



COLORADO
Department of Health Care
Policy & Financing

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

February 1, 2017

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

Dear Representative Ginal:

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 2015-16 more than 50,000 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 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 that reads "Susan E. Birch".

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

SEB/prp
Enclosure(s): CICP FY 2015-16 Annual Report



Cc: Representative Daneya Esgar, Vice Chair, Health, Insurance and Environment Committee
Representative Susan Beckman, Health, Insurance and Environment Committee
Representative Janet Buckner, Health, Insurance and Environment Committee
Representative Phil Covarrubias, Health, Insurance and Environment Committee
Representative Steve Humphrey, Health, Insurance and Environment Committee
Representative Dominique Jackson, Health, Insurance and Environment Committee
Representative Chris Kennedy, Health, Insurance and Environment Committee
Representative Lois Landgraf, Health, Insurance and Environment Committee
Representative Susan Lontine, Health, Insurance and Environment Committee
Representative Kim Ransom, Health, Insurance and Environment Committee
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Gretchen Hammer, Health Programs Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Jed Ziegenhagen, Community Living 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, 2017

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

Dear Representative Singer:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy and Financing on the 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/prp
Enclosure(s): CICP FY 2015-16 Annual Report



Cc: Representative Jessie Danielson, Vice-Chair, Public Health Care and Human Services Committee
Representative Marc Catlin, Public Health Care and Human Services Committee
Representative Justin Everett, Public Health Care and Human Services Committee
Representative Joann Ginal, Public Health Care and Human Services Committee
Representative Edie Hooton, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Kimmi Lewis, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
Representative Dafna Michaelson Jenet, Public Health Care and Human Services Committee
Representative Dan Pabon, Public Health Care and Human Services Committee
Representative Brittany Pettersen, 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, 2017

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

Dear Senator Smallwood:

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).

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

SEB/prp
Enclosure(s): CICP FY 2015-16 Annual Report



Cc: Senator Beth Martinez Humenik, Vice-Chair, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator John Kefalas, Health and Human Services Committee
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Medically Indigent and Colorado Indigent Care Program

Fiscal Year 2015-16 Annual Report

Susan E. Birch MBA, BSN, RN
Executive Director



COLORADO

Department of Health Care
Policy & Financing

Medically Indigent and Colorado Indigent Care Program
Fiscal Year 2015-16
Annual Report

Susan E. Birch MBA, BSN, RN
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COLORADO
Department of Health Care
Policy & Financing

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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 2015-16 Disproportionate Share Hospital payments made to Hospital providers serving the medically indigent were 1.7% greater than in FY 2014-15 and equaled \$198,201,052. The amount of payments to CICP Clinics remained unchanged. Payments were distributed as follows:

CICP Payments

➤ CICP Disproportionate Share Hospital Payments	\$198,201,052
➤ CICP Clinic Payments	\$6,059,760
Total Payments	\$204,260,812

In FY 2015-16, there were 20 CICP Clinic providers and 50 CICP Hospital providers. CICP Clinics were reimbursed at 59.1% of indigent care costs. 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 2017 Colorado Health Care Affordability Act Annual Report available on the Department's website at www.colorado.gov/hcpf/department-reports.

In FY 2015-16 the number of individuals served under the CICP was 50,338, a 13.5% decrease from the previous year and a decrease of 75.9% compared to FY 2012-13. Similarly, write-off costs for CICP providers have decreased 76.8% from FY 2012-13 to FY 2015-16. The decrease in number served and provider write-off costs 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 and write-off costs, although significant, does not eliminate the need for the CICP. The Department continues to work with its stakeholders to preserve the CICP safety net for clients as proposals to modernize the CICP and improve efficiencies are contemplated.

INTRODUCTION

The Department of Health Care Policy and Financing (the Department) prepares this report pursuant to Section 25.5-3-107, C.R.S. (2016). 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 2015-16;
- 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. (2016) 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 CICP

The implementation of the ACA combined with the January 2014 expansion of Medicaid provides health care coverage to many clients who would otherwise be eligible for CICP. In fact, the number of persons served by CICP decreased 75.9% in FY 2015-16 compared to FY 2012-13. While many former CICP 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 CICP. 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 CICP. 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 CICP 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 has worked in collaboration with stakeholders to understand and meet the health needs of lower income Coloradans for over three years. Significant changes to CICP are planned for FY 2017-18. The Department has been working through the details of proposed changes with a workgroup made up of various CICP stakeholders, consumer advocates, the Colorado Hospital Association, the Colorado Community Health Network, and ClinicNET since early September 2016. The workgroup has been instrumental in discussing changes to the program that would decrease the administrative burden for providers, maintain the safety net for clients, and introduce quality metrics into the funding formula for clinics. Discussions with a broader group of stakeholders will continue through the public rule review process prior to proposing formal rule changes to the Medical Services Board in the spring of 2017, with an intended effective date of July 1, 2017.

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 FY 2015-16, 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.

Department staff plan to discuss recommendations for program rule changes to the CICP Executive Forum prior to presenting them formally to the Medical Services Board in the spring of 2017.

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 newsletters 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 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 CICP. Eligibility technicians at the CICP 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 CICP copayment to medical services. To be eligible for services discounted under the CICP, 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 and updated August 30, 2016, all new applicants and clients reapplying for CICP aged 18 years and older must sign an affidavit indicating their citizenship status and provide acceptable documentation demonstrating that they are either a U.S. citizen or otherwise lawfully residing in the country. Applicants who do not provide a verifiable document may apply for a “Request for Waiver-Restrictions on Public Benefits” from the Department of Revenue. Applicants without acceptable documentation who are U.S. citizens or U.S. nationals may sign a self-declaration statement to satisfy the evidence of lawful presence requirement.

In order to qualify to receive discounted services under the CICP, 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, 2016 through March 31, 2017**

Family Size	Z	N	A	B
1	\$0-\$4,752	\$0-\$4,752	\$4,753-\$7,366	\$7,367-\$9,623
2	\$0-\$6,408	\$0-\$6,408	\$6,409-\$9,932	\$9,933-\$12,976
3	\$0-\$8,064	\$0-\$8,064	\$8,065-\$12,499	\$12,500-\$16,330
4	\$0-\$9,720	\$0-\$9,720	\$9,721-\$15,066	\$15,067-\$19,683
5	\$0-\$11,376	\$0-\$11,376	\$11,377-\$17,633	\$17,634-\$23,036
6	\$0-\$13,032	\$0-\$13,032	\$13,033-\$20,200	\$20,201-\$26,390
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	\$9,624-\$11,880	\$11,881-\$13,900	\$13,901-\$15,800	\$15,801-\$18,889
2	\$12,977-\$16,020	\$16,021-\$18,743	\$18,744-\$21,307	\$21,308-\$25,472
3	\$16,331-\$20,160	\$20,161-\$23,587	\$23,588-\$26,813	\$26,814-\$32,054
4	\$19,684-\$24,300	\$24,301-\$28,431	\$28,432-\$32,319	\$32,320-\$38,637
5	\$23,037-\$28,440	\$28,411-\$33,275	\$33,276-\$37,825	\$37,826-\$45,220
6	\$26,391-\$32,580	\$32,581-\$38,119	\$38,120-\$43,331	\$43,332-\$51,802
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	\$18,890-\$21,978	\$21,979-\$23,760	\$23,761-\$29,700
2	\$25,473-\$29,637	\$29,638-\$32,040	\$32,041-\$40,050
3	\$32,055-\$37,296	\$37,297-\$40,320	\$40,321-\$50,400
4	\$38,638-\$44,955	\$44,956-\$48,600	\$48,601-\$60,750
5	\$45,221-\$52,614	\$52,615-\$56,880	\$56,881-\$71,100
6	\$51,803-\$60,273	\$60,274-\$65,160	\$65,161-\$81,450
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 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	Clinic	Hospital Emergency Room & Emergency Transportation	Specialty Outpatient	Prescription Laboratory, Clinic Radiology & Imaging
Z²	40%	\$0	\$0	\$0	\$0	\$0	\$0
N	40%	\$15	\$7	\$7	\$15	\$15	\$5
A	62%	\$65	\$35	\$15	\$25	\$25	\$10
B	81%	\$105	\$55	\$15	\$25	\$25	\$10
C	100%	\$155	\$80	\$20	\$30	\$30	\$15
D	117%	\$220	\$110	\$20	\$30	\$30	\$15
E	133%	\$300	\$150	\$25	\$35	\$35	\$20
F	159%	\$390	\$195	\$25	\$35	\$35	\$20
G	185%	\$535	\$270	\$35	\$45	\$45	\$30
H	200%	\$600	\$300	\$35	\$45	\$45	\$30
I	250%	\$630	\$315	\$40	\$50	\$50	\$35

