

Colorado Indigent Care Program, Hospital Discounted Care, and Primary Care Fund

Fiscal Year 2022-23 Annual Report

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Department of Health Care
Policy & Financing

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I. EXECUTIVE SUMMARY

This report provides comprehensive information on Colorado’s hospital and primary care safety net programs, including the Colorado Indigent Care Program (CICP), Health-care Billing Requirements For Indigent Patients (referred to as Hospital Discounted Care), and the Primary Care Fund, which are all located at Article 3 of Title 25.5, C.R.S., Indigent Care.

HCPF is committed to improving and maintaining a robust health care safety net to ensure access to discounted health for the more than 200,000 lower income Coloradans. This is particularly critical today given that the unwinding of Medicaid continuous enrollment requirements under the COVID-19 public health emergency (PHE) and the recent influx of migrants to Colorado, especially into the greater Denver area, are increasing the number of uninsured Coloradans needing care.

Further, through the PHE unwinding of continuous Medicaid coverage, after more than a three year pause, HCPF resumed regular eligibility renewal processes. Starting with March 2023 notices for May renewals, HCPF leveraged the federal government’s full 12 to 14 month (with member noticing) opportunity to conduct the eligibility redetermination process for all covered Health First Colorado (Colorado's Medicaid program) as well as Child Health Plan *Plus* (CHP+) members.

In addition to the PHE unwinding of continuous Medicaid coverage, Colorado has seen an unprecedented influx of migrants, especially in the Denver area. As the Kaiser Family Foundation noted in November 2022 and September 2023, migrants are more likely than United States citizens to have low incomes and lack health insurance,^{1,2} thereby generating expected increases in hospital charity care in 2023 and 2024. For example, Denver Health has seen a \$10 million increase in uncompensated care in the past year, which they attribute to the unprecedented number of migrants.^{3,4}

The following is a summary of these safety net programs and Coloradans served, payments to safety net providers, recent changes to Colorado’s health care safety net, challenges faced by providers and patients due to those changes, and the Department of Health Care Policy and Financing’s (HCPF) recommendations to the General Assembly to address these challenges. HCPF’s recommendations include sunsetting the CICP, adding funding to the Primary Care Fund to ensure access to primary care for low income Coloradans covered by the CICP, and addressing unintended impacts and administrative challenges under Hospital Discounted Care for issues requiring legislation.

¹ [kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters/#](https://www.kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters/)

² [kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/](https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/)

³ [coloradosun.com/2024/01/05/denver-migrant-encampment-shelter/](https://www.coloradosun.com/2024/01/05/denver-migrant-encampment-shelter/)

⁴ [denvergazette.com/news/new-immigrants-pose-difficult-dilemma-as-denver-health-sees-thousands-of-unpaid-medical-visits/article_93bbba78-b4b0-11ee-83bf-93150c61a814.html](https://www.denvergazette.com/news/new-immigrants-pose-difficult-dilemma-as-denver-health-sees-thousands-of-unpaid-medical-visits/article_93bbba78-b4b0-11ee-83bf-93150c61a814.html)

Overview of Safety Net Programs and Coloradans Served

These programs support access to discounted health care as a safety net for lower income Coloradans, regardless of their immigration status, who are over income or otherwise not eligible for Health First Colorado (Colorado’s Medicaid program) or the Child Health Plan *Plus* (CHP+).

- The CICIP helps uninsured and underinsured patients with incomes up to 250% of the Federal Poverty Guideline (FPG)⁵ access discounted health care at participating hospitals, Community Health Centers, and other safety net clinics.
 - At its peak in fiscal year (FY) 2010-11, approximately 225,000 Coloradans received discounted health care at CICIP participating clinics and hospitals. Today, approximately 40,000 Coloradans receive care through the CICIP annually.
- Hospital Discounted Care enacted through [HB 21-1198](#) establishes requirements for all Colorado hospitals’ financial assistance programs (also referred to as charity care), and like the CICIP, is intended to help uninsured patients up to 250% of the FPG access health care.
 - From September 2022 through June 2023, more than 210,000 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care.⁶
- The Primary Care Fund provides an allocation of monies to Community Health Centers and safety net clinics that make basic health care services available in an outpatient setting to uninsured patients with incomes up to 200% of the FPG.⁷
 - The most recent year available shows 36 qualified clinics served more than 115,000 medically indigent patients.

Payments to Safety Net Program Providers

The General Assembly appropriates funding for safety net programs to offset some of the uncompensated care costs for lower income Coloradans through the budget process.

Payments to hospitals are made through Disproportionate Share Hospital (DSH) payments financed with Healthcare Affordability and Sustainability (HAS) fees and federal matching funds. Payments to Community Health Centers and other safety net clinics (participating and non-participating in the CICIP) are made through Primary Care Fund payments, financed with tobacco tax revenue and federal matching funds.

In 2022-23, more than \$290 million in cash funds and federal matching funds were paid to providers as shown below.

- | | |
|--|---------------|
| ● Disproportionate Share Hospital payments for CICIP hospitals | \$244,068,958 |
| ● Primary Care Fund Payments to CICIP clinics | \$9,348,247 |
| ● Primary Care Fund Payments to Non-CICIP clinics ⁸ | \$37,981,407 |

⁵ Currently \$36,450 per year for an individual or \$75,000 per year for a family of four.

⁶ Subsequent data submissions will include data for the previous state fiscal year, July through June.

⁷ Currently \$29,160 per year for an individual or \$60,000 per year for a family of four.

⁸ Includes Primary Care Fund payment to Denver Health and Hospital Authority for its Federally Qualified Health Centers (FQHCs).

- **Total Payments**

\$291,398,612

Recent Changes to Colorado’s Health Care Safety Net Programs

During the FY 2022-23 timeframe covered by this report, the implementation of Hospital Discounted Care in addition to changes to safety net clinic reimbursement in the prior year have brought substantial changes to Colorado’s health care safety net.

The recent changes include state legislation that changed CICIP clinic funding and hospitals’ financial assistance program requirements and reimbursement.

- [Senate Bill \(SB\) 21-205, the FY 2021-22 Long Appropriations bill](#), eliminated the Clinic Based Indigent Care line item which included a General Fund appropriation with federal matching funds for CICIP clinics. This change was made in part because of [SB 21-212, Primary Care Payment Align Federal Funding](#), which directed HCPF to seek federal match for the Primary Care Fund. With these two changes, funding for clinics of care for uninsured patients increased on the whole from approximately \$31 million to approximately \$50 million per year.
- [House Bill \(HB\) 21-1198, Health-care Billing Requirements for Indigent Patients](#) (referred to as Hospital Discounted Care), requires all Colorado hospitals to screen uninsured patients for public health coverage program eligibility including Health First Colorado and allows patients to apply for financial assistance or charity care programs at the hospital where they receive care. If requested, hospitals must screen insured patients as well. Hospital Discounted Care limits how much patients can be billed for hospital care, limits payment plan amounts and duration, establishes patient appeal rights, and limits collection activities. Additionally, the legislation required updating the CICIP rules to align with the rules for Hospital Discounted Care as closely as possible.

On the whole, these recent changes have been positive for Coloradans and the health care safety net, but the changes also increased administrative burden for participating hospitals and clinics, particularly rural hospitals and Rural Health Clinics. The increased burden reduced incentives for clinics to participate in the CICIP and added confusion for patients and hospitals. Challenges for hospitals, safety net clinics, and patients are noted below:

Hospitals

- **Hospital Discounted Care and CICIP overlap.** All 84 general and critical access Colorado hospitals must follow the Hospital Discounted Care requirements. Of those hospitals, 53⁹ hospitals participated in the CICIP during FY 2022-23. As a result of Hospital Discounted Care implementation, CICIP hospitals have expressed added administrative burden, especially since the CICIP and Hospital Discounted Care cover the same patient population. Hospitals’ concerns include difficulties updating their billing system to comply with both the CICIP and Hospital Discounted Care billing requirements, since patient payment amounts and limits differ between the two. HCPF has aligned Hospital Discounted Care and the CICIP where possible yet these are two different state laws addressing hospitals’ financial assistance and receiving DSH

⁹ CICIP reports Children’s Hospital Colorado and Children’s Hospital Colorado, Colorado Springs data combined although they are separately licensed hospitals.

payments is contingent on participation in the CICIP. This additional complexity has led to two hospitals, San Luis Valley Regional Medical Center and San Luis Valley Health Conejos County Hospital, discontinuing participation in the CICIP in October 2023.

