

Medically Indigent and Colorado Indigent Care Program

Fiscal Year 2014-15 Annual Report

Susan E. Birch MBA, BSN, RN
Executive Director



COLORADO

Department of Health Care
Policy & Financing



COLORADO

**Department of Health Care
Policy & Financing**

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

February 1, 2016

The Honorable Beth McCann, Chair
Health, Insurance, and Environment Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative McCann:

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

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 2014-15 more than 58,000 low-income Coloradoans received discounted health care services through the CICP. Since FY 2013-14, there has been a significant decrease in the number of Coloradoans receiving discounted health care services through the CICP. This is likely due to the enactment of the Affordable Care Act on January 1, 2014, which has allowed many previously ineligible Coloradoans to become eligible for Medicaid.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at Zach.Lynkiewicz@state.co.us or 720-854-9882.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan E. Birch', written in a cursive style.

Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/mal

Enclosure(s): CICP FY 2014-15 Annual Report



Cc: Representative Joann Ginal, Vice Chair, Health, Insurance and Environment Committee
Representative J. Paul Brown, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Daneya Esgar, Health, Insurance and Environment Committee
Representative Steve Humphrey, Health, Insurance and Environment Committee
Representative Janak Joshi, Health, Insurance and Environment Committee
Representative Gordon Klingenschmitt, Health, Insurance and Environment Committee
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Dianne Primavera, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
Representative Su Ryden, Health, Insurance and Environment Committee
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Gretchen Hammer, Health Programs Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Jed Ziegenhagen, Community Living Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, 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, 2016

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

Dear Representative Primavera:

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 Medically Indigent and Colorado Indigent Care Program (CICP).

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.

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Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/mal
Enclosure(s): CICP FY 2014-15 Annual Report



Cc: Representative Jonathan Singer, Vice-Chair, Public Health Care and Human Services Committee
Representative Jessie Danielson, Public Health Care and Human Services Committee
Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Dominick Moreno, Public Health Care and Human Services Committee
Representative Brittany Pettersen, Public Health Care and Human Services Committee
Representative Max Tyler, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
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COLORADO

**Department of Health Care
Policy & Financing**

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

February 1, 2016

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

Dear Senator Lundberg:

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 Medically Indigent and Colorado Indigent Care Program (CICP).

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.

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Susan E. Birch, MBA, BSN, RN
Executive Director

SEB/mal
Enclosure(s): CICP FY 2014-15 Annual Report



Cc: Senator Larry Crowder, Vice-Chair, Health and Human Services Committee
Senator Beth Martinez Humenik, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Linda Newell, Health and Human Services Committee
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Medically Indigent and Colorado Indigent Care Program Fiscal Year 2014-15 Annual Report

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EXECUTIVE SUMMARY

The Department of Health Care Policy and Financing (the Department) has prepared this annual report concerning the structure, policy, statistics and payments related to the Colorado Indigent Care Program (CICP). The CICP is a financing mechanism to provide a partial solution to the health care needs of Colorado’s medically indigent citizens. In FY 2014-15 Disproportionate Share Hospital payments made to Hospital providers serving the medically indigent were 6.1% greater than in FY 2013-14 and equaled \$194,901,543. The amount of payments to CICP Clinics remained unchanged. Payments were distributed as follows:

CICP Payments

➤ CICP Disproportionate Share Hospital Payments	\$194,901,543
➤ CICP Clinic Payments	\$6,059,760
Total Payments	\$200,961,303

In FY 2014-15, there were 21 CICP Clinic providers and 50 CICP Hospital providers. CICP Clinics were reimbursed at 64.9% of indigent care costs, the highest reimbursement percentage since 2010-11. Utilization of the program has decreased as a significant number of former CICP clients have become eligible for Medicaid since the expansion in January 2014. Reimbursement for CICP hospitals is part of the overall hospital provider fee program. For information on the net reimbursement increase to hospitals as a result of the hospital provider fee, please see the 2016 Colorado Health Care Affordability Act Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports.

In FY 2014-15 the number of individuals served under the CICP was 58,224, a 63.7% decrease from the previous year. The Department believes the majority of the decrease in number served can be attributed to the January 2014 expansion of Medicaid coverage for all adults in Colorado to 133% of the federal poverty level (FPL) pursuant to Senate Bill (SB) 13-200 and the federal Affordable Care Act (ACA). This decrease in clients served, although significant, will not eliminate the need for the CICP. The Department will continue to work with its stakeholders to understand patient needs and gaps in coverage before any changes to CICP are implemented.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2015). This annual report concerning the status of the medically indigent program is delivered each February 1st to the Senate Health and Human Services Committee and the Public Health Care and Human Services Committee of the Colorado General Assembly. The report is prepared following consultation with providers in the program, organizations, individuals and State agencies deemed appropriate by the executive director in order to obtain comprehensive and objective information about the program.

This report includes:

- Eligibility requirements and utilization data;
- Provider participation requirements and utilization data
- A standardized ability-to-pay schedule and copayment requirements;
- Methods for allocation and disbursement of funds;
- Sources of funding;
- Medical services provided to medically indigent clients during FY 2014-15;
- Plans for future years; and
- Program definitions



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. (2015) helps to 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.

The Colorado Indigent Care Program (CICP) provides a partial solution to the health care needs of the state’s medically indigent citizens and does not provide a comprehensive benefits package. The program is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to the medically indigent who are not eligible for Medicaid or the Child Health Plan *Plus* (CHP+). The benefits 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 indigent clients have access to emergency care throughout the year.



FUTURE DIRECTION

HEALTH CARE COVERAGE EXPANSION IMPACT ON CICIP

The January 2014 expansion of Medicaid coverage for adults in Colorado to 133% of the federal poverty level (FPL) pursuant to Senate Bill (SB) 13-200 and the federal Affordable Care Act (ACA) reduced the number of uninsured Coloradans but did not eliminate the need for the CICIP.

CICIP allows low-income Coloradans with incomes up to 250% of the FPL who are not eligible for Medicaid or the CHP+ to obtain discounted health care services at participating providers. CICIP provides some reimbursement for the uncompensated costs incurred by CICIP providers in serving low-income Coloradans, including those who are uninsured and those who have private health coverage or Medicare but cannot meet their out-of-pocket expenses.

The implementation of the ACA provided health care coverage to many clients who would otherwise be eligible for CICIP. In fact, the number of persons served by CICIP decreased 72% in FY 2014-15 compared to FY 2012-13. While many former CICIP clients are eligible for health coverage following the implementation of the ACA, not all are covered. Those who are between 133% and 250% of the FPL remain eligible for CICIP. Also, with some exceptions, legal immigrants who have been in the United States less than five (5) years cannot be eligible for Medicaid or CHP+, but can be eligible for CICIP. Finally, while many low-income Coloradans are eligible for a federal subsidy to purchase health care coverage, there continue to be clients under 250% of the FPL who cannot meet their out-of-pocket expenses. The challenge for the CICIP is to remain a safety net for lower-income individuals while encouraging enrollment in Medicaid or subsidized private health insurance through the marketplace. The Department is working in collaboration with stakeholders to understand and meet the health needs of lower income Coloradans. No changes to CICIP are planned for FY 2015-16. The Department will communicate any proposed changes to the CICIP Stakeholders well in advance of implementation.

STAKEHOLDER COLLABORATION

CICP EXECUTIVE FORUM

The Department established the CICP Executive Forum, which replaced the traditional CICP annual meeting in April 2013. The Executive Forum currently meets twice a year.

At its most recent meetings in March and September 2015, the CICP Executive Forum discussed possible long-term changes to the program that are congruent with the post-ACA environment, serve the remaining low-income uninsured population, meet the needs of local communities, and are administratively efficient.

Substantive changes to the CICP require legislation. Department staff plan to present final recommendations to the CICP Executive Forum in March 2016. Legislation to change the CICP, if any, is not expected before the 2017 legislative session.

CICP STAKEHOLDER FORUM

The CICP Stakeholder Forum was created in October 2007 and meets at least three times per year. The Department initiated this forum to provide an informal environment for CICP client advocates, participating providers, and other stakeholders to exchange ideas, review policies, and make recommendations to the Department that address the CICP eligibility process, provider relations, client relations, and other pertinent issues.

Stakeholders were instrumental in revising several policies for FY 2015-16. These revisions include increasing the vehicle deduction from \$4,500 to \$7,500, revising the medical deduction policy, and launching an electronic version of the CICP application.

More information about the CICP Executive and Stakeholder Forums is available on the Department's website at www.colorado.gov/hcpf/colorado-indigent-care-program-stakeholder-forum.

CICP COMMUNICATION

The Department publishes a quarterly newsletter that provides CICP providers and stakeholders with updates on CICP policies and other Department news. The Department also publishes an annual CICP Provider Manual that details program requirements including determining an applicant's eligibility for CICP and is a comprehensive program resource for providers. The Department creates fact sheets to provide CICP clients with program eligibility guidelines for CICP, Medicaid and Connect for Health Colorado. The quarterly newsletter, Provider Manual, and fact sheets are published on the Department's website.

CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

Participating hospitals and clinics administer enrollment into the CICIP. Eligibility technicians at the CICIP provider locations complete the client applications and determine eligibility for the program using criteria developed by the Department. Clients must not be eligible for Medicaid or CHP+. Clients can have other third-party insurance that must be billed prior to applying the CICIP copayment to medical services. To be eligible for services discounted under the CICIP, an individual must meet lawful presence, Colorado residency, income/asset requirements, and be aged 18 or older or an emancipated minor.

Under regulations concerning lawful presence, promulgated pursuant to House Bills (HBs) 06S-1023 and 07-1314, all new applicants and clients reapplying for CICIP 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 permissible document from the acceptable list 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.

In order to qualify to receive discounted services under the CICIP, a person must have income and assets combined at or below 250% of the FPL. Providers assign a "rate" to the applicant based on their total income and assets (see Table 1). Ratings are based on "snapshot" of an applicant's financial resources as of the date of the rating.

A client's rating determines their copayment amount (see Table 2). Client eligibility ratings are valid for one year. However, initial ratings may change. A re-rating may occur when:

- Family income has changed significantly;
- Number of dependents has changed;
- Calculation errors are identified; or
- Information provided was not accurate.

**Table 1 Annual Income Ranges for Each Ability-To-Pay Rate
Effective April 1, 2015 through March 31, 2016**

Family Size	Z	N	A	B
1	\$0-\$4,708	\$0-\$4,708	\$4,709-\$7,297	\$7,298-\$9,534
2	\$0-\$6,372	\$0-\$6,372	\$6,373-\$9,877	\$9,878-\$12,903
3	\$0-\$8,036	\$0-\$8,036	\$8,037-\$12,456	\$12,457-\$16,273
4	\$0-\$9,700	\$0-\$9,700	\$9,701-\$15,035	\$15,036-\$19,643
5	\$0-\$11,364	\$0-\$11,364	\$11,365-\$17,614	\$17,615-\$23,012
6	\$0-\$13,028	\$0-\$13,028	\$13,029-\$20,193	\$20,194-\$26,382
7	\$0-\$14,692	\$0-\$14,692	\$14,693-\$22,773	\$22,774-\$29,751
8	\$0-\$16,356	\$0-\$16,356	\$16,357-\$25,352	\$25,353-\$33,121
Poverty Level¹	40% & Homeless	40%	62%	81%

Family Size	C	D	E	F
1	\$9,535-\$11,770	\$11,771-\$13,771	\$13,772-\$15,654	\$15,655-\$18,714
2	\$12,904-\$15,930	\$15,931-\$18,638	\$18,639-\$21,187	\$21,188-\$25,329
3	\$16,274-\$20,090	\$20,091-\$23,505	\$23,506-\$26,720	\$26,721-\$31,943
4	\$19,644-\$24,250	\$24,251-\$28,373	\$28,374-\$32,253	\$32,254-\$38,558
5	\$23,013-\$28,410	\$28,411-\$33,240	\$33,241-\$37,785	\$37,786-\$45,172
6	\$26,383-\$32,570	\$32,571-\$38,107	\$38,108-\$43,318	\$43,319-\$51,786
7	\$29,752-\$36,730	\$36,731-\$42,974	\$42,975-\$48,851	\$48,852-\$58,401
8	\$33,122-\$40,890	\$40,891-\$47,841	\$47,842-\$54,384	\$54,385-\$65,015
Poverty Level¹	100%	117%	133%	159%

Family Size	G	H	I
1	\$18,715-\$21,775	\$21,776-\$23,540	\$23,541-\$29,425
2	\$25,330-\$29,471	\$29,472-\$31,860	\$31,861-\$39,825
3	\$31,944-\$37,167	\$37,168-\$40,180	\$40,181-\$50,225
4	\$38,559-\$44,863	\$44,864-\$48,500	\$48,501-\$60,625
5	\$45,173-\$52,559	\$52,560-\$56,820	\$56,821-\$71,025
6	\$51,787-\$60,255	\$60,256-\$65,140	\$65,141-\$81,425
7	\$58,402-\$67,951	\$67,952-\$73,460	\$73,461-\$91,825
8	\$65,016-\$75,647	\$75,648-\$81,780	\$81,781-\$102,225
Poverty Level¹	185%	200%	250%

¹ 1 Percent of Federal Poverty Level which corresponds to the upper limit of income in each rating level



Table 2 Client Copayment Table Effective July 1, 2015

CICP Rating	Percent of Federal Poverty Level	Inpatient Facility & Ambulatory Surgery	Inpatient & Emergency Room Physician	Outpatient Clinic	Hospital Emergency Room, Specialty Outpatient Clinic & Emergency Transportation	Prescription Laboratory, Radiology & Imaging
Z²	40%	\$0	\$0	\$0	\$0	\$0
N	40%	\$15	\$7	\$7	\$15	\$5
A	62%	\$65	\$35	\$15	\$25	\$10
B	81%	\$105	\$55	\$15	\$25	\$10
C	100%	\$155	\$80	\$20	\$30	\$15
D	117%	\$220	\$110	\$20	\$30	\$15
E	133%	\$300	\$150	\$25	\$35	\$20
F	159%	\$390	\$195	\$25	\$35	\$20
G	185%	\$535	\$270	\$35	\$45	\$30
H	200%	\$600	\$300	\$35	\$45	\$30
I	250%	\$630	\$315	\$40	\$50	\$35

The CICP client must pay the copayment listed 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 client ratings except the N-rating, annual copayments for CICP clients cannot exceed 10% of the family's income. Annual copayments for clients with N-ratings cannot exceed the lesser of 10% of the family's income or \$120.