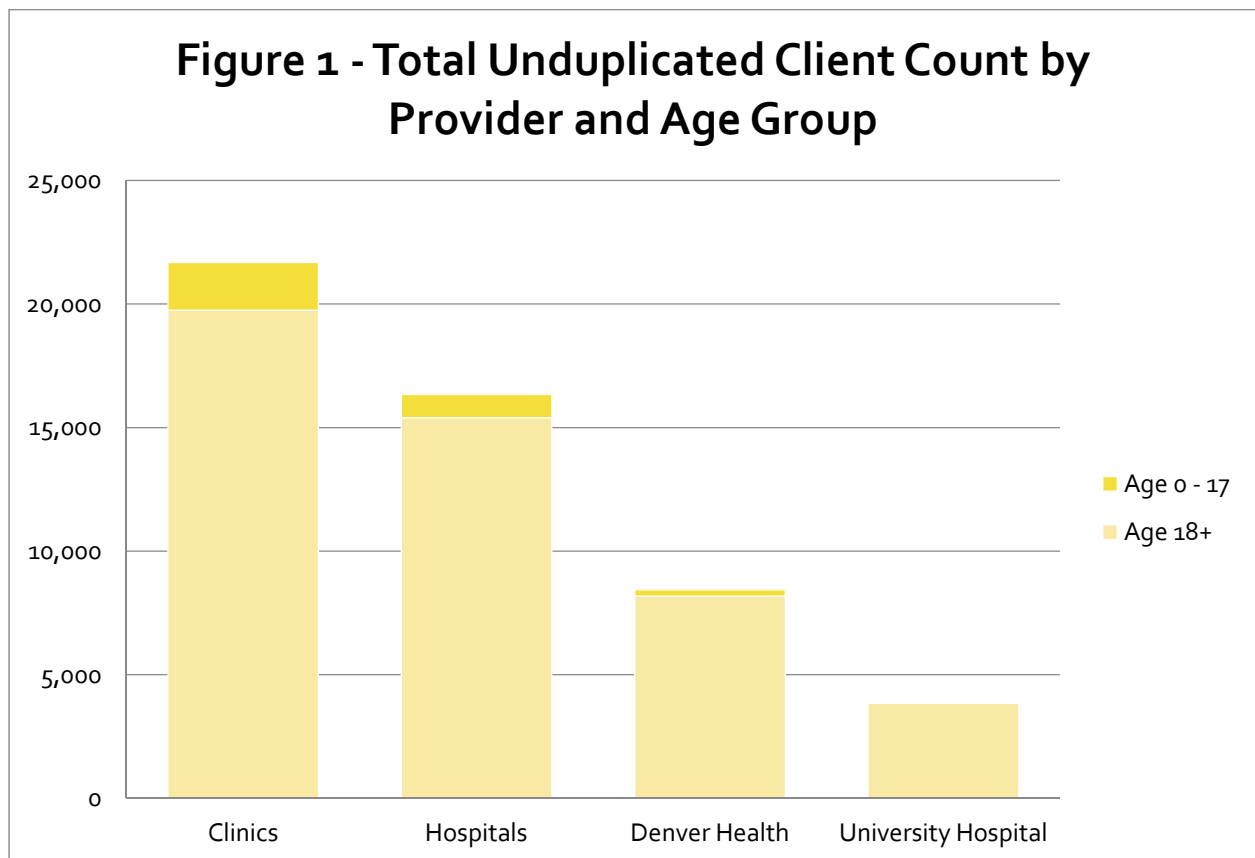
The CICP client must pay the copayment listed or the actual charges, whichever is lower. Clients are notified of their copayment obligation at or before the time that services are rendered. For all client ratings except the N-rating, annual copayments for CICP clients cannot exceed 10% of the family's 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 2015-16, there were 50,338 unduplicated clients who received services through the CICP. This represents a 13.5% decrease from the 58,224 unduplicated clients assisted in FY 2014-15. 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 6.3% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 28.2% in FY 2015-16 relative to the FY 2014-15 total. Overall, the program provided 3,590 unduplicated clients with inpatient care, while 49,175 received outpatient services in FY 2015-16.³

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 23,835 in FY 2014-15 to 22,350 in FY 2015-16, representing a decrease of 6.2%. Overall, the total number of inpatient days has decreased by 56.3% since FY 2013-14. Relative to FY 2014-15, Denver Health Medical Center had an increase in inpatient days in FY 2015-16 of 5.0%, while University of Colorado Hospital had a decrease of 13.8%.

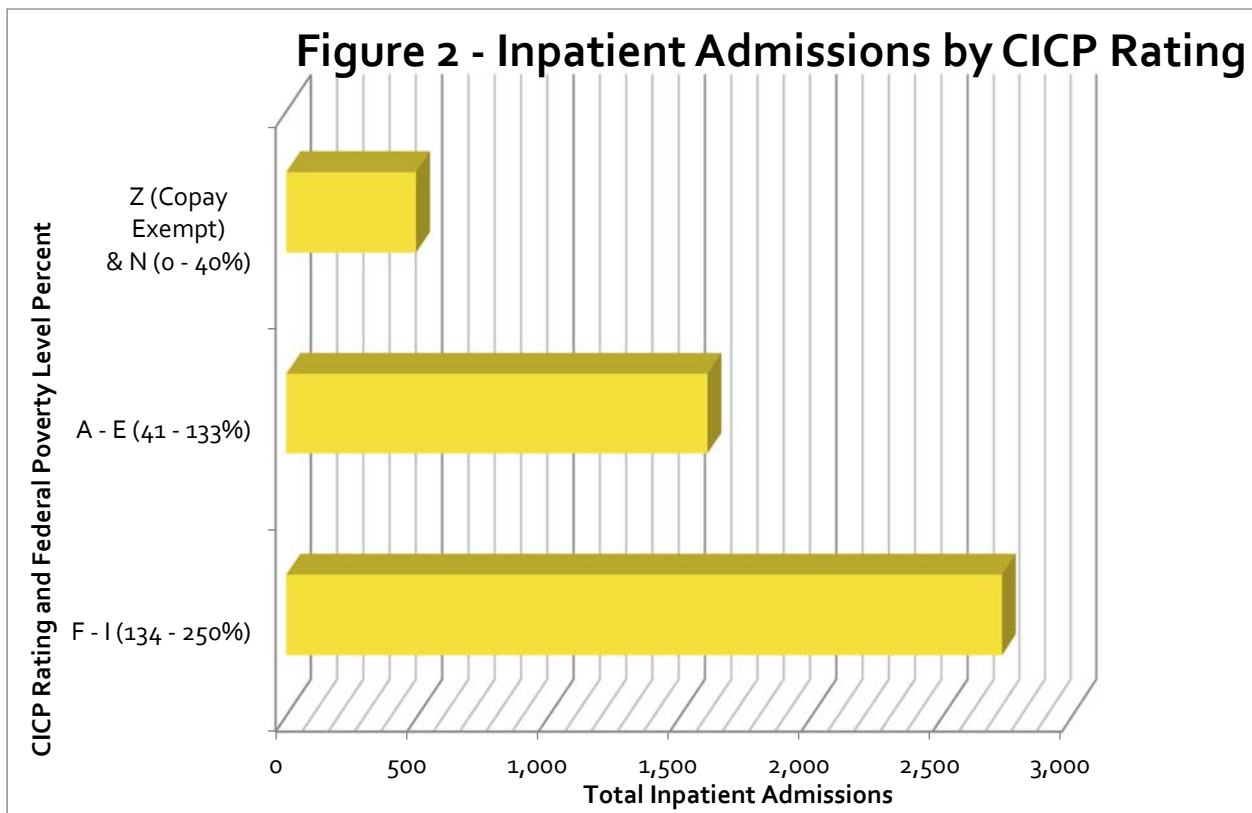
³ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Table 3 Comparison of Inpatient Days⁴

CICP Provider	FY 2013-14 Inpatient Days	Percent Change	FY 2014-15 Inpatient Days	Percent Change	FY 2015-16 Inpatient Days	Percent Change
CICP Hospitals ⁵	29,723	-33.2%	13,782	-53.6%	12,769	-7.4%
Denver Health	10,689	-42.7%	4,870	-54.4%	5,115	5.0%
University Hospital	10,729	-28.9%	5,183	-51.7%	4,466	-13.8%
TOTAL	51,141	-34.6%	23,835	-53.4%	22,350	-6.2%

Figure 2 shows the total inpatient admissions by CICP rating and FPL percentage for FY 2015-16. Of the total inpatient admissions, 43.5% were made for individuals living at or below 133% FPL (CICP ratings Z, N, A, B, C, D, or E), which is nearly identical to the 43.1% figure seen in FY 2014-15. The CICP N and Z ratings accounted for 10.2% of inpatient admissions, which is slightly up from 9.7% last year. Ratings A through E (41 to 133% of the FPL) accounted for 33.2% of inpatient admissions, while F through I (134 to 250% of the FPL) accounted for 56.5% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



⁴ Source: Analysis of Data from Previous CICP Annual Reports

⁵ Includes CICP specialty hospital providers



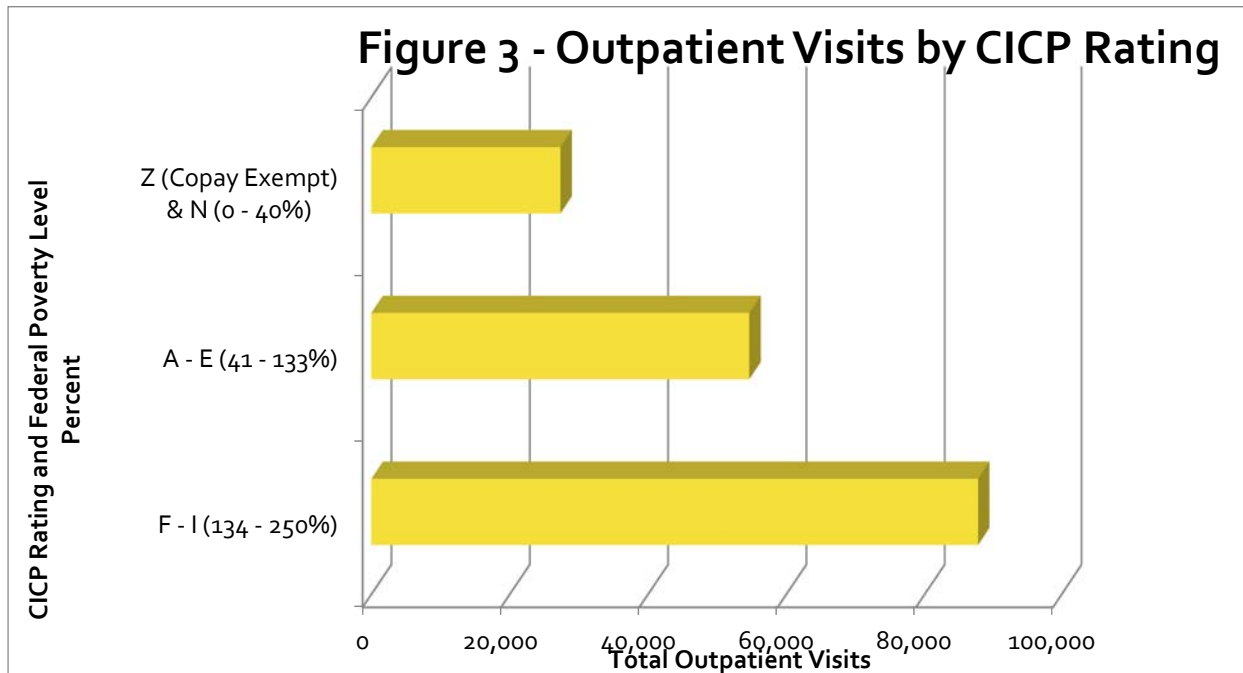
As shown in Table 4, there was a 5.8% decrease in total outpatient visits from FY 2014-15 to FY 2015-16. All CICIP providers experienced decreases in outpatient visits – 3.6% for CICIP clinics, 2.6% for Denver Health, 5.1% for University Hospital, and 12.5% for all other hospitals. These decreases are most likely the result of the enactment of the ACA in January 2014.