- **Data reporting.** Hospitals reported challenges with reporting the patient utilization and demographic data required by Hospital Discounted Care. Hospitals also reported challenges receiving patient utilization and demographic data from the health care professionals to report to HCPF, which is a particular issue for rural hospitals with lower administrative resources. To reduce burden, HCPF revised the reporting form to reflect minimum necessary data and optional data reporting. Additionally, the CICIP data report has been absorbed into the Hospital Discounted Care report. Therefore, only one report covering patients who qualify for either discount is required. As such, this annual report contains information on the first six months of 2022 instead of the entire calendar year (CY). CICIP data from September 2022 forward is included with the Hospital Discounted Care data.
- **Non responsive patients.** Hospitals have reported challenges following up with non-responsive patients. This further complicates data collection issues because the hospitals are required to report demographics for all uninsured patients, including those that decline to be screened or never respond to screening attempts. HCPF has made policy changes to screening requirements to aid in reducing the burden of following up with non-responsive patients. Hospitals must attempt to contact the patient at least once via their preferred method of contact, with best practice being to use that method to contact them twice. After the first attempted contact, hospitals' inclusion of the patient's rights notice within the patient bill can be considered as a screening contact attempt.
- **Communicating with health care professionals who provide care in the hospital settings.** Many hospitals also reported struggles communicating Hospital Discounted Care requirements with licensed health care professionals who work within their hospitals, but are not hospital employees. To support hospitals in response to this concern, hospitals can send the patient's determination directly to the health care professionals or set up a system in which the professionals can access the determination through the hospital's Electronic Health Record (EHR) system.
- **Payment plans when hospital and physician billing is combined.** Under Hospital Discounted Care, patient monthly payment plans are limited to 4% of the patient's monthly income for a hospital bill and 2% of the patient's income for a professional bill. However, the legislation does not recognize instances where the hospital bills on behalf of an employed physician. For example, a payment plan for a bill from a hospital including professional services is limited to 4% of the patient's monthly income but it would be 6% if the physician portion was billed separately. Due to the specific requirements in the legislation, HCPF is unable to address this concern administratively.
- **Physician denial of services.** Under Hospital Discounted Care, hospitals must provide services regardless of a patient's qualification for hospital financial assistance programs or public health programs. However, the physicians or other health care professionals providing care in the hospital may deny services. This has led to patients

who were deemed eligible for the hospital's financial assistance program being denied care by the physician. Due to the specific requirements in the legislation, HCPF is unable to address this concern administratively.

- **Non hospital care provided at a hospital facility.** To expand access to specialty services that would not otherwise be available, at times rural hospitals will enter into agreements with urban specialty doctors who travel to rural facilities, rent space, and see patients. In these circumstances, it is difficult to follow Hospital Discounted Care screening procedures as the rural hospital has no interaction with the patient; still, because the Hospital Discounted Care requirements apply to services provided at the hospital's physical location, the care provided at this rented space falls under statutorily defined covered services even though there is no associated hospital care or bill. Due to the specific requirements in the legislation, HCPF is unable to address this concern administratively.
- **Federally certified Rural Health Clinics under the hospital's license.** The requirements of Hospital Discounted Care must be followed when health care services are provided at a facility that is licensed as an acute care or critical access hospital, freestanding emergency department, or at hospital-related outpatient facility, including a certified Rural Health Clinic operating under the hospital's license. This requirement is a particular concern for rural hospitals because it increases administrative burden on Rural Health Clinics to screen patients for and follow Hospital Discounted Care even though no hospital services are provided. While Federally Qualified Health Centers (FQHC) are exempted from Hospital Discounted Care, federally certified Rural Health Clinics are not. Because of the specific requirements in the legislation, HCPF is unable to address this concern administratively.

Clinics

- **Federal requirements and CICIP overlap and lack of General Fund support.** Community Health Centers are required to follow federal requirements for providing free or low-cost services for lower income patients, but their federal requirements limit Community Health Centers to sliding fee scale discounts for patients with incomes up to 200% of the FPG. Since the Clinic Based Indigent Care line item was eliminated with the FY 2021-22 budget, Community Health Centers and other safety net clinics have no financial incentive to participate in the CICIP which provides discounted health care services for patients up to 250% of the FPG because they must report data to HCPF and be subject to audits. Since all CICIP clinics also participate in the Primary Care Fund, which collects patient data and performs audits, HCPF agreed to discontinue both the CICIP clinic reporting and auditing requirements to decrease administrative burden for the CICIP clinics. Nonetheless, since FY 2022-23, eleven clinics ended participation in the CICIP, jeopardizing access to care for lower income Coloradans with incomes between 200 and 250% of the FPG. All 18 of the CICIP clinics that participated in FY 2021-22 are current participants in the Primary Care Fund.

Patients

- **Policy variations and patient confusion.** Many hospitals (53¹⁰ of 84) administer CICIP and Hospital Discounted Care requirements simultaneously, such that the patient owes the CICIP sliding scale copayment for services provided under the hospital's CICIP policy, which may be limited to emergency department care, and owes the Hospital Discounted Care payment for any other services outside of the CICIP policy. For primary care services, as clinics leave the CICIP, patients with incomes above 200% of the FPG may no longer have access to discounted primary care services at Community Health Centers because their federal requirements only allow discounted care up to 200% of the FPG unless another funding source is available.
- **CICIP cards.** Patients receiving primary care at a clinic that has left the CICIP will no longer have a CICIP card that can be used at a CICIP hospital or clinic, resulting in patients having to apply for the CICIP or Hospital Discounted Care at the other provider, often duplicating information already provided. This issue is further complicated by the fact that CICIP hospitals and clinics are required to issue a CICIP card, but hospitals are not required to issue a Hospital Discounted Care card nor a card showing the dual determination for the CICIP and Hospital Discounted Care.
- To address these issues, HCPF has encouraged hospitals to align CICIP and Hospital Discounted Care and encouraged hospitals and clinics to honor each other's patient financial determinations. However, as long as a separate CICIP program continues, patients may be confused and will have different requirements applied to various services they receive depending on which hospital or clinic they receive care at.

As outlined above, following the implementation of Hospital Discounted Care via [HB 21-1198](#), increase in Primary Care Funding via [SB 21-212](#), and elimination of the Clinic Based Indigent Care line item via [SB 21-205](#), CICIP clinics and hospitals must navigate two systems for providing discounted care to lower income Coloradans who are not eligible for Health First Colorado. The patients are also burdened with duplicative and confusing application processes. These are unnecessary administrative burdens, which affect access to care.

HCPF Recommendations to the General Assembly

HCPF is committed to preserving and improving Colorado's safety net by reducing the administrative burden for patients and for hospitals and clinics who provide discounted health care to lower income Coloradans in need of care. Given these concerns, HCPF recommends the following:

- As proposed by HCPF's [FY 2024-25 budget request item R-6](#), its 2024 legislative proposal, and as [recommended unanimously by the CICIP Stakeholder Advisory Council](#), the General Assembly should sunset the CICIP program and add funding to the Primary Care Fund designated for clinics who provide care to lower income Coloradans up to 250% of the FPG to preserve access to primary care for Coloradans with that income level currently covered by the CICIP.
- The General Assembly should also address unintended impacts and administrative challenges under Hospital Discounted Care for which legislation is required. This includes ensuring the

¹⁰ CICIP reports Children's Hospital Colorado and Children's Hospital Colorado, Colorado Springs data combined although they are separately licensed hospitals.

Hospital Discounted Care requirements apply to care associated with hospital services, requiring health care professionals be accountable to the same standards as hospitals for providing care and reporting data, and ensuring payment plans reflect the allowed amount for hospital services and professional services, regardless of the format of the bill.

If the untenable status quo remains, more clinics and hospitals are likely to end participation in the CICIP (eleven clinics and two hospitals have left CICIP to date). Hospitals and clinics that maintain their participation in CICIP will continue to encounter and navigate patient confusion, multiple processes, and burdensome and duplicative reporting and oversight.

II. INTRODUCTION AND OVERVIEW

The purpose of this annual report is to inform stakeholders and policy makers about the status of the CICIP and is prepared by HCPF pursuant to §25.5-3-107, C.R.S.:

...the executive director shall 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, or any successor committees, no later than February 1 of each year. The report shall be prepared following consultation with providers in the program, state department personnel, and other agencies, organizations, or individuals as the executive director deems appropriate in order to obtain comprehensive and objective information about the program.

