



COLORADO
Department of Health Care
Policy & Financing

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

February 1, 2018

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 Colorado Indigent Care Program (CICP) and Primary Care Fund.

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

In FY 2016-17, more than 49,000 low-income Coloradans received discounted health care services through the CICP. In April 2017, the Department made changes to the CICP through the rule making process after more than 12 months of work with stakeholders. These changes included updated requirements for providers and clients alike, the addition of quality metrics into the payment calculation for participating clinics, and the creation of a formal Advisory Council. These changes have lessened the administrative burden on the CICP providers while maintaining the safety net for the CICP clients.

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 'K Bimestefer'.

Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2016-17 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
Representative Dylan Roberts, Health, Insurance and Environment Committee
Representative James D. Wilson, Health, Insurance and Environment Committee
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State Library
John Bartholomew, Finance Office Director, HCPF
Gretchen Hammer, Health Programs Office Director & Community Living Office Director, HCPF
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF
Chris Underwood, Health Information Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Zach Lynkiewicz, Legislative Liaison, HCPF





COLORADO
Department of Health Care
Policy & Financing

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

February 1, 2018

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

Dear Representative Singer:

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

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

In FY 2016-17, more than 49,000 low-income Coloradans received discounted health care services through the CICP. In April 2017, the Department made changes to the CICP through the rule making process after more than 12 months of work with stakeholders. These changes included updated requirements for providers and clients alike, the addition of quality metrics into the payment calculation for participating clinics, and the creation of a formal Advisory Council. These changes have lessened the administrative burden on the CICP providers while maintaining the safety net for the CICP clients.

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Sincerely,

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Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2016-17 Annual Report



Cc: Representative Jessie Danielson, Vice-Chair, Public Health Care and Human Services Committee
Representative Susan Beckman, 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 Hugh McKean, 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, 2018

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 Colorado Indigent Care Program (CICP) and Primary Care Fund.

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

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Sincerely,

A handwritten signature in black ink, appearing to read 'KB', is written over a faint, larger signature.

Kim Bimestefer
Executive Director

KB/nd

Enclosure(s): CICP FY 2016-17 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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Zach Lynkiewicz, Legislative Liaison, HCPF



Colorado Indigent Care Program and Primary Care Fund

Fiscal Year 2016-17 Annual Report

Kim Bimestefer
Executive Director



COLORADO

Department of Health Care
Policy & Financing

Colorado Indigent Care Program and Primary Care Fund
Fiscal Year 2016-17
Annual Report

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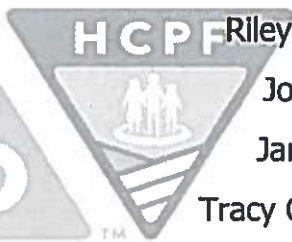
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Colorado Indigent Care Program

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EXECUTIVE SUMMARY

This annual report is prepared by the Department of Health Care Policy and Financing (the Department) pursuant to Section 25.5-3-107, C.R.S. (2017). The purpose of this annual report is to inform stakeholders and policy makers about the structure, policy, statistics, and payments related to the Colorado Indigent Care Program (CICP). The CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan *Plus* (CHP+).

In FY 2016-17, the number of persons served by the CICP was 49,135. While the number of persons receiving services has decreased since the implementation of the Affordable Care Act (ACA) in 2014, the CICP remains an important safety net for low-income Coloradans who are not eligible for Health First Colorado or CHP+ and who cannot afford their out of pocket health care costs.

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

Through rule making the Department also created a formal CICP Stakeholder Advisory Council appointed by the Department's executive director. The Advisory Council includes representatives of rural and urban hospitals, community health centers, safety net clinics, and consumers or consumer advocates. The Advisory Council advises the Department on policies for the CICP and makes recommendations to improve program effectiveness. The Department will continue to work with its stakeholders to preserve the CICP safety net for its clients by taking opportunities to modernize the CICP and create efficiencies.

In FY 2016-17, there were 18 CICIP Clinics and 49 CICIP Hospitals. CICIP Clinics were reimbursed at 51.9% of indigent care costs. In FY 2016-17, payments to CICIP Hospitals were financed with hospital provider fees and federal matching funds under the federal Disproportionate Share Hospital (DSH) allotment as part of the Colorado Health Care Affordability Act (CHCAA). With the passage of Senate Bill 17-267, the CHCAA was repealed at the end of FY 2016-17 and the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) was enacted. For more information about the CHCAA and CHASE, please see the 2018 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports. Payments to CICIP Hospitals and CICIP Clinics in FY 2016-17 are shown below.

CICIP Payments

➤ CICIP Disproportionate Share Hospital Payments	\$194,823,947
➤ CICIP Clinic Payments	\$6,059,760
Total Payments	\$200,883,707



WHERE WE'VE BEEN AND WHERE WE'RE HEADED

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

Since it was created, the CICP has undergone updates and changes to comply with legislative directives and to adapt to changes in the health care marketplace. Most recently, the Department of Health Care Policy and Financing (Department) brought forth important rule changes to the Medical Services Board in April 2017 to be effective July 1, 2017. The Department created a workgroup in the fall of 2016 comprised of representatives from participating clinics and hospitals, provider organizations, and consumer advocate groups to begin debating and drafting changes to the program. Such changes resulted in modifications to the rules, including increasing program integrity, preserving and enhancing the safety net for clients, improving efficiencies for providers and clients, and increasing flexibility for providers. Information and documents related to the workgroup can be found at <https://www.colorado.gov/pacific/hcpf/colorado-indigent-care-program-stakeholder-forum>.

As part of the rule change, a formalized Advisory Council that replaced the informal Stakeholder and Executive Forums was put into place. The Advisory Council is comprised of 11 members representing the following groups: three consumers eligible for the program or three consumer advocates or a combination of each; a federally qualified health center; a rural health clinic or a community health clinic licensed or certified by the Department of Public Health and Environment; either Denver Health Medical Center or University of Colorado Hospital; an urban hospital; a rural or critical access hospital; an organization of community health centers as defined in the federal "Public Health Service Act", 42 U.S.C. sec. 254(b); an organization of Colorado hospitals; and the Department.

Moreover, the Advisory Council exists to advise the Department of operation and policies for the CICP as well as to make recommendations to the Medical Services Board regarding CICP rules. Not only that, the Department utilizes the Advisory Council to help monitor the effect of the changes made to the program in July. The Advisory Council meets at least twice annually, with the option to have more meetings should the Chairperson or any other member desire to call a special meeting. The Advisory Council is currently scheduled to have three meetings this fiscal year. Information about current Advisory Council members and topics of discussion can be found at <https://www.colorado.gov/pacific/hcpf/colorado-indigent-care-program-stakeholder-advisory-council>.

Aside from that, another recent rule change resulted from the practice of having all CICIP providers rate clients according to rules that the CICIP determined and having to charge specified copays. This became problematic when the federally qualified health centers were required by the federal government to determine income for their patients in a specific way and put restrictions on the copayments that could be charged. In other words, providers were attempting to mesh two programs together to serve the same set of patients. With the new rule change, CICIP Clinics can mirror the rating process they are required to have for their federal program and utilize their federally approved copayment schedule. CICIP rules for income determination and copayment schedules for CICIP Clinics who are not federally qualified health centers mirror the federal rules so that all CICIP Clinics' rules are comparable. Rules for the CICIP Hospitals have likewise been relaxed to allow hospitals to define income determination to best fit their communities while retaining some guidelines, thus ensuring the program remains available to low-income families.

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

Aside from the recent rule changes, it is important to point out that the implementation of the Affordable Care Act (ACA) and the expansion of Health First Colorado to adults without dependent children in January 2014 has resulted in fewer clients served by the CICIP. However, while many former CICIP clients are eligible for health coverage following the implementation of the ACA, not all are covered. Citizens and legal immigrants who have been in the United States less than 5 years remain eligible for the CICIP so long as they are not eligible for Health First Colorado and they are between 133% and 250% of the federal poverty level (FPL). Also, while many low-income Coloradans are eligible for a federal subsidy to purchase health care coverage, there continue to be persons with income under 250% of the FPL who cannot meet their out-of-pocket expenses. Finally, changes at the federal level including the indecision of



extending funding for the Children’s Health Insurance Plan (known in Colorado as the Child Health Plan *Plus* or CHP+), the elimination of Cost Sharing Reductions for low-income persons who choose silver plans through the exchange, and other potential changes to the ACA may drive eligible Coloradans back to the CICIP. Therefore, the Department continues to work with the Advisory Council to ensure the CICIP remains administratively effective and efficient while still retaining the underlying safety net for low income Coloradans.



PROGRAM OVERVIEW

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” in 1983. This law made it possible to use State funds to partially reimburse providers for services provided to the State’s medically indigent residents. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program.” Part 1 of Article 3 in Title 25.5 is where the program’s enabling legislation resides. The following segment of the legislative declaration at Section 25.5-3-102, C.R.S. (2017) helps illustrate the program’s purpose.

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

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

The general assembly also recognizes that the program for the medically indigent is a partial solution to the health care needs of Colorado’s medically indigent citizens. Therefore, medically indigent persons accepting medical services from this program shall be subject to the limitations and requirements imposed in this article.

Simply put, the CICIP offers a partial solution to meet the health care needs of the State’s low-income residents. It is not a comprehensive benefits package nor is it an insurance program. Instead, it is a financial vehicle for providers to recoup some of their costs for providing medical services to low income Coloradans who are not eligible for Health First Colorado (Colorado’s Medicaid Program) or the Child Health Plan *Plus* (CHP+). The services offered under this program vary from provider to provider. By statute, providers participating in the CICIP 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 CICIP includes these requirements in its agreements with providers to ensure that low income Coloradans have access to emergency care throughout the year.



CICP COMMUNICATION

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



CLIENTS

ELIGIBILITY REQUIREMENTS AND ABILITY-TO-PAY

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

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

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

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, 2017 through March 31, 2018

Family Size	Z	N	A	B
1	\$0-\$4,824	\$0-\$4,824	\$4,825-\$7,477	\$7,478-\$9,769
2	\$0-\$6,496	\$0-\$6,496	\$6,497-\$10,069	\$10,070-\$13,154
3	\$0-\$8,168	\$0-\$8,168	\$8,169-\$12,660	\$12,661-\$16,540
4	\$0-\$9,840	\$0-\$9,840	\$9,841-\$15,252	\$15,253-\$19,926
5	\$0-\$11,512	\$0-\$11,512	\$11,513-\$17,844	\$17,845-\$23,312
6	\$0-\$13,184	\$0-\$13,184	\$13,185-\$20,435	\$20,436-\$26,698
7	\$0-\$14,856	\$0-\$14,856	\$14,857-\$23,027	\$23,028-\$30,083
8	\$0-\$16,528	\$0-\$16,528	\$16,529-\$25,618	\$25,619-\$33,469
Poverty Level ¹	40% & Homeless	40%	62%	81%

Family Size	C	D	E	F
1	\$9,770-\$12,060	\$12,061-\$14,110	\$14,111-\$16,040	\$16,401-\$19,175
2	\$13,155-\$16,240	\$16,241-\$19,001	\$19,002-\$21,599	\$21,600-\$25,822
3	\$16,541-\$20,420	\$20,421-\$23,891	\$23,892-\$27,159	\$27,160-\$32,468
4	\$19,927-\$24,600	\$24,601-\$28,782	\$28,783-\$32,718	\$32,719-\$39,114
5	\$23,313-\$28,780	\$28,781-\$33,673	\$33,674-\$38,277	\$38,278-\$45,760
6	\$26,699-\$32,960	\$32,961-\$38,563	\$38,564-\$43,837	\$43,838-\$52,406
7	\$30,084-\$37,140	\$37,141-\$43,454	\$43,455-\$49,396	\$49,397-\$59,053
8	\$33,470-\$41,320	\$41,321-\$48,344	\$48,345-\$54,956	\$54,957-\$65,699
Poverty Level ¹	100%	117%	133%	159%