Table 4 Comparison of Outpatient Visits⁶

CICP Provider	FY 2013-14 Outpatient Visits	Percent Change	FY 2014-15 Outpatient Visits	Percent Change	FY 2015-16 Outpatient Visits	Percent Change
CICP Clinics	203,081	-32.4%	70,827	-65.1%	68,246	-3.6%
CICP Hospitals ⁷	121,553	-32.7%	47,176	-61.2%	41,302	-12.5%
Denver Health	92,100	-31.5%	46,338	-49.7%	45,146	-2.6%
University Hospital	36,460	-28.9%	16,045	-56.0%	15,230	-5.1%
TOTALS	453,194	-32.0%	180,386	-60.2%	169,924	-5.8%

In FY 2015-16, the total number of outpatient visits for CICP clients fell by 5.8%, from 180,386 in FY 2014-15 to 169,924 in FY 2015-16. 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 decreased to 16.1% of the total visits this year compared to 16.9% of the total last year. Ratings A through E made up 32.2% of the total visits, and ratings F through I made up 51.7%.

Figure 3 Outpatient Visits by CICP Rating



⁶ Source: Analysis of Data from Previous CICP Annual Reports

⁷ Includes CICP Specialty Hospital providers



PROVIDERS

PROVIDER ELIGIBILITY REQUIREMENTS

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

1. Licensed or certified as a general hospital, community health clinic or maternity hospital (birth center) by the Department of Public Health and Environment (DPHE), or
A federally qualified health center, as defined in section 1861 (aa) (4) of the federal "Social Security Act", 42 U.S.C sec. 1395x (aa)(4), or
A rural health clinic, as defined in section 1861 (aa) (2) of the federal "Social Security Act", 42 U.S.C sec. 1395x (aa) (2).
2. Assure that emergency care is available to all CICP clients throughout the contract year.
3. If the provider is a hospital, the hospital must have at least two (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 2015-16 Annual Report, CICP providers are identified in the following categories by funding appropriation:

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

PROVIDER PARTICIPATION

A total of 70 providers participated in the CICP. This included 50 hospitals and 20 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 181 satellite CICP facilities throughout the state.

Table 5 FY 2015-16 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	10	4	14
Alamosa	7	1	8
Arapahoe	9	0	9
Archuleta	0	0	0
Baca	0	1	1
Bent	3	0	3
Boulder	3	2	5
Broomfield	2	0	2
Chaffee	0	3	3
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	3	1	4
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	0	1	1
Denver	16	2	18
Dolores	1	0	1
Douglas	6	0	6
Eagle	1	0	1
El Paso	28	3	31
Elbert	1	0	1
Fremont	1	1	2
Garfield	4	2	6
Gilpin	0	0	0
Grand	1	1	2
Gunnison	1	1	2
Hinsdale	0	0	0
Huerfano	0	1	1
Jackson	1	0	1
Jefferson	10	0	10
Kiowa	0	0	0
Kit Carson	0	0	0
La Plata	0	1	1
Lake	0	1	1
Larimer	6	5	11
Las Animas	1	1	2
Lincoln	1	0	1
Logan	1	1	2
Mesa	7	3	10
Mineral	1	0	1
Moffat	1	1	2
Montezuma	8	1	9
Montrose	4	1	5
Morgan	1	2	3
Otero	2	1	3
Ouray	0	0	0
Phillips	1	1	2
Pitkin	1	1	2
Prowers	6	1	7
Pueblo	11	2	13
Rio Blanco	0	0	0
Rio Grande	6	1	7
Routt	1	1	2
Saguache	2	0	2
San Juan	0	0	0
San Miguel	1	0	1
Sedgwick	1	1	2
Summit	5	0	5
Teller	5	1	6
Washington	1	0	1
Weld	13	1	14
Yuma	2	2	4
Totals	197	54	251

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

Table 6 FY 2015-16 CICP Participating Providers

CICP 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 Canyons Hospital and Medical Center	Fruita
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
Mercy Regional Medical Center	Durango

CICP Hospital Providers	City
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 Health Conejos County Hospital	La Jara
San Luis Valley Regional Medical Center	Alamosa
Sedgwick County Memorial Hospital	Julesburg
Southeast Colorado Hospital District	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St. Mary's Hospital and Medical Center	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 2015-16 CICP Participating Providers Continued

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

CICP Clinic Providers	City
Basin Clinic	Naturita
Clinica Family Health	Lafayette
Community Health Clinic	Dove Creek
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	Olathe
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 2015-16 there were 69 audits submitted for FY 2014-15 with 25 of those audits requiring a CAP. The majority of the findings were in the "Manual Used Correctly" portion of the audit. These findings were used to determine which areas were emphasized in the CICIP provider training held in spring and summer 2016.

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. (2016), 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 2015-16 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 2015-16 Long Bill (HB 15-234), 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 2017 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 2015-16 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 2015-16 from both State and federal funds is shown in Table 7.

Table 7 FY 2015-16 CICP Payments

	State Funds ⁸	Provider Fees ⁹	Federal Funds	Total Funds	Payments to Providers ¹⁰
CICP Clinics ¹¹	\$2,981,856	\$0	\$3,077,904	\$6,059,760	\$6,059,760
CICP Hospitals and Specialty Hospitals	\$0	\$54,608,806	\$56,204,519	\$110,813,325	\$110,813,325
Denver Health	\$0	\$32,032,000	\$32,968,000	\$65,000,000	\$65,000,000
University Hospital	\$0	\$11,032,672	\$11,355,055	\$22,387,727	\$22,387,727
Total CICP Payments	\$2,981,856	\$97,673,478	\$103,605,478	\$204,260,812	\$204,260,812

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. Clinic payments are stated on a State Fiscal Year and hospital provider fees and payments are stated on a Federal Fiscal Year

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 CICP Costs¹²

Write-Off Costs			
	FY 2013-14	FY 2014-15	FY 2015-16
CICP Clinics	\$28,709,200	\$9,334,894	\$10,260,162
Percent Change	-34.0%	-67.5%	9.9%
CICP Hospitals¹³	\$192,099,225	\$74,292,490	\$70,091,208
Percent Change	-32.1%	-61.3%	-5.7%
Denver Health	\$85,338,195	\$31,461,902	\$24,444,891
Percent Change	-40.8%	-63.1%	-22.3%
University Hospital	\$73,531,461	\$28,954,592	\$29,361,333
Percent Change	-32.4%	-60.6%	1.4%
All CICP Hospitals	\$350,968,881	\$134,708,984	\$123,897,432
Percent Change	-34.5%	-61.6%	-8.0%
Total CICP Providers	\$379,678,081	\$144,043,878	\$134,157,594
Percent Change	-34.5%	-62.1%	-6.9%

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 2015-16, payments to hospitals financed with hospital provider fees totaled more than \$1.12 billion, including \$84.8 million in quality incentive payments. CICP participating hospitals are eligible to receive Disproportionate Share Hospital (DSH) payments, which totaled more than \$198 million in this time frame.

Because reimbursement for CICP hospitals is part of the overall hospital provider fee program, which is calculated on a federal, rather than state, fiscal year, please see the 2017 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.

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

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 2015-16 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 2015-16. The average reimbursement relative to costs for CICIP clinic providers was 59.06%, a decrease from last year’s 64.92%.

Table 9 FY 2015-16 Percentage of Write-Off Cost Reimbursed¹⁴

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinic Providers	\$6,059,760	\$10,260,162	59.06%

Table 10 shows the average reimbursement as a percentage of costs for CICIP clinic providers over the past six (6) fiscal years. The reimbursement rate for CICIP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The Department believes reimbursement percentages for the past three years are higher than previous years due to the enactment of the ACA in January 2014, which resulted in lower write-off costs for CICIP clinic providers due to increased eligibility for Medicaid.

¹⁴ Source: Table 7, Financial Tables



Table 10 Historical Percentage of Write-Off Cost Reimbursed¹⁵

	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
CICP Clinic Providers	67.22%	55.19%	13.94%	21.11%	64.92%	59.06%

Write-off costs for all CICP providers have decreased 76.8% from FY 2012-13 to FY 2015-16, with write-off costs for CICP Hospitals decreasing 75.2% and write-off costs for CICP Clinics decreasing 76.4% from FY 2012-13 levels. For the two largest CICP hospital providers, write-off costs for Denver Health Medical Center have decreased by 83.0% since FY 2012-13, while University of write-off costs have decreased 73.0% over the same period. The decrease in write-off costs, as is the case with caseload and other statistics, can be largely attributed to the implementation of the Medicaid expansion pursuant to SB 13-200 and the ACA in January 2014.

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 2015-16 \$26,778,000 was allocated to 36 Primary Care Fund providers. These providers served 116,052 unique medically indigent clients in the 2014 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 2015-16 Primary Care Fund

Primary Care Fund Provider	Total Payments FY 2015-16
Carin' Clinic	\$34,837
Clinica Colorado	\$838,860
Clinica Campesina Family Health Services	\$2,685,921
Clínica Tepeyac	\$1,006,816
Colorado Coalition for the Homeless (Stout Street Clinic)	\$562,239
Community Health Clinic	\$45,219
Denver Health and Hospital Authority	\$5,082,070
Doctors Care	\$84,209
Family Medicine Clinic for Health Equity d/b/a/ FMC-CAHEP ¹⁶	\$85,076
Fort Collins Family Medicine Residency Program	\$101,512
High Plains Community Health Center, Inc.	\$303,152
Hopelight Medical Clinic	\$46,373
Inner City Health Center	\$602,844
Kids First Health Care	\$126,660
Marillac Clinic, Inc.	\$525,095
Metro Community Provider Network, Inc.	\$2,638,856
Mission Medical Clinic (Christian Healing Network)	\$177,185
Mountain Family Health Centers	\$705,971
Northwest Colorado Visiting Nurses	\$233,247
Olathe Medical Clinic	\$120,430
Open Bible Baptist Church	\$115,586
Peak Vista Community Health Centers	\$2,491,173
Pueblo Community Health Center, Inc.	\$507,330
Rocky Mountain Primary Care Clinic LLC	\$3,461
Salud Family Health Centers	\$3,364,437
SET Family Medical Clinics	\$422,429
Sheridan Health Services, Inc.	\$89,515
Sister Joanne Bruner Family Medicine Center	\$385,746
St Anthony Family Medicine Center	\$96,437
St Mary-Corwin Health Foundation	\$46,603
Summit Community Care Clinic, Inc.	\$596,243
Sunrise Community Health	\$1,598,586
The Pediatric Associates	\$20,072
The Rocky Mountain Youth Clinics	\$311,919
Uncompahgre Medical Center	\$62,984
Valley-Wide Health Systems, Inc.	\$658,907
Total Providers	\$26,778,000

¹⁶ Family Medicine Clinic for Health Equity d/b/a/ FMC-CAHEP was previously reported under the name PASC



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. The FMAP increased to 51.01% for October 2014 through September 2015. For the period October 1, 2015 through September 30, 2016 the FMAP is 50.72% Federal funds were specified to offset the state's General Fund and not directed to increase or decrease provider payments when the FMAP changes.

