley Health Conejos County Hospital ²⁰	\$200,638	\$59,512	\$15,367	\$125,759	\$95,324
San Luis Valley Regional Medical Center ²¹	\$1,296,624	\$204,066	\$65,055	\$1,027,503	\$342,275
Sedgwick County Memorial Hospital	\$62,205	\$7,241	\$3,670	\$51,294	\$28,937
Southeast Colorado Hospital District	\$85,364	\$26,184	\$6,284	\$52,896	\$34,813
Southwest Memorial Hospital ²¹	\$2,013,923	\$475,852	\$89,950	\$1,448,121	\$691,488
Spanish Peaks Regional Health Center	\$502,221	\$151,941	\$11,770	\$338,510	\$260,897
St. Mary's Hospital and Medical Center, Inc. ²⁰	\$13,377,057	\$3,669,756	\$479,514	\$9,227,787	\$3,107,574
Sterling Regional Medical Center	\$2,975,530	\$1,103,255	\$96,509	\$1,775,766	\$791,136
UCHealth Longs Peak ²²	\$980,070	\$84,198	\$17,335	\$878,537	\$387,744
UCHealth Medical Center of the Rockies	\$25,181,858	\$5,085,880	\$345,215	\$19,750,763	\$5,359,203
UCHealth Memorial Hospital	\$51,575,913	\$8,620,417	\$586,471	\$42,369,025	\$10,804,958
UCHealth Pikes Peak Regional Hospital	\$484,775	\$45,542	\$19,900	\$419,333	\$145,441
UCHealth Poudre Valley Hospital ²¹	\$32,409,367	\$8,074,599	\$499,495	\$23,835,273	\$6,648,689
UCHealth Yampa Valley Medical Center	\$986,574	\$610,629	\$22,323	\$353,622	\$202,754
Valley View Hospital	\$3,017,590	\$647,988	\$51,990	\$2,317,612	\$1,011,608
Wray Community District Hospital	\$3,979	\$1,081	\$294	\$2,604	\$1,815
Sub-Total CICP Hospital Providers	\$298,501,454	\$58,769,298	\$5,346,914	\$234,385,242	\$63,357,037

CICP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ^{20, 23}	\$7,130,008	\$1,122,964	\$94,603	\$5,912,441	\$2,089,016
National Jewish Health ²³	\$2,777,443	\$556,250	\$73,770	\$2,147,423	\$1,377,293
Sub-Total CICP Specialty Hospital Providers	\$9,907,451	\$1,679,214	\$168,373	\$8,059,864	\$3,466,309
Denver Health Medical Center ^{20, 21, 23}	\$81,809,100	\$11,782,889	\$1,999,493	\$68,026,718	\$21,479,670
University of Colorado Hospital ^{20, 23}	\$159,366,208	\$25,598,551	\$1,429,148	\$132,338,509	\$27,370,907
Total CICP Hospital Providers	\$549,584,213	\$97,829,952	\$8,943,928	\$442,810,333	\$115,673,923

²⁰ Includes physician charges, third party payments, and patient liabilities

²¹ Includes ambulance charges, third party payments, and patient liabilities

²² Since UCHealth Longs Peak is a new facility, they did not have an audited CCR available for 2017-18. The average CCRs from UCHealth Medical Center of the Rockies and UCHealth Poudre Valley Hospital were used to estimate UCHealth Longs Peak's CCR.

²³ Includes outpatient pharmacy charges, third party payments, and patient liabilities

Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Health Foothills Hospital	\$43,578	\$0	\$0	\$43,578
Centura Health - Penrose-St. Francis Health Services	\$931,565	\$69,670	\$87,830	\$774,065
Centura Health - St. Mary-Corwin Medical Center	\$475,269	\$37,364	\$95,453	\$342,452
Centura Health - St. Thomas More Hospital	\$107,212	\$10,855	\$2,439	\$93,918
Children's Hospital Colorado	\$721,196	\$113,244	\$8,061	\$599,891
Denver Health Medical Center	\$9,356,817	\$1,329,778	\$674,911	\$7,352,128
Mercy Regional Medical Center	\$10,560	\$2,040	\$2,073	\$6,447
Montrose Memorial Hospital	\$253,593	\$37,396	\$44,600	\$171,597
Parkview Medical Center	\$407,289	\$0	\$52,672	\$354,617
Prowers Medical Center	\$58,766	\$13,139	\$7,452	\$38,175
Rio Grande Hospital	\$37,835	\$5,184	\$14,203	\$18,448
San Luis Valley Conejos County Hospital	\$77,076	\$6,930	\$10,800	\$59,346
St Mary's Hospital and Medical Center Inc	\$343,700	\$56,781	\$16,791	\$270,128
University of Colorado Hospital	\$14,172,794	\$1,187,534	\$81,236	\$12,904,024
Total	\$26,997,250	\$2,869,915	\$1,098,521	\$23,028,814