Family Size	G	H	I
1	\$19,176-\$22,311	\$22,312-\$24,120	\$24,121-\$30,150
2	\$25,823-\$30,044	\$30,045-\$32,480	\$32,481-\$40,600
3	\$32,469-\$37,777	\$37,778-\$40,840	\$40,841-\$51,050
4	\$39,115-\$45,510	\$45,511-\$49,200	\$49,201-\$61,500
5	\$45,761-\$53,243	\$53,244-\$57,560	\$57,561-\$71,950
6	\$52,407-\$60,976	\$60,977-\$65,920	\$65,921-\$82,400
7	\$59,054-\$68,709	\$68,710-\$74,280	\$74,281-\$92,850
8	\$65,700-\$76,442	\$76,443-\$82,640	\$82,641-\$103,300
Poverty Level ¹	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, 2016

CICP Rating	Percent of FPL	Ambulatory Surgery	Inpatient Facility	Inpatient Physician	Emergency Room Physician	Emergency Room	Emergency Transportation
Z ²	40%	\$0	\$0	\$0	\$0	\$0	\$0
N ³	40%	\$15	\$15	\$7	\$7	\$15	\$15
A	62%	\$65	\$65	\$35	\$35	\$25	\$25
B	81%	\$105	\$105	\$55	\$55	\$25	\$25
C	100%	\$155	\$155	\$80	\$80	\$30	\$30
D	117%	\$220	\$220	\$110	\$110	\$30	\$30
E	133%	\$300	\$300	\$150	\$150	\$35	\$35
F	159%	\$390	\$390	\$195	\$195	\$35	\$35
G	185%	\$535	\$535	\$270	\$270	\$45	\$45
H	200%	\$600	\$600	\$300	\$300	\$45	\$45
I	250%	\$630	\$630	\$315	\$315	\$50	\$50

CICP Rating	Percent of FPL	Clinic	Specialty Outpatient	Prescription	Laboratory	Radiology & Imaging
Z ¹	40%	\$0	\$0	\$0	\$0	\$0
N ²	40%	\$7	\$15	\$5	\$5	\$5
A	62%	\$15	\$25	\$10	\$10	\$10
B	81%	\$15	\$25	\$10	\$10	\$10
C	100%	\$20	\$30	\$15	\$15	\$15
D	117%	\$20	\$30	\$15	\$15	\$15
E	133%	\$25	\$35	\$20	\$20	\$20
F	159%	\$25	\$35	\$20	\$20	\$20
G	185%	\$35	\$45	\$30	\$30	\$30
H	200%	\$35	\$45	\$30	\$30	\$30
I	250%	\$40	\$50	\$35	\$35	\$35

The CICP client must pay the copayment listed, the copayment stipulated by their Third-Party insurance, or the actual charges, whichever is lower. Clients are notified of their copayment obligation at or before the time that services are rendered. For all 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 Clients with a "Z" CICP Rating are exempt from CICP copays

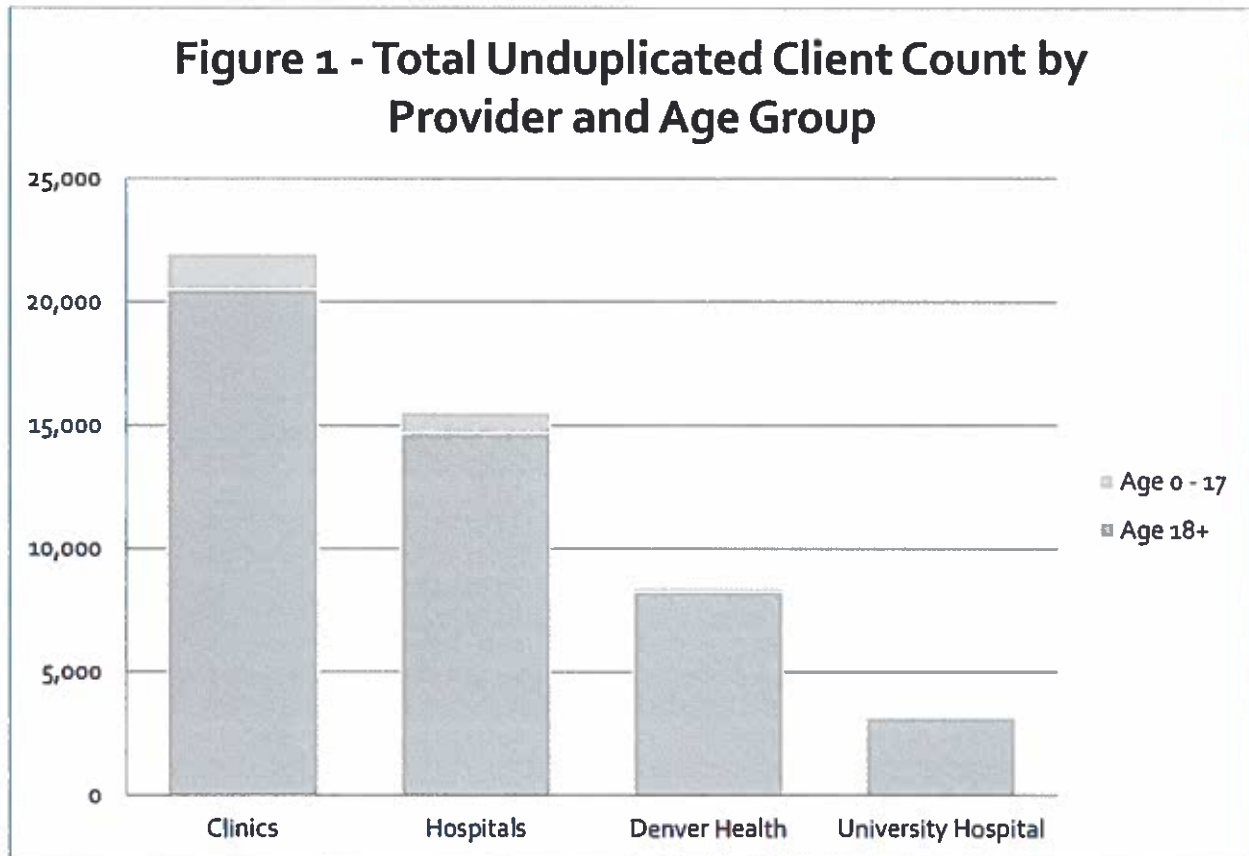
³ Clients with an "N" CICP Rating have an annual copay cap of up to \$120



CLIENTS SERVED

During FY 2016-17, there were 49,135 unduplicated clients who received services through the CICP. This represents a 2.4% decrease from the 50,338 unduplicated clients assisted in FY 2015-16. Children represented 5.1% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 20.6% in FY 2016-17 relative to the FY 2015-16 total. Overall, the program provided 3,254 unduplicated clients with inpatient care, while 47,884 received outpatient services in FY 2016-17.⁴

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 22,350 in FY 2015-16 to 19,150 in FY 2016-17, representing a decrease of 14.3%. Overall, the total number of inpatient days has decreased by 19.7% since FY 2014-15. Relative to FY 2015-16, Denver Health Medical Center had a decrease in inpatient days in FY 2016-17 of 25.2%, while University of Colorado Hospital had a decrease of 9.7%.

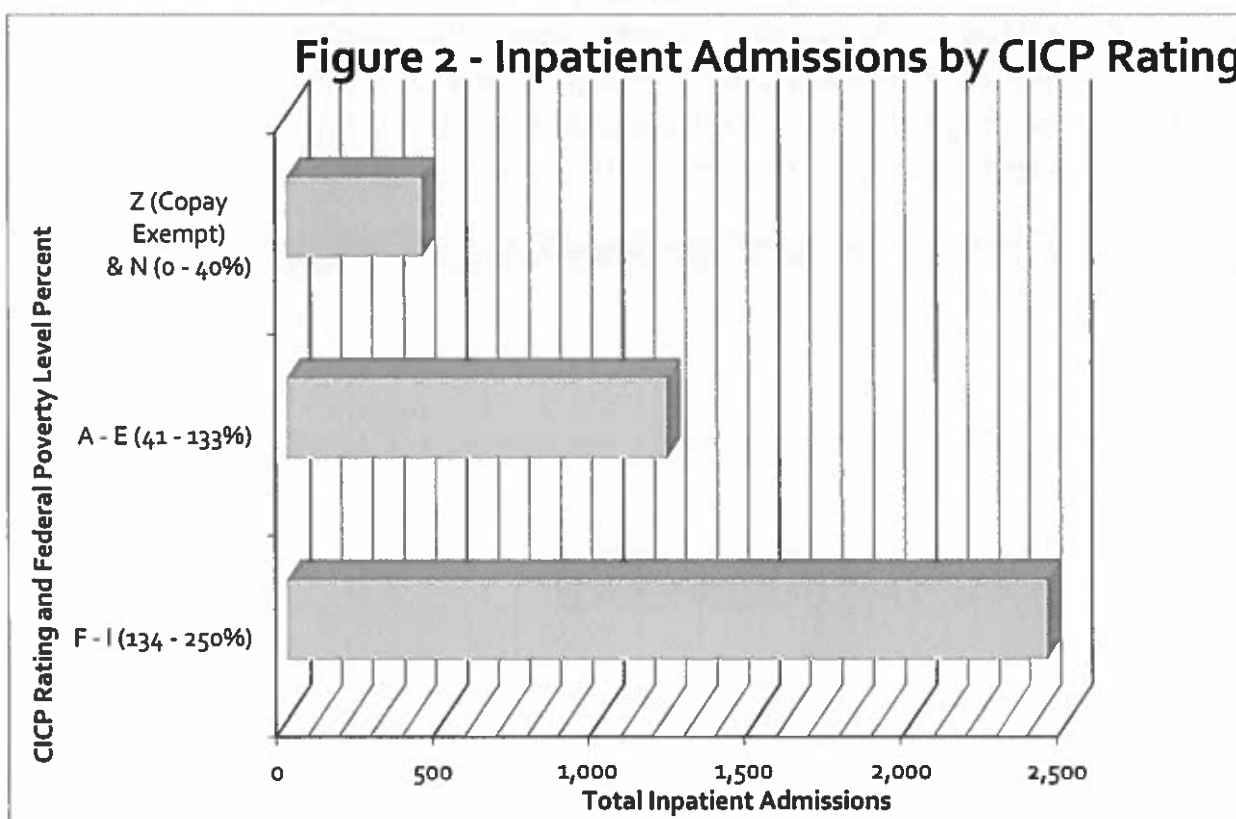
⁴ Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Table 3 Comparison of Inpatient Days⁵

CICP Provider	FY 2014-15 Inpatient Days	Percent Change	FY 2015-16 Inpatient Days	Percent Change	FY 2016-17 Inpatient Days	Percent Change
CICP Hospitals ⁶	13,782	-53.6%	12,769	-7.4%	11,295	-11.5%
Denver Health Medical Center	4,870	-54.4%	5,115	5.0%	3,824	-25.2%
University of Colorado Hospital	5,183	-51.7%	4,466	-13.8%	4,031	-9.7%
TOTAL	23,835	-53.4%	22,350	-6.2%	19,150	-14.3%

Figure 2 shows the total inpatient admissions by CICP Rating and FPL percentage for FY 2016-17. Of the total inpatient admissions, 40.4% were made for individuals living at or below 133% FPL (CICP Ratings Z, N, A, B, C, D, or E), which is similar to the 43.5% figure seen in FY 2015-16. The CICP N and Z ratings accounted for 10.7% of inpatient admissions, which is slightly up from 10.2% last year. Ratings A through E (41 to 133% of the FPL) accounted for 29.8% of inpatient admissions, while F through I (134 to 250% of the FPL) accounted for 59.6% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