The FMAP increase under ARRA did not apply to DSH payments. The FMAP for DSH payments remained at the state's effective FMAP rate without ARRA. 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
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%
2015-16	50.72%



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 December 2015 for DSH payments made in FY 2011-12. The Department intends to submit its final report for DSH payments made in FY 2012-13 by February 15, 2017. 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. The Colorado DSH allotment for FFY 2015-16 increased .3% to \$100,527,574.

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in FFY 2013-14, and scheduled through FFY 2019-20. However, several pieces of legislation have been enacted since 2010 that have altered the ACA's Medicaid reduction schedule. As a result, the aggregate reductions will now begin in FFY 2017-18, and scheduled through FFY 2024-25.

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
2015-16	\$100,527,574



Table 14 DSH Payments

Provider Name	FFY 2015-16 DSH Payment
Aspen Valley Hospital	\$1,386,684
Boulder Community Hospital	\$8,280,394
Children's Hospital	\$11,388,859
Community Hospital	\$1,497,965
Conejos County Hospital District	\$468,035
Delta County Memorial Hospital	\$1,555,242
Denver Health Medical Center	\$65,000,000
East Morgan County Hospital	\$227,601
Estes Park Medical Center	\$248,599
Family Health West	\$955,166
Longmont United Hospital	\$8,177,142
Medical Center of the Rockies	\$1,079,960
Memorial Hospital	\$21,598,294
Montrose Memorial Hospital	\$3,791,108
National Jewish Health	\$4,387,157
North Colorado Medical Center	\$14,904,419
Penrose St. Francis	\$8,761,087
Platte Valley Medical Center	\$428,661
Poudre Valley Hospital	\$21,555,233
The Memorial Hospital	\$121,719
University of Colorado Hospital	\$22,387,727
Total	\$198,201,052

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 CICIP 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 CICIP 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 CACP, 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	\$73,366	\$16,378	\$11,232	\$45,756	\$45,756	\$8,545
Clinica Campesina	\$2,903,718	\$170,632	\$367,863	\$2,365,223	\$2,365,223	\$578,222
Community Health Clinic ¹⁷	\$40,528	\$13,592	\$6,783	\$20,154	\$20,154	\$29,572
Denver Indian Health & Family Services	\$150	\$0	\$0	\$150	\$150	\$10,362
Grace Health Clinic	\$17,037	\$0	\$2,546	\$14,491	\$14,491	\$45,751
High Plains Community Health Center	\$366,368	\$14,820	\$39,985	\$311,562	\$311,562	\$173,794
Marillac Clinic	\$110,768	\$900	\$14,082	\$95,786	\$95,786	\$95,259
Metro Community Provider Network (MCPN)	\$1,807,752	\$0	\$217,664	\$1,590,088	\$1,590,088	\$1,029,796
Mountain Family Health Centers	\$201,522	\$0	\$27,848	\$173,674	\$173,674	\$131,133
NW Colorado Community Health Center	\$52,888	\$11,621	\$5,793	\$35,474	\$35,474	\$46,842
Olathe Community Clinic	\$162,431	\$36,820	\$52,649	\$72,962	\$72,962	\$14,786
Peak Vista Community Health Centers	\$3,552,425	\$484,298	\$704,791	\$2,363,336	\$2,363,336	\$1,260,551
Pueblo Community Health Center	\$526,943	\$79,786	\$65,906	\$381,251	\$381,251	\$299,655
Salud Family Health Centers	\$1,979,325	\$0	\$211,031	\$1,768,294	\$1,768,294	\$1,106,815
Sheridan Health Services	\$5,556	\$0	\$1,221	\$4,335	\$4,335	\$2,727
Stout Street Clinic	\$40,191	\$0	\$0	\$40,191	\$40,191	\$476,964
Summit Community Care Clinic	\$4,600	\$0	\$387	\$4,213	\$4,213	\$7,272
Sunrise Community Health Center	\$850,928	\$0	\$166,433	\$684,495	\$684,495	\$414,548
Uncompahgre Combined Clinics	\$115,674	\$28,638	\$15,565	\$71,471	\$71,471	\$18,179
Valley-Wide Health Systems	\$475,420	\$154,960	\$103,204	\$217,256	\$217,256	\$308,987
Total CICP Clinic Providers	\$13,287,590	\$1,012,445	\$2,014,983	\$10,260,162	\$10,260,162	\$6,059,760

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



Table 16 Total Hospital Financial Activity¹⁸

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$2,074,259	\$697,559	\$80,842	\$1,295,857	\$590,130
Aspen Valley Hospital	\$1,568,469	\$637,018	\$48,802	\$882,648	\$604,381
Banner Fort Collins Medical Center ¹⁹	\$535,874	\$122,803	\$15,097	\$397,974	\$117,707
Boulder Community Hospital ²⁰	\$4,956,665	\$482,762	\$41,360	\$4,432,543	\$1,114,451
Colorado Plains Medical Center	\$1,562,874	\$487,859	\$55,618	\$1,019,397	\$286,931
Community Hospital	\$2,192,822	\$522,140	\$57,521	\$1,613,162	\$608,927
Conejos County Hospital District	\$95,039	\$9,506	\$4,350	\$81,183	\$65,107
Delta County Memorial Hospital	\$850,076	\$202,143	\$12,695	\$635,239	\$282,128
East Morgan County Hospital	\$852,147	\$343,388	\$40,307	\$468,452	\$274,357
Estes Park Medical Center	\$395,076	\$107,171	\$10,606	\$277,298	\$150,407
Family Health West	\$60,177	\$36,891	\$10,349	\$12,938	\$7,656
Grand River Hospital	\$1,561,989	\$256,853	\$89,305	\$1,215,830	\$797,025
Gunnison Valley Hospital	\$154,458	\$30,955	\$18,065	\$105,438	\$57,924
Heart of the Rockies Regional Medical Center	\$1,224,476	\$654,889	\$48,507	\$521,079	\$278,069
Kremmling Memorial Hospital District	\$297,190	\$32,660	\$19,233	\$245,298	\$216,832
Longmont United Hospital	\$5,580,889	\$766,617	\$755,029	\$4,059,243	\$1,369,800
McKee Medical Center	\$9,582,417	\$2,523,529	\$347,040	\$6,711,849	\$2,077,324
Medical Center of the Rockies	\$22,713,266	\$4,889,729	\$348,920	\$17,474,617	\$5,466,096
Melissa Memorial Hospital	\$54,950	\$23,852	\$3,595	\$27,503	\$26,639
Memorial Hospital	\$46,570,867	\$7,689,044	\$643,264	\$38,238,559	\$10,266,188
Mercy Regional Medical Center ¹⁹	\$1,215,071	\$63,692	\$21,103	\$1,130,276	\$369,869
Montrose Memorial Hospital ¹⁹	\$4,279,505	\$1,389,135	\$194,128	\$2,696,242	\$1,179,010
Mount San Rafael Hospital	\$988,509	\$239,059	\$57,113	\$692,336	\$283,168
North Colorado Medical Center	\$24,817,521	\$6,549,334	\$798,244	\$17,469,944	\$4,927,048
Parkview Medical Center ¹⁹	\$28,912,072	\$3,647,819	\$266,626	\$24,997,627	\$4,749,728
Penrose St. Francis Hospital ¹⁹	\$52,699,492	\$6,115,923	\$481,963	\$46,101,606	\$10,215,358
Pikes Peak Regional Hospital ¹⁹	\$401,065	\$38,857	\$22,627	\$339,581	\$135,866
Platte Valley Medical Center	\$5,346,195	\$1,232,564	\$124,259	\$3,989,374	\$1,466,069

¹⁸ St. Vincent General Hospital is not included in this table as they reported zero utilization for the 2015-16 program year

¹⁹ 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

²⁰ Includes physician charges, third party payments and patient liabilities



Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Poudre Valley Hospital	\$25,385,241	\$6,292,492	\$463,475	\$18,629,274	\$6,219,741
Prowers Medical Center ²¹	\$1,706,432	\$637,753	\$92,655	\$976,024	\$554,193
Rio Grande Hospital	\$263,768	\$46,200	\$32,424	\$185,144	\$118,318
San Luis Valley Regional Medical Center ²¹	\$1,288,908	\$186,269	\$65,468	\$1,037,170	\$391,633
Sedgwick County Hospital	\$44,043	\$28,159	\$3,885	\$11,999	\$7,474
Southeast Colorado Hospital District	\$127,688	\$57,804	\$10,907	\$58,976	\$41,262
Southwest Memorial Hospital	\$1,727,425	\$291,513	\$115,556	\$1,320,356	\$630,111
Spanish Peaks Regional Health Center	\$352,295	\$246,910	\$6,315	\$99,070	\$72,294
St. Mary-Corwin Medical Center ²¹	\$18,072,450	\$2,072,625	\$205,773	\$15,794,051	\$3,632,787
St. Mary's Hospital and Medical Center, Inc ²¹	\$12,021,713	\$4,863,742	\$322,915	\$6,835,056	\$2,515,229
St. Thomas More Hospital ²¹	\$3,123,741	\$549,635	\$101,482	\$2,472,624	\$884,124
Sterling Regional Medical Center	\$2,829,298	\$865,112	\$95,967	\$1,868,218	\$860,877
The Memorial Hospital ²¹	\$773,382	\$328,167	\$39,484	\$405,732	\$235,294
Valley View Hospital	\$3,395,523	\$922,751	\$76,990	\$2,395,782	\$995,429
Wray Community District Hospital	\$21,917	\$16,102	\$1,810	\$4,006	\$2,988
Yampa Valley Medical Center ²¹	\$1,620,506	\$666,698	\$55,844	\$897,964	\$563,061
Yuma District Hospital	\$278,942	\$78,300	\$13,032	\$187,610	\$131,286
Sub-Total CICP Hospital Providers	\$294,576,682	\$57,943,983	\$6,320,550	\$230,312,149	\$65,873,583

CICP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
National Jewish Health ²²	\$2,846,283	\$441,710	\$81,924	\$2,322,648	\$1,510,583
Children's Hospital Colorado ²¹	\$8,776,853	\$1,277,639	\$99,339	\$7,399,875	\$2,707,042
Sub-Total CICP Specialty Hospital Providers	\$11,623,136	\$1,719,349	\$181,263	\$9,722,523	\$4,217,625
Denver Health Medical Center ²³	\$91,488,350	\$14,433,883	\$2,151,238	\$74,903,230	\$24,444,891
University of Colorado Hospital ²⁴	\$151,424,861	\$22,896,151	\$1,798,745	\$126,729,965	\$29,361,333
Total CICP Hospital Providers	\$549,113,029	\$96,993,366	\$10,451,796	\$441,667,867	\$123,897,432

²¹ Includes physician charges, third party payments and patient liabilities

²² Includes outpatient pharmacy charges, third party payments and patient liabilities

²³ 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.