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$120,316	\$0	\$0	\$120,316
Community Health Clinic	\$1,851	\$0	\$1,580	\$272
Denver Health Medical Center	\$382,780	\$0	\$183,866	\$198,914
High Plains Community Health Center, Inc	\$281,205	\$0	\$17,178	\$264,027
National Jewish Health	\$240,839	\$0	\$12,075	\$228,764
Peak Vista Community Health Centers	\$216,287	\$0	\$122,333	\$93,954
Pueblo Community Health Center	\$138,579	\$0	\$82,546	\$56,033
Stout Street Health Center	\$12,742	\$0	\$0	\$12,742
University of Colorado Hospital	\$8,005,089	\$7,364,337	\$40,342	\$600,410
Total	\$9,399,688	\$7,364,337	\$459,920	\$1,575,432

Table 19 Ambulance Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Centura Health - Penrose-St. Francis Health Services	\$40,336	\$0	\$1,705	\$38,631
Centura Health - St. Mary-Corwin Medical Center	\$11,254	\$0	\$425	\$10,829
Denver Health Medical Center	\$201,637	\$12,519	\$1,496	\$187,622
Estes Park Medical Center	\$34,425	\$8,686	\$55	\$25,684
San Luis Valley Regional Medical Center	\$32,722	\$7,460	\$875	\$24,387
Southwest Memorial Hospital	\$69,881	\$8,837	\$1,180	\$59,864
UCHealth Poudre Valley Hospital	\$395,934	\$70,642	\$8,385	\$316,907
Total	\$786,189	\$108,144	\$14,121	\$663,924

Table 20 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$71,867,866	\$10,440,592	\$1,139,220	\$60,288,054
Physician Services	\$9,356,817	\$1,329,778	\$674,911	\$7,352,128
Ambulance Services	\$201,637	\$12,519	\$1,496	\$187,622
Outpatient Pharmacy	\$382,780	\$0	\$183,866	\$198,914
Total	\$81,809,100	\$11,782,889	\$1,999,493	\$68,026,718

Table 21 Inpatient and Outpatient Charges (Detail)²⁴

CICP Clinic Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Basin Clinic, Inc	\$0	\$26,101	\$26,101	\$0	\$0	\$0	\$26,101
Clinica Family Health	\$0	\$4,070,980	\$4,070,980	\$0	\$0	\$0	\$4,070,980
Clinica Tepeyac	\$0	\$8,367	\$8,367	\$0	\$0	\$0	\$8,367
Community Health Clinic	\$0	\$48,526	\$48,526	\$0	\$0	\$0	\$48,526
Denver Indian Health & Family Services, Inc	\$0	\$600	\$600	\$0	\$0	\$0	\$600
High Plains Community Health Center, Inc	\$176,240	\$9,276	\$185,516	\$0	\$0	\$0	\$185,516
MarillacHealth	\$0	\$68,068	\$68,068	\$0	\$0	\$0	\$68,068
Metro Community Provider Network (MCPN)	\$0	\$2,610,425	\$2,610,425	\$0	\$0	\$0	\$2,610,425
Mountain Family Health Centers	\$109,448	\$143,699	\$253,147	\$0	\$0	\$0	\$253,147
Northwest Colorado Health	\$50,251	\$0	\$50,251	\$0	\$0	\$0	\$50,251
Peak Vista Community Health Centers	\$32,312	\$3,039,771	\$3,072,083	\$0	\$0	\$0	\$3,072,083
Pueblo Community Health Center	\$854,474	\$0	\$854,474	\$0	\$0	\$0	\$854,474
River Valley Family Health Center	\$0	\$327,933	\$327,933	\$0	\$0	\$0	\$327,933
Salud Family Health Centers	\$0	\$2,298,335	\$2,298,335	\$0	\$0	\$0	\$2,298,335
Stout Street Health Center	\$0	\$18,087	\$18,087	\$0	\$0	\$0	\$18,087
Summit Community Care Clinic	\$0	\$3,911	\$3,911	\$0	\$0	\$0	\$3,911
Sunrise Community Health Center	\$0	\$733,387	\$733,387	\$0	\$0	\$0	\$733,387
Uncompahgre Medical Center	\$51,665	\$91,848	\$143,513	\$0	\$0	\$0	\$143,513
Valley-Wide Health Systems	\$0	\$472,682	\$472,682	\$0	\$0	\$0	\$472,682
Total CICP Clinic Providers	\$1,274,390	\$13,971,996	\$15,246,386	\$0	\$0	\$0	\$15,246,386

²⁴ Table does not include physician, outpatient pharmacy, or ambulance charges. Total Charges in Table 21 will equal Charges in Table 15 by adding physician charges from Table 17, pharmacy charges from Table 18, and ambulance charges from Table 19.