To provide comprehensive information on the state’s hospital and clinic safety net programs, HCPF has included information in this report on the CICIP, Health-care Billing Requirements For Indigent Patients (referred to as Hospital Discounted Care), and the Primary Care Fund, which are all located at Article 3 of Title 25.5, C.R.S., Indigent Care.

- The CICIP was created in 1983 under the “Reform Act for the Provision of Health Care for the Medically Indigent” and its governing statute is at Part 1 of Article 3 of Title 25.5, C.R.S.
 - The CICIP allows low-income Coloradans who are not eligible for Health First Colorado or CHP+ to receive discounted health care services on a sliding fee at participating hospitals and clinics, which include Community Health Centers and safety net clinics. CICIP hospitals and clinics offer discounts to patients with incomes up to 250% of the FPG according to a sliding fee scale created or approved by HCPF.
 - At its peak in FY 2010-11, approximately 225,000 Coloradans received discounted health care at CICIP participating clinics and hospitals. Today, approximately 40,000 Coloradans receive discounted health care through the CICIP annually.¹¹
 - Patients apply for the CICIP program discount at the participating clinic or hospital.
- Health-Care Billing Requirements for Indigent Patients (referred to as Hospital Discounted Care) was created with the adoption of [HB 21-1198](#) and implemented effective September 2022 as directed by [HB 22-1403](#). Its governing statute is at Part 5 of Article 3 of Title 25.5, C.R.S.
 - Hospital Discounted Care established statewide minimum standards for hospital financial assistance programs at all general and critical access hospitals throughout the state.
 - Requirements for hospitals include financial assistance programs must apply to households with incomes to at least 250% FPG, patient bills are limited to the greater of the Medicare or Medicaid rate for the service, and patient payment plans are limited to 6% of a patient’s monthly income (4% for the hospital portion and 2% for

¹¹ During the first six months of CY 2022, there were 10,107 unduplicated patients who received hospital services through the CICIP (annualized is 20,214). In CY 2021, the last year for which HCPF has data, there were 17,095 patients who received services at CICIP participating clinics.

- professional services) for no more than 36 months in duration. Patients apply for hospitals' financial assistance programs at the hospital.
- Hospital Discounted Care strengthens requirements on when hospitals may send patients to collections and creates consequences for non-compliance.
 - From September 2022 through June 2023, the first reporting period for hospitals, 73 of 84 hospitals reported 212,913 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care.¹²
 - The Primary Care Fund was created through [HB 05-1262](#) in accordance with Section 21 of Article X (Tobacco Taxes for Health-Related Purposes) of the State Constitution following voter adoption of Amendment 35 in the 2004 general election. Its governing statute is at Part 3 of Article 3 of Title 25.5, C.R.S.
 - The Primary Care Fund provides an allocation of moneys to clinics including Community Health Centers and safety net clinics that make basic health care services available in an outpatient setting to residents of Colorado who are considered medically indigent, meaning they have lower incomes and are uninsured.
 - In FY 2022-23, more than \$47 million was paid to 36 qualified clinics who served more than 115,000 medically indigent patients for the most recent year available.
 - Qualification for funding and awards is made through an annual application process. Funding is allocated based on the number of medically indigent patients who received services from a clinic in an amount proportional to the total number of medically indigent patients served by all clinics who qualify for an award from this fund.
 - When applying for funding, Primary Care Fund applicant clinics submit their tiered copayment sliding fee schedule used for determining the level of patient financial participation that guarantees the patient's payment is below usual and customary charges.
 - Patients do not apply for the Primary Care Fund; rather, Community Health Centers and safety net clinics provide no- or low-cost health care services to medically indigent patients through their internal policies.

Payments to hospitals are made through DSH payments. Payments to Community Health Centers and other safety net clinics (participating and non-participating in the CICP) are made through the Primary Care Fund.

¹² Subsequent data submissions will include data for the previous state fiscal year, July through June.

Safety Net Program Payments

• Disproportionate Share Hospital payments for CICIP hospitals	\$244,068,958
• Primary Care Fund Payments to CICIP clinics	\$9,348,247
• Primary Care Fund Payments to Non-CICIP clinics ¹³	\$37,981,407
• Total Payments	\$291,398,612

The following sections of this report include discussion of changes in federal and state law on Colorado’s health care safety net including implementation progress for Hospital Discounted Care and HCPF recommendations for the General Assembly; CICIP and Hospital Discounted Care information including an overview, patients served, providers, program administration, and reimbursement; and Primary Care Fund information including clinic payment amounts. The report’s appendices include Hospital Discounted Care patient demographic data, CICIP financial and utilization data, and definitions and federal funding information.

¹³ Includes Primary Care Fund payment to Denver Health and Hospital Authority for its FQHCs.

III. Changes to Colorado's Health Care Safety Net

A. Federal Law

Through the enactment of [SB 13-200](#), in January 2014 Colorado expanded eligibility for Health First Colorado for adults age 19 through 64 with incomes up to 133% of the FPG as authorized under the federal Patient Protection and Affordable Care Act (ACA), 42 U.S.C. 18001 et seq.

The ACA and expansion of Health First Colorado coverage allowed many people to become enrolled in Health First Colorado or to receive a federal subsidy to purchase health care coverage on the health care marketplace, lowering the number of Coloradans receiving discounted health care services through CICP from more than 200,000 to approximately 40,000 people per year. As reported by the Colorado Health Institute through the Colorado Health Access Survey, Colorado's uninsured rate dropped from 14.3% in 2013 to 6.7% in 2015, and it has stayed at about 6.5% since that time.¹⁴

Today, while many lower-income Coloradans are eligible for health coverage following the implementation of the ACA, not all are covered. This includes legal immigrants who have been in the United States less than five years as well as other Coloradans with incomes under 250% of the FPG who are over-income or otherwise not eligible for Health First Colorado, and if they are insured, cannot meet their out-of-pocket expenses.

B. State Law

Recent state legislation has changed CICP clinic funding and hospitals' financial assistance program requirements and reimbursement.

- [SB 21-199, Remove Barriers to Certain Public Opportunities](#), removed the requirement for the demonstration of lawful presence for the state's health care safety net programs, including the CICP and Hospital Discounted Care.¹⁵
- [SB 21-205, the FY 2021-22 Long Appropriations bill](#), eliminated the Clinic Based Indigent Care line item which included a General Fund appropriation with federal matching funds for CICP clinics. This change was made in part because [SB 21-212, Primary Care Payment Align Federal Funding](#), directed HCPF to seek federal match for the Primary Care Fund. With these two changes, funding for clinics to care for uninsured patients increased on the whole from approximately \$31 million (\$6 million from the Clinic Based Indigent Care line item and \$25 million from the Primary Care Fund) to approximately \$50 million per year (Primary Care Fund only plus federal matching funds).
- [HB 21-1198, Health-care Billing Requirements for Indigent Patients](#) (referred to as Hospital Discounted Care), requires all Colorado hospitals to screen uninsured patients, and insured patients if requested, for public health coverage program eligibility including Health First Colorado and allows patients to apply for financial assistance or charity care programs at the hospital where they receive care. Hospital Discounted Care limits how much patients can be billed for hospital and related professional care, limits payment plan amounts and duration, establishes patient appeal rights, and limits collection activities. Additionally, the legislation

¹⁴ coloradohealthinstitute.org/programs/colorado-health-access-survey

¹⁵ Lawful presence requirements did not apply to the Primary Care Fund.

required updating the CICIP rules to align with the rules for Hospital Discounted Care as closely as possible.

Overall, these recent changes to state law have been positive for Coloradans and the health care safety net. However, the changes have also resulted in increased administrative burden for participating hospitals and clinics, reduced incentives for clinics to participate in the CICIP, and added confusion for patients. The implementation of Hospital Discounted Care and these challenges are detailed below followed by HCPF's recommendations to the General Assembly to address these challenges.

C. Implementation of Hospital Discounted Care

To implement Hospital Discounted Care created by the enactment of [HB 21-1198](#), HCPF convened a policy development team of consumer advocates, the Colorado Hospital Association, and physician organizations in November 2021. HCPF held nine meeting sessions with this team between November 2021 and February 2022.

The policy development team advised and provided feedback to HCPF on rule development, an operations manual, the patient rights document, the decline screening form, and the Uniform Application. Before rulemaking, draft rules and related materials were shared broadly with stakeholders, and HCPF conducted four stakeholder meetings in January and February 2022 for review and feedback. Additionally, HCPF utilized an internal review group of Health First Colorado and CHP+ members to review the patient rights document and decline screening form.