⁵ Source: Analysis of Data from Previous CICP Annual Reports

⁶ Includes CICP Specialty Hospital Providers



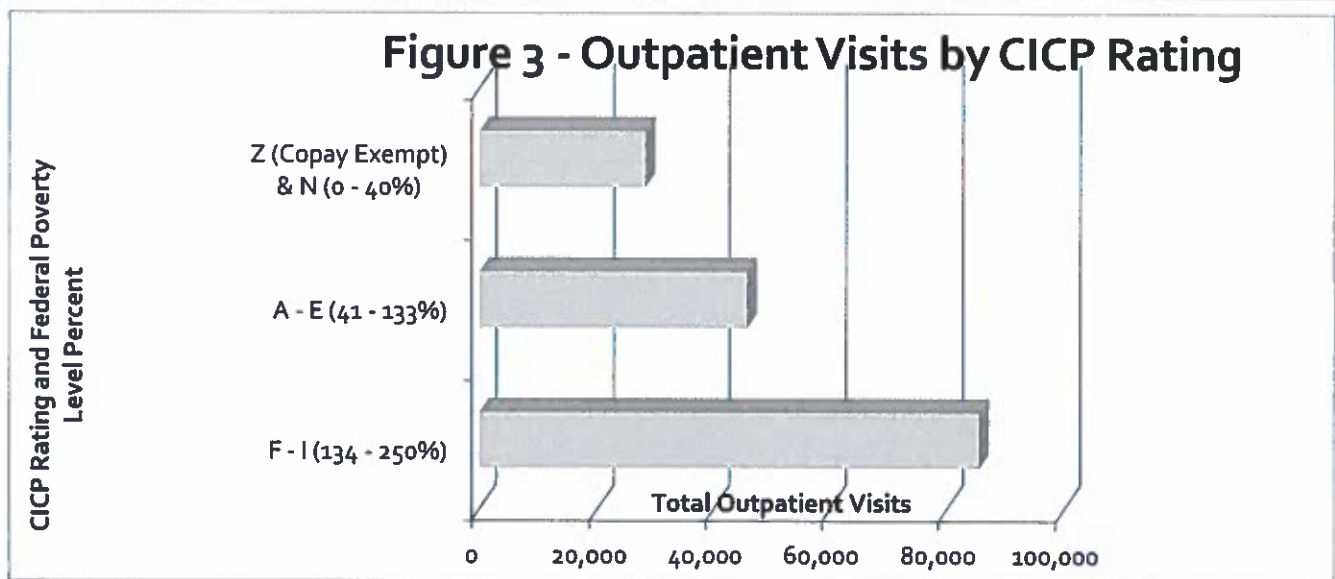
As shown in Table 4, there was a 5.7% decrease in total outpatient visits from FY 2015-16 to FY 2016-17. CICP Clinics experienced a slight increase in outpatient visits—6.6% overall. CICP Hospitals experienced decreases in outpatient visits—21.8% for Denver Health Medical Center, 10.5% for University of Colorado Hospital, and 6.9% for all other hospitals. These decreases are likely the result of the enactment of the ACA in January 2014.

Table 4 Comparison of Outpatient Visits⁷

CICP Provider	FY 2014-15 Outpatient Visits	Percent Change	FY 2015-16 Outpatient Visits	Percent Change	FY 2016-17 Outpatient Visits	Percent Change
CICP Clinics	70,827	-65.1%	68,246	-3.6%	72,757	6.6%
CICP Hospitals ⁸	47,176	-61.2%	41,302	-12.5%	38,465	-6.9%
Denver Health Medical Center	46,338	-49.7%	45,146	-2.6%	35,314	-21.8%
University of Colorado Hospital	16,045	-56.0%	15,230	-5.1%	13,634	-10.5%
TOTALS	180,386	-60.2%	169,924	-5.8%	160,170	-5.7%

In FY 2016-17, the total number of outpatient visits for CICP clients fell by 5.7%, from 169,924 in FY 2015-16 to 160,170 in FY 2016-17. In contrast to years prior to the implementation of the ACA, 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 increased slightly to 17.7% of the total visits this year compared to 16.1% of the total last year. Ratings A through E made up 28.7% of the total visits, and ratings F through I made up 53.5%.

Figure 3 Outpatient Visits by CICP Rating



⁷ Source: Analysis of Data from Previous CICP Annual Reports

⁸ 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 Health First Colorado members. In the case where a hospital is located in a rural area, the term "obstetrician" includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. This obstetrics requirement does not apply to a hospital in which the patients are predominantly under 18 years of age or which does not offer non-emergency obstetric services as of December 21, 1987.

For the purposes of this FY 2016-17 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 Denver Indian Health and Family Services, Inc., Sheridan Health Services, and Stout Street Health Center, which are specialty clinics operating within the City and County of Denver. For the purpose of this report, these three clinics are identified as CICP Clinics.
- 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 67 providers participated in the CICIP. This included 49 hospitals and 18 clinics. Most of the participating CICIP Clinics and several of the CICIP Hospitals have multiple sites. Any site other than the main facility is considered a satellite facility. There were 184 satellite CICIP facilities throughout the state for FY 2016-17.

Table 5 FY 2016-17 CICIP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals	County	Clinics	Hospitals	Totals
Adams	10	4	14	Kit Carson	0	0	0
Alamosa	7	1	8	La Plata	0	1	1
Arapahoe	11	0	11	Lake	0	0	0
Archuleta	0	0	0	Larimer	6	5	11
Baca	0	1	1	Las Animas	1	1	2
Bent	2	0	2	Lincoln	1	0	1
Boulder	4	2	6	Logan	1	1	2
Broomfield	1	0	1	Mesa	6	3	9
Chaffee	0	3	3	Mineral	1	0	1
Cheyenne	0	0	0	Moffat	1	1	2
Clear Creek	0	0	0	Montezuma	9	1	10
Conejos	3	1	4	Montrose	4	1	5
Costilla	0	0	0	Morgan	1	2	3
Crowley	0	0	0	Otero	2	1	3
Custer	0	0	0	Ouray	0	0	0
Delta	0	1	1	Phillips	1	1	2
Denver	17	2	19	Pitkin	1	1	2
Dolores	1	0	1	Prowers	7	1	8
Douglas	6	0	6	Pueblo	11	2	13
Eagle	1	0	1	Rio Blanco	0	0	0
El Paso	26	3	29	Rio Grande	6	1	7
Elbert	1	0	1	Routt	1	1	2
Fremont	1	1	2	Saguache	2	0	2
Garfield	4	2	6	San Juan	0	0	0
Gilpin	0	0	0	San Miguel	1	0	1
Grand	2	1	3	Sedgwick	1	1	2
Gunnison	4	1	5	Summit	0	0	0
Hinsdale	0	0	0	Teller	2	1	3
Huerfano	0	1	1	Washington	1	0	1
Jackson	1	0	1	Weld	13	1	14
Jefferson	14	0	14	Yuma	2	2	4
Kiowa	0	0	0	Totals	198	53	251

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

Table 6 FY 2016-17 CICIP Participating Providers

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

CICIP Hospital Providers	City
Mercy Regional Medical Center	Durango
Middle Park Medical Center, Kremmling	Kremmling
Montrose Memorial Hospital	Montrose
Mt 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, Inc.	Grand Junction
Sterling Regional Medical Center	Sterling
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray
Yampa Valley Medical Center	Steamboat Springs
Yuma District Hospital	Yuma



Table 6 FY 2016-17 CICP Participating Providers Continued

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

CICP Clinic Providers	City
Basin Clinic, Inc	Naturita
Clinica Family Health	Lafayette
Community Health Clinic	Dove Creek
Denver Indian Health & Family Services, Inc	Denver
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 Health	Steamboat Springs
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Olathe
Salud Family Health Centers	Fort Lupton
Sheridan Health Services	Denver
Stout Street Health Center	Denver
Sunrise Community Health Center	Evans
Uncompahgre Medical Center	Norwood
Valley-Wide Health Systems	Alamosa



PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

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

This quarterly report has three forms (Summary Data, Physician, and Pharmacy). In accordance with the CICP 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.

CICP PROVIDER COMPLIANCE AUDIT

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

The provider will submit the compliance audit statement and CAP, if needed, to the Department within 6 months of the completion of the annual financial audit related to the provider's annual CICP audit period. The 3 separate components of the CICP Compliance Audit are eligibility, billing, and programmatic. Failure to submit an audit statement that is acceptable to the Department for any year in which a provider participates in the CICP will result in the Department billing the provider for a full refund of monies received for the period in question or withholding payments until the audit has been submitted. In FY 2016-17, there were 70 audits submitted for FY 2015-16, twenty-five of which required a CAP. Most of the findings were in the "Manual Used Correctly", "Correct CICP Rating", and "Not Eligible for Health First Colorado or CHP+" portions of the audit. These findings were used to determine which areas to emphasize in the CICP provider training held in June 2017.

PREVENTION OF FRAUD BY APPLICANTS

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

The CICP client application also includes a penalty clause, confirmation statement, and authorization for release of information. Part of the statement reads, "I authorize the Provider to use any information contained in the application to verify my eligibility for this program and to obtain records pertaining to

eligibility from a financial institution as defined in Section 15-15-201(4), C.R.S., or from any insurance company.” The applicant is required to sign this statement.

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

COLLECTION OF THIRD-PARTY PAYMENTS

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

INCENTIVES FOR UTILIZATION CONTROL

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

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2016-17 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 2016-17 Long Bill (HB 16-1405), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICP Hospitals and other hospital providers for uncompensated care. This appropriation is funded through hospital provider fees and matching federal funds. The CICP 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 2018 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department's website at www.colorado.gov/hcpf/department-reports.

The appropriation for CICP Clinics was \$6,119,760 in total funds appropriated through the FY 2016-17 Long Bill to the Clinic Based Indigent Care line item. The State share for the federal match is General Fund matched with federal funds under upper payment limit financing. The appropriation included funds to reimburse Children's Hospital Colorado for the administration of CICP Clinic based care, resulting in total payments to CICP Clinics of \$6,059,760.

Table 7 FY 2016-17 CICP Payments

	State Funds⁹	Provider Fees¹⁰	Federal Funds	Payments to Providers¹¹
CICP Clinics ¹²	\$3,018,063	\$0	\$3,041,697	\$6,059,760
CICP Hospitals and Specialty Hospitals	\$0	\$67,901,037	\$67,955,380	\$135,856,417
Denver Health Medical Center	\$0	\$25,740,433	\$25,761,033	\$51,501,466
University of Colorado Hospital	\$0	\$3,731,539	\$3,734,525	\$7,466,064
Total CICP Payments	\$3,018,063	\$97,373,009	\$100,492,635	\$200,883,707

Table 8 Historical CICP Costs¹³

	Write-Off Costs		
	FY 2014-15	FY 2015-16	FY 2016-17
CICP Clinics	\$9,334,894	\$10,260,162	\$11,672,044
Percent Change	-67.5%	9.9%	13.8%
CICP Hospitals	\$74,292,490	\$70,057,921	\$64,014,635
Percent Change	-61.3%	-5.7%	-8.6%
Denver Health Medical Center	\$31,461,902	\$24,444,891	\$22,597,162
Percent Change	-63.1%	-22.3%	-7.6%
University of Colorado Hospital	\$28,954,592	\$29,361,333	\$25,879,127
Percent Change	-60.6%	1.4%	-11.9%
All CICP Hospitals	\$134,708,984	\$123,864,145	\$112,490,924
Percent Change	-61.6%	-8.1%	-9.2%
Total CICP Providers	\$144,043,878	\$134,124,307	\$124,162,968
Percent Change	-62.1%	-6.9%	-7.4%

⁹ State Funds include State General Fund appropriations

¹⁰ This amount represents the portion of the entire payment received by the provider that is comprised of fees. It does not represent the amount of fees paid by the provider

¹¹ Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds. Clinic payments are stated on a Fiscal Year and hospital provider fees and payments are stated on a Federal Fiscal Year

¹² \$6,119,146 was paid to Children's Hospital Colorado, which administers payments to CICP Clinics. Children's Hospital Colorado retained \$59,386 of the total funds for the administration of this payment, which are not reported in any other statistics or diagrams in this annual report

¹³ Source: Analysis of Data from Previous CICP Annual Reports



REIMBURSEMENT METHODOLOGY FOR HOSPITALS

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

Hospital payments financed with fees are reported on a federal fiscal year (FFY) basis. Payments under the CHCAA and the CHASE for the FFY 2016-17 totaled more than \$1.16 billion, including more than \$194 million in DSH payments for CICIP Hospitals.

More information about the CHCAA and the CHASE is reported in the 2018 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report, available on the Department’s website at www.colorado.gov/hcpf/department-reports.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$6,059,760

CHILDREN’S HOSPITAL COLORADO CLINIC PAYMENT

An agreement was reached with Children’s Hospital Colorado and the Department such that the hospital would administer the CICIP payments to the CICIP Clinics. Of the \$6,119,146 paid to Children’s Hospital Colorado, \$6,059,760 was paid to the CICIP Clinics as payment for services provided under the CICIP. The remaining amount was retained by Children’s Hospital Colorado to administer the payments to the CICIP Clinics.