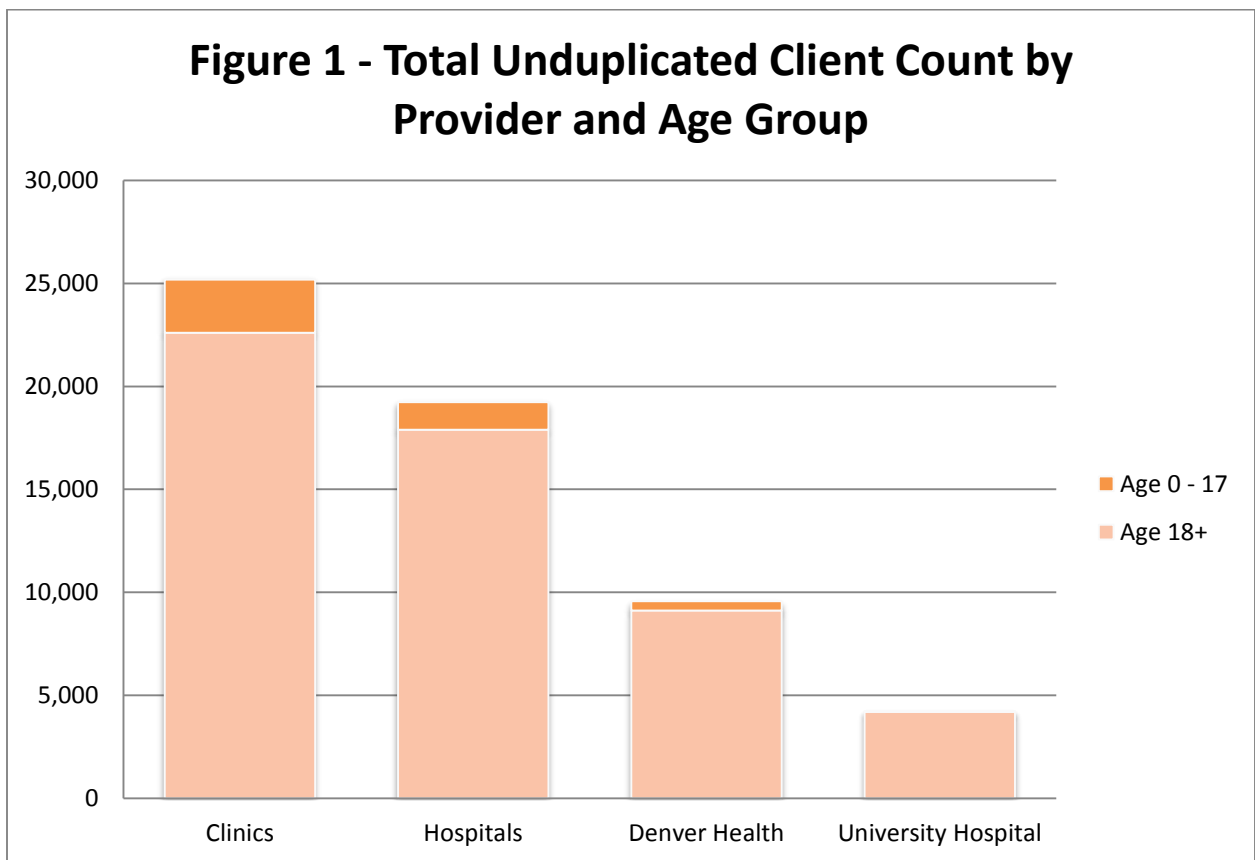
² Homeless clients with a "Z" CICP rating are exempt from CICP copayments



CLIENTS SERVED

During FY 2014-15, there were 58,224 unduplicated clients who received services through the CICP. This represents a 63.7% decrease from the 160,196 unduplicated clients assisted in FY 2013-14. The Department believes the majority of this drop in unduplicated clients is a direct result of the enactment of the ACA in January 2014. Children represented 7.6% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 27.0% in FY 2014-15 relative to the FY 2013-14 total. Overall, the program provided 4,228 unduplicated clients with inpatient care, while 56,774 received outpatient services in FY 2014-15.³

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 51,141 in FY 2013-14 to 23,835 in FY 2014-15, representing a decrease of 53.4%. Overall, the total number of inpatient days has decreased by 69.5% since FY 2012-13. Relative to FY 2013-14, Denver Health Medical Center had a decrease in inpatient days in FY 2014-15 of 54.4%, while University of Colorado Hospital had a decrease of 51.7%.

³ 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.



Table 3 Comparison of Inpatient Days⁴

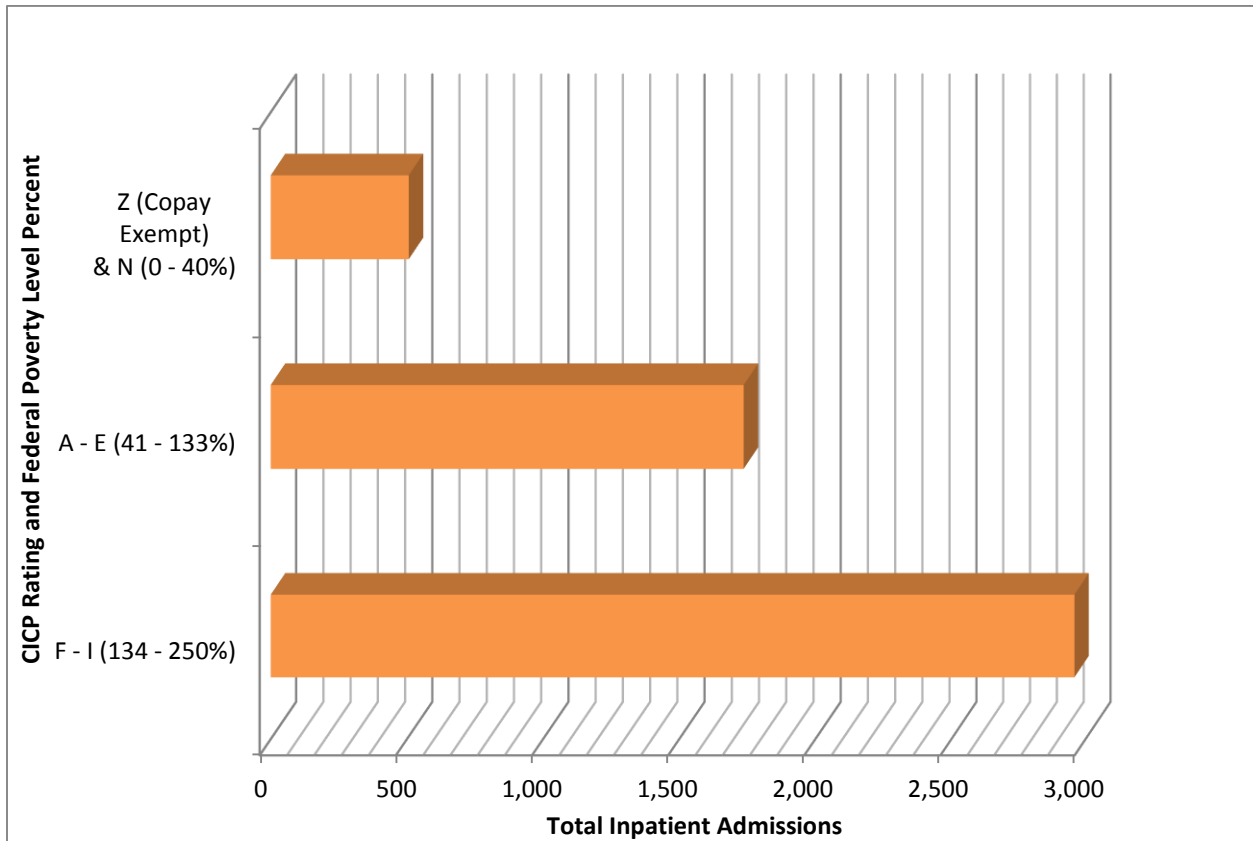
CICP Provider	FY 2012-13 Inpatient Days	Percent Change	FY 2013-14 Inpatient Days	Percent Change	FY 2014-15 Inpatient Days	Percent Change
CICP Hospitals ⁵	44,503	-20.6%	29,723	-33.2%	13,782	-53.6%
Denver Health	18,640	-17.0%	10,689	-42.7%	4,870	-54.4%
University Hospital	15,081	5.1%	10,729	-28.9%	5,183	-51.7%
TOTAL	78,224	-15.7%	51,141	-34.6%	23,835	-53.4%

Figure 2 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2014-15. Of the total inpatient admissions, 43.1% were made for individuals living at or below 133% FPL (CICP ratings Z, N, A, B, C, D, or E), which is significantly lower than the 65.5% figure seen in FY 2013-14. The CICP N and Z ratings accounted for 9.7% of inpatient admissions, which is down from 33.8% last year. Ratings A through E (41 to 133% of the FPL) accounted for 33.4% of inpatient admissions, while F through I (134 to 250% of the FPL) accounted for 56.9% of inpatient admissions.

⁴ Source: Analysis of Data from Previous CICP Annual Reports

⁵ Includes CICP specialty hospital providers

Figure 2 Inpatient Admissions by CICP Rating



As shown in Table 4, there was a 60.2% decrease in total outpatient visits from FY 2013-14 to FY 2014-15. All CICP providers experienced comparable decreases in outpatient visits – 65.1% for CICP clinics, 49.7% for Denver Health, 56.0% for University Hospital, and 61.2% for all other hospitals. These decreases are most likely the result of the enactment of the ACA in January 2014.

Table 4 Comparison of Outpatient Visits⁶

CICP Provider	FY 2012-13 Outpatient Visits	Percent Change	FY 2013-14 Outpatient Visits	Percent Change	FY 2014-15 Outpatient Visits	Percent Change
CICP Clinics	300,358	-6.0%	203,081	-32.4%	70,827	-65.1%
CICP Hospitals ⁷	180,643	-8.3%	121,553	-32.7%	47,176	-61.2%
Denver Health	134,521	-5.1%	92,100	-31.5%	46,338	-49.7%
University Hospital	51,275	1.2%	36,460	-28.9%	16,045	-56.0%
TOTALS	666,797	-5.9%	453,194	-32.0%	180,386	-60.2%

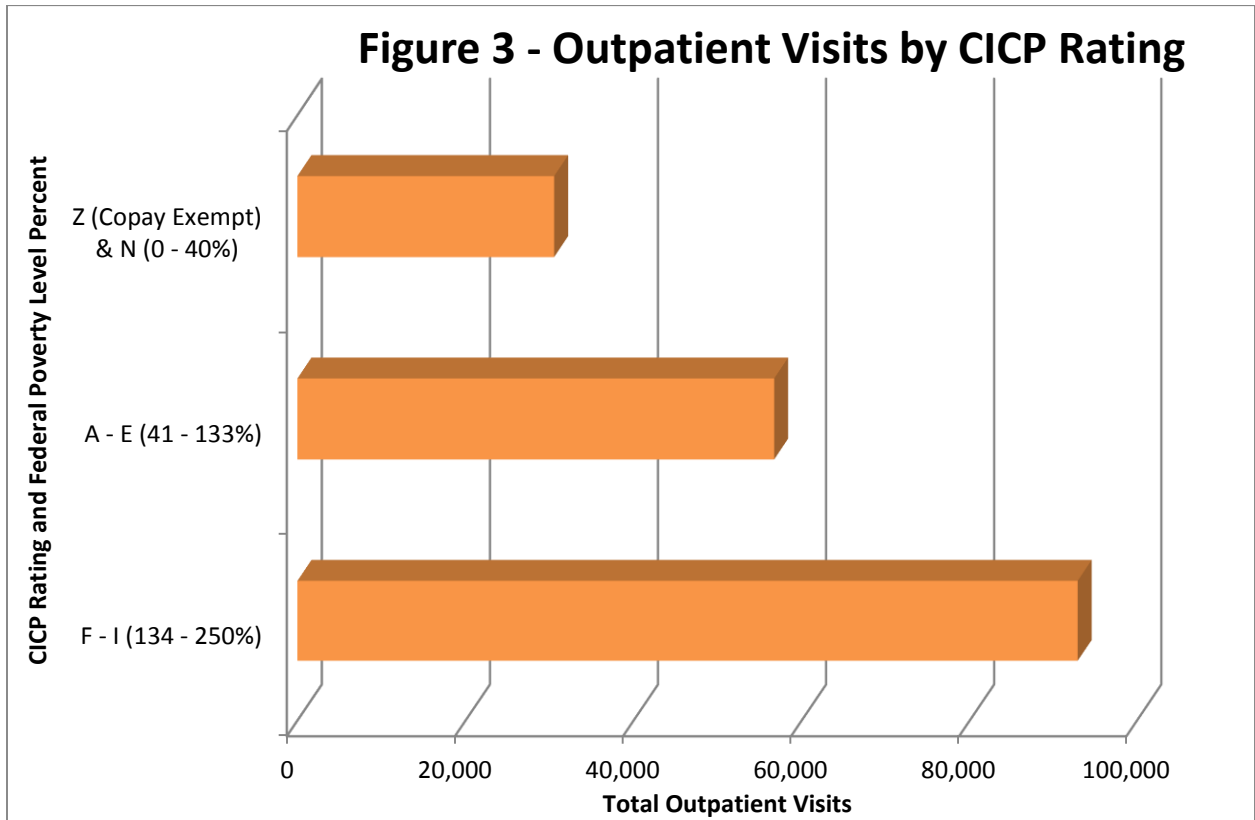
⁶ Source: Analysis of Data from Previous CICP Annual Reports