CICP Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Arkansas Valley Regional Medical Center	\$590,868	\$862,557	\$1,453,425	\$334,406	\$418,849	\$753,255	\$2,206,680
Aspen Valley Hospital District	\$326,862	\$750,095	\$1,076,957	\$419,862	\$353,764	\$773,626	\$1,850,583
Banner Fort Collins Medical Center	\$174,947	\$117,714	\$292,661	\$144,965	\$66,854	\$211,819	\$504,480
Boulder Community Health Foothills Hospital	\$1,313,891	\$707,823	\$2,021,714	\$1,605,257	\$1,689,619	\$3,294,876	\$5,316,590
Centura Health - Penrose-St. Francis Health Services	\$6,357,201	\$14,834,228	\$21,191,429	\$14,111,803	\$10,047,209	\$24,159,012	\$45,350,441
Centura Health - St. Mary-Corwin Medical Center	\$1,899,036	\$8,407,607	\$10,306,643	\$5,292,988	\$1,940,803	\$7,233,791	\$17,540,434
Centura Health - St. Thomas More Hospital	\$497,961	\$1,148,362	\$1,646,323	\$554,431	\$347,973	\$902,404	\$2,548,727
Colorado Canyons Hospital and Medical Center	\$29,936	\$104,014	\$133,950	\$0	\$75,443	\$75,443	\$209,393
Colorado Plains Medical Center	\$1,018,390	\$671,351	\$1,689,741	\$509,311	\$0	\$509,311	\$2,199,052
Community Hospital	\$1,141,668	\$56,819	\$1,198,487	\$1,634,092	\$0	\$1,634,092	\$2,832,579
Delta County Memorial Hospital	\$549,970	\$0	\$549,970	\$331,780	\$0	\$331,780	\$881,750
East Morgan County Hospital	\$248,540	\$665,151	\$913,691	\$64,542	\$170,154	\$234,696	\$1,148,387
Estes Park Medical Center	\$199,113	\$407,457	\$606,570	\$15,369	\$8,779	\$24,148	\$630,718
Grand River Hospital and Medical Center	\$257,101	\$723,806	\$980,907	\$265,615	\$0	\$265,615	\$1,246,522
Gunnison Valley Hospital	\$118,657	\$189,581	\$308,238	\$70,931	\$0	\$70,931	\$379,169
Heart of the Rockies Regional Medical Center	\$765,141	\$0	\$765,141	\$179,719	\$0	\$179,719	\$944,860
Longmont United Hospital	\$1,258,978	\$1,100,199	\$2,359,177	\$2,462,592	\$644,587	\$3,107,179	\$5,466,356
McKee Medical Center	\$1,114,302	\$3,361,955	\$4,476,257	\$749,806	\$432,688	\$1,182,494	\$5,658,751
Melissa Memorial Hospital	\$59,132	\$72,285	\$131,417	\$13,897	\$0	\$13,897	\$145,314
Memorial Regional Health	\$19,479	\$89,679	\$109,158	\$0	\$168,322	\$168,322	\$277,480

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Mercy Regional Medical Center	\$226,683	\$0	\$226,683	\$340,950	\$0	\$340,950	\$567,633
Middle Park Medical Center, Kremmling	\$343,698	\$77,254	\$420,952	\$0	\$0	\$0	\$420,952
Montrose Memorial Hospital	\$1,077,331	\$3,170,599	\$4,247,930	\$1,731,658	\$592,460	\$2,324,118	\$6,572,048
Mt San Rafael Hospital	\$418,819	\$566,881	\$985,700	\$0	\$231,918	\$231,918	\$1,217,618
North Colorado Medical Center	\$2,763,938	\$6,935,039	\$9,698,977	\$3,755,181	\$4,417,509	\$8,172,690	\$17,871,667
Parkview Medical Center	\$5,698,624	\$5,118,370	\$10,816,994	\$13,788,501	\$4,010,802	\$17,799,303	\$28,616,297
Platte Valley Medical Center	\$2,221,383	\$1,149,981	\$3,371,364	\$3,169,465	\$592,481	\$3,761,946	\$7,133,310
Prowers Medical Center	\$285,474	\$487,546	\$773,020	\$0	\$160,127	\$160,127	\$933,147
Rio Grande Hospital	\$115,069	\$134,235	\$249,304	\$15,842	\$0	\$15,842	\$265,146
San Luis Valley Health Conejos County Hospital	\$77,266	\$39,300	\$116,566	\$6,996	\$0	\$6,996	\$123,562
San Luis Valley Regional Medical Center	\$486,686	\$376,277	\$862,963	\$230,427	\$170,512	\$400,939	\$1,263,902
Sedgwick County Memorial Hospital	\$124	\$45,983	\$46,107	\$0	\$16,098	\$16,098	\$62,205
Southeast Colorado Hospital District	\$47,917	\$21,643	\$69,560	\$15,804	\$0	\$15,804	\$85,364
Southwest Memorial Hospital	\$613,327	\$643,783	\$1,257,110	\$438,583	\$248,349	\$686,932	\$1,944,042
Spanish Peaks Regional Health Center	\$103,395	\$94,517	\$197,912	\$304,309	\$0	\$304,309	\$502,221
St. Mary's Hospital and Medical Center, Inc.	\$1,494,057	\$3,456,672	\$4,950,729	\$5,833,789	\$2,248,839	\$8,082,628	\$13,033,357
Sterling Regional Medical Center	\$539,444	\$1,872,030	\$2,411,474	\$374,902	\$189,154	\$564,056	\$2,975,530
UCHealth Longs Peak	\$325,095	\$187,116	\$512,211	\$446,660	\$21,199	\$467,859	\$980,070
UCHealth Medical Center of the Rockies	\$2,464,546	\$5,918,848	\$8,383,394	\$12,324,478	\$4,473,986	\$16,798,464	\$25,181,858
UCHealth Memorial Hospital	\$10,558,617	\$14,820,672	\$25,379,289	\$19,958,852	\$6,237,772	\$26,196,624	\$51,575,913