The rule changes aligned the CICIP with Hospital Discounted Care including a Uniform Application for both Hospital Discounted Care and the CICIP. The rule changes also aligned appeal timelines, financial eligibility determination to considering income only, and payment plan requirements.¹⁶

HCPF held eleven Hospital Discounted Care training sessions for hospitals in spring and summer 2022, covering the screening and application process, payment plans and collections, and the Uniform Application. HCPF subsequently held three training sessions in spring 2023. All training sessions were held virtually and recordings are available on the [Hospital Discounted Care website](#). HCPF will conduct training on an annual basis going forward.

HCPF continues its Hospital Discounted Care and CICIP stakeholder engagement through meetings with the Colorado Hospital Association and hospital leaders, weekly office hours with staff, regular electronic newsletters, and the CICIP Stakeholder Advisory Council, which recently began including Hospital Discounted Care topics in its discussions.¹⁷

HCPF has seen high participation from hospitals in Hospital Discounted Care trainings and weekly office hours and has strengthened partnerships with the Colorado Hospital Association, Colorado hospitals, and other stakeholders in the community. Additionally, HCPF has provided assistance to low income families by ensuring they are connected with the correct hospital staff to complete their

¹⁶ The CICIP rule revisions were effective June 1, 2022 to coincide with the original implementation date of Hospital Discounted Care, which was delayed to September 1, 2022 by [HB 22-1403](#). HCPF also removed the lawful presence requirements during this rule update to comply with [SB 21-199, Remove Barriers to Certain Public Opportunities](#).

¹⁷ The newsletters, operation manuals, and additional information are available on the [CICIP Provider Information](#) and the [Hospital Discounted Care](#) webpages. Meetings materials are available on the [CICIP Stakeholder Advisory Council webpage](#).

Hospital Discounted Care screening and application, and HCPF has escalated patient issues related to billing and payment plans to the hospitals.

D. Challenges

Hospitals

- **Hospital Discounted Care and CICIP overlap.** All 84 general and critical access in Colorado must follow the Hospital Discounted Care requirements. Of those hospitals, 53¹⁸ hospitals participated in the CICIP during FY 2022-23. HCPF has aligned Hospital Discounted Care and the CICIP where possible yet these are two different state laws addressing hospitals' financial assistance and receiving DSH payments is contingent on participation in the CICIP. Throughout Hospital Discounted Care implementation, CICIP hospitals have expressed concerns of additional administrative burden, especially since the CICIP and Hospital Discounted Care cover the same patient population. The hospitals' concerns include difficulties updating their billing system to comply with both the CICIP and Hospital Discounted Care billing requirements, since patient payment amounts and limits differ between the two. This additional complexity has led two hospitals, San Luis Valley Regional Medical Center and San Luis Valley Health Conejos County Hospital, to discontinue participation in the CICIP in October 2023.
- **Data reporting.** Hospitals reported challenges with reporting the patient utilization and demographic data required by Hospital Discounted Care, which is a particular issue for rural hospitals with lower administrative resources. Hospitals also reported challenges receiving the required information from health care professionals to report data to HCPF because the legislation only mandated data reporting from hospitals. To reduce burden, HCPF revised the reporting form to reflect minimum necessary data and optional data reporting. Additionally, the CICIP data report has been absorbed into the Hospital Discounted Care report. Therefore, only one report from hospitals covering patients who qualify for either discount is required.¹⁹
- **Non-responsive patients.** Along with collecting and reporting the required data to HCPF, hospitals reported challenges following up with non-responsive patients. Hospitals must collect demographic data for all uninsured patients, including those that decline to be screened for Hospital Discounted Care or never respond to screening attempts. HCPF has made policy changes to screening best effort attempts to aid in reducing the burden of following up with non-responsive patients. Hospitals must attempt to contact the patient at least once via their preferred method of contact, with best practice being to use that method to contact them twice. After the first attempted contact, hospitals' inclusion of the patients rights notice within the patient bill can be considered a contact attempt.
- **Communicating with health care professionals who provide care in hospital settings.** Many hospitals also reported struggling with communicating Hospital Discounted Care requirements with licensed health care professionals who work within their hospitals but who are not directly employed by the hospital. It is the hospital's responsibility to communicate a

¹⁸ CICIP reports Children's Hospital Colorado and Children's Hospital Colorado, Colorado Springs data combined although they are separately licensed hospitals.

¹⁹ This annual report contains CICIP hospital data for the first six months of 2022 and Hospital Discounted Care data from September 2022 through June 2023.

patient's Hospital Discounted Care eligibility so the health care professionals can in turn follow the billing, payment plan, and collections policies for Hospital Discounted Care. To support hospitals in response to this concern, hospitals have the option to send the patient's determination directly to the health care professionals or set up a system in which the professionals can access the determination through the hospital's EHR system.

- **Payment plans when hospital and physician billing is combined.** Under Hospital Discounted Care, patient monthly payment plans are limited to 4% of the patient's monthly income for the hospital bill and 2% of the patient's income for the health care professional bill. However, the legislation does not recognize instances where the hospital bills on behalf of an employed physician. For example, a payment plan for a bill from a hospital that includes professional services on the same bill is limited to 4% of the patient's monthly income but it would be 6% (4% for the hospital portion and 2% for the physician) if the physician portion was billed separately. Due to the specific requirements in the legislation, HCPF is unable to address this concern administratively.
- **Physician denial of services.** Under Hospital Discounted Care, hospitals must provide services regardless of a patient's qualification for their financial assistance programs or public health programs. However, the physicians or other health care professionals providing care in the hospital may deny services. This has led to patients who were deemed eligible for the hospital's financial assistance program to be denied care by the physician, such as having the physician cancel a scheduled surgery for a patient qualified for Hospital Discounted Care. Because of the specific requirements in the legislation, HCPF is unable to address this concern administratively.
- **Non hospital care provided at a hospital facility.** To expand access to specialty services that would not otherwise be available, at times rural hospitals will enter into agreements with urban specialty doctors who travel to rural facilities, rent space, and see patients. In these circumstances, it is difficult to follow Hospital Discounted Care screening procedures as the rural hospital has no interaction with the patient; however, because the Hospital Discounted Care requirements apply to services provided at the hospital's physical location, the care provided at this rented space falls under statutorily defined covered services even though there is no associated hospital care or bill. Because of the specific requirements in the legislation, HCPF is unable to address this concern administratively.
- **Federally certified Rural Health Clinics under the hospital's license.** Hospital Discounted Care requirements must be followed when health care services are provided at a facility that is licensed as an acute care or critical access hospital or freestanding emergency department or are provided at hospital-related outpatient facilities, including a certified Rural Health Clinic operating under the hospital's license. This requirement is a particular concern for rural hospitals because it increases administrative burden on Rural Health Clinics to screen patients for and follow Hospital Discounted Care requirement even if no hospital services are provided. While FQHCs are exempted from Hospital Discounted Care, federally certified Rural Health Clinics are not. Because of the specific requirements in the legislation, HCPF is unable to address this concern administratively.

Clinics

- **Federal requirements and CICIP overlap and lack of General Fund support.** Community Health Centers are required to follow federal requirements for providing free or low-cost services for lower income patients, but their federal requirements limit Community Health Centers to sliding fee scale discounts for patients with incomes up to 200% of the FPG. Since the Clinic Based Indigent Care line item was eliminated with the FY 2021-22 budget, Community Health Centers and other safety net clinics have no financial incentive to participate in the CICIP which provides discounted health care services for patients up to 250% of the FPG because they must report data to HCPF and be subject to audits. Since all CICIP clinics also participate in the Primary Care Fund, for which HCPF collects patient data and performs audits, HCPF agreed to discontinue both the CICIP clinic reporting and auditing requirements to decrease administrative burden for the CICIP clinics. Nonetheless, eight clinics ended participation in the CICIP in FY 2022-23 and an additional three left in FY 2023-24. Currently, only seven clinics participate in CICIP, jeopardizing access to care for lower income Coloradans with incomes between 200 and 250% of the FPG. All of the clinics who noted why they left mentioned the elimination of CICIP funding as the driving factor. All 18 of the CICIP clinics that participated in FY 2021-22 are current participants in the Primary Care Fund.