Displayed in Table 9 are reimbursement and total write-off costs for Clinic Providers in FY 2016-17. The average reimbursement relative to costs for Clinic Providers was 51.92%, a decrease from last year’s 59.06%.

Table 9 FY 2016-17 Percentage of Write-Off Cost Reimbursed¹⁴

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinic Providers	\$6,059,760	\$11,672,044	51.92%

¹⁴ Source: Table 7, Financial Tables



Table 10 shows the average reimbursement as a percentage of costs for CICP Clinic Providers over the past 6 fiscal years. The reimbursement rate for CICP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The Department believes reimbursement percentages for the past 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 Clinic Providers due to increased eligibility for Health First Colorado.

Table 10 Historical Percentage of Write-Off Cost Reimbursed¹⁵

	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
CICP Clinic Providers	55.19%	13.94%	21.11%	64.92%	59.06%	51.92%

Write-off costs for all CICP providers have decreased 78.6% from FY 2012-13 to FY 2016-17, with write-off costs for CICP Hospitals decreasing 77.4% and write-off costs for CICP Clinics decreasing 73.1% from FY 2012-13 levels. Write-off costs for the two largest CICP Hospital providers have decreased significantly since 2012-13, with a decrease of 84.3% for Denver Health Medical Center and a decrease of 76.2% for University of Colorado Hospital. The decrease in write-off costs, as is the case with caseload and other statistics, can be largely attributed to the implementation of the Medicaid expansion pursuant to SB 13-200 and the ACA in January 2014.

¹⁵ Source: Analysis of CICP Annual Reports.



PRIMARY CARE FUND PROGRAM

In accordance with Section 21 of Article X (Tobacco Taxes for Health Related Purposes) of the State Constitution, an increase in Colorado's tax on cigarettes and tobacco products became effective January 1, 2005, and created a cash fund that was designated for health related purposes. HB 05-1262 divided the tobacco tax cash fund into separate funds, assigning 19% of the moneys to establish the Primary Care Fund.

The Primary Care Fund provides an allocation of moneys to health care providers that make basic health care services available in an outpatient setting to residents of Colorado who are considered medically indigent. Awards are allocated based on the number of medically indigent patients who received services from a provider in an amount proportionate to the total number of medically indigent patients served by all health care providers who qualify for an award from this fund. Primary Care Fund providers are required to submit with their application the tiered co-payment sliding fee schedule they use for determining the level of patient financial participation and that guarantees the patient financial participation is below usual and customary charges.

To be a qualified provider, an entity must:

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

In FY 2016-17, \$27,276,358 was allocated to 35 Primary Care Fund providers. These providers served 110,382 unique medically indigent clients in the 2015 Calendar Year.

The Department historically has not audited the information provided on applications for funding through the Primary Care Fund for accuracy and validity. The General Assembly approved a Department request to appropriate funds for this purpose beginning in FY 2015-16. The Department has contracted with an auditor that is engaging in a data validation process of provider applications for a third year in FY 2017-18. For the FY 2017-18 program year, 37 Primary Care Fund provider applications were awarded. Of those 37 Primary Care Fund providers, 30 of them have been through or are currently in the process of a data validation audit review. The goal for the data validation process

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

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

Table 11 FY 2016-17 Primary Care Fund

Primary Care Fund Provider	Total Payments FY 2016-17
Carin' Clinic	\$24,958
Clinica Colorado	\$956,064
Clinica Family Health	\$2,866,709
Clínica Tepeyac	\$870,564
Community Health Clinic	\$32,865
Denver Health and Hospital Authority	\$4,895,471
Doctors Care	\$39,785
Family Medicine Clinic for Health Equality (FMC-CAHEP)	\$85,005
Fort Collins Family Medicine Residency Program	\$57,576
High Plains Community Health Center, Inc.	\$267,372
Hopelight Medical Clinic	\$107,739
Inner City Health Center	\$540,921
Kids First Health Care	\$137,640
Marillac Clinic	\$408,224
Metro Community Provider Network (MCPN)	\$3,278,639
Mission Medical Center	\$156,667
Mountain Family Health Centers	\$644,460
Northwest Colorado Health	\$288,623
Open Bible Medical Clinic	\$76,851
Peak Vista Community Health Centers	\$2,326,282
Pediatric Associates, Prof. LLC	\$30,147
Pueblo Community Health Center	\$434,911
River Valley Family Health Center	\$114,658
Rocky Mountain Youth Clinics (RMYC)	\$293,318
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	\$457,645
Salud Family Health Centers	\$4,185,528
SET Family Medical Clinics	\$208,313
Sheridan Health Services	\$304,685
St Mary Family Health	\$19,522
St Mary-Corwin Health Foundation	\$13,097
Stout Street Health Center	\$462,340
Summit Community Care Clinic	\$598,992
Sunrise Community Health	\$1,453,494
Uncompahgre Medical Center	\$45,962
Valley-Wide Health Systems, Inc.	\$591,331
Total Providers	\$27,276,358



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.

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

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

In August 2010, Congress extended the FMAP increase through June 2011 under H.R. 1586, the Education Jobs and Medicaid Assistance Act, with a phase down of the FMAP increase. For Colorado, the enhanced FMAP stepped down from 61.59% to 58.77% for January through March 2011 and then to 56.88% for April through June 2011. The FMAP returned to 50% on July 1, 2011. The FMAP increased to 51.01% for October 2014 through September 2015. For the period October 1, 2015, through September 30, 2016, the FMAP decreased to 50.72% and decreased again to 50.02% for the period October 1, 2016, to September 30, 2017. Federal funds were specified to offset the state's General Fund and not directed to increase or decrease provider payments when the FMAP changes.

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

The FMAP rates for Colorado from FFY 2007-08 through FFY 2016-17 are listed in Table 12

Table 12 Colorado's Federal Match Rates

Federal Fiscal Year (October – September)	Match Rate
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%
2016-17	50.02%

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 hospitals' financial viability and preserving access to care for Medicaid and uninsured patients, while reducing a shift in costs to private payers. In subsequent legislation, Congress gave states a great deal of flexibility in the design and implementation of their DSH plans.

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

PAYMENT ALLOTMENT

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

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

DSH AUDIT

Each year, the Department submits an independent audit of DSH Payments (DSH Audit) to the Centers for Medicare and Medicaid Services (CMS) as directed by Title 42 of the Code of Federal Regulations (CFR), Section 447 (Payments for Services, Reporting Requirements) and 42 CFR Section 455 (Subpart D—Independent Certified Audit of State Disproportionate Share Hospital Payment Adjustments).

Beginning with the audits for FY 2010-11, those hospitals that exceed their hospital-specific DSH limit must redistribute the overage to those hospitals under their hospital-specific DSH limit as prescribed by the Medicaid State Plan. The most recent DSH Audit was submitted in December 2016 for DSH payments made in FY 2012-13.

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

Table 13 Colorado DSH Allotments

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
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
2016-17	\$101,432,322

Table 14 DSH Payments

Provider Name	FFY 2016-17 DSH Payment
Banner Fort Collins Medical Center	\$1,137,050
Boulder Community Health Foothills Hospital	\$8,211,459
Centura Health – Penrose-St. Francis Health Services	\$4,925,248
Children’s Hospital Colorado	\$30,542,075
Community Hospital	\$1,046,550
Denver Health Medical Center	\$51,501,466
Estes Park Medical Center	\$393,445
HealthOne North Suburban Medical Center ¹⁶	\$7,959,584
Longmont United Hospital	\$8,821,985
McKee Medical Center	\$2,799,977
Medical Center of the Rockies	\$10,625,183
Memorial Hospital	\$18,793,287
Memorial Regional Health	\$536,740
Montrose Memorial Hospital	\$1,183,490
National Jewish Health	\$6,561,544
North Colorado Medical Center	\$16,936,279
Platte Valley Medical Center	\$2,588,738
Poudre Valley Hospital	\$16,985,004
San Luis Valley Health Conejos County Hospital	\$101,828
Southeast Colorado Hospital District	\$12,177
University of Colorado Hospital	\$7,466,064
Valley View Hospital	\$3,654,358
Total	\$202,783,531

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



DEFINITIONS

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

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

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

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

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

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

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

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

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

CICP Rating – An 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 Health First Colorado and CICP payments to hospitals and expand coverage under public health care programs.

Comprehensive Primary Care – Specific to the Primary Care Fund, the basic, entry-level health care provided by health care practitioners or non-physician health care practitioners that is generally provided in an outpatient setting. Comprehensive primary care, at a minimum, includes providing or arranging for the provision of the following services on a year-round basis: Primary health care; maternity care, including prenatal care; preventive, developmental, and diagnostic services for infants and children; adult preventive services, diagnostic laboratory and radiology services; emergency care for minor trauma; pharmaceutical services; and coordination and follow-up for hospital care.” 25.5-3-203 (1), C.R.S.

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

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

Disproportionate Share Hospitals (DSH) – Available DSH funds are distributed to hospitals that participate in the CICP and to other Colorado Health First Colorado hospitals under two separate DSH payments: the CICP Disproportionate Share Hospital Payment and the Uninsured Disproportionate

Share Hospital Payment. The payments help defray the cost of treating uninsured and low-income patients. DSH payments assist in securing the hospitals' financial viability, preserving access to care for the Health First Colorado and low-income clients, while reducing cost shifting onto private payers.

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

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

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

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

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

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

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

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

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

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

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

- Specific to the Primary Care Fund:
 - Whose yearly family income is below 200% of the FPL for the Primary Care Fund;
 - Who is not eligible for Health First Colorado, CHP+, Medicare, or any other governmental reimbursement for health care costs such as through Social Security, the Veterans Administration, Military Dependency (TRICARE or CHAMPUS), or the United States Public Health Service. (Payments received from the Colorado Indigent Care Program are not considered a governmental reimbursement for health care costs related to a specific patient); and
 - There is no Third-Party Payer.

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

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

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

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

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

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

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

- Specific to the Primary Care Fund:

- A provider who is identified by the Department to receive funding from the Primary Care Fund and who:
 - Accepts all patients regardless of their ability to pay and uses a Sliding Fee Schedule for payments or does not charge Medically Indigent Patients for services;
 - Serves a designated Medically Underserved Area or Medically Underserved Population as provided in section 330(b) of the federal "Public Health Services Act", 42 U.S.C. sec. 254b, or demonstrates to the Department that the entity serves a population or area that lacks adequate health care services for low-income, uninsured persons;
 - Has a demonstrated Track Record of providing Cost-Effect Care;
 - Provides or arranges for the provision of Comprehensive Primary Care to persons of all ages. An entity in a rural area may be exempt from this requirement if they can demonstrate that there are no providers in the community to provide one or more of the Comprehensive Primary Care services;
 - Completes a screening that evaluates eligibility for Health First Colorado, CHP+, and the CICP and refers patients potentially eligible for one of the Programs to the appropriate agency (e.g., county departments of human/social services) for eligibility determination if they are not qualified to make eligibility determinations; and
 - Is a community health center, as defined in Section 330 of the federal "Public Health Services Act", 42 U.S.C. Section 254b; or at least 50% of the patients served by the applicant agency are Medically Indigent Patients or patients who are enrolled in Medicaid, CHP+, or any combination thereof.

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

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

Sliding Fee Schedule – Specific to the Primary Care Fund, a tiered co-payment system that determines the level of patient financial participation and guarantees that the patient financial participation is below usual and customary charges. Factors considered in establishing the tiered co-payment system shall only be financial status and the number of members in the patient's family unit. In the case of Pharmaceutical Services, formal arrangements with pharmaceutical companies to provide prescriptions at a minimal charge or at no fee can replace a Sliding Fee Schedule as long as all classes of prescription medications are covered.