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
UCHealth Pikes Peak Regional Hospital	\$242,562	\$77,213	\$319,775	\$147,979	\$17,021	\$165,000	\$484,775
UCHealth Poudre Valley Hospital	\$3,373,624	\$17,392,835	\$20,766,459	\$9,177,110	\$2,069,864	\$11,246,974	\$32,013,433
UCHealth Yampa Valley Medical Center	\$790,673	\$49,772	\$840,445	\$146,129	\$0	\$146,129	\$986,574
Valley View Hospital	\$679,683	\$1,378,157	\$2,057,840	\$391,839	\$567,911	\$959,750	\$3,017,590
Wray Community District Hospital	\$3,979	\$0	\$3,979	\$0	\$0	\$0	\$3,979
Sub-Total CICIP Hospital Providers	\$52,893,187	\$98,285,406	\$151,178,593	\$101,360,820	\$42,631,046	\$143,991,866	\$295,170,459

CICIP Specialty Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Children's Hospital Colorado	\$1,119,256	\$2,382,900	\$3,502,156	\$1,542,392	\$1,243,948	\$2,786,340	\$6,288,496
National Jewish Health	\$1,574	\$2,535,030	\$2,536,604	\$0	\$0	\$0	\$2,536,604
Sub-Total CICIP Specialty Hospital Providers	\$1,120,830	\$4,917,930	\$6,038,760	\$1,542,392	\$1,243,948	\$2,786,340	\$8,825,100
Denver Health Medical Center	\$17,523,634	\$28,566,323	\$46,089,957	\$20,051,871	\$5,726,038	\$25,777,909	\$71,867,866
University of Colorado Hospital	\$17,006,912	\$44,769,981	\$61,776,893	\$61,203,451	\$14,207,981	\$75,411,432	\$137,188,325
Total CICIP Hospital Providers	\$88,544,563	\$176,539,640	\$265,084,203	\$184,158,534	\$63,809,013	\$247,967,547	\$513,051,750
Total All CICIP Providers	\$89,818,953	\$190,511,636	\$280,330,589	\$184,158,534	\$63,809,013	\$247,967,547	\$528,298,136

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County²⁵

County	CICP Clinics	CICP Hospitals²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	16,013	1,162	1,201	2,417	20,793
Alamosa	536	342	0	14	892
Arapahoe	6,682	474	1,346	4,953	13,455
Archuleta	0	3	0	0	3
Baca	23	145	0	0	168
Bent	168	80	0	2	250
Boulder	6,207	794	24	402	7,427
Broomfield	644	29	12	51	736
Chaffee	3	191	0	8	202
Cheyenne	6	5	0	1	12
Clear Creek	16	6	0	6	28
Conejos	254	162	0	0	416
Costilla	160	41	0	5	206
Crowley	59	40	0	2	101
Custer	8	32	0	0	40
Delta	373	380	0	6	759
Denver	3,182	526	31,406	3,079	38,193
Dolores	194	38	0	0	232
Douglas	482	64	26	568	1,140
Eagle	358	176	3	4	541
Elbert	92	36	1	18	147
El Paso	12,188	8,865	6	326	21,385
Fremont	404	709	0	50	1,163
Garfield	709	1,222	0	15	1,946
Gilpin	3	5	0	0	8
Grand	1	138	16	18	173
Gunnison	0	183	0	13	196
Hinsdale	0	15	0	0	15
Huerfano	23	258	11	3	295
Jackson	5	3	11	0	19
Jefferson	3,478	328	1,346	1,321	6,473
Kiowa	35	56	0	0	91
Kit Carson	16	5	1	6	28
Lake	6	7	0	0	13
La Plata	0	45	0	0	45
Larimer	3,038	6,351	4	179	9,572
Las Animas	23	1,014	13	8	1,058
Lincoln	133	40	0	20	193

²⁵ Utilization by County is the sum of admissions and visits by reported patient residency.