Patients

- **Policy variations and patient confusion.** Many hospitals (53 of 84) administer CICIP and Hospital Discounted Care requirements simultaneously, such that the patient owes the CICIP sliding scale copayment for services provided under the hospital's CICIP policy, which may be limited to emergency department care, and owes the Hospital Discounted Care payment for any other services outside of the CICIP policy. Regarding care at clinics, as clinics leave the CICIP, patients with incomes above 200% of the FPG may no longer have access to discounted primary care services at Community Health Centers as federal requirements only allow discounted care up to 200% of the FPG unless another funding source is available.
- **CICIP cards.** Patients receiving primary care at a clinic that left the CICIP will no longer have a CICIP card that can be used at a CICIP hospital or clinic, resulting in patients being required to apply for the CICIP or Hospital Discounted Care at the other provider, often duplicating information already provided. This issue is further complicated by the fact that CICIP hospitals and clinics are required to issue a CICIP card, but hospitals are not required to issue a Hospital Discounted Care card nor a card showing the dual determination for the CICIP and Hospital Discounted Care.
- To address these patient concerns, HCPF encouraged hospitals to align their CICIP policies with Hospital Discounted Care and encouraged hospitals and clinics to honor each other's patient financial determinations. However, as long as a separate CICIP program continues, patients may be confused and will have different requirements applied to various services they receive depending on which hospital or clinic they receive care at.

E. Recommendations

HCPF is committed to preserving and improving Colorado’s safety net by reducing the administrative burden for patients and for hospitals and clinics who provide discounted health care to lower income Coloradans.

As outlined above, following the implementation of Hospital Discounted Care via [HB 21-1198](#), increase in Primary Care Funding via [SB 21-212](#), and elimination of the Clinic Based Indigent Care line item via [SB 21-205](#), CICIP clinics and hospitals must navigate two systems for providing discounted care to lower income Coloradans who are not eligible for Health First Colorado. The patients themselves are also burdened with duplicate and confusing application processes. These are unnecessary administrative burdens which affect access to care. Therefore, HCPF recommends the following:

- As proposed by HCPF’s [FY 2024-25 budget request item R-6](#) and its 2024 legislative proposal and as [recommended unanimously by the CICIP Stakeholder Advisory Council](#), the General Assembly should sunset the CICIP program and add \$1 million in additional, annual funding to the Primary Care Fund designated for clinics who provide care to lower income Coloradans up to 250% of the FPG.
- The General Assembly should also address unintended impacts and administrative challenges under Hospital Discounted Care for which legislation is required. This includes ensuring the Hospital Discounted Care requirements apply to care associated with hospital services, requiring health care professionals be accountable to the same standards as hospitals for providing care and reporting data, and ensuring payment plans reflect the allowed amount for hospital services and professional services, regardless of the format of the bill.

If the untenable status quo remains, more clinics and hospitals are likely to end participation in the CICIP (eleven clinics and two hospitals have left CICIP to date). Hospitals and clinics that maintain their participation in CICIP will continue to encounter and navigate patient confusion, multiple processes, and burdensome and duplicative reporting and oversight.

IV. CICP AND HOSPITAL DISCOUNTED CARE

In Colorado, the CICP and Hospital Discounted Care establish requirements for Colorado hospitals' financial assistance programs (also referred to as charity care). Hospital Discounted Care and CICP are intended to help uninsured and underinsured patients up to 250% of the FPG access health care and are generally meant to be a safety net for those over income or otherwise not eligible for Health First Colorado.

CICP

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

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

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

Hospital Discounted Care

Hospital Discounted Care, established through the enactment of [HB 21-1198](#), enhances the safety net for low income, uninsured patients by establishing minimum requirements for all Colorado hospitals' financial assistance programs. Hospital Discounted Care requires all hospitals to screen low income, uninsured patients for public health coverage program eligibility and to allow them to apply for financial assistance at the health care facility where they receive care. If requested, hospitals must screen insured patients as well

Hospital Discounted Care limits service charges, limits payment plan amounts and duration, sets up patient appeal rights, and limits collection activities. Hospital Discounted Care applies to all medically necessary services provided within the hospital and any off campus location, including care provided by health care professionals providing services within the hospital.

Additionally, the legislation required updating the CICP rules to align with the rules for Hospital Discounted Care as closely as possible.

A. Patients

a. Eligibility Requirements

Hospitals and clinics are responsible for completing screenings and applications to determine patient eligibility for financial assistance. Participating CICP hospitals and clinics administer the CICP client enrollment. Hospitals determine eligibility for Hospital Discounted Care and the CICP using a Uniform Application. CICP clinics determine eligibility for the CICP using the

CICP Clinic Client Application or their own internal application, approved by HCPF. Hospital and clinic staff assist patients with the application process.

To be eligible to apply for services discounted under Hospital Discounted Care and the CICP, patients:

- Must be aged 18 years or older or be an emancipated minor and meet requirements for Colorado residency and income.
- Must have income at or below 250% of the FPG.
- Must not be a member of Health First Colorado or CHP+, although members who are eligible for limited benefits under Health First Colorado are eligible for services not covered under Health First Colorado. These limited benefits include Emergency Medicaid and the family planning benefit.
- May have other third-party insurance that must be billed prior to applying the Hospital Discounted Care discount or CICP copayment.
- Must be screened for eligibility for Health First Colorado or CHP+. Note: to be eligible for the CICP, patients who appear to be eligible for Health First Colorado or CHP+ must apply for those programs and receive a denial before being eligible for CICP. However, under Hospital Discounted Care, patients cannot be denied the ability to apply for Hospital Discounted Care based on whether they apply for Health First Colorado or CHP+.²⁰

CICP

To determine a patient's CICP copayment amount, CICP providers must first determine the patient's income and family size (see [Table 7](#) and [Table 8](#) in Appendix A), based on a snapshot of a patient's financial status as of the date of the CICP application. See [Table 1](#) for CICP copayment determinations based on income level as percentage of the FPG.

CICP patients pay the lower of the CICP copayment, their third-party insurance copayment if applicable, or the actual charges. Patients are notified of their copayment obligation at or before the time that services are rendered. For all CICP patients with an FPG at or above 41%, the annual copayments cannot exceed 10% of the family's income. Annual copayments for patients with an FPG rating of 0 to 40% cannot exceed the lesser of 10% of the family's income or \$120. Patients with an FPG of 0% to 40% and who are homeless are exempt from a CICP copayment.

²⁰ Additionally, patients applying for the CICP must provide their Social Security Number or sign an affidavit stating they meet an exemption for this requirement. This is a regulatory requirement, not statutory, and HCPF is considering removing this requirement through rulemaking.

CICP eligibility determinations are valid for one year from the application date or the first date of service the patient is applying to cover, whichever is earlier. However, initial ratings may change and a re-determination may occur when:

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



Table 1 CICP Copayment Table

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

Hospital Discounted Care

Patients who are eligible for Hospital Discounted Care cannot be billed more than the Medicare or Medicaid rates, which are published by HCPF. Hospitals must offer a payment plan based on the patient’s calculated gross monthly income. Payment plans for patients cannot be set for more than 36 months of payments and may not exceed 4% of their calculated gross monthly income on a bill from a hospital or 2% of their calculated gross monthly income on a bill from a licensed health care professional who provided care in the hospital setting. Additionally, patients who qualify for both Hospital Discounted Care and the CICP are responsible for the lesser of the Hospital

Discounted Care allowed amount, the Hospital Discounted Care 36 months payment plan, the CICP copay, or the remaining balance after any third party payments.

A. Patients Served

Beginning in FY 2017-18, HCPF changed the reporting requirements for CICIP hospitals and clinics to a calendar year basis instead of a fiscal year. This change was made in part to align with the time period of the quality metrics that were added to the CICIP clinic payment calculation that took effect in FY 2018-19. The FY 2017-18 report contained data covering CY 2017.

Accordingly, this report for FY 2022-23 would include CICIP hospital data from CY 2022. However, due to the implementation of Hospital Discounted Care, this report includes CICIP hospital data from January through June 2022. This report includes Hospital Discounted Care data from September 2022, the date of implementation, through June 2023. Future reports will include Hospital Discounted Care data for the previous state fiscal year.

In addition, as explained below, this report does not include CICIP clinic data. See the Primary Care Fund section of this report for the number of medically indigent patients served by each clinic.