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

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

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

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

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

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Basin Clinic, Inc.	\$45,775	\$9,659	\$2,066	\$34,050	\$34,050	\$15,573
Clinica Family Health	\$3,251,727	\$150,307	\$400,930	\$2,700,490	\$2,700,490	\$992,891
Community Health Clinic ¹⁷	\$47,014	\$11,657	\$8,276	\$27,081	\$27,081	\$13,695
Denver Indian Health & Family Services, Inc.	\$600	\$0	\$0	\$600	\$600	\$4,242
High Plains Community Health Center ¹⁸	\$359,320	\$17,720	\$37,482	\$304,118	\$304,118	\$252,026
Marillac Clinic	\$103,325	\$9,057	\$22,641	\$71,627	\$71,627	\$57,386
Metro Community Provider Network (MCPN)	\$2,245,171	\$0	\$187,772	\$2,057,399	\$2,057,399	\$1,069,851
Mountain Family Health Centers	\$214,452	\$0	\$28,551	\$185,901	\$185,901	\$133,739
Northwest Colorado Health	\$51,838	\$13,901	\$1,936	\$36,001	\$36,001	\$35,389
Peak Vista Community Health Center ¹⁸	\$3,505,614	\$436,166	\$501,101	\$2,568,347	\$2,568,347	\$1,231,888
Pueblo Community Health Center	\$701,476	\$163,795	\$89,875	\$447,806	\$447,806	\$223,059
River Valley Family Health Center	\$203,178	\$50,453	\$34,966	\$117,759	\$117,759	\$42,236
Salud Family Health Centers	\$2,146,636	\$0	\$237,953	\$1,908,683	\$1,908,683	\$1,184,683
Sheridan Health Services	\$4,437	\$0	\$718	\$3,719	\$3,719	\$3,758
Stout Street Health Center ¹⁸	\$42,894	\$0	\$0	\$42,894	\$42,894	\$70,839
Sunrise Community Health Center	\$1,041,509	\$0	\$191,437	\$850,072	\$850,072	\$492,719
Uncompahgre Medical Center	\$117,842	\$40,640	\$13,526	\$63,676	\$63,676	\$26,785
Valley-Wide Health Systems	\$551,201	\$194,968	\$104,412	\$251,821	\$251,821	\$209,001
Total CICP Clinic Providers	\$14,634,009	\$1,098,323	\$1,863,642	\$11,672,044	\$11,672,044	\$6,059,760

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

Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$1,972,849	\$650,425	\$265,017	\$1,057,407	\$462,899
Aspen Valley Hospital District	\$1,546,543	\$439,007	\$34,866	\$1,072,670	\$779,053
Banner Fort Collins Medical Center ¹⁸	\$463,394	\$109,029	\$13,662	\$340,703	\$99,523
Boulder Community Health Foothills Hospital ¹⁹	\$3,818,179	\$327,274	\$39,890	\$3,451,015	\$846,158
Centura Health - Penrose-St. Francis Health Services ²⁰	\$45,759,631	\$8,362,712	\$476,904	\$36,920,015	\$7,954,540
Centura Health - St. Mary-Corwin Medical Center ²⁰	\$17,822,963	\$2,032,780	\$167,616	\$15,622,567	\$3,456,156
Centura Health - St. Thomas More Hospital ²⁰	\$3,543,739	\$668,365	\$73,776	\$2,801,598	\$972,083
Colorado Canyons Hospital and Medical Center	\$198,798	\$145,340	\$7,005	\$46,453	\$25,748
Colorado Plains Medical Center	\$1,956,586	\$616,133	\$49,622	\$1,290,831	\$350,894
Community Hospital	\$1,921,949	\$433,591	\$51,269	\$1,437,089	\$499,813
Delta County Memorial Hospital	\$938,342	\$503,390	\$11,325	\$423,627	\$171,594
East Morgan County Hospital	\$1,065,224	\$392,305	\$50,682	\$622,237	\$372,678
Estes Park Medical Center	\$700,278	\$222,400	\$22,217	\$455,661	\$279,972
Grand River Hospital and Medical Center	\$1,448,087	\$313,024	\$84,909	\$1,050,154	\$644,674
Gunnison Valley Hospital	\$308,120	\$56,783	\$26,652	\$224,685	\$113,857
Heart of the Rockies Regional Medical Center	\$950,083	\$33,443	\$133,956	\$782,684	\$373,957
Longmont United Hospital	\$6,061,656	\$611,297	\$10,707	\$5,439,652	\$1,719,015
McKee Medical Center	\$7,860,004	\$2,310,048	\$154,326	\$5,395,630	\$1,669,953
Medical Center of the Rockies	\$18,965,834	\$4,334,846	\$323,058	\$14,307,930	\$4,206,616
Melissa Memorial Hospital	\$140,230	\$52,262	\$7,034	\$80,934	\$70,123
Memorial Hospital	\$46,544,971	\$7,373,430	\$605,276	\$38,566,265	\$9,835,177
Memorial Regional Health ²⁰	\$843,028	\$635,278	\$35,549	\$172,201	\$98,012
Mercy Regional Medical Center ²⁰	\$574,679	\$79,297	\$13,491	\$481,891	\$159,189
Middle Park Medical Center, Kremmling	\$362,946	\$9,516	\$16,797	\$336,633	\$264,751
Montrose Memorial Hospital ²⁰	\$5,414,385	\$1,780,078	\$219,573	\$3,414,734	\$1,383,091
Mt San Rafael Hospital	\$1,274,562	\$327,287	\$62,275	\$885,000	\$327,658
North Colorado Medical Center	\$17,927,223	\$4,783,029	\$542,828	\$12,601,366	\$3,461,823
Parkview Medical Center ²⁰	\$25,399,784	\$2,946,907	\$249,844	\$22,203,033	\$3,736,988

¹⁸ Since Banner Fort Collins Medical Center is a new facility, they did not have an audited CCR available for 2016-17. The average CCRs from North Colorado Medical Center and McKee Medical Center were used to estimate Banner Fort Collins' CCR

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



Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Pikes Peak Regional Hospital ²¹	\$468,047	\$46,672	\$27,776	\$393,599	\$146,731
Platte Valley Medical Center	\$8,554,077	\$1,778,572	\$168,103	\$6,607,402	\$2,075,497
Poudre Valley Hospital	\$32,809,206	\$8,798,839	\$488,432	\$23,521,935	\$7,453,412
Prowers Medical Center ²⁰	\$1,457,980	\$455,383	\$96,480	\$906,117	\$499,572
Rio Grande Hospital	\$258,117	\$34,210	\$29,291	\$194,616	\$124,371
San Luis Valley Health Conejos County Hospital	\$122,150	\$38,489	\$6,565	\$77,096	\$62,050
San Luis Valley Regional Medical Center ²¹	\$1,165,819	\$196,977	\$68,452	\$900,390	\$334,169
Sedgwick County Memorial Hospital	\$69,733	\$21,402	\$4,480	\$43,851	\$25,718
Southeast Colorado Hospital District	\$184,852	\$125,026	\$8,064	\$51,762	\$33,228
Southwest Memorial Hospital	\$1,625,808	\$360,479	\$61,342	\$1,203,987	\$574,576
Spanish Peaks Regional Health Center	\$206,344	\$53,563	\$10,790	\$141,991	\$110,122
St. Mary's Hospital and Medical Center, Inc. ²¹	\$11,154,921	\$3,256,373	\$471,843	\$7,426,705	\$2,501,037
Sterling Regional Medical Center	\$2,737,922	\$1,124,205	\$139,022	\$1,474,695	\$654,763
Valley View Hospital	\$3,570,009	\$988,488	\$56,120	\$2,525,401	\$1,102,305
Wray Community District Hospital	\$17,877	\$7,703	\$1,326	\$8,848	\$6,168
Yampa Valley Medical Center	\$852,903	\$397,587	\$26,035	\$429,281	\$246,134
Yuma District Hospital	\$169,836	\$35,775	\$8,803	\$125,258	\$82,475
Sub-Total CICP Hospital Providers	\$281,209,668	\$58,269,019	\$5,423,050	\$217,517,599	\$60,368,323

CICP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ²¹	\$7,120,869	\$1,822,683	\$104,512	\$5,193,674	\$1,836,212
National Jewish Health ²¹	\$3,668,731	\$760,686	\$85,806	\$2,822,239	\$1,810,100
Sub-Total CICP Specialty Hospital Providers	\$10,789,600	\$2,583,369	\$190,318	\$8,015,913	\$3,646,312
Denver Health Medical Center ²²	\$85,026,036	\$11,850,876	\$2,061,878	\$71,113,282	\$22,597,162
University of Colorado Hospital ²³	\$153,474,334	\$26,921,871	\$1,426,719	\$125,125,744	\$25,879,127
Total CICP Hospital Providers	\$530,499,638	\$99,625,135	\$9,101,965	\$421,772,538	\$112,490,924

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

²¹ Includes outpatient pharmacy charges, third party payments, and patient liabilities

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

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



Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Health Foothills Hospital	\$27,472	\$0	\$0	\$27,472
Centura Health - Penrose-St. Francis Health Services	\$713,067	\$17,659	\$37,136	\$658,272
Centura Health - St. Mary-Corwin Medical Center	\$401,794	\$15,346	\$9,818	\$376,630
Centura Health - St. Thomas More Hospital	\$134,265	\$6,820	\$2,499	\$124,946
Children's Hospital Colorado	\$855,698	\$125,666	\$27,600	\$702,432
Denver Health Medical Center	\$8,328,025	\$1,178,922	\$623,598	\$6,525,505
Memorial Regional Health	\$5,920	\$0	\$4,019	\$1,901
Mercy Regional Medical Center	\$3,102	\$211	\$1,172	\$1,719
Montrose Memorial Hospital	\$188,106	\$27,739	\$35,898	\$124,469
Parkview Medical Center	\$428,993	\$0	\$59,304	\$369,689
Pikes Peak Regional Hospital	\$6,620	\$0	\$506	\$6,114
Prowers Medical Center	\$66,541	\$5,228	\$995	\$60,318
San Luis Valley Regional Medical Center	\$51,891	\$6,114	\$7,340	\$38,437
St. Mary's Hospital and Medical Center, Inc.	\$345,117	\$65,163	\$8,904	\$271,050
University of Colorado Hospital	\$14,906,900	\$1,182,292	\$77,832	\$13,646,776
Total	\$26,463,511	\$2,631,160	\$896,621	\$22,935,730

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Community Health Clinic	\$2,905	\$0	\$2,514	\$391
Denver Health Medical Center	\$478,124	\$0	\$246,078	\$232,046
High Plains Community Health Center, Inc	\$184,910	\$0	\$10,662	\$174,248
National Jewish Health	\$205,698	\$0	\$11,749	\$193,949
Peak Vista Community Health Centers	\$290,876	\$0	\$161,947	\$128,929
Stout Street Health Center	\$16,225	\$0	\$0	\$16,225
University of Colorado Hospital	\$10,733,827	\$10,038,858	\$41,342	\$653,627
Total	\$11,912,565	\$10,038,858	\$474,292	\$1,399,415

Table 19 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$76,084,262	\$10,666,244	\$1,189,781	\$64,228,237
Physician Services	\$8,328,025	\$1,178,922	\$623,598	\$6,525,505
Ambulance Services	\$135,625	\$5,710	\$2,421	\$127,494
Outpatient Pharmacy	\$478,124	\$0	\$246,078	\$232,046
Total	\$85,026,036	\$11,850,876	\$2,061,878	\$71,113,282



Table 20 Inpatient and Outpatient Charges (Detail)²⁴

CICP Clinic Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Basin Clinic, Inc	\$0	\$45,775	\$45,775	\$0	\$0	\$0	\$45,775
Clinica Family Health	\$0	\$3,251,727	\$3,251,727	\$0	\$0	\$0	\$3,251,727
Community Health Clinic	\$0	\$44,109	\$44,109	\$0	\$0	\$0	\$44,109
Denver Indian Health & Family Services, Inc	\$0	\$600	\$600	\$0	\$0	\$0	\$600
High Plains Community Health Center, Inc	\$165,689	\$8,721	\$174,410	\$0	\$0	\$0	\$174,410
Marillac Clinic	\$0	\$103,325	\$103,325	\$0	\$0	\$0	\$103,325
Metro Community Provider Network (MCPN)	\$0	\$2,245,171	\$2,245,171	\$0	\$0	\$0	\$2,245,171
Mountain Family Health Centers	\$93,176	\$121,276	\$214,452	\$0	\$0	\$0	\$214,452
Northwest Colorado Health	\$0	\$51,838	\$51,838	\$0	\$0	\$0	\$51,838
Peak Vista Community Health Centers	\$98,571	\$3,116,167	\$3,214,738	\$0	\$0	\$0	\$3,214,738
Pueblo Community Health Center	\$0	\$701,476	\$701,476	\$0	\$0	\$0	\$701,476
River Valley Family Health Center	\$0	\$203,178	\$203,178	\$0	\$0	\$0	\$203,178
Salud Family Health Centers	\$0	\$2,146,636	\$2,146,636	\$0	\$0	\$0	\$2,146,636
Sheridan Health Services	\$0	\$4,437	\$4,437	\$0	\$0	\$0	\$4,437
Stout Street Health Center	\$0	\$26,669	\$26,669	\$0	\$0	\$0	\$26,669
Summit Community Care Clinic	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sunrise Community Health Center	\$0	\$1,041,509	\$1,041,509	\$0	\$0	\$0	\$1,041,509
Uncompahgre Medical Center	\$42,423	\$75,419	\$117,842	\$0	\$0	\$0	\$117,842
Valley-Wide Health Systems	\$0	\$551,201	\$551,201	\$0	\$0	\$0	\$551,201
Total CICP Clinic Providers	\$399,859	\$13,739,234	\$14,139,093	\$0	\$0	\$0	\$14,139,093

²⁴ Table does not include physician, outpatient pharmacy, or ambulance charges. Total Charges in Table 20 will equal Charges in Table 15 by adding physician charges from Table 17, pharmacy charges from Table 18, and Denver Health Medical Center detail charges for Ambulance from Table 19.