²⁶ Includes CICP Specialty Hospital providers

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Logan	275	770	0	17	1,062
Mesa	417	1,802	0	30	2,249
Mineral	1	17	0	0	18
Moffat	232	119	0	14	365
Montezuma	49	787	0	3	839
Montrose	1,653	2,078	0	6	3,737
Morgan	866	1,009	1	46	1,922
Otero	521	734	0	25	1,280
Ouray	5	40	0	0	45
Park	56	32	0	17	105
Phillips	82	138	1	1	222
Pitkin	109	439	2	6	556
Prowers	907	478	0	23	1,408
Pueblo	4,089	2,511	10	42	6,652
Rio Blanco	0	12	0	0	12
Rio Grande	399	332	0	9	740
Routt	9	130	0	3	142
Saguache	515	232	0	3	750
San Juan	0	0	0	0	0
San Miguel	279	93	0	4	376
Sedgwick	16	44	0	3	63
Summit	21	3	4	10	38
Teller	453	370	0	14	837
Washington	16	88	0	21	125
Weld	5,668	3,932	45	379	10,024
Yuma	91	26	1	7	125
Unknown	1,568	502	170	6	2,246
Total	73,819	40,688	35,661	14,184	164,352

Table 23 Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits

CICP Clinics			CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
0-100%	25,146	34.1%	6,176	16.3%	12,476	35.6%	3,048	22.5%	46,846	29.2%
101-200%	36,451	49.4%	22,492	59.2%	18,372	52.4%	8,375	61.9%	85,690	53.4%
201-250%	12,191	16.5%	8,458	22.3%	4,010	11.4%	2,105	15.6%	26,764	16.7%
Unknown	31	0.0%	843	2.2%	226	0.6%	0	0.0%	1,100	0.7%
Total	73,819	100.0%	37,969	100.0%	35,084	100.0%	13,528	100.0%	160,400	100.0%

Inpatient Admissions

CICP Clinics			CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICP Rating	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
0-100%	0	0.0%	316	11.6%	232	40.2%	187	28.5%	735	18.6%
101-200%	0	0.0%	1,732	63.7%	272	47.1%	359	54.7%	2,363	59.8%
201-250%	0	0.0%	634	23.3%	70	12.1%	110	16.8%	814	20.6%
Unknown	0	0.0%	37	1.4%	3	0.5%	0	0.0%	40	1.0%
Total	0	0.0%	2,719	100.0%	577	100.0%	656	100.0%	3,952	100.0%

Table 24 Inpatient Admissions and Days by CICP Rating

CICP Rating	CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
0-100%	6,176	16.3%	12,476	35.6%	3,048	22.5%	46,846	29.2%
101-200%	22,492	59.2%	18,372	52.4%	8,375	61.9%	85,690	53.4%
201-250%	8,458	22.3%	4,010	11.4%	2,105	15.6%	26,764	16.7%
Unknown	843	2.2%	226	0.6%	0	0.0%	1,100	0.7%
Total	37,969	100.0%	35,084	100.0%	13,528	100.0%	160,400	100.0%

²⁷ Includes CICP Specialty Hospital providers

Table 25 Outpatient Visits and Charges by Age

CICP Clinics			CICP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		All CICP Providers	
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	2,614	\$537,612	1,532	5,009,839	320	\$165,329	18	\$584,093	4,484	\$6,296,873
18-64	56,833	\$11,454,757	24,573	97,110,689	21,996	\$27,826,368	8,883	\$40,193,799	112,285	\$176,585,613
65+	14,372	\$3,254,017	11,864	55,096,825	12,768	\$18,098,260	4,627	\$20,999,001	43,631	\$97,448,103
TOTAL	73,819	\$15,246,386	37,969	\$157,217,353	35,084	\$46,089,957	13,528	\$61,776,893	160,400	\$280,330,589

Table 26 Inpatient Admissions and Charges by Age

CICP Hospitals ²⁸			Denver Health Medical Center		University of Colorado Hospital		All CICP Providers	
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	194	\$5,019,483	3	\$54,042	3	\$191,003	200	\$5,264,528
18-64	1,477	\$80,351,261	310	\$12,553,448	404	\$45,924,353	2,191	\$138,829,062
65+	1,048	\$61,407,462	264	\$13,170,419	249	\$29,296,076	1,561	\$103,873,957
TOTAL	2,719	\$146,778,206	577	\$25,777,909	656	\$75,411,432	3,952	\$247,967,547

²⁸ Includes CICP Specialty Hospital providers.