CICIP Clinics

Since the Clinic Based Indigent Care line item was eliminated with the FY 2021-22 budget, Community Health Centers and other safety net clinics have no financial incentive to participate in the CICIP where they must report data to HCPF. Since all CICIP clinics also participate in the Primary Care Fund, which collects patient data,²¹ HCPF agreed to discontinue the reporting to decrease administrative burden for the CICIP clinics.

As a result, the last data received from the CICIP clinics covered CY 2021 and was included in the FY 2021-22 report. In CY 2021 there were 17,095 patients who received services at CICIP participating clinics.

CICIP Hospitals

As a result of Hospital Discounted Care implementation, CICIP hospitals have expressed added administrative burden, especially since the CICIP and Hospital Discounted Care cover the same patient population. To decrease burden, the CICIP data report has been incorporated into the Hospital Discounted Care data report, so only one data report for patients who qualify for either CICIP or Hospital Discounted Care is required. As such, this annual report contains CICIP hospital information on the first six months of CY 2022. During this timeframe, there were 10,107 unduplicated patients who received hospital services through the CICIP. Additional information about CICIP hospital utilization is available in [Appendix A](#).

Hospital Discounted Care

At the time of this report drafting, of the 84 hospitals required to follow Hospital Discounted Care, 73 hospitals reported 212,913 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care Data between September 2022 and June 2023. More information about patients served is reported in [Appendix B](#). Subsequent reports will cover the previous state fiscal year, July through June.

²¹ With their application for FY 2022-23, Primary Care Fund clinics reported serving 115,040 unique medically indigent patients in CY 2021.



Looking forward, through the PHE unwinding of continuous Medicaid coverage, after more than a three year pause, HCPF resumed regular eligibility renewal processes. Starting with March 2023 notices for May renewals, HCPF leveraged the federal government’s full 12 to 14 month (with member noticing) opportunity to conduct the eligibility redetermination process for all covered Health First Colorado as well as CHP+ members.

In addition to the PHE unwinding of continuous Medicaid coverage, Colorado has seen an unprecedented influx of migrants, especially in the Denver area. As the Kaiser Family Foundation noted in November 2022 and September 2023, migrants are more likely than United States citizens to have low incomes and lack health insurance,^{22,23} thereby generating expected increases in hospital charity care in 2023 and 2024. For example, Denver Health has seen a \$10 million increase in uncompensated care in the past year, which they attribute to the unprecedented number of migrants.^{24,25}

B. Providers

a. Provider Eligibility Requirements

CICP

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 patients throughout the contract year.
3. If the provider is a hospital, the hospital must have at least two obstetricians with staff privileges at the hospital who agree to provide obstetric services to individuals entitled to such services as Health First Colorado members. In the case where a hospital is located in a rural area, the term “obstetrician” includes any physician with staff privileges at the hospital to perform non-emergency obstetric procedures. This obstetrics requirement does not apply to a hospital in which the patients are predominantly under 18 years of age or which does not offer non-emergency obstetric services as of December 21, 1987.

For the purposes of this FY 2022-23 Annual Report, CICP providers are identified in the following categories by funding appropriation:

²² kff.org/health-costs/issue-brief/hospital-charity-care-how-it-works-and-why-it-matters/#

²³ kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/

²⁴ coloradosun.com/2024/01/05/denver-migrant-encampment-shelter/

²⁵ denvergazette.com/news/new-immigrants-pose-difficult-dilemma-as-denver-health-sees-thousands-of-unpaid-medical-visits/article_93bbba78-b4b0-11ee-83bf-93150c61a814.html



- CICIP Clinics - clinics located throughout the state.
- CICIP Hospitals - hospitals located throughout the state.
- CICIP Specialty Hospitals - this includes Children’s Hospital Colorado²⁶ and National Jewish Health. Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICIP must be provided to individuals who reside outside the City and County of Denver.
- Denver Health Medical Center - Denver Health Medical Center, including neighborhood outpatient clinics.
- University of Colorado Hospital - University of Colorado Hospital and associated specialty clinics.

Hospital Discounted Care

Hospital Discounted Care requires that all general and critical access hospitals follow the Hospital Discounted Care rules and policies:

1. Hospitals licensed as general hospitals pursuant to Part 1 of Article 3 of Title 25;
2. Hospitals established pursuant to Section 23-21-503 or 25-29-103;
3. Any freestanding emergency department licensed pursuant to Section 25-1.5-114; or
4. Any outpatient facility that is licensed as an on-campus department or service of a hospital or that is listed as an off-campus location under a hospital’s license, except:
 - a. A federally qualified health center, as defined in the federal “Social Security Act”, 42 U.S.C. Sec. 1395x (aa)(4); or
 - b. A student-learning medical and dental clinic that is established for the purpose of student learning, offering discounted patient care as part of a program of student learning, and is physically situated within a health sciences school.

b. Provider Participation

CICIP

A total of 62 providers, 52 hospitals and 10 clinics, participated in the CICIP in FY 2022-23. 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 123 satellite CICIP facilities throughout the state for FY 2022-23.

As noted above, in FY 2022-23, eight CICIP clinics left the program with an additional three leaving in FY 2023-24. There are seven clinics participating in CICIP at the time of this report drafting. All 18 of the CICIP clinics that participated in FY 2021-22 are current participants in the Primary Care Fund.

²⁶ Includes Children’s Hospital Colorado and Children’s Hospital Colorado, Colorado Springs.

Hospital Discounted Care

There are 84 general and critical access hospitals throughout the state, and each is required to abide by Hospital Discounted Care policies and rules, including all participating CACP hospitals.



[Table 2](#) 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 [HCPF's website](#).

Table 2 FY 2022-23 CICIP Participating Providers

CICIP Hospital Providers	City	CICIP Hospital Providers	City
Arkansas Valley Regional Medical Center	La Junta	Platte Valley Medical Center	Brighton
Aspen Valley Hospital District	Aspen	Prowers Medical Center	Lamar
Banner Fort Collins Medical Center	Fort Collins	Rangely District Hospital	Rangely
Boulder Community Health	Boulder	Rio Grande Hospital	Del Norte
Centura Health - Penrose-St. Francis Health Services	Colorado Springs	San Luis Valley Health Conejos County Hospital*	La Jara
Centura Health - St. Thomas More Hospital	Canon City	San Luis Valley Regional Medical Center*	Alamosa
Colorado Canyons Hospital and Medical Center	Fruita	Sedgwick County Memorial Hospital	Julesburg
Colorado Plains Medical Center	Fort Morgan	Southeast Colorado Hospital District	Springfield
Community Hospital	Grand Junction	Southwest Memorial Hospital	Cortez
Delta County Memorial Hospital	Delta	Spanish Peaks Regional Health Center	Walsenburg
East Morgan County Hospital	Brush	St. Mary's Hospital and Medical Center, Inc.	Grand Junction
Estes Park Health	Estes Park	Sterling Regional Medical Center	Sterling
Grand River Hospital and Medical Center	Rifle	UCHealth Greeley Hospital	Greeley
Gunnison Valley Hospital	Gunnison	UCHealth Highlands Ranch Hospital	Highlands Ranch
Heart of the Rockies Regional Medical Center	Salida	UCHealth Longs Peak Hospital	Longmont
Lincoln Health	Hugo	UCHealth Medical Center of the Rockies	Loveland
Longmont United Hospital	Longmont	UCHealth Memorial Hospital	Colorado Springs
McKee Medical Center	Loveland	UCHealth Pikes Peak Regional Hospital	Woodland Park
Melissa Memorial Hospital	Holyoke	UCHealth Poudre Valley Hospital	Fort Collins
Memorial Regional Health	Craig	UCHealth Yampa Valley Medical Center	Steamboat Springs
Mercy Regional Medical Center	Durango	Valley View Hospital	Glenwood Springs
Middle Park Medical Center, Kremmling	Kremmling	Wray Community Hospital District	Wray
Montrose Memorial Hospital	Montrose		
Mt San Rafael Hospital	Trinidad		
North Colorado Medical Center	Greeley		
Parkview Medical Center	Pueblo		

*San Luis Valley Conejos County Hospital and San Luis Valley Regional Medical Center both discontinued participation in the CICIP in October 2023

Table 2 FY 2022-23 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 Providers²⁷	City
Basin Clinic, Inc	Naturita
Denver Indian Health & Family Services, Inc	Denver
High Plains Community Health Center, Inc*	Lamar
Inner City Health Center	Denver
MarillacHealth*	Grand Junction
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Olathe
Stout Street Health Center*	Denver
Tepeyac Community Health Center	Denver

²⁷ *Clinic not participating in CICP in FY 2023-24

C. Program Administration

a. Reporting Requirements

CICP

To meet its fiduciary responsibility, HCPF has required CICP providers to report patient utilization and other metrics annually.