⁷ Includes CICP Specialty Hospital providers



In FY 2014-15, the total number of outpatient visits for CICIP clients fell by about 60%, from 453,194 in FY 2013-14 to 180,386 in FY 2014-15. In contrast to previous years, clients with a rating of Z or N had far less outpatient visits than either of the other two client groupings: ratings A through E (41 to 133% of the FPL), and ratings F through I (134 to 250% of the FPL). The percentage of Z and N visits fell to 16.9% of the total visits this year compared to 36.7% of the total last year, a more than 135,000 visit decrease. Ratings A through E made up 31.5% of the total visits, and ratings F through I made up 51.5%.

Figure 3 Outpatient Visits by CICIP Rating



PROVIDERS

PROVIDER ELIGIBILITY REQUIREMENTS

The CICIP 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
2. 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
3. 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).
4. Assure that emergency care is available to all CICIP clients throughout the contract year.
5. If the provider is a hospital, the hospital must have at least two (2) obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services as Medicaid clients. 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 2014-15 Annual Report, CICIP providers are identified in the following categories by funding appropriation:

- CICIP Clinics – clinics outside the geographic area of the City and County of Denver, except for the Colorado Coalition for the Homeless, which is a Specialty Clinic operating within the City and County of Denver. For the purpose of this report, Colorado Coalition for the Homeless is identified as a CICIP Clinic.
- CICIP Hospitals – hospitals located throughout the state.
- CICIP 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 CICIP 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 71 providers participated in the CICP. This included 50 hospitals and 21 clinics. Most of the participating clinic providers and several of the hospital providers have multiple sites. Any site other than the main facility is considered a satellite facility. There were 167 satellite CICP facilities throughout the state.

Table 5 FY 2014-15 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	9	4	13	Kit Carson	0	0	0
Alamosa	7	1	8	La Plata	0	1	1
Arapahoe	8	0	8	Lake	0	1	1
Archuleta	0	0	0	Larimer	5	5	10
Baca	0	1	1	Las Animas	1	1	2
Bent	3	0	3	Lincoln	1	0	1
Boulder	3	3	6	Logan	1	1	2
Broomfield	2	0	2	Mesa	3	3	6
Chaffee	1	2	3	Mineral	1	0	1
Cheyenne	0	0	0	Moffat	1	1	2
Clear Creek	0	0	0	Montezuma	8	1	9
Conejos	3	1	4	Montrose	5	1	6
Costilla	0	0	0	Morgan	1	2	3
Crowley	0	0	0	Otero	2	1	3
Custer	1	0	1	Ouray	0	0	0
Delta	0	1	1	Phillips	1	1	2
Denver	16	2	18	Pitkin	1	1	2
Dolores	1	0	1	Prowers	4	1	5
Douglas	6	0	6	Pueblo	12	2	14
Eagle	1	0	1	Rio Blanco	0	0	0
El Paso	27	3	30	Rio Grande	6	1	7
Elbert	1	0	1	Routt	1	1	2
Fremont	1	1	2	Saguache	2	0	2
Garfield	4	2	6	San Juan	0	0	0
Gilpin	0	0	0	San Miguel	1	0	1
Grand	3	1	4	Sedgwick	1	1	2
Gunnison	0	1	1	Summit	1	0	1
Hinsdale	0	0	0	Teller	5	1	6
Huerfano	0	1	1	Washington	1	0	1
Jackson	1	0	1	Weld	11	1	12
Jefferson	8	0	8	Yuma	2	2	4
Kiowa	0	0	0	Totals	184	54	238



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 2014-15 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 Hospital	Boulder
Centura Health - St. Thomas More Hospital	Canon City
Centura Health-Penrose-St. Francis Health Services	Colorado Springs
Centura Health-St. Mary-Corwin Medical Center	Pueblo
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Conejos County Hospital	La Jara
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Family Health West	Fruita
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
Medical Center of the Rockies	Loveland
Melissa Memorial Hospital	Holyoke
Memorial Health System	Colorado Springs

CICIP Hospital Providers	City
Mercy Regional Medical Center	Durango
Middle Park Medical Center	Kremmling
Montrose Memorial Hospital	Montrose
Mount San Rafael Hospital	Trinidad
North Colorado Medical Center	Greeley
Parkview Medical Center	Pueblo
Pikes Peak Regional Hospital	Woodland Park
Platte Valley Medical Center	Brighton
Poudre Valley Hospital	Fort Collins
Prowers Medical Center	Lamar
Rio Grande Hospital	Del Norte
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	Grand Junction
St. Vincent General Hospital	Leadville
Sterling Regional Medical Center	Sterling
The Memorial Hospital	Craig
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray
Yampa Valley Medical Center	Steamboat Springs
Yuma District Hospital	Yuma



Table 6 FY 2014-15 CICIP Participating Providers Continued

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

CICIP Clinic Providers	City
Basin Clinic	Naturita
Clinica Family Health	Lafayette
Community Health Clinic	Dove Creek
Custer County Medical Center	Westcliffe
Denver Indian Health and Family Services	Denver
Grace Health Clinic	Aurora
High Plains Community Health Center, Inc.	Lamar
Marillac Clinic	Grand Junction
Metro Community Provider Network (MCPN)	Englewood
Mountain Family Health Centers	Glenwood Springs
Northwest Colorado Visiting Nurse Association	Steamboat Springs
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Edwards
Salud Family Health Centers	Fort Lupton
Sheridan Health Services	Denver
Stout Street Clinic	Denver
Summit Community Care Clinic	Frisco
Sunrise Community Health	Evans
Uncompahgre Medical Center	Norwood
Valley-Wide Health Systems	Alamosa

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

To meet its fiduciary responsibility, the Department requires CICIP providers to submit a quarterly report to the Special Financing Division at cicpcorrespondence@state.us.

This quarterly report has three forms (Summary Data, Physician, and Pharmacy). In accordance with the CICIP Provider Manual, the quarterly report is due as follows:

Submission	Dates of Service	Due to Department
1st	July 1 to September 30	October 31
2nd	July 1 to December 31	January 31
3rd	July 1 to March 31	April 30
4th	July 1 to June 30	July 31
Final Submission	July 1 to June 30	October 31

Please note reports for submissions 2, 3, 4 and Final are cumulative.

CICIP PROVIDER COMPLIANCE AUDIT

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

The provider will submit the compliance audit statement and CAP, if needed, to the Department within six (6) months of the completion of the annual financial audit related to the provider's annual CICIP audit period. The three (3) separate components of the CICIP 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 CICIP 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 2014-15 there were 70 audits submitted for FY 2013-14 with 19 of those audits requiring a CAP. The majority of the findings were in the "Correct CICIP Rating" portion of the audit. These findings were used to determine which areas were emphasized in the CICIP provider training held in spring and summer 2015.

PREVENTION OF FRAUD BY APPLICANTS

At the time of application, each CICIP applicant is required to sign the CICIP application, which includes a statement that the information given to the provider is accurate and that false statements could result in prosecution by local authorities. The applicant is notified of his or her rights at the time of application.

The CICIP 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 CICIP application should be reported to the local county District Attorney's office or the local police by the provider.

PRIORITIES AMONG MEDICAL SERVICES RENDERED

The legislation authorizing the CICIP at Section 25.5-3-108(8)(a) - (8)(b)(I)-(III), C.R.S. (2015), requires that every provider receiving reimbursement through the CICIP must prioritize, for each fiscal year, the medical services which it will be able to render within the limits of its funds. Each provider must specify the extent of the provider's physical, staff, and financial capabilities. The statute prioritizes the following services:

- Emergency care for the full year;
- Any additional medical care for those conditions the Department determines to be the most serious threat to the health of medically indigent persons; and,
- Any other medical care.

COLLECTION OF THIRD-PARTY PAYMENTS

The CICIP 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 CICIP.

INCENTIVES FOR UTILIZATION CONTROL

Incentives for efficient utilization of resources are built into the CICIP by the very nature of the reimbursement level as providers are contracted to prioritize their services of emergency and urgent care to CICIP patients. Many CICIP hospital providers have limited services and provide only emergency and urgent care.

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2014-15 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 2014-15 Long Bill (HB 14-1336), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICIP Hospital providers and other hospital providers of uncompensated care. This appropriation is funded through hospital provider fees and matching federal funds. The CICIP Disproportionate Share Hospital (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, please see the 2016 Colorado Health Care Affordability Act Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports.

The appropriation for CICIP Clinics was \$6,119,760 in total funds appropriated through the FY 2014-15 Long Bill to the Clinic Based Indigent Care line item. The State share for the federal match is General Fund. The appropriation included funds to reimburse Children’s Hospital Colorado (\$60,000 total funds) for the administration of CICIP clinic based care.

The total payment to the CICIP providers in FY 2014-15 from both State and federal funds is shown in Table 7.

Table 7 FY 2014-15 CICIP Payments

	State Funds⁸	Provider Fees⁹	Federal Funds	Total Funds	Payments to Providers¹⁰
CICP Clinics¹¹	\$2,983,977	\$0	\$3,075,783	\$6,059,760	\$6,059,760
CICP Hospitals and Specialty Hospitals	\$0	\$50,701,411	\$52,791,978	\$103,493,389	\$103,493,389
Denver Health	\$0	\$32,349,622	\$33,683,491	\$66,033,113	\$66,033,113
University Hospital	\$0	\$12,431,233	\$12,943,808	\$25,375,041	\$25,375,041
Total CICIP Payments	\$2,983,977	\$95,482,266	\$102,495,060	\$200,961,303	\$200,961,303

⁸ State Funds include State General Fund appropriations

⁹ This amount represents the portion of the entire payment received by the provider that is comprised of fee. It does not represent the amount of fee paid by the provider

¹⁰ Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds

¹¹ \$6,119,760 was paid to Children's Hospital Colorado, which administers payments to CICP 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



Table 8 Historical CICIP Costs¹²

Write-Off Costs			
	FY 2012-13	FY 2013-14	FY 2014-15
CICP Clinics	\$43,470,828	\$28,709,200	\$9,334,894
Percent Change	-3.5%	-34.0%	-67.5%
CICP Hospitals¹³	\$282,981,963	\$192,099,225	\$74,292,490
Percent Change	-3.0%	-32.1%	-61.3%
Denver Health	\$144,144,522	\$85,338,195	\$31,461,902
Percent Change	-7.2%	-40.8%	-63.1%
University Hospital	\$108,760,592	\$73,531,461	\$28,954,592
Percent Change	10.4%	-32.4%	-60.6%
All CICP Hospitals	\$535,887,077	\$350,968,881	\$134,708,984
Percent Change	-1.8%	-34.5%	-61.6%
Total CICP Providers	\$579,357,905	\$379,678,081	\$144,043,878
Percent Change	-1.9%	-34.5%	-62.1%

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

Under the Colorado Health Care Affordability Act (CHCAA), hospital provider fees with approved federal matching funds increase hospital reimbursement for services provided to Medicaid and CICP clients, fund hospital quality incentive payments, and finance health coverage expansion in Colorado’s Medicaid and CHP+ programs. The hospital provider fee and resulting payments are calculated on a federal fiscal year (FFY) basis.

The Hospital Provider Fee Oversight and Advisory Board (OAB) makes recommendations regarding fee and payment methodologies to the Department and the Medical Services Board to increase the number of hospitals benefitting from the hospital provider fee and in response to changes in the health care marketplace.

In FFY 2014-15, payments to hospitals financed with hospital provider fees totaled more than \$1.1 billion, including \$61 million in quality incentive payments. In prior years, the increased hospital reimbursement for hospitals included 11 to 13 distinct payment calculations including inpatient hospital reimbursement, outpatient hospital reimbursement, CICP hospital reimbursement, hospital quality incentive payments, and additional hospital payments. For FFY 2014-15, the OAB recommended that the payment categories be combined to increase transparency and ease of understanding for stakeholders while ensuring that payments are focused on increasing hospital reimbursement for Medicaid and uninsured persons and incentivizing quality care.