CICP Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Arkansas Valley Regional Medical Center	\$566,145	\$793,257	\$1,359,402	\$352,923	\$260,524	\$613,447	\$1,972,849
Aspen Valley Hospital District	\$295,096	\$758,562	\$1,053,658	\$60,158	\$432,727	\$492,885	\$1,546,543
Banner Fort Collins Medical Center	\$106,079	\$152,155	\$258,234	\$95,620	\$109,540	\$205,160	\$463,394
Boulder Community Health Foothills Hospital	\$1,072,199	\$974,450	\$2,046,649	\$1,230,770	\$513,288	\$1,744,058	\$3,790,707
Centura Health - Penrose-St. Francis Health Services	\$5,479,313	\$13,696,496	\$19,175,809	\$13,507,196	\$12,363,559	\$25,870,755	\$45,046,564
Centura Health - St. Mary-Corwin Medical Center	\$1,975,440	\$8,576,573	\$10,552,013	\$4,524,049	\$2,345,107	\$6,869,156	\$17,421,169
Centura Health - St. Thomas More Hospital	\$595,078	\$1,695,057	\$2,290,135	\$614,149	\$505,190	\$1,119,339	\$3,409,474
Colorado Canyons Hospital and Medical Center	\$39,027	\$159,771	\$198,798	\$0	\$0	\$0	\$198,798
Colorado Plains Medical Center	\$812,977	\$681,231	\$1,494,208	\$462,378	\$0	\$462,378	\$1,956,586
Community Hospital	\$966,577	\$54,742	\$1,021,319	\$900,630	\$0	\$900,630	\$1,921,949
Delta County Memorial Hospital	\$712,939	\$0	\$712,939	\$225,403	\$0	\$225,403	\$938,342
East Morgan County Hospital	\$235,013	\$629,807	\$864,820	\$73,893	\$126,511	\$200,404	\$1,065,224
Estes Park Medical Center	\$139,506	\$524,080	\$663,586	\$15,369	\$21,323	\$36,692	\$700,278
Grand River Hospital and Medical Center	\$309,826	\$771,056	\$1,080,882	\$367,205	\$0	\$367,205	\$1,448,087
Gunnison Valley Hospital	\$2,459	\$216,812	\$219,271	\$88,849	\$0	\$88,849	\$308,120
Heart of the Rockies Regional Medical Center	\$666,961	\$0	\$666,961	\$283,122	\$0	\$283,122	\$950,083
Longmont United Hospital	\$811,420	\$1,389,364	\$2,200,784	\$2,591,662	\$1,269,210	\$3,860,872	\$6,061,656
McKee Medical Center	\$1,401,967	\$4,109,239	\$5,511,206	\$1,715,312	\$633,486	\$2,348,798	\$7,860,004
Medical Center of the Rockies	\$2,325,868	\$4,569,851	\$6,895,719	\$9,095,537	\$2,974,578	\$12,070,115	\$18,965,834
Melissa Memorial Hospital	\$36,106	\$90,227	\$126,333	\$13,897	\$0	\$13,897	\$140,230
Memorial Hospital	\$9,136,192	\$14,000,308	\$23,136,500	\$17,878,617	\$5,529,854	\$23,408,471	\$46,544,971



	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Memorial Regional Health	\$218,330	\$177,421	\$395,751	\$441,357	\$0	\$441,357	\$837,108
Mercy Regional Medical Center	\$290,431	\$0	\$290,431	\$281,146	\$0	\$281,146	\$571,577
Middle Park Medical Center, Kremmling	\$317,068	\$45,878	\$362,946	\$0	\$0	\$0	\$362,946
Montrose Memorial Hospital	\$722,986	\$2,425,362	\$3,148,348	\$1,630,756	\$447,175	\$2,077,931	\$5,226,279
Mt San Rafael Hospital	\$481,785	\$507,713	\$989,498	\$21,561	\$263,503	\$285,064	\$1,274,562
North Colorado Medical Center	\$2,701,006	\$6,618,582	\$9,319,588	\$3,941,161	\$4,666,474	\$8,607,635	\$17,927,223
Parkview Medical Center	\$4,991,142	\$4,494,925	\$9,486,067	\$12,125,392	\$3,359,332	\$15,484,724	\$24,970,791
Pikes Peak Regional Hospital	\$238,797	\$109,358	\$348,155	\$78,237	\$35,035	\$113,272	\$461,427
Platte Valley Medical Center	\$2,336,532	\$1,833,162	\$4,169,694	\$3,163,135	\$1,221,248	\$4,384,383	\$8,554,077
Poudre Valley Hospital	\$2,876,182	\$18,343,323	\$21,219,505	\$9,504,463	\$2,085,238	\$11,589,701	\$32,809,206
Prowers Medical Center	\$389,380	\$774,062	\$1,163,442	\$227,997	\$0	\$227,997	\$1,391,439
Rio Grande Hospital	\$122,279	\$135,838	\$258,117	\$0	\$0	\$0	\$258,117
San Luis Valley Health	\$68,377	\$27,279	\$95,656	\$26,494	\$0	\$26,494	\$122,150
Conejos County Hospital							
San Luis Valley Regional Medical Center	\$398,693	\$332,014	\$730,707	\$198,574	\$184,647	\$383,221	\$1,113,928
Sedgwick County Memorial Hospital	\$359	\$34,144	\$34,503	\$0	\$35,230	\$35,230	\$69,733
Southeast Colorado Hospital District	\$60,823	\$42,191	\$103,014	\$81,838	\$0	\$81,838	\$184,852
Southwest Memorial Hospital	\$594,303	\$527,571	\$1,121,874	\$331,883	\$172,051	\$503,934	\$1,625,808
Spanish Peaks Regional Health Center	\$111,883	\$60,002	\$171,885	\$34,459	\$0	\$34,459	\$206,344
St. Mary's Hospital and Medical Center, Inc.	\$1,324,730	\$3,540,242	\$4,864,972	\$4,276,402	\$1,668,430	\$5,944,832	\$10,809,804
Sterling Regional Medical Center	\$547,679	\$1,731,411	\$2,279,090	\$289,067	\$169,765	\$458,832	\$2,737,922
Valley View Hospital	\$695,612	\$1,546,363	\$2,241,975	\$896,148	\$431,886	\$1,328,034	\$3,570,009



	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Wray Community District Hospital	\$11,832	\$6,045	\$17,877	\$0	\$0	\$0	\$17,877
Yampa Valley Medical Center	\$512,064	\$40,675	\$552,739	\$300,164	\$0	\$300,164	\$852,903
Yuma District Hospital	\$21,560	\$105,617	\$127,177	\$42,659	\$0	\$42,659	\$169,836
Sub-Total CICP Hospital Providers	\$47,720,021	\$97,302,216	\$145,022,237	\$91,989,632	\$41,824,911	\$133,814,543	\$278,836,780

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
Children's Hospital Colorado	\$1,136,412	\$1,936,541	\$3,072,953	\$2,285,614	\$906,604	\$3,192,218	\$6,265,171
National Jewish Health	\$2,850	\$3,460,183	\$3,463,033	\$0	\$0	\$0	\$3,463,033
Sub-Total CICP Specialty Hospital Providers	\$1,139,262	\$5,396,724	\$6,535,986	\$2,285,614	\$906,604	\$3,192,218	\$9,728,204
Denver Health Medical Center	\$17,057,958	\$29,985,866	\$47,043,824	\$21,874,801	\$7,165,637	\$29,040,438	\$76,084,262
University of Colorado Hospital	\$16,266,192	\$41,899,036	\$58,165,228	\$56,850,371	\$12,818,008	\$69,668,379	\$127,833,607
Total CICP Hospital Providers	\$82,183,433	\$174,583,842	\$256,767,275	\$173,000,418	\$62,715,160	\$235,715,578	\$492,482,853
Total All CICP Providers	\$82,583,292	\$188,323,076	\$270,906,368	\$173,000,418	\$62,715,160	\$235,715,578	\$506,621,946



CICP UTILIZATION TABLES

Table 21 Admissions and Visits by County²⁵

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	15,025	1,147	1,346	2,643	20,161
Alamosa	619	298	0	22	939
Arapahoe	5,701	517	1,424	4,967	12,609
Archuleta	0	6	0	0	6
Baca	24	168	0	0	192
Bent	166	87	0	1	254
Boulder	5,765	620	6	311	6,702
Broomfield	543	35	6	48	632
Chaffee	4	222	0	8	234
Cheyenne	12	9	0	2	23
Clear Creek	25	3	0	3	31
Conejos	336	142	0	5	483
Costilla	142	28	0	1	171
Crowley	57	48	0	0	105
Custer	12	46	0	0	58
Delta	212	329	0	2	543
Denver	2,652	365	31,390	3,058	37,465
Dolores	206	42	0	1	249
Douglas	392	70	29	483	974
Eagle	308	136	2	3	449
Elbert	95	57	0	7	159
El Paso	14,005	8,908	5	334	23,252
Fremont	475	832	1	43	1,351
Garfield	656	1,531	0	8	2,195
Gilpin	0	8	0	0	8
Grand	0	150	9	21	180
Gunnison	0	172	0	3	175
Hinsdale	0	12	0	0	12
Huerfano	15	248	0	9	272
Jackson	3	162	21	0	186
Jefferson	3,032	150	1,348	1,420	5,950
Kiowa	24	29	0	0	53
Kit Carson	22	6	1	10	39
Lake	0	18	0	0	18
La Plata	0	46	0	2	48
Larimer	3,221	6,668	12	159	10,060
Las Animas	15	1,064	15	14	1,108
Lincoln	161	34	0	28	223

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

²⁶ Includes CICP Specialty Hospital providers



County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Logan	279	810	0	13	1,102
Mesa	727	1,930	0	32	2,689
Mineral	1	33	0	0	34
Moffat	229	158	0	7	394
Montezuma	45	555	0	2	602
Montrose	1,305	1,556	0	11	2,872
Morgan	751	942	15	27	1,735
Otero	559	697	0	21	1,277
Ouray	2	31	0	0	33
Park	89	24	0	10	123
Phillips	61	177	0	0	238
Pitkin	96	415	0	5	516
Prowers	836	803	0	38	1,677
Pueblo	3,393	2,327	10	68	5,798
Rio Blanco	0	8	0	2	10
Rio Grande	525	273	0	15	813
Routt	12	106	0	3	121
Saguache	602	212	0	3	817
San Juan	0	0	0	0	0
San Miguel	242	57	0	3	302
Sedgwick	13	66	0	7	86
Summit	1	3	4	23	31
Teller	652	372	1	6	1,031
Washington	13	84	0	22	119
Weld	6,877	4,223	48	374	11,522
Yuma	77	201	1	4	283
Unknown	1,445	779	245	12	2,481
Total	72,757	41,255	35,939	14,324	164,275