Since the Clinic Based Indigent Care line item was eliminated with the FY 2021-22 budget, Community Health Centers and other safety net clinics have no financial incentive to participate in the CICP where they must report data to HCPF. Since all CICP clinics also participate in the Primary Care Fund, which collects patient data, HCPF agreed to discontinue the reporting requirements to decrease administrative burden for the CICP clinics.

Because the CICP and Hospital Discounted Care apply to the same patient population, in the future hospitals will submit one data report encompassing both Hospital Discounted Care and the CICP. Due to this combination of reporting requirements, CICP hospitals were asked to provide only the first six months of CICP data from CY 2022 for this year's report.

Hospital Discounted Care

Hospital Discounted Care requires that all hospitals report data that HCPF determines as necessary to evaluate compliance across race, ethnicity, age, and primary language spoken patient groups with the screening, discounted care, payment plan, and collections practices. Data is due annually to HCPF by September 1. The first data set was due September 1, 2023 and covers September 1, 2022 through June 30, 2023. All subsequent data submissions will cover the previous state fiscal year, July through June.

HCPF also presents compliance information for the hospitals, including any corrective action plans for which fines were imposed, as part of its presentation to its committees of reference at HCPF's State Measurement for Accountable, Responsive and Transparent Government (SMART) Act hearing.

b. Provider Compliance Audits

CICP

Audit staff within HCPF's Procurement and Audits Division conducts comprehensive reviews of providers receiving funding from the CICP.²⁸ HCPF requires CICP providers to submit a compliance audit statement with a corrective action plan when the audit finds a 10% or higher error rate within any section of the audit.

During FY 2022-23, the HCPF audits team audited eleven CICP hospital providers on applications completed during FY 2021-22 and billing data for CY 2021.²⁹

²⁸ In accordance with HCPF's FY 2023-24 budget request R-12, adopted by the General Assembly in the [FY 2022-23 Long Appropriations Act, HB 22-1329](#), this function that was completed by a contracted auditor in the past is now conducted by internal HCPF staff.

²⁹ Since the Clinic Based Indigent Care line item was eliminated with the FY 2021-22 budget, Community Health Centers and other safety net clinics have no financial incentive to participate in the CICP. Since all CICP clinics also participate in the



Nine of the eleven audited CICIP hospitals required a corrective action plan. The HCPF audits team found the highest average error percentages in the FPG or income determination (13.7%), application completion (12.6%), and calculation of copayment (5.6%) areas of the audit. Following HCPF’s approval of the providers’ corrective action plans, the providers were required to enforce changes within 60 days. HCPF asked for examples of procedure and policy changes that were put in place to correct the identified errors.

Hospital Discounted Care

Going forward, if applicable, the program audits team will audit hospitals simultaneously for adherence to the Hospital Discounted Care and the CICIP rules. Audits for Hospital Discounted Care began in December 2023 for the first year of implementation and results will be included in the FY 2023-24 annual report.

The Hospital Discounted Care audits will focus on eligibility and billing practices, much like the current CICIP audits. Hospitals will be required to submit information and documentation related to screenings and applications for the eligibility portion of the audit, as well as bills, payment plan, and collections information for the billing portion of the audit.

D. Reimbursement for CICIP Clinics and Hospitals

- Disproportionate Share Hospital payments to CICIP hospitals \$244,068,958
- Primary Care Fund Payments to CICIP clinics \$9,348,247
- **Total CICIP Provider Payments** **\$253,417,205**

CICIP Clinics

[SB 21-205, the FY 2021-22 Long Appropriations bill](#), eliminated the Clinic Based Indigent Care line item which included a General Fund appropriation with federal matching funds for CICIP clinics. This change was made in part because [SB 21-212, Primary Care Payment Align Federal Funding](#), directed HCPF to seek federal match for the Primary Care Fund. With these two changes, funding for clinics to care for uninsured patients increased on the whole from approximately \$31 million (\$6 million from the Clinic Based Indigent Care line item and \$25 million from the Primary Care Fund) to approximately \$50 million per year (Primary Care Fund only with federal matching funds).

Payments of \$9.3 million were made to ten CICIP clinics for their dual participation in CICIP and the Primary Care Fund in FY 2022-23.

CICIP Hospitals

The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) charges a HAS fee on hospitals which is matched with federal funds. CHASE payments consisting of HAS fees and federal matching funds are used to increase hospital reimbursement for services provided to Health First Colorado and CICIP patients, fund hospital quality incentive payments, and finance health coverage expansion in the Health First Colorado and CHP+ programs. Under the recommendations of the CHASE

Primary Care Fund, which collects patient data and performs audits, HCPF agreed to discontinue both the reporting and auditing requirements to decrease administrative burden for the CICIP clinics.

Board, CACP hospitals are eligible for DSH payments for their uncompensated care costs for lower income Coloradans who are not eligible for Medicaid or CHP+.



In the [FY 2022-23 Long Appropriations Act, HB 22-1329](#), the Colorado General Assembly appropriated \$226,610,308 through the Safety Net Provider Payments line item to reimburse CICP hospitals for uncompensated care through the state’s DSH allotment. The FY 2022-23 appropriation was increased to \$245,136,133 after [SB 23-217, HCPF’s FY 2022-23 supplemental appropriation bill](#), was adopted.

Hospital payments financed with HAS fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2022-23 totaled more than \$1.69 billion, including \$244 million in DSH payments for CICP hospitals.

DSH payments by hospital are shown in [Table 6](#) under the “Disproportionate Share Hospital (DSH) Payment” section of the Appendix. For more information on payments to hospitals funded through HAS fees, see the 2024 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report available on [HCPF’s publications webpage](#).

V. PRIMARY CARE FUND

In accordance with Section 21 of Article X (Tobacco Taxes for Health-Related Purposes) of the State Constitution, following voter adoption of Amendment 35 in the 2004 general election, an increase in Colorado’s tax on cigarettes and tobacco products became effective January 1, 2005 creating a cash fund designated for health-related purposes. [HB 05-1262](#) divided the tobacco tax cash fund into separate funds, assigning 19% of the tobacco tax moneys to establish the Primary Care Fund.

The Primary Care Fund provides an allocation of moneys to health care providers who provide Comprehensive Primary Care services in an outpatient setting to Coloradans who are considered medically indigent, meaning they have lower incomes and are uninsured. Awards are allocated based on the number of medically indigent patients who received services from a provider proportional to the total number of medically indigent patients served by all health care providers who qualify for an award from this fund. With their Primary Care Fund application, providers are required to submit their tiered sliding fee schedule used for determining the amount owed by patients that guarantees it is below usual and customary charges.

Pursuant to §25.5-3-301, C.R.S.: a qualified provider is an entity that provides Comprehensive Primary Care services and that:

- Accept all patients regardless of their ability to pay and uses a sliding fee schedule for payments or that provides Comprehensive Primary Care services free of charge;
- Serves a designated medically underserved area or population, as provided in section 330(b) of the federal “Public Health Service Act”, 42 U.S.C. sec. 254b, or demonstrates to the state 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-effective care;
- Provides or arranges for the provision of Comprehensive Primary Care services to persons of all ages; and
- Completes initial screening for eligibility for Health First Colorado, CHP+, and any other relevant government health-care program and referral to the appropriate agency for eligibility determination.

While the amount of tobacco tax revenue collected has decreased in recent years, tobacco tax moneys in the Primary Care Fund equals about \$20 to 25 million annually. [SB 21-212, Primary Care Payments Align Federal Funding](#), directed HCPF to seek federal matching funds for the Primary Care Fund monies related to the elimination of the Clinic Based Indigent Care line item through [SB 21-205, the FY 2021-22 Long Appropriations bill](#), which funded CICP clinics.³⁰ HCPF obtained approval from the Centers for Medicare and Medicaid Services (CMS) to draw down the federal match for the Primary Care Fund monies, resulting in about \$40 to 50 million in total funds for clinics annually.³¹

³⁰ The change in funding results in about \$19 million more annually for the clinics participating in both the Primary Care Fund and the CICP than they received through both programs previously.