¹² Source: Analysis of Data from Previous CICP Annual Reports

¹³ Includes CICP Specialty Hospital providers and Medicaid DSH providers listed in previous CICP Annual Reports

The OAB also recommended payment changes for hospitals that participate in the CICIP. Following the expansion of Medicaid eligibility in January 2014, the number of persons in the CICIP program declined by 72 percent. In recognition of this shift, the OAB recommended that CICIP participating hospitals remain eligible to receive DSH payments while all hospitals would be eligible for an uncompensated care payment.

Because reimbursement for CICIP hospitals is part of the overall hospital provider fee program, which is calculated on a federal, rather than state, fiscal year, please see the 2016 Colorado Health Care Affordability Act Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports, for information on all payments under the CHCAA and the net reimbursement increase to hospitals as a result of the hospital provider fee.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$6,059,760

CHILDREN’S HOSPITAL COLORADO CLINIC PAYMENT

Effective July 1, 2002, Children’s Hospital Colorado became eligible to receive a Major Teaching Hospital Payment and it is described as a Pediatric Major Teaching Hospital Payment. The total allowable payment under the inpatient upper payment limit (UPL) for FY 2014-15 was \$6,119,760. Since Children’s Hospital Colorado is a private-owned facility, General Fund is required as the State’s share of the payment to receive the matching federal funds.

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 by the facility to the CICIP Clinics as payment for services provided under the CICIP. The remaining \$60,000 was retained by Children’s Hospital Colorado to administer the payments to and contracts with the CICIP Clinics. The amount of funding to Children’s Hospital Colorado and the CICIP Clinics has remained constant since the FY 2002-03 payments.

Displayed in Table 9 are reimbursement and total write-off costs for CICIP clinic providers in FY 2014-15. The average reimbursement relative to costs for CICIP clinic providers was 64.9%, an increase from last year’s figure of 21.1%.

Table 9 FY 2014-15 Percentage of Write-Off Cost Reimbursed¹⁴

	Payment	Write-Off Costs	Percent Reimbursed
CICP Clinic Providers	\$6,059,760	\$9,334,894	64.92%

Table 10 shows the average reimbursement as a percentage of costs for CICP clinic providers over the past six (6) 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 two years are higher than previous years due to the enactment of the ACA in January 2014, which resulted in lower write-off costs for CICP clinic providers due to increased eligibility for Medicaid.

Table 10 Historical Percentage of Write-Off Cost Reimbursed¹⁵

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
CICP Clinic Providers	66.41%	67.22%	55.19%	13.94%	21.11%	64.92%

Write-off costs for CICP Hospitals have decreased by 73.8% from FY 2012-13 levels. Write-off costs for CICP Clinics have seen a similar decrease (78.5%) since FY 2012-13. Since FY 2012-13, write-off costs for Denver Health Medical Center have decreased by 78.2%, while University of Colorado has seen an overall decrease in write-off costs of 73.6% over the same period. The decrease in write-off costs, as is the case with caseload and other statistics, can most likely be largely attributed to the implementation of the ACA in January 2014.

¹⁴ Source: Table 7, Financial Tables

¹⁵ Source: Analysis of CICP Annual Reports.



OTHER MEDICALLY INDIGENT PROVIDER GRANTS

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 that determines the level a patient financial participation and guarantees that 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 Medicaid, CHP+, and CICP; 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 Medicaid, or any combination thereof.

In FY 2014-15 \$26,828,000 was allocated to 35 Primary Care Fund providers. These providers served 188,579 unique medically indigent clients in the 2013 calendar year.

In the past, the Department currently did not audit the information provided on applications for funding through the Primary Care Fund for accuracy and validity. In FY 2015-16 the General Assembly appropriated funds for this purpose. The Department has contracted with an actuarial firm that will engage in a data validation process of provider applications beginning with FY 2015-16. Not every provider will be reviewed each year. However, the Department intends that over the course of three years, all providers will have gone through the data validation review. The contractor will:

1. Verify the unduplicated counts reported on the application;
2. Verify correct copayments were charged;
3. Report draft findings after they complete each provider; and
4. Prepare a final report for the Department.



Table 11 FY 2014-15 Primary Care Fund

Primary Care Fund Provider	Total Payments FY 2014-15
Clinica Campesina Family Services/Denver Metro	\$2,106,788
Clinica Colorado/Adams County	\$530,217
Clínica Tepeyac/Denver Metro	\$757,982
Colorado Coalition For The Homeless/Denver Metro	\$821,859
Community Health Clinic/Denver Metro	\$76,965
Denver Health/Denver/Denver County	\$5,052,646
Doctors Care/Arapahoe County	\$146,104
Fort Collins Family Medicine Residency Program/Larimer County	\$200,166
Grace Health Clinic/Arapahoe County	\$133,727
High Plains Community Center/Prowers County	\$295,625
Inner City Health Center/Denver Metro	\$582,998
Kids First Health Care-Denver Metro	\$86,071
Marillac Clinic, Inc./Mesa County	\$590,964
Metro Community Provider Network-Metro/Arapahoe County	\$2,603,289
Mission Medical Clinic (Christian Healing Network)/El Paso County	\$82,940
Mountain Family Health Center/Eagle County	\$487,396
Northwest Colorado Visiting Nurse/Moffat County	\$359,643
Olathe Medical Clinic-Montrose County	\$140,984
Open Bible Baptist Church/El Paso County	\$127,184
Peak Vista Community Health Centers/El Paso County	\$3,326,132
PASC/Metro Denver	\$87,350
Pueblo Community Health Center/Pueblo County	\$908,071
Rocky Mountain Primary Care Clinic/Pueblo County	\$8,536
Salud Family Health Center/Weld County	\$2,769,879
SET Family Medical Clinics/El Paso County	\$288,227
Sheridan Health Services, Inc./Denver Metro	\$134,866
Sister Joanne Bruner Family Medicine Center	\$281,683
St Anthony Family Medicine Center/Adams County	\$104,137
St Mary-Corwin Health Foundation/Pueblo County	\$149,520
Summit Community Care Clinic/Summit County	\$517,271
Sunrise Community Health/Weld County	\$1,649,124
The Pediatric Associates/Montrose County	\$12,805
The Rocky Mountain Youth Clinics/Denver Metro	\$325,074
Uncompahgre Combined Clinics/San Miguel County	\$56,195
Valley-Wide Health Systems/Conejos County	\$1,025,581
Total Providers	\$26,828,000



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 federal funds while the remaining \$50 is 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.

In May 2003, legislation (P.L. 108-27, subsection 401(a)), through the Jobs and Growth Tax Relief Reconciliation Act, temporarily increased the states' federal match rate. The legislation allowed an additional 2.95% federal match rate to be distributed to the states for the last two quarters of Federal Fiscal Year 2003 and the first three quarters of Federal Fiscal Year 2004 (April 1, 2003 – June 30, 2004). These amounts are shown on Table 15. These additional federal funds were specified to offset the state's General Fund and not directed to increase provider payments.

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. Again these additional federal funds were specified to offset the state's General Fund and not directed to increase provider payments.

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. So, for Colorado the FMAP for DSH payments remained 50%.

The FMAP rates for Colorado from FFY 1994-95 through FFY 2014-15 are listed in Table 12

Table 12 Colorado’s Federal Match Rates

Federal Fiscal Year (October – September)	Match Rate
1994-95	53.10%
1995-96	52.44%
1996-97	52.32%
1997-98	51.97%
1998-99	50.59%
1999-00	50.00%
2000-01	50.00%
2001-02	50.00%
2002-2003 (Oct. 1, 2002 – March 31, 2003)	50.00%
2002-2003 (April 1, 2003 – Sept. 30, 2003)	52.95%
2003-2004 (Oct. 1, 2003 – June 30, 2004)	52.95%
2003-2004 (July 1, 2004 – Sept. 30, 2004)	50.00%
2004-05	50.00%
2005-06	50.00%
2006-07	50.00%
2007-08	50.00%
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%



DISPROPORTIONATE SHARE HOSPITAL PAYMENT

LAW AND REGULATIONS

In 1987 Congress amended Title XIX of the Social Security Act (the Medicaid Program) to require 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 the hospitals’ financial viability and preserving access to care for the Medicaid and low-income clients, 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, the Colorado Medicaid Program has developed and implemented several measures using DSH payments to finance Medicaid program expansions, and to cover the escalating costs of ongoing Medicaid programs and costs associated with the CICP. Effective FY 2009-10, with the implementation of the CHCAA, DSH payments are financed with hospital provider fees and federal matching funds.

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). The most recent DSH Audit was submitted March 2015 for DSH payments made in FY 2010-11. The Department intends to submit its final report for DSH payments made in FY 2011-12 by February 15, 2016. Beginning with the audits for FY 2010-11, those hospitals that exceed their specific DSH payment limit must redistribute the overage to those hospitals under their specific DSH payment limit as prescribed by the Medicaid State Plan.

PAYMENT ALLOTMENT

The federal Balanced Budget Act of 1997 (BBA97) established declining limits on the amount of federal funds available to states for DSH payments by federal fiscal year. These limits were established as allotments (or caps) for each state starting in FFY 1997-98. The allotment for Colorado in FFY 2000-01 was to be \$74 million. However, federal legislation was enacted in December 2000 that provided temporary relief from the BBA97 allotments by maintaining the FFY 1999-00 allotment of \$79 million for FFYs 2000-01 and 2001-02, plus increases tied to the Consumer Price Index for All Urban Consumers (CPI-U) for those years.



For FFY 2002-03, the DSH Allotment reverted to the BBA97 allotment of \$74 million plus an inflationary increase for Colorado. Using an inflationary increase (based on the CPI-U) of 1.5%, the FFY 2002-03 allotment for Colorado was \$75,110,000. Due to the \$8,780,890 decrease in the allotment, DSH provider payments in FY 2002-03 were substantially lower than the previous state fiscal year.

Then, due to a provision in the Medicare Prescription Drug, Improvement and Modernization Act of 2003, the DSH Allotment for Colorado in FFY 2003-04 increased to \$87,127,600, and remained at this amount through FFY 2007-08. In FFY 2008-09, Colorado's DSH Allotment was increased by 4.4% to \$90,961,214. On February 17, 2009, this amount was then increased an additional 2.5% under ARRA, resulting in a final FFY 2008-09 Colorado DSH allotment of \$93,235,244. The FFY 2009-10 DSH Allotment results from a 2.5% ARRA increase over the total FFY 2008-09 allotment.

The FFY 2010-11 and 2011-12 DSH Allotments are the same as was applied prior to the application of the provisions of ARRA, which provided for certain increases in states' DSH Allotments only for FFY 2008-09 and FFY 2009-10. Therefore, the FFY DSH Allotments after FFY 2009-10 are based on the FFY 2008-09 and FFY 2009-10 DSH Allotments as they would have been determined absent the additional increases under ARRA. The Colorado DSH allotment for FFY 2014-15 increased 1.6% to \$100,226,893.

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in 2014, and scheduled through 2020. However, under the Bipartisan Budget Act of 2013 (H.J. Res. 59), the federal budget for FFY 2014-2015, the reductions for FFY 2014 were eliminated entirely, and the reductions set for FFY 2015 are to be delayed one year. The Protect Medicare Access Act of 2014 (H.R. 4302) delayed the start of the reductions one additional year to FFY 2017 to be scheduled through FFY 2024.

Table 13 Colorado DSH Allotments

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2000-01	\$81,765,000
2001-02	\$83,890,890
2002-03	\$75,110,000
2003-04	\$87,127,600
2004-05	\$87,127,600
2005-06	\$87,127,600
2006-07	\$87,127,600
2007-08	\$87,127,600
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

Table 14 DSH Payments

Provider Name	FFY 2014-15 DSH Payment
Aspen Valley Hospital	\$1,518,591
Boulder Community Hospital	\$9,280,641
Community Hospital	\$3,498,564
Delta County Memorial Hospital	\$2,650,674
Denver Health Medical Center	\$66,033,113
Family Health West	\$603,703
Heart of the Rockies Regional Medical Center	\$780,155
Longmont United Hospital	\$7,049,691
McKee Medical Center	\$3,134,307
Medical Center of the Rockies	\$12,049,327
Memorial Hospital	\$13,231,071
Montrose Memorial Hospital	\$5,674,527
Pikes Peak Regional Hospital	\$824,567
Poudre Valley Hospital	\$25,259,985
Southeast Colorado Hospital District	\$78,861
St. Mary-Corwin Medical Center	\$9,140,365
St. Mary's Hospital and Medical Center, Inc.	\$8,718,360
University of Colorado Hospital	\$25,375,041
Total	\$194,901,543

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.

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 Medicaid, 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.

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.

CICP Clinic – 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.

CICP Hospital – 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 Income and Asset Test – The income and equity in assets, combined, must be at or below 250% of the FPL for client eligibility in the program.

CICP Rating – An alphabetic assigned 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 Ability-to-Pay Scale, based on federal poverty levels, is divided into eleven ratings.

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

Comprehensive Primary Care – 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.

Covered Services – All medically necessary services that a provider customarily furnishes to and can lawfully offer to patients. These covered services include medical services furnished by participating physicians. The responsible physician must deem that the covered services are medically necessary. The CICP does not reimburse providers for outpatient mental health benefits as a primary diagnosis, but does cover limited inpatient mental health services for a period of 30 days within a calendar year, per client.