²⁴ 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	\$25,098	\$0	\$0	\$25,098
Children's Hospital	\$829,943	\$132,796	\$10,470	\$686,677
Denver Health Medical Center	\$9,186,524	\$1,522,813	\$0	\$7,663,711
Mercy Regional Medical Center	\$20,472	\$1,341	\$3,245	\$15,886
Montrose Memorial Hospital	\$238,097	\$40,189	\$45,399	\$152,509
Parkview Medical Center	\$476,486	\$0	\$45,846	\$430,640
Penrose St. Francis Hospital	\$924,445	\$43,751	\$12,392	\$868,302
Pikes Peak Regional Hospital	\$5,999	\$0	\$457	\$5,542
Prowers Medical Center	\$57,509	\$13,400	\$8,710	\$35,398
San Luis Valley Regional Medical Center	\$50,201	\$851	\$12,660	\$36,690
St. Mary-Corwin Medical Center	\$490,228	\$16,803	\$11,157	\$462,268
St. Mary's Hospital and Medical Center, Inc.	\$177,580	\$76,198	\$3,212	\$98,171
St. Thomas More Hospital	\$101,696	\$14,072	\$1,861	\$85,763
The Memorial Hospital	\$24,072	\$6,192	\$315	\$17,565
University of Colorado Hospital	\$15,925,785	\$1,402,456	\$76,985	\$14,446,344
Yampa Valley Medical Center	\$70,318	\$18,297	\$2,472	\$49,549
Total	\$28,604,453	\$3,289,159	\$235,181	\$25,080,113

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Community Health Clinic	\$2,674	\$0	\$1,876	\$799
Denver Health Medical Center	\$868,940	\$0	\$320,483	\$548,457
High Plains Community Health Center	\$191,749	\$0	\$16,335	\$175,413
National Jewish Health	\$139,638	\$0	\$7,794	\$131,844
Peak Vista Community Health Centers	\$183,503	\$0	\$109,241	\$74,262
Stout Street Clinic	\$13,020	\$0	\$0	\$13,020
University of Colorado Hospital	\$4,482,030	\$3,758,245	\$59,930	\$663,855
Total	\$5,881,554	\$3,758,245	\$515,659	\$1,607,650

Table 19 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$81,177,952	\$12,882,721	\$1,825,200	\$66,470,032
Physician Services	\$9,186,524	\$1,522,813	\$0	\$7,663,711
Ambulance Services	\$254,934	\$28,349	\$5,555	\$221,030
Outpatient Pharmacy	\$868,940	\$0	\$320,483	\$548,457
Total	\$91,488,350	\$14,433,883	\$2,151,238	\$74,903,230



Table 20 Inpatient and Outpatient Charges (Detail)^{25,26}

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	\$73,366	\$73,366	\$0	\$0	\$0	\$73,366
Clinica Campesina	\$0	\$2,903,718	\$2,903,718	\$0	\$0	\$0	\$2,903,718
Community Health Clinic	\$0	\$37,854	\$37,854	\$0	\$0	\$0	\$37,854
Denver Indian Health & Family Services	\$0	\$150	\$150	\$0	\$0	\$0	\$150
Grace Health Clinic	\$0	\$17,037	\$17,037	\$0	\$0	\$0	\$17,037
High Plains Community Health Center	\$165,888	\$8,731	\$174,619	\$0	\$0	\$0	\$174,619
Marillac Clinic	\$0	\$110,768	\$110,768	\$0	\$0	\$0	\$110,768
Metro Community Provider Network (MCPN)	\$0	\$1,807,752	\$1,807,752	\$0	\$0	\$0	\$1,807,752
Mountain Family Health Centers	\$95,564	\$105,958	\$201,522	\$0	\$0	\$0	\$201,522
NW Colorado Community Health Center	\$0	\$52,888	\$52,888	\$0	\$0	\$0	\$52,888
Olathe Community Clinic	\$0	\$162,431	\$162,431	\$0	\$0	\$0	\$162,431
Peak Vista Community Health Centers	\$105,788	\$3,263,134	\$3,368,922	\$0	\$0	\$0	\$3,368,922
Pueblo Community Health Center	\$0	\$526,943	\$526,943	\$0	\$0	\$0	\$526,943
Salud Family Health Centers	\$0	\$1,979,325	\$1,979,325	\$0	\$0	\$0	\$1,979,325
Sheridan Health Services	\$0	\$5,556	\$5,556	\$0	\$0	\$0	\$5,556
Stout Street Clinic	\$0	\$27,171	\$27,171	\$0	\$0	\$0	\$27,171
Summit Community Care Clinic	\$0	\$4,600	\$4,600	\$0	\$0	\$0	\$4,600
Sunrise Community Health Center	\$0	\$850,928	\$850,928	\$0	\$0	\$0	\$850,928
Uncompahgre Combined Clinics	\$41,494	\$74,180	\$115,674	\$0	\$0	\$0	\$115,674
Valley-Wide Health Systems	\$0	\$475,420	\$475,420	\$0	\$0	\$0	\$475,420
Total CICP Clinic Providers	\$408,734	\$12,487,910	\$12,896,644	\$0	\$0	\$0	\$12,896,644

²⁵ 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.

²⁶ St. Vincent General Hospital is not included in this table as they reported zero utilization for the 2015-16 program year



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	\$542,203	\$557,920	\$1,100,123	\$593,306	\$380,830	\$974,136	\$2,074,259
Aspen Valley Hospital	\$340,423	\$832,304	\$1,172,727	\$303,460	\$92,282	\$395,742	\$1,568,469
Banner Fort Collins Medical Center	\$159,720	\$213,922	\$373,642	\$161,005	\$1,227	\$162,232	\$535,874
Boulder Community Hospital	\$836,103	\$629,945	\$1,466,048	\$2,122,833	\$1,342,686	\$3,465,519	\$4,931,567
Colorado Plains Medical Center	\$550,512	\$573,585	\$1,124,097	\$438,777	\$0	\$438,777	\$1,562,874
Community Hospital	\$944,883	\$41,494	\$986,377	\$1,206,445	\$0	\$1,206,445	\$2,192,822
Conejos County Hospital District	\$47,950	\$25,851	\$73,801	\$21,238	\$0	\$21,238	\$95,039
Delta County Memorial Hospital	\$483,158	\$0	\$483,158	\$366,918	\$0	\$366,918	\$850,076
East Morgan County Hospital	\$202,741	\$553,969	\$756,710	\$49,281	\$46,156	\$95,437	\$852,147
Estes Park Medical Center	\$85,669	\$285,016	\$370,685	\$24,391	\$0	\$24,391	\$395,076
Family Health West	\$5,338	\$54,839	\$60,177	\$0	\$0	\$0	\$60,177
Grand River Hospital	\$257,032	\$1,056,574	\$1,313,606	\$248,383	\$0	\$248,383	\$1,561,989
Gunnison Valley Hospital	\$32,139	\$43,963	\$76,102	\$78,356	\$0	\$78,356	\$154,458
Heart of the Rockies Regional Medical Center	\$966,927	\$0	\$966,927	\$257,549	\$0	\$257,549	\$1,224,476
Kremmling Memorial Hospital District	\$242,473	\$23,714	\$266,187	\$31,003	\$0	\$31,003	\$297,190
Longmont United Hospital	\$955,755	\$1,694,941	\$2,650,696	\$2,172,204	\$757,989	\$2,930,193	\$5,580,889
McKee Medical Center	\$1,435,492	\$5,710,120	\$7,145,612	\$1,876,356	\$560,449	\$2,436,805	\$9,582,417
Medical Center of the Rockies	\$2,548,649	\$4,772,734	\$7,321,383	\$11,602,053	\$3,789,830	\$15,391,883	\$22,713,266
Melissa Memorial Hospital	\$4,774	\$50,176	\$54,950	\$0	\$0	\$0	\$54,950
Memorial Hospital	\$8,469,811	\$13,909,596	\$22,379,407	\$16,604,508	\$7,586,952	\$24,191,460	\$46,570,867
Mercy Regional Medical Center	\$400,568	\$0	\$400,568	\$794,031	\$0	\$794,031	\$1,194,599
Montrose Memorial Hospital	\$657,865	\$2,119,286	\$2,777,151	\$781,829	\$482,428	\$1,264,257	\$4,041,408
Mount San Rafael Hospital	\$274,557	\$486,033	\$760,590	\$36,946	\$190,973	\$227,919	\$988,509
North Colorado Medical Center	\$2,799,130	\$8,913,543	\$11,712,673	\$7,179,068	\$5,925,780	\$13,104,848	\$24,817,521