Table 27 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Basin Clinic, Inc	188	0	0	0
Clinica Family Health	18,495	0	0	0
Clinica Tepeyac	75	0	0	0
Community Health Clinic	249	0	0	0
Denver Indian Health & Family Services, Inc	4	0	0	0
High Plains Community Health Center, Inc	1,003	0	0	0
MarillacHealth	364	0	0	0
Metro Community Provider Network (MCPN)	12,947	0	0	0
Mountain Family Health Centers	1,184	0	0	0
Northwest Colorado Health	250	0	0	0
Peak Vista Community Health Centers	13,253	0	0	0
Pueblo Community Health Center	4,171	0	0	0
River Valley Family Health Center	1,553	0	0	0
Salud Family Health Centers	11,562	0	0	0
Stout Street Health Center	202	0	0	0
Summit Community Care Clinic	25	0	0	0
Sunrise Community Health Center	4,746	0	0	0
Uncompahgre Medical Center	593	0	0	0
Valley-Wide Health Systems	2,955	0	0	0
Total CICP Clinic Providers	73,819	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Arkansas Valley Regional Medical Center	683	30	117	3.90
Aspen Valley Hospital District	560	13	47	3.62
Banner Fort Collins Medical Center	56	10	20	2.00
Boulder Community Health Foothills Hospital	254	33	127	3.85
Centura Health - Penrose-St. Francis Health Services	2,401	468	1,750	3.74
Centura Health - St. Mary-Corwin Medical Center	1,315	114	454	3.98
Centura Health - St. Thomas More Hospital	444	25	75	3.00
Colorado Canyons Hospital and Medical Center	46	2	6	3.00
Colorado Plains Medical Center	487	16	58	3.63
Community Hospital	425	41	133	3.24
Delta County Memorial Hospital	144	13	37	2.85
East Morgan County Hospital	383	9	23	2.56
Estes Park Medical Center	342	3	10	3.33
Grand River Hospital and Medical Center	837	8	26	3.25
Gunnison Valley Hospital	154	2	19	9.50

²⁹ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Heart of the Rockies Regional Medical Center	232	24	46	1.92
Longmont United Hospital	408	62	325	5.24
McKee Medical Center	907	31	88	2.84
Melissa Memorial Hospital	106	1	2	2.00
Memorial Regional Health	84	3	10	3.33
Mercy Regional Medical Center	52	7	25	3.57
Middle Park Medical Center, Kremmling	126	0	0	0.00
Montrose Memorial Hospital	2,179	93	315	3.39
Mt San Rafael Hospital	906	17	31	1.82
North Colorado Medical Center	1,915	176	629	3.57
Parkview Medical Center	1,339	218	1,127	5.17
Platte Valley Medical Center	690	88	337	3.83
Prowers Medical Center	467	14	48	3.43
Rio Grande Hospital	331	2	6	3.00
San Luis Valley Health Conejos County Hospital	86	1	2	2.00
San Luis Valley Regional Medical Center	540	21	77	3.67
Sedgwick County Memorial Hospital	41	1	3	3.00
Southeast Colorado Hospital District	92	2	5	2.50
Southwest Memorial Hospital	776	33	102	3.09
Spanish Peaks Regional Health Center	180	4	110	27.50
St. Mary's Hospital and Medical Center, Inc.	1,342	122	736	6.03
Sterling Regional Medical Center	769	24	68	2.83
UCHealth Longs Peak	56	13	40	3.08
UCHealth Medical Center of the Rockies	1,756	248	1,226	4.94
UCHealth Memorial Hospital	5,888	383	1,677	4.38
UCHealth Pikes Peak Regional Hospital	132	8	22	2.75
UCHealth Poudre Valley Hospital	4,793	267	1,075	4.03
UCHealth Yampa Valley Medical Center	139	7	17	2.43
Valley View Hospital	396	18	48	2.67
Wray Community District Hospital	20	0	0	0.00
Sub-Total CICP Hospital Providers	35,279	2,675	11,099	4.15

CICP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³⁰
Children's Hospital Colorado	1,089	44	267	6.07
National Jewish Health	1,601	0	0	0.00
Sub-Total CICP Specialty Hospital Providers	2,690	44	267	6.07
Denver Health Medical Center	35,084	577	3,081	5.34
University of Colorado Hospital	13,528	656	4,306	6.56
Total CICP Hospital Providers	86,581	3,952	18,753	4.75
Total All CICP Providers	160,400	3,952	18,753	4.75

³⁰ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

Table 28 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers Provider Name	Inpatient				Outpatient			
	Age 5 thru 17	Age 18 thru 64	Age 65+	Total	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	0	0	0	0	2	31	10	43
Clinica Family Health	0	0	0	0	119	3,273	578	3,970
Clinica Tepeyac	0	0	0	0	0	18	3	21
Community Health Clinic	0	0	0	0	2	42	26	70
Denver Indian Health & Family Services, Inc	0	0	0	0	0	2	2	4
High Plains Community Health Center, Inc	0	0	0	0	3	280	108	391
MarillacHealth	0	0	0	0	0	147	12	159
Metro Community Provider Network (MCPN)	0	0	0	0	106	2,559	699	3,364
Mountain Family Health Centers	0	0	0	0	3	297	33	333
Northwest Colorado Health	0	0	0	0	0	57	19	76
Peak Vista Community Health Centers	0	0	0	0	110	4,439	1,072	5,621
Pueblo Community Health Center	0	0	0	0	10	931	465	1,406
River Valley Family Health Center	0	0	0	0	20	356	29	405
Salud Family Health Centers	0	0	0	0	56	3,333	377	3,766
Stout Street Health Center	0	0	0	0	0	73	1	74
Summit Community Care Clinic	0	0	0	0	0	15	0	15
Sunrise Community Health Center	0	0	0	0	43	1,500	165	1,708
Uncompahgre Medical Center	0	0	0	0	3	58	50	111
Valley-Wide Health Systems	0	0	0	0	25	748	253	1,026
Total CICP Clinic Providers	0	0	0	0	502	18,159	3,902	22,563