Denver Health Medical Center (“Denver Health” in tables) – 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 nine (9) neighborhood health clinics, all in Denver.

Disproportionate Share Hospitals (DSH) – Available DSH funds are distributed to hospitals that participate in the CICP and to other Colorado Medicaid 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 Medicaid 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 Medical Assistance Percentage (FMAP) or Federal Match Rate or Federal Financial Participation (FFP) – 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.

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.

Indigent Client – A person whose application to receive discounted health services is approved based on the guidelines outlined in the CICP Manual, which stipulates that the individual must have income and assets combined at or below 250% of the Federal Poverty Level (FPL).

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.

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.

Specialty Care Program – 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.

Supplemental Medicaid Payment – Any payment to a health care provider which is outside the regular Medicaid fee-for-service claim based payment. These are lump-sum payments and not linked to any specific client. All Medicaid payments, including the regular Medicaid fee-for-services rates and Supplemental Medicaid Payments, must be made under the Upper Payment Limit.

Third-Party Coverage – 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 (“University Hospital” in tables) – 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 (UPL) – The UPL is the maximum amount Medicaid can reimburse a provider and still receive the federal match rate (or federal financial participation). The UPL is calculated for three (3) distinct service categories: Inpatient Hospital, Outpatient Hospital, and Nursing Facilities. The three (3) unique UPL are calculated by the Department such that each must be a reasonable estimate of the amount Medicare would reimburse providers for providing Medicaid 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	\$50,843	\$10,569	\$7,957	\$32,317	\$32,317	\$12,180
Clinica Campesina	\$1,837,467	\$32,724	\$289,252	\$1,515,491	\$1,515,491	\$483,629
Community Health Clinic	\$39,863	\$11,371	\$7,592	\$20,901	\$20,901	\$18,543
Custer County Medical Center	\$10,103	\$3,659	\$1,242	\$5,202	\$5,202	\$3,030
Denver Indian Health & Family Services	\$6,450	\$0	\$0	\$6,450	\$6,450	\$9,514
Grace Health Clinic	\$50,298	\$0	\$1,856	\$48,442	\$48,442	\$36,783
High Plains Community Health Center	\$450,689	\$18,297	\$47,677	\$384,715	\$384,715	\$150,949
Marillac Clinic	\$105,103	\$0	\$17,540	\$87,563	\$87,563	\$109,924
Metro Community Provider Network (MCPN)	\$1,920,171	\$0	\$287,218	\$1,632,953	\$1,632,953	\$963,199
Mountain Family Health Centers	\$241,413	\$0	\$37,270	\$204,143	\$204,143	\$133,618
NW Colorado Community Health Center	\$65,593	\$8,185	\$3,409	\$53,999	\$53,999	\$35,025
Olathe Community Clinic	\$109,619	\$31,069	\$14,119	\$64,431	\$64,431	\$5,696
Peak Vista Community Health Centers	\$2,698,969	\$250,372	\$568,379	\$1,880,218	\$1,880,218	\$1,241,827
Pueblo Community Health Center	\$430,776	\$28,640	\$61,683	\$340,454	\$340,454	\$388,249
Salud Family Health Centers	\$2,118,479	\$0	\$310,294	\$1,808,185	\$1,808,185	\$1,056,398
Sheridan Health Services	\$7,679	\$0	\$1,921	\$5,758	\$5,758	\$545
Stout Street Clinic	\$108,139	\$0	\$0	\$108,139	\$108,139	\$511,444
Summit Community Care Clinic	\$31,427	\$0	\$7,775	\$23,651	\$23,651	\$30,481
Sunrise Community Health Center	\$946,064	\$0	\$194,060	\$752,004	\$752,004	\$479,145
Uncompahgre Combined Clinics	\$110,651	\$65,459	\$4,319	\$40,873	\$40,873	\$28,723
Valley-Wide Health Systems	\$548,473	\$101,536	\$127,932	\$319,005	\$319,005	\$360,858
Total CICP Clinic Providers	\$11,888,269	\$561,881	\$1,991,495	\$9,334,894	\$9,334,894	\$6,059,760



Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$1,874,115	\$532,973	\$83,398	\$1,257,744	\$572,773
Aspen Valley Hospital	\$1,303,266	\$297,211	\$36,469	\$969,587	\$663,911
Banner Fort Collins Medical Center ¹⁶	\$122,113	\$44,056	\$2,780	\$75,277	\$23,486
Boulder Community Hospital ¹⁷	\$5,274,626	\$573,573	\$64,012	\$4,637,041	\$1,184,758
Colorado Plains Medical Center	\$2,007,252	\$1,031,038	\$66,949	\$909,265	\$255,932
Community Hospital	\$1,075,822	\$195,051	\$55,323	\$825,449	\$325,938
Conejos County Hospital District	\$93,338	\$10,204	\$5,762	\$77,372	\$59,231
Delta County Memorial Hospital	\$815,485	\$307,628	\$12,660	\$495,197	\$219,931
East Morgan County Hospital	\$848,394	\$271,100	\$45,201	\$532,093	\$280,010
Estes Park Medical Center	\$517,406	\$110,238	\$19,706	\$387,462	\$185,337
Family Health West	\$312,932	\$181,307	\$11,298	\$120,327	\$110,422
Grand River Hospital	\$2,056,662	\$199,901	\$129,007	\$1,727,754	\$1,305,806
Gunnison Valley Hospital	\$165,733	\$23,720	\$15,417	\$126,595	\$78,911
Heart of the Rockies Regional Medical Center	\$1,461,325	\$589,926	\$42,824	\$828,575	\$442,161
Kremmling Memorial Hospital District	\$352,869	\$54,429	\$18,756	\$279,684	\$234,700
Longmont United Hospital	\$6,627,739	\$796,509	\$672,739	\$5,158,491	\$1,739,601
McKee Medical Center	\$9,871,420	\$2,520,377	\$314,120	\$7,036,922	\$2,153,971
Medical Center of the Rockies	\$24,727,422	\$6,484,593	\$308,541	\$17,934,288	\$5,696,290
Melissa Memorial Hospital	\$80,530	\$24,810	\$5,597	\$50,123	\$39,796
Memorial Hospital	\$42,333,479	\$6,576,481	\$701,670	\$35,055,328	\$10,210,004
Mercy Regional Medical Center ¹⁷	\$1,257,095	\$91,491	\$18,877	\$1,146,727	\$434,244
Montrose Memorial Hospital ¹⁷	\$4,735,799	\$1,654,670	\$201,529	\$2,879,600	\$1,210,150
Mount San Rafael Hospital	\$899,521	\$436,274	\$42,547	\$420,700	\$191,383
North Colorado Medical Center	\$27,313,689	\$7,243,280	\$1,190,175	\$18,880,235	\$6,001,835
Parkview Medical Center ¹⁷	\$25,196,018	\$3,125,040	\$247,345	\$21,823,633	\$4,146,646
Penrose St. Francis Hospital ¹⁷	\$53,000,789	\$7,094,778	\$499,011	\$45,406,999	\$10,302,685
Pikes Peak Regional Hospital ¹⁷	\$590,338	\$50,452	\$24,719	\$515,167	\$222,238
Platte Valley Medical Center	\$4,740,924	\$796,607	\$100,141	\$3,844,176	\$1,469,097
Poudre Valley Hospital	\$27,570,439	\$6,667,757	\$406,421	\$20,496,261	\$7,373,798

¹⁶ Since BFC is a new facility, they did not have a CCR for 2014-15. The average CCRs from NCMC and McKee were used to estimate BFC's CCR

¹⁷ Includes physician charges, third party payments and patient liabilities



Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Prowers Medical Center ¹⁸	\$1,460,423	\$354,616	\$95,359	\$1,010,448	\$586,297
Rio Grande Hospital	\$260,783	\$50,354	\$31,957	\$178,472	\$103,606
San Luis Valley Regional Medical Center	\$1,337,553	\$143,830	\$56,691	\$1,137,032	\$429,340
Sedgwick County Hospital ¹⁸	\$85,180	\$46,621	\$6,195	\$32,363	\$20,158
Southeast Colorado Hospital District	\$132,563	\$46,657	\$11,125	\$74,781	\$49,938
Southwest Memorial Hospital	\$1,445,356	\$255,206	\$128,172	\$1,061,978	\$545,772
Spanish Peaks Regional Health Center	\$252,096	\$160,617	\$4,355	\$87,124	\$63,960
St. Mary-Corwin Medical Center ¹⁸	\$21,000,970	\$2,562,824	\$266,852	\$18,171,295	\$4,384,193
St. Mary's Hospital and Medical Center, Inc ¹⁸	\$11,674,691	\$4,451,972	\$560,785	\$6,661,934	\$2,399,795
St. Thomas More Hospital ¹⁸	\$3,727,110	\$777,541	\$117,503	\$2,832,067	\$1,033,356
St. Vincent General Hospital District	\$13,964	\$0	\$1,475	\$12,489	\$8,925
Sterling Regional Medical Center	\$2,760,039	\$1,017,409	\$171,397	\$1,571,233	\$724,026
The Memorial Hospital ¹⁸	\$843,339	\$436,842	\$40,834	\$365,662	\$250,706
Valley View Hospital	\$4,578,687	\$1,296,442	\$86,516	\$3,195,729	\$1,236,770
Wray Community District Hospital	\$32,355	\$13,561	\$2,210	\$16,584	\$11,656
Yampa Valley Medical Center	\$2,115,986	\$979,184	\$98,079	\$1,038,723	\$651,323
Yuma District Hospital	\$693,697	\$245,014	\$20,982	\$427,701	\$321,705
Sub-Total CICP Hospital Providers	\$299,641,332	\$60,824,164	\$7,043,481	\$231,773,687	\$69,956,571

CICP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
National Jewish Health ¹⁹	\$3,867,642	\$611,078	\$101,308	\$3,155,255	\$2,058,283
Children's Hospital Colorado ¹⁸	\$7,949,237	\$1,889,918	\$120,567	\$5,938,753	\$2,277,636
Sub-Total CICP Specialty Hospital Providers	\$11,816,879	\$2,500,996	\$221,875	\$9,094,008	\$4,335,919
Denver Health Medical Center ²⁰	\$104,622,895	\$17,280,815	\$2,517,592	\$84,824,488	\$31,461,902
University of Colorado Hospital ²¹	\$147,405,183	\$19,873,483	\$1,693,398	\$125,838,302	\$28,954,592
Total CICP Hospital Providers	\$563,486,289	\$100,479,458	\$11,476,346	\$451,530,485	\$134,708,984

¹⁸ Includes physician charges, third party payments and patient liabilities

¹⁹ Includes outpatient pharmacy charges, third party payments and patient liabilities

²⁰ Includes physician charges, third party payments and patient liabilities. Outpatient pharmacy charges, third party payments and patient liabilities. Ambulance charges, third party payments and patient liabilities.

²¹ Includes outpatient pharmacy charges, third party payments and patient liabilities. Physician charges, third party payments and patient liabilities provided through University Physicians, Inc.



Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Hospital	\$59,167	\$0	\$0	\$59,167
Children's Hospital	\$1,477,381	\$225,788	\$16,491	\$1,235,103
Denver Health Medical Center	\$11,502,258	\$1,909,572	\$0	\$9,592,686
Mercy Regional Medical Center	\$31,375	\$3,200	\$2,905	\$25,270
Montrose Memorial Hospital	\$247,108	\$32,270	\$50,282	\$164,556
Parkview Medical Center	\$554,833	\$0	\$55,830	\$499,003
Penrose St. Francis Hospital	\$2,183,848	\$53,407	\$13,596	\$2,116,845
Pikes Peak Regional Hospital	\$4,487	\$0	\$300	\$4,187
Prowers Medical Center	\$44,564	\$7,680	\$4,868	\$32,016
Sedgwick County Hospital	\$13,015	\$4,535	\$1,825	\$6,655
St. Mary-Corwin Medical Center	\$1,676,266	\$113,387	\$65,193	\$1,497,686
St. Mary's Hospital and Medical Center, Inc.	\$206,911	\$3,248	\$6,649	\$197,014
St. Thomas More Hospital	\$388,750	\$40,921	\$23,712	\$324,117
The Memorial Hospital	\$8,848	\$7,305	\$0	\$1,542
University of Colorado Hospital	\$15,958,174	\$1,384,291	\$86,307	\$14,487,576
Yampa Valley Medical Center	\$146,693	\$4,557	\$8,778	\$133,358
Total	\$34,503,678	\$3,790,161	\$336,736	\$30,376,781

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Community Health Clinic	\$1,790	\$0	\$1,479	\$311
Denver Health Medical Center	\$890,144	\$0	\$323,324	\$566,820
High Plains Community Health Center	\$236,246	\$0	\$20,572	\$215,674
National Jewish Health	\$145,063	\$0	\$8,858	\$136,205
Peak Vista Community Health Centers	\$204,958	\$0	\$131,018	\$73,940
Stout Street Clinic	\$37,839	\$0	\$0	\$37,839
University of Colorado Hospital	\$1,322,532	\$369,000	\$81,657	\$871,875
Total	\$2,838,572	\$369,000	\$566,908	\$1,902,664