	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	\$5,013,888	\$5,688,353	\$10,702,241	\$13,083,795	\$4,649,550	\$17,733,345	\$28,435,586
Penrose St. Francis Hospital	\$5,759,299	\$17,973,573	\$23,732,872	\$13,616,398	\$14,425,777	\$28,042,175	\$51,775,047
Pikes Peak Regional Hospital	\$184,026	\$157,010	\$341,036	\$44,667	\$9,363	\$54,030	\$395,066
Platte Valley Medical Center	\$1,359,373	\$1,320,605	\$2,679,978	\$2,155,394	\$510,823	\$2,666,217	\$5,346,195
Poudre Valley Hospital	\$3,288,360	\$12,579,064	\$15,867,424	\$7,877,050	\$1,640,767	\$9,517,817	\$25,385,241
Prowers Medical Center	\$285,245	\$1,072,714	\$1,357,959	\$290,964	\$0	\$290,964	\$1,648,923
Rio Grande Hospital	\$103,697	\$142,952	\$246,649	\$17,119	\$0	\$17,119	\$263,768
San Luis Valley Regional Medical Center	\$353,400	\$411,836	\$765,236	\$343,978	\$129,493	\$473,471	\$1,238,707
Sedgwick County Hospital	\$0	\$28,609	\$28,609	\$15,434	\$0	\$15,434	\$44,043
Southeast Colorado Hospital District	\$61,462	\$40,314	\$101,776	\$25,912	\$0	\$25,912	\$127,688
Southwest Memorial Hospital	\$519,788	\$657,709	\$1,177,497	\$22,357	\$527,571	\$549,928	\$1,727,425
Spanish Peaks Regional Health Center	\$196,762	\$0	\$196,762	\$155,533	\$0	\$155,533	\$352,295
St. Mary-Corwin Medical Center	\$2,042,728	\$8,449,522	\$10,492,250	\$4,431,381	\$2,658,591	\$7,089,972	\$17,582,222
St. Mary's Hospital and Medical Center, Inc.	\$1,341,681	\$4,486,877	\$5,828,558	\$4,229,870	\$1,785,705	\$6,015,575	\$11,844,133
St. Thomas More Hospital	\$739,955	\$1,322,788	\$2,062,743	\$602,665	\$356,637	\$959,302	\$3,022,045
Sterling Regional Medical Center	\$404,714	\$1,807,048	\$2,211,762	\$580,846	\$36,690	\$617,536	\$2,829,298
The Memorial Hospital	\$252,466	\$210,471	\$462,937	\$286,373	\$0	\$286,373	\$749,310
Valley View Hospital	\$887,335	\$1,493,488	\$2,380,823	\$616,099	\$398,601	\$1,014,700	\$3,395,523
Wray Community District Hospital	\$19,202	\$2,715	\$21,917	\$0	\$0	\$0	\$21,917
Yampa Valley Medical Center	\$623,780	\$200,099	\$823,879	\$726,309	\$0	\$726,309	\$1,550,188
Yuma District Hospital	\$80,416	\$136,735	\$217,151	\$61,791	\$0	\$61,791	\$278,942
Sub-Total CICP Hospital Providers	\$46,761,449	\$100,732,007	\$147,493,456	\$96,133,875	\$48,287,150	\$144,421,025	\$291,914,481



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	\$275	\$2,706,370	\$2,706,645	\$0	\$0	\$0	\$2,706,645
Children's Hospital Colorado	\$515,206	\$1,340,375	\$1,855,581	\$5,883,613	\$207,716	\$6,091,329	\$7,946,910
Sub-Total CICP Specialty Hospital Providers	\$515,481	\$4,046,745	\$4,562,226	\$5,883,613	\$207,716	\$6,091,329	\$10,653,555
Denver Health Medical Center	\$11,624,798	\$33,793,333	\$45,418,131	\$20,752,412	\$15,007,409	\$35,759,821	\$81,177,952
University of Colorado Hospital	\$16,768,628	\$41,261,415	\$58,030,043	\$58,710,815	\$14,276,188	\$72,987,003	\$131,017,046
Total CICP Hospital Providers	\$75,670,356	\$179,833,500	\$255,503,856	\$181,480,715	\$77,778,463	\$259,259,178	\$514,763,034
Total All CICP Providers	\$76,079,090	\$192,321,410	\$268,400,500	\$181,480,715	\$77,778,463	\$259,259,178	\$527,659,678



CICP UTILIZATION TABLES

Table 21 Admissions and Visits by County²⁷

County	CICP Clinics	CICP Hospitals ²⁸	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	13,686	1,020	943	3,032	18,681
Alamosa	545	218	0	11	774
Arapahoe	5,256	660	807	5,663	12,386
Archuleta	0	6	0	0	6
Baca	23	187	0	0	210
Bent	171	94	3	0	268
Boulder	5,492	837	14	323	6,666
Broomfield	519	9	18	117	663
Chaffee	4	233	0	13	250
Cheyenne	19	5	0	0	24
Clear Creek	5	1	1	17	24
Conejos	226	110	0	19	355
Costilla	183	36	0	1	220
Crowley	45	18	4	6	73
Custer	10	36	0	8	54
Delta	147	228	0	7	382
Denver	2,259	439	43,240	3,715	49,653
Dolores	199	38	0	0	237
Douglas	500	90	30	524	1,144
Eagle	240	44	1	6	291
Elbert	101	48	2	46	197
El Paso	15,835	9,929	10	320	26,094
Fremont	317	896	12	39	1,264
Garfield	627	1,870	0	5	2,502
Gilpin	16	7	0	0	23
Grand	1	145	9	12	167
Gunnison	0	101	0	1	102
Hinsdale	0	0	0	0	0
Huerfano	7	208	0	9	224
Jackson	0	33	0	0	33
Jefferson	3,074	352	846	1,215	5,487
Kiowa	16	23	0	0	39
Kit Carson	26	0	0	19	45
Lake	4	2	0	0	6
La Plata	0	62	0	3	65
Larimer	2,822	7,428	3	260	10,513
Las Animas	22	124	14	19	179
Lincoln	183	21	1	35	240

²⁷ Utilization by County is the sum of admissions and visits by reported patient residency.

²⁸ Includes CICP Specialty Hospital providers



County	CICP Clinics	CICP Hospitals ²⁸	Denver Health Medical Center	University of Colorado Hospital	Total
Logan	220	799	0	23	1,042
Mesa	641	2,130	1	35	2,807
Mineral	1	25	0	0	26
Moffat	234	210	0	8	452
Montezuma	53	775	0	1	829
Montrose	1,265	1,275	0	6	2,546
Morgan	528	1,120	6	35	1,689
Otero	522	714	0	14	1,250
Ouray	13	38	0	0	51
Park	113	47	1	26	187
Phillips	29	145	0	15	189
Pitkin	57	636	0	5	698
Prowers	938	978	0	30	1,946
Pueblo	2,527	2,707	10	85	5,329
Rio Blanco	0	14	0	1	15
Rio Grande	532	335	0	39	906
Routt	18	233	1	2	254
Saguache	520	172	0	7	699
San Juan	3	2	0	0	5
San Miguel	307	30	0	0	337
Sedgwick	4	77	0	6	87
Summit	29	11	0	3	43
Teller	918	478	3	13	1,412
Washington	17	102	0	4	123
Weld	4,929	4,620	98	257	9,904
Yuma	53	254	0	12	319
Unknown	1,195	731	115	26	2,067
Total	68,246	44,216	46,193	16,098	174,753



Table 22 Outpatient Visits and Inpatient Admissions by CICP Rate

Outpatient Visits

CICP Rating	CICP Clinics		CICP Hospitals ²⁹		Denver Health		University Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
Z	740	1.1%	105	0.3%	3,719	8.2%	150	1.0%	4,714	2.8%
N	14,147	20.7%	2,197	5.3%	4,854	10.8%	1,425	9.4%	22,623	13.3%
A	2,139	3.1%	654	1.6%	1,498	3.3%	242	1.6%	4,533	2.7%
B	2,809	4.1%	1,124	2.7%	3,139	7.0%	718	4.7%	7,790	4.6%
C	3,403	5.0%	1,813	4.4%	4,253	9.4%	1,319	8.7%	10,788	6.3%
D	4,341	6.4%	3,575	8.7%	5,334	11.8%	2,315	15.2%	15,565	9.2%
E	4,260	6.2%	4,413	10.7%	5,540	12.3%	1,755	11.5%	15,968	9.4%
F	11,070	16.2%	7,802	18.9%	6,189	13.7%	2,665	17.5%	27,726	16.3%
G	9,772	14.3%	6,497	15.7%	4,212	9.3%	1,791	11.8%	22,272	13.1%
H	4,685	6.9%	3,555	8.6%	1,748	3.9%	919	6.0%	10,907	6.4%
I	10,875	15.9%	9,427	22.8%	4,622	10.2%	1,931	12.7%	26,855	15.8%
Unknown	5	0.0%	140	0.3%	38	0.1%	0	0.0%	183	0.1%
Total	68,246	100.0%	41,302	100.0%	45,146	100.0%	15,230	100.0%	169,924	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%	105	10.0%	5	0.6%	117	2.4%
N	0	0.0%	131	4.5%	96	9.2%	150	17.3%	377	7.8%
A	0	0.0%	31	1.1%	42	4.0%	13	1.5%	86	1.8%
B	0	0.0%	79	2.7%	60	5.7%	35	4.0%	174	3.6%
C	0	0.0%	169	5.8%	81	7.7%	89	10.3%	339	7.0%
D	0	0.0%	242	8.3%	111	10.6%	111	12.8%	464	9.6%
E	0	0.0%	331	11.4%	110	10.5%	99	11.4%	540	11.2%
F	0	0.0%	544	18.7%	141	13.5%	118	13.6%	803	16.6%
G	0	0.0%	515	17.7%	125	11.9%	78	9.0%	718	14.9%
H	0	0.0%	237	8.1%	23	2.2%	45	5.2%	305	6.3%
I	0	0.0%	622	21.3%	153	14.6%	125	14.4%	900	18.6%
Unknown	0	0.0%	6	0.2%	0	0.0%	0	0.0%	6	0.1%
Total	0	0.0%	2,914	100.0%	1,047	100.0%	868	100.0%	4,829	100.0%

²⁹ Includes CICP Specialty Hospital providers



Table 23 Inpatient Admissions and Days by CICP Rating

CICP Rating	CICP Hospitals ³⁰		Denver Health Medical Center		University of Colorado Hospital		Total	
	Admits	Days	Admits	Days	Admits	Days	Admits	Days
Z	7	65	105	492	5	24	117	581
N	131	663	96	470	150	769	377	1,902
A	31	115	42	197	13	50	86	362
B	79	348	60	256	35	186	174	790
C	169	973	81	414	89	463	339	1,850
D	242	925	111	626	111	596	464	2,147
E	331	1,368	110	537	99	564	540	2,469
F	544	2,363	141	584	118	660	803	3,607
G	515	2,133	125	635	78	369	718	3,137
H	237	1,117	23	73	45	219	305	1,409
I	622	2,687	153	831	125	566	900	4,084
Unknown	6	12	0	0	0	0	6	12
Total	2,914	12,769	1,047	5,115	868	4,466	4,829	22,350