CICP Hospital Providers

Inpatient

Outpatient

Provider Name	Inpatient				Outpatient			
	Age 5 thru 17	Age 18 thru 64	Age 65+	Total	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	1	6	13	20	13	186	84	283
Aspen Valley Hospital District	0	3	1	4	7	100	24	131
Banner Fort Collins Medical Center	1	6	2	9	1	32	9	42
Boulder Community Health Foothills Hospital	0	14	15	29	3	111	30	144
Centura Health - Penrose-St. Francis Health Services	63	207	135	405	30	604	394	1,028
Centura Health - St. Mary-Corwin Medical Center	0	41	61	102	7	388	241	636
Centura Health - St. Thomas More Hospital	0	11	12	23	8	150	72	230
Colorado Canyons Hospital and Medical Center	0	1	1	2	1	13	9	23
Colorado Plains Medical Center	0	13	1	14	45	364	24	433
Community Hospital	4	20	11	35	6	96	33	135
Delta County Memorial Hospital	0	10	3	13	6	83	14	103
East Morgan County Hospital	1	4	3	8	7	89	43	139
Estes Park Medical Center	0	0	2	2	3	78	21	102
Grand River Hospital and Medical Center	0	6	1	7	5	167	35	207
Gunnison Valley Hospital	0	1	0	1	3	63	10	76
Heart of the Rockies Regional Medical Center	0	5	4	9	1	35	34	70
Longmont United Hospital	2	24	18	44	8	161	64	233
McKee Medical Center	0	12	16	28	4	223	95	322
Melissa Memorial Hospital	0	1	0	1	0	26	7	33
Memorial Regional Health	0	0	3	3	0	11	33	44
Mercy Regional Medical Center	0	4	2	6	1	30	4	35
Middle Park Medical Center, Kremmling	0	0	0	0	12	114	0	126
Montrose Memorial Hospital	4	55	30	89	30	629	126	785
Mt San Rafael Hospital	0	8	6	14	6	195	97	298
North Colorado Medical Center	3	78	59	140	34	564	197	795
Parkview Medical Center	6	82	102	190	29	493	194	716
Platte Valley Medical Center	5	53	17	75	14	385	57	456
Prowers Medical Center	3	6	5	14	9	150	70	229

CICP Hospital Providers

Inpatient

Outpatient

Provider Name	Age 5 thru 17	Age 18 thru 64	Age 65+	Total	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Rio Grande Hospital	0	1	1	2	3	88	25	116
San Luis Valley Health Conejos County Hospital	0	0	1	1	5	26	5	36
San Luis Valley Regional Medical Center	4	12	0	16	14	260	1	275
Sedgwick County Memorial Hospital	0	1	0	1	2	6	5	13
Southeast Colorado Hospital District	0	1	1	2	0	25	5	30
Southwest Memorial Hospital	0	12	14	26	6	152	84	242
Spanish Peaks Regional Health Center	0	0	4	4	2	45	53	100
St. Mary's Hospital and Medical Center, Inc.	5	84	14	103	22	451	49	522
Sterling Regional Medical Center	1	9	8	18	9	156	52	217
UCHealth Longs Peak	1	10	2	13	3	30	8	41
UCHealth Medical Center of the Rockies	8	119	70	197	20	481	196	697
UCHealth Memorial Hospital	22	181	104	307	48	1,567	489	2,104
UCHealth Pikes Peak Regional Hospital	0	6	2	8	0	61	33	94
UCHealth Poudre Valley Hospital	16	117	76	209	34	729	277	1,040
UCHealth Yampa Valley Medical Center	1	4	1	6	2	32	2	36
Valley View Hospital	1	10	4	15	9	145	28	182
Wray Community District Hospital	0	0	0	0	0	7	3	10
Sub-Total CICP Hospital Providers	152	1,238	825	2,215	472	9,801	3,336	13,609