Table 19 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$92,030,230	\$15,353,821	\$2,192,140	\$74,484,269
Physician Services	\$11,502,258	\$1,909,572	\$0	\$9,592,686
Ambulance Services	\$200,263	\$17,422	\$2,128	\$180,713
Outpatient Pharmacy	\$890,144	\$0	\$323,324	\$566,820
Total	\$104,622,895	\$17,280,815	\$2,517,592	\$84,824,488



Table 20 Inpatient and Outpatient Charges (Detail)²²

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	\$0	\$50,843	\$50,843	\$0	\$0	\$0	\$50,843
Clinica Campesina	\$0	\$1,837,467	\$1,837,467	\$0	\$0	\$0	\$1,837,467
Community Health Clinic	\$2,593	\$35,480	\$38,073	\$0	\$0	\$0	\$38,073
Custer County Medical Center	\$10,103	\$0	\$10,103	\$0	\$0	\$0	\$10,103
Denver Indian Health & Family Services	\$0	\$6,450	\$6,450	\$0	\$0	\$0	\$6,450
Grace Health Clinic	\$0	\$50,298	\$50,298	\$0	\$0	\$0	\$50,298
High Plains Community Health Center	\$203,721	\$10,722	\$214,443	\$0	\$0	\$0	\$214,443
Marillac Clinic	\$0	\$105,103	\$105,103	\$0	\$0	\$0	\$105,103
Metro Community Provider Network (MCPN)	\$0	\$1,920,171	\$1,920,171	\$0	\$0	\$0	\$1,920,171
Mountain Family Health Centers	\$115,806	\$125,607	\$241,413	\$0	\$0	\$0	\$241,413
NW Colorado Community Health Center	\$0	\$65,593	\$65,593	\$0	\$0	\$0	\$65,593
Olathe Community Clinic	\$0	\$109,619	\$109,619	\$0	\$0	\$0	\$109,619
Peak Vista Community Health Centers	\$147,899	\$2,346,112	\$2,494,011	\$0	\$0	\$0	\$2,494,011
Pueblo Community Health Center	\$0	\$430,776	\$430,776	\$0	\$0	\$0	\$430,776
Salud Family Health Centers	\$0	\$2,118,479	\$2,118,479	\$0	\$0	\$0	\$2,118,479
Sheridan Health Services	\$0	\$7,679	\$7,679	\$0	\$0	\$0	\$7,679
Stout Street Clinic	\$0	\$70,300	\$70,300	\$0	\$0	\$0	\$70,300
Summit Community Care Clinic	\$0	\$31,427	\$31,427	\$0	\$0	\$0	\$31,427
Sunrise Community Health Center	\$0	\$946,064	\$946,064	\$0	\$0	\$0	\$946,064
Uncompahgre Combined Clinics	\$102,905	\$7,746	\$110,651	\$0	\$0	\$0	\$110,651
Valley-Wide Health Systems	\$0	\$548,473	\$548,473	\$0	\$0	\$0	\$548,473
Total CICP Clinic Providers	\$583,027	\$10,824,409	\$11,407,436	\$0	\$0	\$0	\$11,407,436

²² Table does not include physician, University Physicians Inc., outpatient pharmacy, or ambulance charges. Total Charges in Table 20 will equal Charges in Table 15 by adding physician charges from Table 17, pharmacy charges from Table 18, and Denver Health Medical Center detail charges for Ambulance 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	\$630,021	\$473,648	\$1,103,669	\$660,446	\$110,000	\$770,446	\$1,874,115
Aspen Valley Hospital	\$365,707	\$615,413	\$981,120	\$83,198	\$238,948	\$322,146	\$1,303,266
Banner Fort Collins Medical Center	\$32,780	\$53,949	\$86,729	\$35,384	\$0	\$35,384	\$122,113
Boulder Community Hospital	\$1,174,001	\$1,158,412	\$2,332,413	\$2,094,186	\$788,860	\$2,883,046	\$5,215,459
Colorado Plains Medical Center	\$461,237	\$673,700	\$1,134,937	\$872,315	\$0	\$872,315	\$2,007,252
Community Hospital	\$373,119	\$27,861	\$400,980	\$674,842	\$0	\$674,842	\$1,075,822
Conejos County Hospital District	\$77,177	\$16,161	\$93,338	\$0	\$0	\$0	\$93,338
Delta County Memorial Hospital	\$398,162	\$0	\$398,162	\$417,323	\$0	\$417,323	\$815,485
East Morgan County Hospital	\$226,005	\$531,311	\$757,316	\$91,078	\$0	\$91,078	\$848,394
Estes Park Medical Center	\$134,161	\$298,973	\$433,134	\$0	\$84,272	\$84,272	\$517,406
Family Health West	\$42,736	\$188,430	\$231,166	\$0	\$81,766	\$81,766	\$312,932
Grand River Hospital	\$398,873	\$1,199,355	\$1,598,228	\$458,434	\$0	\$458,434	\$2,056,662
Gunnison Valley Hospital	\$97,916	\$16,691	\$114,607	\$51,126	\$0	\$51,126	\$165,733
Heart of the Rockies Regional Medical Center	\$1,119,505	\$0	\$1,119,505	\$341,820	\$0	\$341,820	\$1,461,325
Kremmling Memorial Hospital District	\$251,136	\$78,682	\$329,818	\$23,051	\$0	\$23,051	\$352,869
Longmont United Hospital	\$1,008,054	\$1,563,747	\$2,571,801	\$2,913,193	\$1,142,745	\$4,055,938	\$6,627,739
McKee Medical Center	\$1,558,284	\$4,872,052	\$6,430,336	\$2,578,493	\$862,591	\$3,441,084	\$9,871,420
Medical Center of the Rockies	\$2,300,461	\$7,434,688	\$9,735,149	\$10,226,665	\$4,765,608	\$14,992,273	\$24,727,422
Melissa Memorial Hospital	\$23,382	\$57,148	\$80,530	\$0	\$0	\$0	\$80,530
Memorial Hospital	\$8,157,208	\$13,264,348	\$21,421,556	\$17,298,432	\$3,613,491	\$20,911,923	\$42,333,479
Mercy Regional Medical Center	\$337,013	\$0	\$337,013	\$888,707	\$0	\$888,707	\$1,225,720
Montrose Memorial Hospital	\$861,946	\$1,966,687	\$2,828,633	\$1,092,034	\$568,024	\$1,660,058	\$4,488,691
Mount San Rafael Hospital	\$281,079	\$359,459	\$640,538	\$40,571	\$218,412	\$258,983	\$899,521
North Colorado Medical Center	\$3,797,562	\$10,161,779	\$13,959,341	\$8,075,897	\$5,278,451	\$13,354,348	\$27,313,689



	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Parkview Medical Center	\$4,248,804	\$5,445,451	\$9,694,255	\$9,864,127	\$5,082,803	\$14,946,930	\$24,641,185
Penrose St. Francis Hospital	\$6,053,079	\$17,975,661	\$24,028,740	\$11,847,512	\$14,940,689	\$26,788,201	\$50,816,941
Pikes Peak Regional Hospital	\$246,438	\$230,884	\$477,322	\$98,276	\$10,253	\$108,529	\$585,851
Platte Valley Medical Center	\$1,571,782	\$1,007,479	\$2,579,261	\$1,695,890	\$465,773	\$2,161,663	\$4,740,924
Poudre Valley Hospital	\$3,661,349	\$9,896,594	\$13,557,943	\$11,164,040	\$2,848,456	\$14,012,496	\$27,570,439
Prowers Medical Center	\$332,195	\$875,406	\$1,207,601	\$208,258	\$0	\$208,258	\$1,415,859
Rio Grande Hospital	\$100,173	\$136,195	\$236,368	\$24,415	\$0	\$24,415	\$260,783
San Luis Valley Regional Medical Center	\$347,737	\$408,499	\$756,236	\$475,573	\$105,744	\$581,317	\$1,337,553
Sedgwick County Hospital	\$72,165	\$0	\$72,165	\$0	\$0	\$0	\$72,165
Southeast Colorado Hospital District	\$68,787	\$52,458	\$121,245	\$11,318	\$0	\$11,318	\$132,563
Southwest Memorial Hospital	\$596,759	\$587,649	\$1,184,408	\$52,948	\$208,000	\$260,948	\$1,445,356
Spanish Peaks Regional Health Center	\$127,690	\$0	\$127,690	\$124,406	\$0	\$124,406	\$252,096
St. Mary-Corwin Medical Center	\$2,363,970	\$9,642,529	\$12,006,499	\$4,381,370	\$2,936,835	\$7,318,205	\$19,324,704
St. Mary's Hospital and Medical Center, Inc.	\$979,517	\$4,247,077	\$5,226,594	\$4,232,425	\$2,008,761	\$6,241,186	\$11,467,780
St. Thomas More Hospital	\$885,675	\$1,050,246	\$1,935,921	\$836,652	\$565,787	\$1,402,439	\$3,338,360
St. Vincent General Hospital District	\$11,574	\$2,390	\$13,964	\$0	\$0	\$0	\$13,964
Sterling Regional Medical Center	\$518,085	\$1,487,331	\$2,005,416	\$255,631	\$498,992	\$754,623	\$2,760,039
The Memorial Hospital	\$291,962	\$281,044	\$573,006	\$261,485	\$0	\$261,485	\$834,491
Valley View Hospital	\$942,004	\$2,050,620	\$2,992,624	\$1,266,367	\$319,696	\$1,586,063	\$4,578,687
Wray Community District Hospital	\$30,622	\$1,733	\$32,355	\$0	\$0	\$0	\$32,355
Yampa Valley Medical Center	\$496,014	\$0	\$496,014	\$1,473,279	\$0	\$1,473,279	\$1,969,293
Yuma District Hospital	\$52,984	\$374,335	\$427,319	\$266,378	\$0	\$266,378	\$693,697
Sub-Total CICP Hospital Providers	\$48,106,890	\$100,766,075	\$148,872,965	\$97,457,545	\$47,744,957	\$145,202,502	\$294,075,467



CICP 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
National Jewish Health	\$0	\$3,722,579	\$3,722,579	\$0	\$0	\$0	\$3,722,579
Children's Hospital Colorado	\$1,195,154	\$1,487,577	\$2,682,731	\$3,789,125	\$0	\$3,789,125	\$6,471,856
Sub-Total CICP Specialty Hospital Providers	\$1,195,154	\$5,210,156	\$6,405,310	\$3,789,125	\$0	\$3,789,125	\$10,194,435
Denver Health Medical Center	\$14,239,260	\$37,489,393	\$51,728,653	\$26,465,902	\$13,835,675	\$40,301,577	\$92,030,230
University of Colorado Hospital	\$15,947,760	\$42,093,467	\$58,041,227	\$56,193,255	\$15,889,995	\$72,083,250	\$130,124,477
Total CICP Hospital Providers	\$79,489,064	\$185,559,091	\$265,048,155	\$183,905,827	\$77,470,627	\$261,376,454	\$526,424,609
Total All CICP Providers	\$80,072,091	\$196,383,500	\$276,455,591	\$183,905,827	\$77,470,627	\$261,376,454	\$537,832,045



CICP UTILIZATION TABLES

Table 21 Admissions and Visits by County²³

County	CICP Clinics	CICP Hospitals²⁴	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	13,246	1,332	704	3,706	18,988
Alamosa	731	262	1	21	1,015
Arapahoe	6,065	973	770	5,476	13,284
Archuleta	0	6	0	0	6
Baca	29	236	0	1	266
Bent	237	99	2	3	341
Boulder	5,500	1,137	25	368	7,030
Broomfield	537	62	18	1	618
Chaffee	6	333	0	27	366
Cheyenne	34	11	0	2	47
Clear Creek	24	4	1	6	35
Conejos	231	100	0	19	350
Costilla	208	51	0	1	260
Crowley	63	28	0	0	91
Custer	54	59	0	1	114
Delta	9	302	1	7	319
Denver	2,414	654	44,739	4,039	51,846
Dolores	206	9	0	0	215
Douglas	516	147	41	445	1,149
Eagle	314	42	4	24	384
Elbert	95	44	0	28	167
El Paso	16,011	10,378	19	276	26,684
Fremont	339	1,078	6	24	1,447
Garfield	708	2,046	0	10	2,764
Gilpin	17	5	0	15	37
Grand	33	229	24	1	287
Gunnison	0	114	0	4	118
Hinsdale	0	0	0	0	0
Huerfano	5	152	0	9	166
Jackson	0	13	0	0	13
Jefferson	3,133	373	773	1,211	5,490
Kiowa	23	14	0	0	37
Kit Carson	22	11	0	24	57
Lake	18	13	1	1	33
La Plata	1	54	3	1	59
Larimer	2,811	8,034	10	284	11,139
Las Animas	4	578	3	2	587
Lincoln	42	51	0	35	128

²³ Utilization by County is the sum of admissions and visits by reported patient residency.