Table 22 Outpatient Visits and Inpatient Admissions by CICP Rate

Outpatient Visits

CICP Rating	CICP Clinics		CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
Z	1,140	1.6%	120	0.3%	5,349	15.1%	79	0.6%	6,688	4.2%
N	14,834	20.4%	2,122	5.5%	3,340	9.5%	1,290	9.5%	21,586	13.5%
A	2,446	3.4%	578	1.5%	840	2.4%	334	2.4%	4,198	2.6%
B	2,642	3.6%	1,055	2.7%	1,229	3.5%	525	3.9%	5,451	3.4%
C	3,581	4.9%	1,705	4.4%	1,670	4.7%	924	6.8%	7,880	4.9%
D	4,759	6.5%	3,320	8.6%	4,022	11.4%	1,808	13.3%	13,909	8.7%
E	4,513	6.2%	3,998	10.4%	4,333	12.3%	1,621	11.9%	14,465	9.0%
F	11,782	16.2%	7,246	18.8%	5,133	14.5%	2,321	17.0%	26,482	16.5%
G	10,084	13.9%	6,182	16.1%	3,691	10.5%	1,879	13.8%	21,836	13.6%
H	5,043	6.9%	3,218	8.4%	1,605	4.5%	660	4.8%	10,526	6.6%
I	11,931	16.4%	8,771	22.8%	3,865	10.9%	2,193	16.1%	26,760	16.7%
Unknown	2	0.0%	150	0.4%	237	0.7%	0	0.0%	389	0.2%

Inpatient Admissions

CICP Rating	CICP Clinics		CICP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		All Providers	
	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
Z	0	0.0%	7	0.3%	149	23.8%	8	1.2%	164	4.0%
N	0	0.0%	117	4.2%	43	6.9%	111	16.1%	271	6.6%
A	0	0.0%	24	0.9%	14	2.2%	13	1.9%	51	1.2%
B	0	0.0%	64	2.3%	13	2.1%	17	2.5%	94	2.3%
C	0	0.0%	145	5.2%	25	4.0%	31	4.5%	201	4.9%
D	0	0.0%	264	9.5%	65	10.4%	83	12.0%	412	10.0%
E	0	0.0%	314	11.3%	60	9.6%	84	12.2%	458	11.2%
F	0	0.0%	502	18.0%	79	12.6%	100	14.5%	681	16.6%
G	0	0.0%	431	15.4%	65	10.4%	75	10.9%	571	13.9%
H	0	0.0%	236	8.5%	27	4.3%	30	4.3%	293	7.1%
I	0	0.0%	669	24.0%	81	13.0%	138	20.0%	888	21.6%
Unknown	0	0.0%	17	0.6%	4	0.6%	0	0.0%	21	0.5%
Total	0	0.0%	2,790	100.0%	625	100.0%	690	100.0%	4,105	100.0%

²⁷ Includes CICP Specialty Hospital providers



Table 23 Inpatient Admissions and Days by CICIP Rating

CICIP Rating	CICIP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		Total	
	Admits	Days	Admits	Days	Admits	Days	Admits	Days
Z	7	20	149	1,514	8	91	164	1,625
N	117	531	43	158	111	635	271	1,324
A	24	103	14	30	13	49	51	182
B	64	220	13	42	17	96	94	358
C	145	515	25	166	31	204	201	885
D	264	991	65	364	83	498	412	1,853
E	314	1,281	60	270	84	503	458	2,054
F	502	2,185	79	428	100	515	681	3,128
G	431	1,695	65	284	75	444	571	2,423
H	236	952	27	169	30	158	293	1,279
I	669	2,765	81	372	138	838	888	3,975
Unknown	17	37	4	27	0	0	21	64
Total	2,790	11,295	625	3,824	690	4,031	4,105	19,150

Table 24 Outpatient Visits and Charges by Sex and Age

CICIP Clinics

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	158	\$30,481	125	\$22,479	283	0.4%	\$52,960
6-17	971	\$188,857	1,155	\$216,481	2,126	2.9%	\$405,338
18-24	1,080	\$205,555	4,363	\$847,681	5,443	7.5%	\$1,053,236
25-54	10,224	\$1,846,710	22,417	\$4,380,764	32,641	44.9%	\$6,227,474
55-64	6,876	\$1,334,888	10,914	\$2,019,245	17,790	24.5%	\$3,354,133
65+	5,433	\$1,170,121	9,041	\$1,875,831	14,474	19.9%	\$3,045,952
TOTAL	24,742	\$4,776,612	48,015	\$9,362,481	72,757	100.0%	\$14,139,093

CICIP Hospitals²⁹

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	191	\$430,456	245	\$432,045	436	1.1%	\$862,501
6-17	361	\$1,778,624	498	\$1,941,198	859	2.2%	\$3,719,822
18-24	589	\$2,268,285	883	\$2,744,504	1,472	3.8%	\$5,012,789
25-54	4,918	\$18,728,780	8,623	\$31,257,715	13,541	35.2%	\$49,986,495
55-64	4,083	\$18,445,717	5,754	\$21,272,795	9,837	25.6%	\$39,718,512
65+	5,076	\$23,623,814	7,244	\$28,634,290	12,320	32.0%	\$52,258,104
TOTAL	15,218	\$65,275,676	23,247	\$86,282,547	38,465	100.0%	\$151,558,223

²⁸ Includes CICIP Specialty Hospital providers.



Denver Health Medical Center

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	18	\$13,052	16	\$24,755	34	0.1%	\$37,807
6-17	112	\$53,781	191	\$75,730	303	0.9%	\$129,511
18-24	691	\$1,165,700	1,974	\$1,278,710	2,665	7.5%	\$2,444,410
25-54	4,927	\$8,479,829	6,770	\$6,811,079	11,697	33.1%	\$15,290,908
55-64	3,732	\$5,200,216	3,950	\$5,686,494	7,682	21.8%	\$10,886,710
65+	5,294	\$8,298,851	7,639	\$9,955,627	12,933	36.6%	\$18,254,478
TOTAL	14,774	\$23,211,429	20,540	\$23,832,395	35,314	100.0%	\$47,043,824

University of Colorado Hospital

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	5	\$1,490	0	\$0	5	0.0%	\$1,490
6-17	8	\$219,674	7	\$128,266	15	0.1%	\$347,940
18-24	174	\$723,039	227	\$917,919	401	2.9%	\$1,640,958
25-54	2,275	\$8,748,499	2,726	\$12,776,024	5,001	36.7%	\$21,524,523
55-64	1,846	\$7,910,100	1,843	\$8,012,475	3,689	27.1%	\$15,922,575
65+	2,090	\$9,247,543	2,433	\$9,480,199	4,523	33.2%	\$18,727,742
TOTAL	6,398	\$26,850,345	7,236	\$31,314,883	13,634	100.0%	\$58,165,228

All CICP Providers

Age Group	Male		Female		Total Outpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	372	\$475,479	386	\$479,279	758	0.5%	\$954,758
6-17	1,452	\$2,240,936	1,851	\$2,361,675	3,303	2.1%	\$4,602,611
18-24	2,534	\$4,362,579	7,447	\$5,788,814	9,981	6.2%	\$10,151,393
25-54	22,344	\$37,803,818	40,536	\$55,225,582	62,880	39.3%	\$93,029,400
55-64	16,537	\$32,890,921	22,461	\$36,991,009	38,998	24.3%	\$69,881,930
65+	17,893	\$42,340,329	26,357	\$49,945,947	44,250	27.6%	\$92,286,276
TOTAL	61,132	\$120,114,062	99,038	\$150,792,306	160,170	100.0%	\$270,906,368



Table 25 Inpatient Admits and Charges by Sex and Age

CICP Hospitals²⁹

Age Group	Male		Female		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	90	\$2,975,832	74	\$1,291,127	164	5.9%	\$4,266,959
6-17	18	\$801,174	25	\$1,482,573	43	1.5%	\$2,283,747
18-24	19	\$877,268	43	\$796,420	62	2.2%	\$1,673,688
25-54	314	\$14,926,867	425	\$12,084,363	739	26.5%	\$27,011,230
55-64	365	\$21,249,804	335	\$18,885,644	700	25.1%	\$40,135,448
65+	500	\$29,556,369	582	\$32,079,320	1,082	38.8%	\$61,635,689
TOTAL	1,306	\$70,387,314	1,484	\$66,619,447	2,790	100.0%	\$137,006,761

Denver Health Medical Center

Age Group	Male		Female		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	1	\$21,371	0	\$0	1	0.2%	\$21,371
6-17	1	\$27,521	0	\$0	1	0.2%	\$27,521
18-24	6	\$98,747	7	\$244,834	13	2.1%	\$343,581
25-54	121	\$5,580,523	61	\$2,065,419	182	29.1%	\$7,645,942
55-64	105	\$5,440,274	65	\$3,403,817	170	27.2%	\$8,844,091
65+	143	\$6,709,382	115	\$5,448,550	258	41.3%	\$12,157,932
TOTAL	377	\$17,877,818	248	\$11,162,620	625	100.0%	\$29,040,438

University of Colorado Hospital

Age Group	Male		Female		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	3	\$23,686	2	\$10,268	5	0.7%	\$33,954
6-17	0	\$0	0	\$0	0	0.0%	\$0
18-24	4	\$193,991	9	\$472,536	13	1.9%	\$666,527
25-54	91	\$9,759,852	107	\$7,613,938	198	28.7%	\$17,373,790
55-64	137	\$13,992,297	93	\$10,464,986	230	33.3%	\$24,457,283
65+	123	\$18,066,504	121	\$9,070,321	244	35.4%	\$27,136,825
TOTAL	358	\$42,036,330	332	\$27,632,049	690	100.0%	\$69,668,379

All CICP Providers

Age Group	Male		Female		Total Inpatient		
	Count	Charges	Count	Charges	Count	Percent of Total	Charges
0-5	94	\$3,020,889	76	\$1,301,395	170	4.1%	\$4,322,284
6-17	19	\$828,695	25	\$1,482,573	44	1.1%	\$2,311,268
18-24	29	\$1,170,006	59	\$1,513,790	88	2.1%	\$2,683,796
25-54	526	\$30,267,242	593	\$21,763,720	1,119	27.3%	\$52,030,962
55-64	607	\$40,682,375	493	\$32,754,447	1,100	26.8%	\$73,436,822
65+	766	\$54,332,255	818	\$46,598,191	1,584	38.6%	\$100,930,446
TOTAL	2,041	\$130,301,462	2,064	\$105,414,116	4,105	100.0%	\$235,715,578

²⁹ Includes CICP Specialty Hospital providers.



Table 26 Utilization by Provider**CICP Clinic Providers**

Provider Name	Visits	Admissions	Days	ALOS ³⁰
Basin Clinic, Inc	264	0	0	0
Clinica Family Health	17,677	0	0	0
Community Health Clinic	267	0	0	0
Denver Indian Health & Family Services, Inc	4	0	0	0
High Plains Community Health Center, Inc	934	0	0	0
Marillac Clinic	701	0	0	0
Metro Community Provider Network (MCPN)	10,760	0	0	0
Mountain Family Health Centers	1,079	0	0	0
Northwest Colorado Health	244	0	0	0
Peak Vista Community Health Centers	15,370	0	0	0
Pueblo Community Health Center	3,450	0	0	0
River Valley Family Health Center	941	0	0	0
Salud Family Health Centers	9,974	0	0	0
Sheridan Health Services	19	0	0	0
Stout Street Health Center	253	0	0	0
Summit Community Care Clinic	0	0	0	0
Sunrise Community Health Center	6,838	0	0	0
Uncompahgre Medical Center	547	0	0	0
Valley-Wide Health Systems	3,435	0	0	0
Total CICP Clinic Providers	72,757	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³¹
Arkansas Valley Regional Medical Center	666	34	98	2.88
Aspen Valley Hospital District	532	8	23	2.88
Banner Fort Collins Medical Center	57	6	12	2.00
Boulder Community Health Foothills Hospital	230	28	89	3.18
Centura Health - Penrose-St. Francis Health Services	2,339	516	1,953	3.78
Centura Health - St. Mary-Corwin Medical Center	1,296	111	471	4.24
Centura Health - St. Thomas More Hospital	535	30	100	3.33
Colorado Canyons Hospital and Medical Center	48	0	0	0.00
Colorado Plains Medical Center	442	15	44	2.93
Community Hospital	415	30	74	2.47
Delta County Memorial Hospital	159	10	28	2.80
East Morgan County Hospital	371	6	20	3.33
Estes Park Medical Center	301	5	14	2.80
Grand River Hospital and Medical Center	1,045	13	30	2.31
Gunnison Valley Hospital	141	5	12	2.40
Heart of the Rockies Regional Medical Center	322	22	43	1.95
Longmont United Hospital	362	68	392	5.76
McKee Medical Center	1,101	55	213	3.87