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	202	\$35,920	156	\$28,990	358	0.5%	\$64,910
6-17	1,317	\$278,237	1,322	\$561,817	2,639	3.9%	\$840,054
18-24	1,133	\$487,131	3,574	\$1,397,780	4,707	6.9%	\$1,884,911
25-54	9,560	\$1,511,280	20,291	\$3,070,186	29,851	43.7%	\$4,581,466
55-64	6,403	\$1,077,622	10,169	\$1,528,639	16,572	24.3%	\$2,606,261
65+	5,359	\$1,105,047	8,760	\$1,813,995	14,119	20.7%	\$2,919,042
TOTAL	23,974	\$4,495,237	44,272	\$8,401,407	68,246	100.0%	\$12,896,644

CICP Hospitals³⁰

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	305	\$601,018	178	\$358,667	483	1.2%	\$959,685
6-17	469	\$1,537,434	586	\$1,706,636	1,055	2.6%	\$3,244,070
18-24	1,349	\$5,167,055	2,090	\$6,903,610	3,439	8.3%	\$12,070,665
25-54	5,470	\$19,808,874	9,041	\$31,538,451	14,511	35.1%	\$51,347,325
55-64	3,774	\$15,626,666	5,269	\$17,042,778	9,043	21.9%	\$32,669,444
65+	5,400	\$23,130,346	7,371	\$28,634,150	12,771	30.9%	\$51,764,496
TOTAL	16,767	\$65,871,393	24,535	\$86,184,292	41,302	100.0%	\$152,055,685

³⁰ 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	14	\$19,058	20	\$19,085	34	0.1%	\$38,143
6-17	218	\$84,995	281	\$125,852	499	1.1%	\$210,847
18-24	575	\$527,419	1,975	\$1,373,139	2,550	5.6%	\$1,900,558
25-54	5,135	\$5,649,653	7,957	\$6,576,806	13,092	29.0%	\$12,226,459
55-64	5,397	\$6,475,061	6,063	\$5,840,060	11,460	25.4%	\$12,315,121
65+	7,208	\$7,926,246	10,303	\$10,800,757	17,511	38.8%	\$18,727,003
TOTAL	18,547	\$20,682,432	26,599	\$24,735,699	45,146	100.0%	\$45,418,131

University of Colorado Hospital

Male			Female		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	3	\$2,545	4	\$3,160	7	0.0%	\$5,705
6-17	16	\$46,518	12	\$41,993	28	0.2%	\$88,511
18-24	312	\$1,184,556	265	\$960,652	577	3.8%	\$2,145,208
25-54	2,509	\$9,542,777	2,907	\$10,740,181	5,416	35.6%	\$20,282,958
55-64	2,089	\$7,118,308	2,260	\$10,167,614	4,349	28.6%	\$17,285,922
65+	2,117	\$8,372,813	2,736	\$9,848,926	4,853	31.9%	\$18,221,739
TOTAL	7,046	\$26,267,517	8,184	\$31,762,526	15,230	100.0%	\$58,030,043

All CICP Providers

Male			Female		Total Outpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	524	\$658,541	358	\$409,902	882	0.5%	\$1,068,443
6-17	2,020	\$1,947,184	2,201	\$2,436,298	4,221	2.5%	\$4,383,482
18-24	3,369	\$7,366,161	7,904	\$10,635,181	11,273	6.6%	\$18,001,342
25-54	22,674	\$36,512,584	40,196	\$51,925,624	62,870	37.0%	\$88,438,208
55-64	17,663	\$30,297,657	23,761	\$34,579,091	41,424	24.4%	\$64,876,748
65+	20,084	\$40,534,452	29,170	\$51,097,828	49,254	29.0%	\$91,632,280
TOTAL	66,334	\$117,316,579	103,590	\$151,083,924	169,924	100.0%	\$268,400,503



Table 25 Inpatient Admits and Charges by Sex and Age

CICP Hospitals³¹

Male			Female		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	83	\$1,608,639	67	\$1,046,077	150	5.1%	\$2,654,716
6-17	12	\$509,831	26	\$555,602	38	1.3%	\$1,065,433
18-24	86	\$4,423,698	100	\$3,036,161	186	6.4%	\$7,459,859
25-54	370	\$20,282,775	406	\$19,599,569	776	26.6%	\$39,882,344
55-64	324	\$19,772,863	297	\$15,283,497	621	21.3%	\$35,056,360
65+	556	\$33,742,773	587	\$30,650,866	1,143	39.2%	\$64,393,639
TOTAL	1,431	\$80,340,579	1,483	\$70,171,772	2,914	100.0%	\$150,512,351

Denver Health Medical Center

Male			Female		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1	\$5,891	4	\$37,319	5	0.5%	\$43,210
6-17	1	\$16,477	1	\$28,756	2	0.2%	\$45,233
18-24	9	\$335,573	14	\$212,768	23	2.2%	\$548,341
25-54	183	\$5,669,579	108	\$2,841,927	291	27.8%	\$8,511,506
55-64	166	\$5,956,324	130	\$4,442,156	296	28.3%	\$10,398,480
65+	232	\$9,134,158	198	\$7,078,893	430	41.1%	\$16,213,051
TOTAL	592	\$21,118,002	455	\$14,641,819	1,047	100.0%	\$35,759,821

University of Colorado Hospital

Male			Female		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	3	\$294,386	7	\$306,341	10	1.2%	\$600,727
6-17	0	\$0	0	\$0	0	0.0%	\$0
18-24	10	\$597,176	17	\$1,991,301	27	3.1%	\$2,588,477
25-54	157	\$10,589,188	133	\$9,737,190	290	33.4%	\$20,326,378
55-64	111	\$12,304,406	97	\$9,139,056	208	24.0%	\$21,443,462
65+	168	\$15,254,806	165	\$12,773,153	333	38.4%	\$28,027,959
TOTAL	449	\$39,039,962	419	\$33,947,041	868	100.0%	\$72,987,003

All CICP Providers

Male			Female		Total Inpatient		
Age Group	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	87	\$1,908,916	78	\$1,389,737	165	3.4%	\$3,298,653
6-17	13	\$526,308	27	\$584,358	40	0.8%	\$1,110,666
18-24	105	\$5,356,447	131	\$5,240,230	236	4.9%	\$10,596,677
25-54	710	\$36,541,542	647	\$32,178,686	1,357	28.1%	\$68,720,228
55-64	601	\$38,033,593	524	\$28,864,709	1,125	23.3%	\$66,898,302
65+	956	\$58,131,737	950	\$50,502,912	1,906	39.5%	\$108,634,649
TOTAL	2,472	\$140,498,543	2,357	\$118,760,632	4,829	100.0%	\$259,259,175

³¹ Includes CICP Specialty Hospital providers.



Table 26 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ³²
Basin Clinic	393	0	0	0
Clinica Campesina	16,225	0	0	0
Community Health Clinic	252	0	0	0
Denver Indian Health & Family Services	1	0	0	0
Grace Health Clinic	174	0	0	0
High Plains Community Health Center	1,030	0	0	0
Marillac Clinic	608	0	0	0
Metro Community Provider Network (MCPN)	9,659	0	0	0
Mountain Family Health Centers	938	0	0	0
NW Colorado Community Health Center	262	0	0	0
Olathe Community Clinic	735	0	0	0
Peak Vista Community Health Centers	17,669	0	0	0
Pueblo Community Health Center	2,563	0	0	0
Salud Family Health Centers	9,153	0	0	0
Sheridan Health Services	33	0	0	0
Stout Street Clinic	203	0	0	0
Summit Community Care Clinic	38	0	0	0
Sunrise Community Health Center	4,631	0	0	0
Uncompahgre Combined Clinics	640	0	0	0
Valley-Wide Health Systems	3,039	0	0	0
Total (Clinics)	68,246	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³²
Arkansas Valley Regional Medical Center	604	45	163	3.62
Aspen Valley Hospital	725	15	46	3.07
Banner Fort Collins Medical Center	65	10	18	1.80
Boulder Community Hospital	292	37	173	4.68
Colorado Plains Medical Center	564	21	59	2.81
Community Hospital	411	33	169	5.12
Conejos County Hospital District	52	1	8	8
Delta County Memorial Hospital	118	17	45	2.65
East Morgan County Hospital	367	6	21	3.50
Estes Park Medical Center	277	1	4	4.00
Family Health West	24	0	0	0
Grand River Hospital	1,063	10	30	3.00
Gunnison Valley Hospital	71	7	20	2.86
Heart of the Rockies Regional Medical Center	327	9	37	4.11
Kremmling Memorial Hospital District	154	3	7	2.33
Longmont United Hospital	458	68	265	3.90
McKee Medical Center	1,493	69	232	3.36
Medical Center of the Rockies	1,955	221	1,139	5.15

³² Calculated average length of stay. Number of days divided by total admissions



Provider Name	Visits	Admissions	Days	ALOS ³²
Melissa Memorial Hospital	131	0	0	0
Memorial Hospital	6,123	434	1,904	4.39
Mercy Regional Medical Center	48	14	87	6.21
Montrose Memorial Hospital	1,264	65	238	3.66
Mount San Rafael Hospital	711	13	39	3.00
North Colorado Medical Center	2,677	209	902	4.32
Parkview Medical Center	1,505	254	1,302	5.13
Penrose St. Francis Hospital	3,258	490	2,033	4.15
Pikes Peak Regional Hospital	180	5	14	2.80
Platte Valley Medical Center	571	71	251	3.54
Poudre Valley Hospital	4,734	255	1,106	4.34
Prowers Medical Center	894	36	111	3.08
Rio Grande Hospital	369	2	5	2.50
San Luis Valley Regional Medical Center	349	24	124	5.17
Sedgwick County Hospital	55	2	4	2
Southeast Colorado Hospital District	139	3	8	2.67
Southwest Memorial Hospital	780	18	75	4.17
Spanish Peaks Regional Health Center	99	12	63	5.25
St. Mary-Corwin Medical Center	1,477	135	512	3.79
St. Mary's Hospital and Medical Center, Inc.	1,695	120	633	5.28
St. Thomas More Hospital	590	32	109	3.41
St. Vincent General Hospital District	0	0	0	0
Sterling Regional Medical Center	768	21	78	3.71
The Memorial Hospital	178	11	36	3.27
Valley View Hospital	714	25	63	2.52
Wray Community District Hospital	27	0	0	0
Yampa Valley Medical Center	182	29	101	3.48
Yuma District Hospital	197	3	9	3.00
Subtotal CICIP Hospital Providers	38,735	2,856	12,243	4.29