CICP Specialty Hospital Providers

Inpatient

Outpatient

Provider Name	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Children's Hospital Colorado	35	3	0	38	284	82	0	366
National Jewish Health	0	0	0	0	3	242	123	368
Sub-Total CICP Specialty Hospital Providers	35	3	0	38	287	324	123	734
Denver Health Medical Center	3	261	210	474	142	6,114	1,821	8,077
University of Colorado Hospital	3	289	177	469	12	2,221	677	2,910
Total CICP Hospital Providers	193	1,791	1,212	3,196	913	18,460	5,957	25,330
Total All CICP Providers	193	1,791	1,212	3,196	1,415	36,619	9,859	47,893

Table 29 Unduplicated Total Count by Age³¹

CICP Clinic Providers

Provider Name	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	2	31	10	43
Clinica Family Health	119	3,273	578	3,970
Clinica Tepeyac	0	18	3	21
Community Health Clinic	2	42	26	70
Denver Indian Health & Family Services, Inc	0	2	2	4
High Plains Community Health Center, Inc	3	280	108	391
MarillacHealth	0	147	12	159
Metro Community Provider Network (MCPN)	106	2,559	699	3,364
Mountain Family Health Centers	3	297	33	333
Northwest Colorado Health	0	57	19	76
Peak Vista Community Health Centers	110	4,439	1,072	5,621
Pueblo Community Health Center	10	931	465	1,406
River Valley Family Health Center	20	356	29	405
Salud Family Health Centers	56	3,333	377	3,766
Stout Street Health Center	0	73	1	74
Summit Community Care Clinic	0	15	0	15
Sunrise Community Health Center	43	1,500	165	1,708
Uncompahgre Medical Center	3	58	50	111
Valley-Wide Health Systems	25	748	253	1,026
Total CICP Clinic Providers	502	18,159	3,902	22,563

CICP Hospital Providers

Provider Name	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	13	189	86	288
Aspen Valley Hospital District	7	103	25	135
Banner Fort Collins Medical Center	2	36	10	48
Boulder Community Health Foothills Hospital	3	120	39	162
Centura Health - Penrose-St. Francis Health Services	92	724	434	1250
Centura Health - St. Mary-Corwin Medical Center	7	408	264	679
Centura Health - St. Thomas More Hospital	8	156	73	237
Colorado Canyons Hospital and Medical Center	1	13	9	23
Colorado Plains Medical Center	45	369	25	439
Community Hospital	9	112	41	162
Delta County Memorial Hospital	6	92	14	112
East Morgan County Hospital	8	89	43	140
Estes Park Medical Center	3	78	22	103
Grand River Hospital and Medical Center	5	167	35	207

³¹ Unduplicated client count is a count of unique medically indigent patients by provider. Providers report a unique count for inpatient, outpatient, and total clients served. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Provider Name	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Gunnison Valley Hospital	3	63	10	76
Heart of the Rockies Regional Medical Center	1	40	38	79
Longmont United Hospital	9	173	67	249
McKee Medical Center	4	224	100	328
Melissa Memorial Hospital	0	26	7	33
Memorial Regional Health	0	11	33	44
Mercy Regional Medical Center	1	32	4	37
Middle Park Medical Center, Kremmling	12	114	0	126
Montrose Memorial Hospital	30	643	135	808
Mt San Rafael Hospital	6	196	99	301
North Colorado Medical Center	36	595	215	846
Parkview Medical Center	33	532	252	817
Platte Valley Medical Center	19	416	66	501
Prowers Medical Center	12	153	75	240
Rio Grande Hospital	3	88	25	116
San Luis Valley Health Conejos County Hospital	5	26	6	37
San Luis Valley Regional Medical Center	15	272	1	288
Sedgwick County Memorial Hospital	2	6	6	14
Southeast Colorado Hospital District	0	25	6	31
Southwest Memorial Hospital	6	153	84	243
Spanish Peaks Regional Health Center	2	45	56	103
St. Mary's Hospital and Medical Center, Inc.	24	485	53	562
Sterling Regional Medical Center	10	158	53	221
UCHealth Longs Peak	4	34	9	47
UCHealth Medical Center of the Rockies	27	537	225	789
UCHealth Memorial Hospital	64	1625	518	2207
UCHealth Pikes Peak Regional Hospital	0	63	33	96
UCHealth Poudre Valley Hospital	44	766	292	1102
UCHealth Yampa Valley Medical Center	3	35	3	41
Valley View Hospital	10	146	28	184
Wray Community District Hospital	0	7	3	10
Sub-Total CICIP Hospital Providers	594	10,345	3,622	14,561

CICIP Specialty Hospital Providers

Provider Name	Age 5 thru 17	Age 18 thru 64	Age 65+	Total
Children's Hospital Colorado	306	84	0	390
National Jewish Health	3	242	123	368
Sub-Total CICIP Specialty Hospital Providers	309	326	123	758
Denver Health Medical Center	143	6,217	1,846	8,206
University of Colorado Hospital	15	2,295	720	3,030
Total CICIP Hospital Providers	1,061	19,183	6,311	26,555
Total All CICIP Providers	1,563	37,342	10,213	49,118