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

Provider Name	Visits	Admissions	Days	ALOS ³¹
Medical Center of the Rockies	1,707	232	967	4.17
Melissa Memorial Hospital	153	1	2	2.00
Memorial Hospital	5,892	375	1,683	4.49
Memorial Regional Health	143	10	41	4.10
Mercy Regional Medical Center	49	9	18	2.00
Middle Park Medical Center, Kremmling	134	0	0	0.00
Montrose Memorial Hospital	1,583	81	298	3.68
Mt San Rafael Hospital	947	17	53	3.12
North Colorado Medical Center	2,118	181	598	3.30
Parkview Medical Center	1,233	227	1,072	4.72
Pikes Peak Regional Hospital	164	8	24	3.00
Platte Valley Medical Center	745	118	376	3.19
Poudre Valley Hospital	5,196	284	1,158	4.08
Prowers Medical Center	753	26	84	3.23
Rio Grande Hospital	322	0	0	0.00
San Luis Valley Health Conejos County Hospital	58	1	6	6.00
San Luis Valley Regional Medical Center	440	15	80	5.33
Sedgwick County Memorial Hospital	52	2	6	3.00
Southeast Colorado Hospital District	120	2	36	18.00
Southwest Memorial Hospital	558	23	71	3.09
Spanish Peaks Regional Health Center	153	4	10	2.50
St. Mary's Hospital and Medical Center, Inc.	1,503	115	623	5.42
Sterling Regional Medical Center	800	19	52	2.74
Valley View Hospital	466	20	74	3.70
Wray Community District Hospital	47	0	0	0.00
Yampa Valley Medical Center	91	12	35	2.92
Yuma District Hospital	169	3	5	1.67
Sub-Total CICIP Hospital Providers	35,958	2,747	10,988	4.00

CICIP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³¹
Children's Hospital Colorado	716	43	307	7.14
National Jewish Health	1,791	0	0	0.00
Sub-Total CICIP Specialty Hospital Providers	2,507	43	307	7.14
Denver Health Medical Center	35,314	625	3,824	6.12
University of Colorado Hospital	13,634	690	4,031	5.84
Total CICIP Hospital Providers	87,413	4,105	19,150	4.67
Total All CICIP Providers	160,170	4,105	19,150	4.67



Table 27 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Basin Clinic, Inc	0	0	0	0	0	1	44	45
Clinica Family Health	0	0	0	0	13	72	3,646	3,731
Community Health Clinic	0	0	0	0	0	0	127	127
Denver Indian Health & Family Services, Inc	0	0	0	0	0	0	3	3
High Plains Community Health Center, Inc	0	0	0	0	0	13	368	381
Marillac Clinic	0	0	0	0	2	2	229	233
Metro Community Provider Network (MCPN)	0	0	0	0	10	46	3,007	3,063
Mountain Family Health Centers	0	0	0	0	1	6	331	338
Northwest Colorado Health	0	0	0	0	0	0	70	70
Peak Vista Community Health Centers	0	0	0	0	125	1,009	4,893	6,027
Pueblo Community Health Center	0	0	0	0	2	3	1,223	1,228
River Valley Family Health Center	0	0	0	0	0	5	251	256
Salud Family Health Centers	0	0	0	0	13	37	3,352	3,402
Sheridan Health Services	0	0	0	0	0	0	9	9
Stout Street Health Center	0	0	0	0	0	0	72	72
Summit Community Care Clinic	0	0	0	0	0	0	0	0
Sunrise Community Health Center	0	0	0	0	5	67	1,769	1,841
Uncompahgre Medical Center	0	0	0	0	0	6	76	82
Valley-Wide Health Systems	0	0	0	0	7	20	1,036	1,063
Total CICP Clinic Providers	0	0	0	0	178	1,287	20,506	21,971



CICP Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Arkansas Valley Regional Medical Center	2	0	26	28	7	14	271	292
Aspen Valley Hospital District	0	0	7	7	0	5	101	106
Banner Fort Collins Medical Center	0	0	6	6	0	1	36	37
Boulder Community Health Foothills Hospital	1	0	25	26	1	6	137	144
Centura Health - Penrose-St. Francis Health Services	69	1	380	450	21	15	1,086	1,122
Centura Health - St. Mary-Corwin Medical Center	0	0	98	98	0	7	695	702
Centura Health - St. Thomas More Hospital	0	0	22	22	0	8	272	280
Colorado Canyons Hospital and Medical Center	0	0	0	0	0	1	36	37
Colorado Plains Medical Center	0	0	12	12	10	13	377	400
Community Hospital	4	0	24	28	5	6	133	144
Delta County Memorial Hospital	0	0	9	9	2	4	105	111
East Morgan County Hospital	0	0	5	5	1	7	123	131
Estes Park Medical Center	1	0	4	5	1	1	92	94
Grand River Hospital and Medical Center	0	0	12	12	2	5	217	224
Gunnison Valley Hospital	0	0	5	5	1	2	69	72
Heart of the Rockies Regional Medical Center	0	0	13	13	0	1	77	78
Longmont United Hospital	1	1	45	47	1	4	228	233
McKee Medical Center	3	1	40	44	0	5	344	349
Medical Center of the Rockies	6	0	173	179	10	16	667	693
Melissa Memorial Hospital	0	0	1	1	0	2	44	46
Memorial Hospital	12	7	276	295	23	29	2,124	2,176
Memorial Regional Health	0	0	5	5	0	2	52	54
Mercy Regional Medical Center	0	0	9	9	0	0	39	39
Middle Park Medical Center, Kremmling	0	0	0	0	0	2	68	70
Montrrose Memorial Hospital	6	0	69	75	9	14	582	605
Mt San Rafael Hospital	0	0	15	15	1	3	234	238
North Colorado Medical Center	2	0	146	148	13	19	821	853
Parkview Medical Center	3	1	187	191	8	15	647	670
Pikes Peak Regional Hospital	0	0	8	8	0	2	101	103
Platte Valley Medical Center	8	0	70	78	3	12	430	445
Poudre Valley Hospital	9	3	205	217	11	17	1,060	1,088
Prowers Medical Center	1	0	21	22	1	7	296	304

CICP Hospital 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
	Rio Grande Hospital	0	0	0	0	4	1	122	127
	San Luis Valley Health Conejos County Hospital	0	0	1	1	0	3	27	30
	San Luis Valley Regional Medical Center	2	0	13	15	2	10	222	234
	Sedgwick County Memorial Hospital	0	0	2	2	0	0	8	8
	Southeast Colorado Hospital District	0	0	2	2	1	0	52	53
	Southwest Memorial Hospital	0	0	21	21	0	2	186	188
	Spanish Peaks Regional Health Center	0	1	3	4	0	1	79	80
	St. Mary's Hospital and Medical Center, Inc.	7	1	90	98	10	15	541	566
	Sterling Regional Medical Center	1	0	16	17	4	7	224	235
	Valley View Hospital	2	0	16	18	2	8	181	191
	Wray Community District Hospital	0	0	0	0	0	0	24	24
	Yampa Valley Medical Center	1	1	9	11	2	0	31	33
	Yuma District Hospital	0	0	3	3	2	4	69	75
	Sub-Total CICP Hospital Providers	141	17	2,094	2,252	158	296	13,330	13,784

CICP Specialty Hospital 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
	Children's Hospital Colorado	17	17	2	36	103	145	64	312
	National Jewish Health	0	0	0	0	2	6	436	444
	Sub-Total CICP Specialty Hospital Providers	17	17	2	36	105	151	500	756
	Denver Health Medical Center	1	1	486	488	18	152	8,130	8,300
	University of Colorado Hospital	5	0	473	478	4	12	3,057	3,073
	Total CICP Hospital Providers	164	35	3,055	3,254	285	611	25,017	25,913
	Total All CICP Providers	164	35	3,055	3,254	463	1,898	45,523	47,884



Table 28 Unduplicated Total Count by Age³¹

CICP Clinic Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Basin Clinic, Inc	0	1	44	45
Clinica Family Health	13	72	3646	3731
Community Health Clinic	0	0	127	127
Denver Indian Health & Family Services, Inc	0	0	3	3
High Plains Community Health Center, Inc	0	13	368	381
Marillac Clinic	2	2	229	233
Metro Community Provider Network (MCPN)	10	46	3007	3063
Mountain Family Health Centers	1	6	331	338
Northwest Colorado Health	0	0	70	70
River Valley Family Health Center	0	5	251	256
Peak Vista Community Health Centers	125	1009	4893	6027
Pueblo Community Health Center	2	3	1223	1228
Salud Family Health Centers	13	37	3352	3402
Sheridan Health Services	0	0	9	9
Stout Street Health Center	0	0	72	72
Summit Community Care Clinic	0	0	0	0
Sunrise Community Health Center	5	67	1769	1841
Uncompahgre Medical Center	0	6	76	82
Valley-Wide Health Systems	7	20	1036	1063
Total CICP Clinic Providers	178	1287	20506	21971

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	14	279	301
Aspen Valley Hospital District	0	5	101	106
Banner Fort Collins Medical Center	0	1	41	42
Boulder Community Health Foothills Hospital	1	6	157	164
Centura Health - Penrose-St. Francis Health Services	88	16	1244	1348
Centura Health - St. Mary-Corwin Medical Center	0	7	744	751
Centura Health - St. Thomas More Hospital	0	8	273	281
Colorado Canyons Hospital and Medical Center	0	1	36	37
Colorado Plains Medical Center	10	13	383	406
Community Hospital	7	6	147	160
Delta County Memorial Hospital	2	4	114	120
East Morgan County Hospital	1	7	123	131
Estes Park Medical Center	2	1	93	96
Grand River Hospital and Medical Center	2	5	217	224

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



Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Gunnison Valley Hospital	1	2	71	74
Heart of the Rockies Regional Medical Center	0	1	90	91
Longmont United Hospital	2	5	254	261
McKee Medical Center	3	6	358	367
Medical Center of the Rockies	14	16	739	769
Melissa Memorial Hospital	0	2	45	47
Memorial Hospital	31	32	2214	2277
Memorial Regional Health	0	2	53	55
Mercy Regional Medical Center	0	0	48	48
Middle Park Medical Center, Kremmling	0	2	68	70
Montrose Memorial Hospital	11	14	599	624
Mt San Rafael Hospital	1	3	238	242
North Colorado Medical Center	15	19	865	899
Parkview Medical Center	11	15	751	777
Pikes Peak Regional Hospital	0	2	103	105
Platte Valley Medical Center	10	12	489	511
Poudre Valley Hospital	17	18	1111	1146
Prowers Medical Center	1	7	314	322
Rio Grande Hospital	4	1	122	127
San Luis Valley Health Conejos County Hospital	0	3	27	30
San Luis Valley Regional Medical Center	4	10	230	244
Sedgwick County Memorial Hospital	0	0	10	10
Southeast Colorado Hospital District	1	0	53	54
Southwest Memorial Hospital	0	2	188	190
Spanish Peaks Regional Health Center	0	1	82	83
St. Mary's Hospital and Medical Center, Inc.	12	16	563	591
Sterling Regional Medical Center	5	7	225	237
Valley View Hospital	3	8	191	202
Wray Community District Hospital	0	0	24	24
Yampa Valley Medical Center	3	1	38	42
Yuma District Hospital	2	4	71	77
Sub-Total CICP Hospital Providers	272	305	14186	14763

CICP Specialty Hospital Providers

Provider Name	Total Age 0 thru 5	Total Age 6 thru 17	Total Age 18+	Total
Children's Hospital Colorado	116	153	65	334
National Jewish Health	2	6	436	444
Sub-Total CICP Specialty Hospital Providers	118	159	501	778
Denver Health Medical Center	18	153	8257	8428
University of Colorado Hospital	8	12	3175	3195
Total CICP Hospital Providers	416	629	26119	27164
Total All CICP Providers	594	1916	46625	49135