CICIP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³²
National Jewish Health	1,887	0	0	0.00
Children's Hospital Colorado	680	58	526	9.07
Subtotal CICIP Specialty Hospital Providers	2,567	58	526	9.07
Denver Health Medical Center	45,146	1,047	5,115	4.89
University of Colorado Hospital	15,230	868	4,466	5.15
Total CICIP Hospital Providers	101,678	4,829	22,350	4.63
Total All CICIP Providers	169,924	4,829	22,350	4.63



Table 27 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers Provider Name	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	3	74	77
Clinica Campesina	0	0	0	0	21	133	3,526	3,680
Community Health Clinic	0	0	0	0	0	0	88	88
Denver Indian Health & Family Services	0	0	0	0	0	0	1	1
Grace Health Clinic	0	0	0	0	1	0	50	51
High Plains Community Health Center	0	0	0	0	1	21	379	401
Marillac Clinic	0	0	0	0	0	3	220	223
Metro Community Provider Network (MCPN)	0	0	0	0	23	72	2,553	2,648
Mountain Family Health Centers	0	0	0	0	1	7	286	294
NW Colorado Community Health Center	0	0	0	0	0	3	130	133
Olathe Community Clinic	0	0	0	0	1	3	227	231
Peak Vista Community Health Centers	0	0	0	0	148	1,281	5,096	6,525
Pueblo Community Health Center	0	0	0	0	1	3	1,001	1,005
Salud Family Health Centers	0	0	0	0	25	96	3,284	3,405
Sheridan Health Services	0	0	0	0	0	0	11	11
Stout Street Clinic	0	0	0	0	0	0	57	57
Summit Community Care Clinic	0	0	0	0	0	1	26	27
Sunrise Community Health Center	0	0	0	0	10	50	1,598	1,658
Uncompahgre Combined Clinics	0	0	0	0	0	0	139	139
Valley-Wide Health Systems	0	0	0	0	6	19	1,002	1,027
Total	0	0	0	0	238	1,695	19,748	21,681

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	3	0	35	38	5	8	269	282
Aspen Valley Hospital	1	1	11	13	1	6	100	107
Banner Fort Collins Medical Center	1	0	8	9	0	1	54	55
Boulder Community Hospital	0	0	28	28	0	2	186	188
Colorado Plains Medical Center	4	2	15	21	9	34	377	420
Community Hospital	0	0	30	30	1	4	129	134
Conejos County Hospital District	0	0	1	1	0	0	26	26
Delta County Memorial Hospital	0	0	13	13	2	4	90	96
East Morgan County Hospital	0	0	6	6	0	2	125	127
Estes Park Medical Center	0	0	1	1	0	2	79	81
Family Health West	0	0	0	0	0	1	14	15
Grand River Hospital	0	0	9	9	2	6	211	219
Gunnison Valley Hospital	1	0	6	7	1	0	43	44
Heart of the Rockies Regional Medical Center	0	0	9	9	1	5	298	304
Kremmling Memorial Hospital District	0	0	3	3	0	1	66	67
Longmont United Hospital	2	0	47	49	2	6	260	268
McKee Medical Center	4	0	57	61	3	7	422	432
Medical Center of the Rockies	6	0	175	181	18	20	725	763
Melissa Memorial Hospital	0	0	0	0	0	4	62	66
Memorial Hospital	12	3	320	335	22	41	2,243	2,306
Mercy Regional Medical Center	0	0	13	13	0	1	41	42
Montrose Memorial Hospital	4	2	45	51	6	18	519	543
Mount San Rafael Hospital	0	0	13	13	1	4	215	220
North Colorado Medical Center	4	1	162	167	14	28	934	976
Parkview Medical Center	3	0	216	219	2	21	681	704
Penrose St. Francis Hospital	34	0	353	387	20	26	1,240	1,286
Pikes Peak Regional Hospital	0	0	4	4	0	0	105	105
Platte Valley Medical Center	7	0	59	66	4	9	345	358
Poudre Valley Hospital	10	3	178	191	18	26	1,146	1,190
Prowers Medical Center	2	0	24	26	4	6	282	292
Rio Grande Hospital	0	0	2	2	1	1	115	117
San Luis Valley Regional Medical Center	2	1	19	22	1	5	191	197



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
Sedgwick County Hospital	0	0	1	1	0	0	15	15
Southeast Colorado Hospital District	0	0	2	2	1	0	57	58
Southwest Memorial Hospital	0	0	16	16	2	4	207	213
Spanish Peaks Regional Health Center	0	0	8	8	0	1	62	63
St. Mary-Corwin Medical Center	0	0	113	113	0	5	665	670
St. Mary's Hospital and Medical Center, Inc.	10	0	94	104	16	14	579	609
St. Thomas More Hospital	0	0	29	29	4	6	262	272
St. Vincent General Hospital District	0	0	0	0	0	0	0	0
Sterling Regional Medical Center	1	0	20	21	4	5	224	233
The Memorial Hospital	0	0	8	8	1	1	77	79
Valley View Hospital	3	0	19	22	6	14	204	224
Wray Community District Hospital	0	0	0	0	0	1	21	22
Yampa Valley Medical Center	8	0	16	24	3	2	72	77
Yuma District Hospital	0	0	3	3	0	2	94	96
Sub-Total CICP Hospital Providers	122	13	2,191	2,326	175	354	14,132	14,661

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	2	4	435	441
Children's Hospital Colorado	21	14	6	41	117	153	50	320
Sub-Total CICP Specialty Hospital Providers	21	14	6	41	119	157	485	761
Denver Health Medical Center	5	2	623	630	23	223	8,075	8,321
University of Colorado Hospital	10	0	583	593	7	22	3,722	3,751
Total CICP Hospital Providers	158	29	3,403	3,590	324	756	26,414	27,494
Total All CICP Providers	158	29	3,403	3,590	562	2,451	46,162	49,175



Table 28 Unduplicated Total Count by Age³³

CICP Clinic Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Basin Clinic	0	3	74	77
Clinica Campesina	21	133	3,526	3,680
Community Health Clinic	0	0	88	88
Denver Indian Health & Family Services	0	0	1	1
Grace Health Clinic	1	0	50	51
High Plains Community Health Center	1	21	379	401
Marillac Clinic	0	3	220	223
Metro Community Provider Network (MCPN)	23	72	2,553	2,648
Mountain Family Health Centers	1	7	286	294
NW Colorado Community Health Center	0	3	130	133
Olathe Community Clinic	1	3	227	231
Peak Vista Community Health Centers	148	1,281	5,096	6,525
Pueblo Community Health Center	1	3	1,001	1,005
Salud Family Health Centers	25	96	3,284	3,405
Sheridan Health Services	0	0	11	11
Stout Street Clinic	0	0	57	57
Summit Community Care Clinic	0	1	26	27
Sunrise Community Health Center	10	50	1,598	1,658
Uncompahgre Combined Clinics	0	0	139	139
Valley-Wide Health Systems	6	19	1,002	1,027
Total CICP Clinic Providers	238	1,695	19,748	21,681

CICP Hospital Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Arkansas Valley Regional Medical Center	8	8	281	297
Aspen Valley Hospital	2	7	104	113
Banner Fort Collins Medical Center	1	1	56	58
Boulder Community Hospital	0	2	199	201
Colorado Plains Medical Center	13	36	391	440
Community Hospital	1	4	148	153
Conejos County Hospital District	0	0	26	26
Delta County Memorial Hospital	2	4	97	103
East Morgan County Hospital	0	2	125	127
Estes Park Medical Center	0	2	79	81
Family Health West	0	1	14	15
Grand River Hospital	2	6	215	223
Gunnison Valley Hospital	1	0	46	47
Heart of the Rockies Regional Medical Center	1	5	298	304

³³ 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. 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
Kremmling Memorial Hospital District	0	1	67	68
Longmont United Hospital	4	6	282	292
McKee Medical Center	6	7	438	451
Medical Center of the Rockies	23	20	801	844
Melissa Memorial Hospital	0	4	62	66
Memorial Hospital	31	44	2,335	2,410
Mercy Regional Medical Center	0	1	50	51
Montrose Memorial Hospital	9	20	528	557
Mount San Rafael Hospital	1	4	220	225
North Colorado Medical Center	18	28	977	1,023
Parkview Medical Center	5	21	791	817
Penrose St. Francis Hospital	52	26	1,366	1,444
Pikes Peak Regional Hospital	0	0	105	105
Platte Valley Medical Center	10	9	375	394
Poudre Valley Hospital	25	27	1,174	1,226
Prowers Medical Center	4	6	283	293
Rio Grande Hospital	1	1	115	117
San Luis Valley Regional Medical Center	3	5	199	207
Sedgwick County Hospital	0	0	15	15
Southeast Colorado Hospital District	1	0	57	58
Southwest Memorial Hospital	2	4	207	213
Spanish Peaks Regional Health Center	0	1	66	67
St. Mary-Corwin Medical Center	0	5	714	719
St. Mary's Hospital and Medical Center, Inc.	24	14	615	653
St. Thomas More Hospital	4	6	269	279
St. Vincent General Hospital District	0	0	0	0
Sterling Regional Medical Center	4	5	230	239
The Memorial Hospital	1	1	80	82
Valley View Hospital	7	14	210	231
Wray Community District Hospital	0	1	21	22
Yampa Valley Medical Center	10	2	88	100
Yuma District Hospital	0	2	94	96
Subtotal CICP Hospital Providers	276	363	14,913	15,552

CICP Specialty Hospital Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
National Jewish Health	2	4	435	441
Children's Hospital Colorado	131	161	53	345
Subtotal CICP Specialty Hospital Providers	133	165	488	786
Denver Health Medical Center	28	224	8,179	8,431
University of Colorado Hospital	16	22	3,850	3,888
Total CICP Hospital Providers	453	774	27,430	28,657
Total All CICP Providers	691	2,469	47,178	50,338