²⁴ Includes CICP Specialty Hospital providers



County	CICP Clinics	CICP Hospitals ²⁴	Denver Health Medical Center	University of Colorado Hospital	Total
Logan	290	915	2	20	1,227
Mesa	686	2,006	1	22	2,715
Mineral	0	6	0	0	6
Moffat	308	277	1	0	586
Montezuma	67	1,101	0	4	1,172
Montrose	1,165	1,409	0	19	2,593
Morgan	730	1,191	0	60	1,981
Otero	600	759	0	3	1,362
Ouray	30	27	0	44	101
Park	92	48	3	48	191
Phillips	21	170	0	13	204
Pitkin	29	368	1	0	398
Prowers	1,141	938	0	32	2,111
Pueblo	2,364	3,663	17	108	6,152
Rio Blanco	0	1	0	0	1
Rio Grande	571	367	0	19	957
Routt	74	337	0	18	429
Saguache	645	167	0	7	819
San Juan	0	4	0	1	5
San Miguel	359	33	0	0	392
Sedgwick	4	62	0	9	75
Summit	199	22	0	7	228
Teller	1,361	523	2	27	1,913
Washington	20	209	0	35	264
Weld	5,633	5,901	69	305	11,908
Yuma	32	291	0	3	326
Unknown	720	728	44	50	1,542
Total	70,827	50,557	47,285	16,926	185,595



Table 22 Outpatient Visits and Inpatient Admissions by CICP Rate

Outpatient Visits

CICP Rating	CICP Clinics		CICP Hospitals ²⁵		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
Z	842	1.2%	377	0.8%	4,802	10.4%	153	1.0%	6,174	3.4%
N	14,904	21.0%	3,325	7.0%	4,532	9.8%	1,619	10.1%	24,380	13.5%
A	2,247	3.2%	984	2.1%	1,473	3.2%	370	2.3%	5,074	2.8%
B	2,891	4.1%	1,619	3.4%	2,620	5.7%	768	4.8%	7,898	4.4%
C	3,336	4.7%	2,852	6.0%	3,771	8.1%	1,585	9.9%	11,544	6.4%
D	4,061	5.7%	4,145	8.8%	6,147	13.3%	2,164	13.5%	16,517	9.2%
E	3,901	5.5%	4,641	9.8%	5,464	11.8%	1,698	10.6%	15,704	8.8%
F	12,344	17.4%	8,706	18.5%	6,467	14.8%	3,027	18.9%	30,544	16.9%
G	10,105	14.3%	7,136	15.1%	4,471	9.6%	1,796	11.2%	23,508	13.0%
H	4,932	7.0%	3,812	8.1%	1,911	4.1%	961	6.0%	11,616	6.4%
I	11,216	15.8%	9,447	20.0%	4,680	10.1%	1,904	11.9%	27,274	15.1%
Unknown	48	0.1%	132	0.3%	0	0.0%	0	0.0%	180	0.1%
Total	70,827	100.0%	47,176	100.0%	46,338	100.0%	16,045	100.0%	180,386	100.0%

Inpatient Admissions

CICP Rating	CICP Clinics		CICP Hospitals ²⁹		Denver Health		University Hospital		All Providers	
	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
Z	0	0.0%	7	0.2%	94	9.9%	12	1.4%	113	2.2%
N	0	0.0%	182	5.4%	83	8.8%	129	14.6%	394	7.6%
A	0	0.0%	45	1.3%	31	3.3%	21	2.4%	97	1.9%
B	0	0.0%	97	2.9%	48	5.1%	57	6.5%	202	3.9%
C	0	0.0%	175	5.2%	66	7.0%	84	9.5%	325	6.2%
D	0	0.0%	311	9.2%	144	15.2%	94	10.7%	549	10.5%
E	0	0.0%	363	10.7%	120	12.7%	81	9.2%	564	10.8%
F	0	0.0%	611	18.1%	149	15.7%	144	16.3%	904	17.4%
G	0	0.0%	612	18.1%	91	9.6%	98	11.1%	801	15.4%
H	0	0.0%	302	8.9%	32	3.4%	50	5.7%	384	7.4%
I	0	0.0%	670	19.8%	89	9.4%	111	12.6%	870	16.7%
Unknown	0	0.0%	6	0.2%	0	0.0%	0	0.0%	6	0.1%
Total	0	0.0%	3,381	100.0%	947	100.0%	881	100.0%	5,209	100.0%

²⁵ Includes CICP Specialty Hospital providers



Table 23 Inpatient Admissions and Days by CICP Rating

CICP Rating	CICP Hospitals ²⁶		Denver Health Medical Center		University of Colorado Hospital		Total	
	Admits	Days	Admits	Days	Admits	Days	Admits	Days
Z	7	50	94	334	12	46	113	430
N	182	846	83	322	129	756	394	1,924
A	45	199	31	109	21	85	97	393
B	97	449	48	277	57	261	202	987
C	175	784	66	507	84	439	325	1,730
D	311	1,419	144	839	94	507	549	2,765
E	363	1,454	120	705	81	416	564	2,575
F	611	2,471	149	711	144	1,159	904	4,341
G	612	2,365	91	401	98	606	801	3,372
H	302	1,195	32	225	50	200	384	1,620
I	670	2,528	89	440	111	708	870	3,676
Unknown	6	22	0	0	0	0	6	22
Total	3,381	13,782	947	4,870	881	5,183	5,209	23,835

Table 24 Outpatient Visits and Charges by Sex and Age

CICP Clinics

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	364	\$58,578	343	\$56,007	707	1.0%	\$114,585
6-17	1,792	\$292,771	1,962	\$324,360	3,754	5.3%	\$617,131
18-24	1,393	\$224,946	2,992	\$516,006	4,385	6.2%	\$740,952
25-54	11,100	\$1,754,924	21,448	\$3,632,864	32,548	46.0%	\$5,387,788
55-64	7,114	\$1,074,072	10,737	\$1,665,763	17,851	25.2%	\$2,739,835
65+	4,296	\$678,824	7,286	\$1,128,321	11,582	16.4%	\$1,807,145
TOTAL	26,059	\$4,084,115	44,768	\$7,323,321	70,827	100.0%	\$11,407,436

CICP Hospitals²⁶

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	447	\$842,140	285	\$619,448	732	1.6%	\$1,461,588
6-17	603	\$1,406,562	709	\$1,577,743	1,312	2.8%	\$2,984,305
18-24	889	\$2,766,571	1,210	\$3,383,825	2,099	4.4%	\$6,150,396
25-54	6,959	\$23,582,012	10,845	\$33,304,089	17,804	37.7%	\$56,886,101
55-64	5,725	\$19,049,081	6,864	\$21,321,414	12,589	26.7%	\$40,370,495
65+	5,711	\$22,138,579	6,929	\$25,286,811	12,640	26.8%	\$47,425,390
TOTAL	20,334	\$69,784,945	26,842	\$85,493,330	47,176	100.0%	\$155,278,275

²⁶ Includes CICP Specialty Hospital providers.



Denver Health Medical Center

Male			Female		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	81	\$51,636	72	\$46,730	153	0.3%	\$98,366
6-17	455	\$298,218	430	\$243,171	885	1.9%	\$541,389
18-24	630	\$1,250,107	1,303	\$1,171,493	1,933	4.2%	\$2,421,600
25-54	6,424	\$8,308,502	7,769	\$7,960,190	14,193	30.6%	\$16,268,692
55-64	5,459	\$6,715,634	6,758	\$7,011,989	12,217	26.4%	\$13,727,623
65+	7,196	\$8,138,131	9,761	\$10,532,852	16,957	36.6%	\$18,670,983
TOTAL	20,245	\$24,762,228	26,093	\$26,966,425	46,338	100.0%	\$51,728,653

University of Colorado Hospital

Male			Female		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	5	\$161,813	0	\$0	5	0.0%	\$161,813
6-17	17	\$42,546	32	\$147,930	49	0.3%	\$190,476
18-24	283	\$873,327	263	\$893,935	546	3.4%	\$1,767,262
25-54	2,798	\$9,354,776	3,075	\$10,529,100	5,873	36.6%	\$19,883,876
55-64	2,244	\$7,819,957	1,926	\$8,398,558	4,170	26.0%	\$16,218,515
65+	2,132	\$8,093,378	3,270	\$11,725,907	5,402	33.7%	\$19,819,285
TOTAL	7,479	\$26,345,797	8,566	\$31,695,430	16,045	100.0%	\$58,041,227

All CICP Providers

Male			Female		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	897	\$1,114,167	700	\$722,185	1,597	0.9%	\$1,836,352
6-17	2,867	\$2,040,097	3,133	\$2,293,204	6,000	3.3%	\$4,333,301
18-24	3,195	\$5,114,951	5,768	\$5,965,259	8,963	5.0%	\$11,080,210
25-54	27,281	\$43,000,214	43,137	\$55,426,243	70,418	39.0%	\$98,426,457
55-64	20,542	\$34,658,744	26,285	\$38,397,724	46,827	26.0%	\$73,056,468
65+	19,335	\$39,048,912	27,246	\$48,673,891	46,581	25.8%	\$87,722,803
TOTAL	74,117	\$124,977,085	106,269	\$151,478,506	180,386	100.0%	\$276,455,591



Table 25 Inpatient Admits and Charges by Sex and Age

CICP Hospitals²⁷

Male		Female		Total Inpatient			
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	122	\$2,574,991	91	\$1,050,865	213	6.3%	\$3,625,856
6-17	31	\$1,259,545	28	\$792,809	59	1.7%	\$2,052,354
18-24	40	\$1,058,971	57	\$1,212,133	97	2.9%	\$2,271,104
25-54	420	\$20,536,984	619	\$18,488,195	1,039	30.7%	\$39,025,179
55-64	480	\$26,232,467	376	\$17,600,079	856	25.3%	\$43,832,546
65+	542	\$30,482,089	575	\$27,702,499	1,117	33.0%	\$58,184,588
TOTAL	1,635	\$82,145,047	1,746	\$66,846,580	3,381	100.0%	\$148,991,627

Denver Health Medical Center

Male		Female		Total Inpatient			
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	0	\$0	0	\$0	0	0.0%	\$0
6-17	2	\$36,347	1	\$58,457	3	0.3%	\$94,804
18-24	9	\$292,126	3	\$71,340	12	1.3%	\$363,466
25-54	175	\$6,964,035	86	\$2,980,678	261	27.6%	\$9,944,713
55-64	138	\$6,274,216	115	\$3,848,301	253	26.7%	\$10,122,517
65+	217	\$11,656,215	201	\$8,119,862	418	44.1%	\$19,776,077
TOTAL	541	\$25,222,939	406	\$15,078,638	947	100.0%	\$40,301,577

University of Colorado Hospital

Male		Female		Total Inpatient			
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	3	\$327,147	2	\$26,937	5	0.6%	\$354,084
6-17	0	\$0	1	\$81,621	1	0.1%	\$81,621
18-24	13	\$485,287	8	\$784,030	21	2.4%	\$1,269,317
25-54	130	\$8,669,877	131	\$7,987,682	261	29.6%	\$16,657,559
55-64	147	\$13,595,596	113	\$11,793,350	260	29.5%	\$25,388,946
65+	143	\$12,680,568	190	\$15,651,155	333	37.8%	\$28,331,723
TOTAL	436	\$35,758,475	445	\$36,324,775	881	100.0%	\$72,083,250

All CICP Providers

Male		Female		Total Inpatient			
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	125	\$2,902,138	93	\$1,077,802	218	4.2%	\$3,979,940
6-17	33	\$1,295,892	30	\$932,887	63	1.2%	\$2,228,779
18-24	62	\$1,836,384	68	\$2,067,503	130	2.5%	\$3,903,887
25-54	725	\$36,170,896	836	\$29,456,555	1,561	30.0%	\$65,627,451
55-64	765	\$46,102,279	604	\$33,241,730	1,369	26.3%	\$79,344,009
65+	902	\$54,818,872	966	\$51,473,516	1,868	35.9%	\$106,292,388
TOTAL	2,612	\$143,126,461	2,597	\$118,249,993	5,209	100.0%	\$261,376,454

²⁷ Includes CICP Specialty Hospital providers.



Table 26 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁸
Basin Clinic	299	0	0	0
Clinica Campesina	12,560	0	0	0
Community Health Clinic	290	0	0	0
Custer County Medical Center	63	0	0	0
Denver Indian Health & Family Services	43	0	0	0
Grace Health Clinic	147	0	0	0
High Plains Community Health Center	1,275	0	0	0
Marillac Clinic	650	0	0	0
Metro Community Provider Network (MCPN)	11,621	0	0	0
Mountain Family Health Centers	1,122	0	0	0
NW Colorado Community Health Center	388	0	0	0
Olathe Community Clinic	533	0	0	0
Peak Vista Community Health Centers	17,834	0	0	0
Pueblo Community Health Center	2,378	0	0	0
Salud Family Health Centers	11,361	0	0	0
Sheridan Health Services	56	0	0	0
Stout Street Clinic	385	0	0	0
Summit Community Care Clinic	279	0	0	0
Sunrise Community Health Center	5,219	0	0	0
Uncompahgre Combined Clinics	746	0	0	0
Valley-Wide Health Systems	3,578	0	0	0
Total (Clinics)	70,827	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁸
Arkansas Valley Regional Medical Center	754	43	140	3.26
Aspen Valley Hospital	430	8	36	4.50
Banner Fort Collins Medical Center	19	2	4	2.00
Boulder Community Hospital	369	50	177	3.54
Colorado Plains Medical Center	609	35	102	2.91
Community Hospital	254	21	80	3.81
Conejos County Hospital District	82	0	0	0.00
Delta County Memorial Hospital	153	20	58	2.90
East Morgan County Hospital	407	6	22	3.67
Estes Park Medical Center	275	2	8	4.00
Family Health West	51	3	19	6.33
Grand River Hospital	1,248	10	31	3.10
Gunnison Valley Hospital	89	3	6	2.00
Heart of the Rockies Regional Medical Center	433	18	59	3.28
Kremmling Memorial Hospital District	216	2	7	3.50
Longmont United Hospital	680	85	361	4.25
McKee Medical Center	1,488	96	328	3.42

²⁸ Calculated average length of stay. Number of days divided by total admissions



Provider Name	Visits	Admissions	Days	ALOS ²⁸
Medical Center of the Rockies	2,567	257	1,280	4.98
Melissa Memorial Hospital	163	0	0	0.00
Memorial Hospital	6,845	418	1,862	4.45
Mercy Regional Medical Center	51	19	64	3.37
Montrose Memorial Hospital	1,393	83	320	3.86
Mount San Rafael Hospital	429	17	33	1.94
North Colorado Medical Center	3,585	296	1,091	3.69
Parkview Medical Center	1,871	230	1,245	5.41
Penrose St. Francis Hospital	3,064	570	2,159	3.79
Pikes Peak Regional Hospital	239	6	18	3.00
Platte Valley Medical Center	565	64	194	3.03
Poudre Valley Hospital	5,573	361	1,450	4.02
Prowers Medical Center	756	24	65	2.71
Rio Grande Hospital	336	2	7	3.50
San Luis Valley Regional Medical Center	392	22	99	4.50
Sedgwick County Hospital	46	0	0	0.00
Southeast Colorado Hospital District	191	2	3	1.50
Southwest Memorial Hospital	1,075	15	48	3.20
Spanish Peaks Regional Health Center	80	10	33	3.30
St. Mary-Corwin Medical Center	1,907	135	600	4.44
St. Mary's Hospital and Medical Center, Inc.	1,671	150	777	5.18
St. Thomas More Hospital	729	51	156	3.06
St. Vincent General Hospital District	9	0	0	0.00
Sterling Regional Medical Center	842	25	80	3.20
The Memorial Hospital	245	11	39	3.55
Valley View Hospital	756	33	136	4.12
Wray Community District Hospital	58	0	0	0.00
Yampa Valley Medical Center	258	96	174	1.81
Yuma District Hospital	332	9	38	4.22
Subtotal CICIP Hospital Providers	43,585	3,310	13,409	4.05

CICIP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁸
National Jewish Health	2,402	0	0	0.00
Children's Hospital Colorado	1,189	71	373	5.25
Subtotal CICIP Specialty Hospital Providers	3,591	71	373	5.25
Denver Health Medical Center	46,338	947	4,870	5.14
University of Colorado Hospital	16,045	881	5,183	5.88
Total CICIP Hospital Providers	109,559	5,209	23,835	4.58
Total All CICIP Providers	180,386	5,209	23,835	4.58



Table 27 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Basin Clinic	0	0	0	0	0	1	74	75
Clinica Campesina	0	0	0	0	42	192	3,249	3,483
Community Health Clinic	0	0	0	0	0	0	69	69
Custer County Medical Center	0	0	0	0	0	0	16	16
Denver Indian Health & Family Services	0	0	0	0	0	0	35	35
Grace Health Clinic	0	0	0	0	0	3	58	61
High Plains Community Health Center	0	0	0	0	10	29	428	467
Limon Plains Medical Center	0	0	0	0	0	0	0	0
Marillac Clinic	0	0	0	0	0	1	243	244
Metro Community Provider Network (MCPN)	0	0	0	0	55	194	3,245	3,494
Mountain Family Health Centers	0	0	0	0	2	22	367	391
NW Colorado Community Health Center	0	0	0	0	1	5	185	191
Olathe Community Clinic	0	0	0	0	0	10	132	142
Peak Vista Community Health Centers	0	0	0	0	215	1,382	5,373	6,970
Pueblo Community Health Center	0	0	0	0	1	11	877	889
Salud Family Health Centers	0	0	0	0	45	186	4,803	5,034
Sheridan Health Services	0	0	0	0	0	0	19	19
Stout Street Clinic	0	0	0	0	0	0	104	104
Summit Community Care Clinic	0	0	0	0	0	6	121	127
Sunrise Community Health Center	0	0	0	0	15	132	1,820	1,967
Uncompahgre Combined Clinics	0	0	0	0	0	3	215	218
Valley-Wide Health Systems	0	0	0	0	5	13	1,177	1,195
Total	0	0	0	0	391	2,190	22,610	25,191

CICP Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Arkansas Valley Regional Medical Center	2	0	35	37	5	8	263	276
Aspen Valley Hospital	0	0	7	7	0	5	108	113
Boulder Community Hospital	0	0	44	44	3	4	227	234



CICP Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Colorado Plains Medical Center	5	1	29	35	15	29	447	491
Community Hospital	0	0	21	21	1	6	151	158
Conejos County Hospital District	0	0	0	0	0	6	42	48
Delta County Memorial Hospital	0	0	17	17	1	10	94	105
East Morgan County Hospital	0	0	6	6	1	2	134	137
Estes Park Medical Center	0	0	2	2	0	4	103	107
Family Health West	0	0	2	2	0	1	33	34
Arkansas Valley Regional Medical Center	2	0	35	37	5	8	263	276
Aspen Valley Hospital	0	0	7	7	0	5	108	113
Boulder Community Hospital	0	0	44	44	3	4	227	234
Colorado Plains Medical Center	5	1	29	35	15	29	447	491
Community Hospital	0	0	21	21	1	6	151	158
Conejos County Hospital District	0	0	0	0	0	6	42	48
Delta County Memorial Hospital	0	0	17	17	1	10	94	105
East Morgan County Hospital	0	0	6	6	1	2	134	137
Estes Park Medical Center	0	0	2	2	0	4	103	107
Family Health West	0	0	2	2	0	1	33	34
Grand River Hospital	0	0	10	10	3	10	279	292
Gunnison Valley Hospital	0	0	3	3	2	0	46	48
Heart of the Rockies Regional Medical Center	1	0	12	13	0	6	147	153
Kremmling Memorial Hospital District	0	0	2	2	1	1	98	100
Longmont United Hospital	2	0	69	71	2	8	335	345
McKee Medical Center	4	0	74	78	8	10	502	520
Medical Center of the Rockies	9	1	197	207	26	28	843	897
Melissa Memorial Hospital	0	0	0	0	1	5	104	110
Memorial Hospital	3	0	328	331	18	46	2,652	2,716
Mercy Regional Medical Center	0	0	19	19	0	0	35	35
Montrose Memorial Hospital	5	0	61	66	9	9	539	557
Mount San Rafael Hospital	0	0	15	15	0	4	174	178
North Colorado Medical Center	9	1	229	239	28	52	1,245	1,325
Parkview Medical Center	3	2	186	191	7	15	720	742
Penrose St. Francis Hospital	68	1	413	482	19	23	1,263	1,305



CICP Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Pikes Peak Regional Hospital	0	0	6	6	1	0	143	144
Platte Valley Medical Center	6	0	50	56	3	18	353	374
Poudre Valley Hospital	29	5	257	291	39	54	1,470	1,563
Prowers Medical Center	0	1	22	23	5	8	284	297
Rio Grande Hospital	0	0	2	2	2	4	104	110
San Luis Valley Regional Medical Center	0	0	22	22	1	8	234	243
Sedgwick County Hospital	0	0	0	0	0	0	17	17
Southeast Colorado Hospital District	0	0	2	2	0	0	73	73
Southwest Memorial Hospital	1	0	14	15	6	4	283	293
Spanish Peaks Regional Health Center	1	0	8	9	1	3	51	55
St. Mary-Corwin Medical Center	0	1	111	112	4	13	821	838
St. Mary's Hospital and Medical Center, Inc.	17	0	110	127	18	11	623	652
St. Thomas More Hospital	3	0	41	44	3	8	343	354
St. Vincent General Hospital District	0	0	0	0	0	0	2	2
Sterling Regional Medical Center	1	0	22	23	3	5	239	247
The Memorial Hospital	0	0	10	10	0	0	130	130
Valley View Hospital	3	0	27	30	3	7	267	277
Wray Community District Hospital	0	0	0	0	0	10	25	35
Yampa Valley Medical Center	8	4	74	86	2	3	89	94
Yuma District Hospital	0	0	8	8	0	4	125	129
Sub-Total CICP Hospital Providers	180	17	2,567	2,764	241	452	16,260	16,953

CICP Specialty Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
National Jewish Health	0	0	0	0	3	11	555	569
Children's Hospital Colorado	24	40	2	66	161	287	82	530
Sub-Total CICP Specialty Hospital Providers	24	40	2	66	164	298	637	1,099
Denver Health Medical Center	0	3	728	731	72	373	9,009	9,454
University of Colorado Hospital	5	1	660	666	3	33	4,028	4,064
Total CICP Hospital Providers	209	61	3,957	4,227	480	1,156	29,934	31,570
Total All CICP Providers	209	61	3,957	4,227	871	3,346	52,544	56,761



Table 28 Unduplicated Total Count by Age²⁹

CICP Clinic Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Basin Clinic	0	1	74	75
Clinica Campesina	42	192	3,249	3,483
Community Health Clinic	0	0	69	69
Custer County Medical Center	0	0	16	16
Denver Indian Health & Family Services	0	0	35	35
Grace Health Clinic	0	3	58	61
High Plains Community Health Center	10	29	428	467
Marillac Clinic	0	1	243	244
Metro Community Provider Network (MCPN)	55	194	3,245	3,494
Mountain Family Health Centers	2	22	367	391
NW Colorado Community Health Center	1	5	185	191
Olathe Community Clinic	0	10	132	142
Peak Vista Community Health Centers	215	1,382	5,373	6,970
Pueblo Community Health Center	1	11	877	889
Salud Family Health Centers	45	186	4,803	5,034
Sheridan Health Services	0	0	19	19
Stout Street Clinic	0	0	104	104
Summit Community Care Clinic	0	6	121	127
Sunrise Community Health Center	15	132	1,820	1,967
Uncompahgre Combined Clinics	0	3	215	218
Valley-Wide Health Systems	5	13	1,177	1,195
Total CICP Clinic Providers	391	2,190	22,610	25,191

CICP Hospital Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Arkansas Valley Regional Medical Center	6	8	280	294
Aspen Valley Hospital	0	5	109	114
Banner Fort Collins Medical Center	0	0	13	13
Boulder Community Hospital	3	4	252	259
Colorado Plains Medical Center	20	30	472	522
Community Hospital	1	6	168	175
Conejos County Hospital District	0	6	42	48
Delta County Memorial Hospital	1	10	101	112
East Morgan County Hospital	1	2	134	137
Estes Park Medical Center	0	4	103	107
Family Health West	0	1	33	34
Grand River Hospital	3	10	282	295

²⁹ Unduplicated client count is a count of unique social security numbers by provider. Providers are requested to report a unique count for inpatient, outpatient and total clients served. Several providers could not produce a separate count for total clients, so inpatient and outpatient totals were added to create total clients. 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	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Gunnison Valley Hospital	2	0	49	51
Heart of the Rockies Regional Medical Center	1	6	147	154
Kremmling Memorial Hospital District	1	1	100	102
Longmont United Hospital	4	8	363	375
McKee Medical Center	11	10	526	547
Medical Center of the Rockies	29	29	930	988
Melissa Memorial Hospital	1	5	104	110
Memorial Hospital	21	46	2,755	2,822
Mercy Regional Medical Center	0	0	51	51
Montrose Memorial Hospital	13	9	554	576
Mount San Rafael Hospital	0	4	171	175
North Colorado Medical Center	34	53	1,312	1,399
Parkview Medical Center	9	17	816	842
Penrose St. Francis Hospital	83	24	1,455	1,562
Pikes Peak Regional Hospital	1	0	144	145
Platte Valley Medical Center	6	18	383	407
Poudre Valley Hospital	53	57	1,538	1,648
Prowers Medical Center	5	8	289	302
Rio Grande Hospital	2	4	104	110
San Luis Valley Regional Medical Center	1	8	242	251
Sedgwick County Hospital	0	0	17	17
Southeast Colorado Hospital District	0	0	74	74
Southwest Memorial Hospital	6	4	283	293
Spanish Peaks Regional Health Center	1	3	52	56
St. Mary-Corwin Medical Center	4	13	855	872
St. Mary's Hospital and Medical Center, Inc.	26	11	658	695
St. Thomas More Hospital	5	8	356	369
St. Vincent General Hospital District	0	0	2	2
Sterling Regional Medical Center	3	5	240	248
The Memorial Hospital	0	0	133	133
Valley View Hospital	5	7	278	290
Wray Community District Hospital	0	10	25	35
Yampa Valley Medical Center	10	6	140	156
Yuma District Hospital	0	4	126	130
Subtotal CICP Hospital Providers	372	464	17,261	18,097

CICP Specialty Hospital Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
National Jewish Health	3	11	555	569
Children's Hospital Colorado	176	305	82	563
Subtotal CICP Specialty Hospital Providers	179	316	637	1,132
Denver Health Medical Center	72	375	9,115	9,562
University of Colorado Hospital	8	34	4,200	4,242
Total CICP Hospital Providers	631	1,189	31,213	33,033
Total All CICP Providers	1,022	3,379	53,823	58,224