³¹ Like our previous agreement to administer the CICP clinic payments to allow the drawing of federal matching funds, HCPF has an agreement with Children’s Hospital Colorado for the administration of the Primary Care Fund payments to clinics. Of the \$38,406,854 paid to Children’s Hospital Colorado, \$38,286,854 was paid to the Primary Care Fund clinics as payment for patients served under the Primary Care Fund. The remaining \$120,000 was retained by Children’s Hospital Colorado for administration. Note: HCPF makes the Primary Care Fund payment directly to Denver Health and to non-Medicaid providers.

Primary Care Fund clinics received more than \$98 million in total funds for FYs 2021-22 and 2022-23 combined.

In FY 2022-23, funding of \$47,329,654 was allocated to 36 Primary Care Fund clinics. With their application for FY 2022-23, Primary Care Fund clinics reported serving 115,040 unique medically indigent patients in CY 2021.

Primary Care Fund payments for FY 2023-24 will include a one-time additional General Fund appropriation of \$7 million for a total of \$14 million with federal matching funds to assist Community Health Centers during the COVID-19 public health emergency unwind.

HCPF began auditing the Primary Care Fund provider applications for accuracy and validity following the General Assembly’s appropriation of funds for this purpose beginning in FY 2015-16.³² Approximately one-third of all Primary Care Fund providers are audited 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 auditor is to:

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

Table 3 FY 2022-23 Primary Care Fund Payments³³

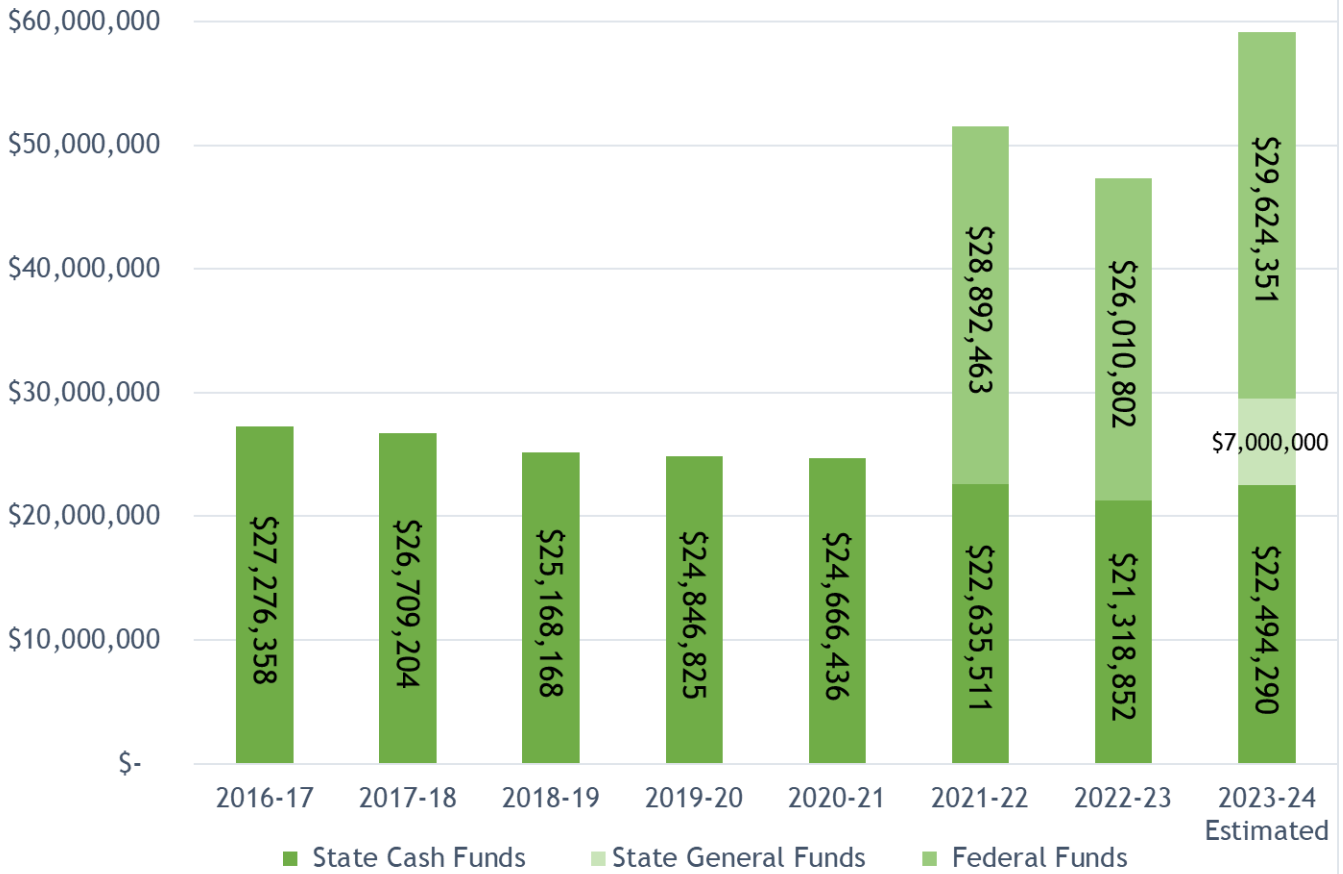
Primary Care Fund Provider	Patients Served	State Funding	Federal Funding	Final Amount Awarded
Axis Health System	923	\$171,047	\$209,680	\$380,728
Basin Clinic, Inc.*	34	\$6,301	\$7,724	\$14,025
Carin' Clinic	58	\$10,748	\$13,176	\$23,924
Caritas Clinic at Saint Joseph Hospital	1,041	\$192,915	\$236,487	\$429,401
Clinica Colorado	2,264	\$419,557	\$514,319	\$933,876
Clinica Family Health	12,405	\$2,298,856	\$2,818,075	\$5,116,931
Denver Health and Hospital Authority	21,679	\$4,017,484	\$4,924,874	\$8,942,358
Denver Indian Health & Family Services, Inc.*	1,300	\$240,912	\$295,324	\$536,236
Doctors Care	101	\$18,717	\$22,944	\$41,661
Every Child Pediatrics	1,255	\$232,573	\$285,102	\$517,674
Family Medicine Clinic for Health Equity (FMC-CAHEP)	1,144	\$212,002	\$259,885	\$471,888
Fort Collins Family Medicine Residency Program	189	\$35,025	\$42,936	\$77,961

³² In accordance with HCPF’s FY 2023-24 budget request R-12, adopted by the General Assembly in the [FY 2022-23 Long Appropriations Act, HB 22-1329](#), this function that was completed by a contracted auditor in the past is now conducted by internal HCPF staff.

³³*FY 2022-23 CICP Clinic. In FY 2023-24, High Plains Community Health Center, MarillacHealth, and Stout Street have also discontinued participation in the CICP.

Primary Care Fund Provider	Patients Served	State Funding	Federal Funding	Final Amount Awarded
High Plains Community Health Center, Inc.*	1,102	\$204,219	\$250,344	\$454,563
Hopelight Medical Clinic	789	\$146,215	\$179,239	\$325,454
Inner City Health Center*	2,230	\$413,257	\$506,595	\$919,851
Kids First Health Care	366	\$67,826	\$83,145	\$150,971
MarillacHealth*	1,282	\$237,576	\$291,235	\$528,811
Mission Medical Center	318	\$58,931	\$0.00	\$58,931
Mountain Family Health Centers	2,572	\$476,635	\$584,288	\$1,060,923
Northwest Colorado Health	669	\$123,977	\$151,978	\$275,955
Open Bible Medical Clinic	224	\$41,511	\$0.00	\$41,511
Peak Vista Community Health Centers*	9,233	\$1,711,031	\$2,097,484	\$3,808,515
Pueblo Community Health Center*	1,781	\$330,049	\$404,594	\$734,644
River Valley Family Health Center*	1,472	\$272,786	\$334,398	\$607,184
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	1,833	\$339,686	\$416,407	\$756,093
Salud Family Health, Inc.	16,029	\$2,970,444	\$3,641,349	\$6,611,793
SET Family Medical Clinics	220	\$40,770	\$49,978	\$90,748
Sheridan Health Services	1,359	\$251,846	\$308,728	\$560,573
Stout Street Health Center*	2,589	\$479,785	\$588,150	\$1,067,935
STRIDE Community Health Center	11,704	\$2,168,949	\$2,658,827	\$4,827,776
Summit Community Care Clinic	1,530	\$283,535	\$347,574	\$631,109
Sunrise Community Health Center	8,464	\$1,568,522	\$1,922,788	\$3,491,310
Tepeyac Community Health Center*	1,640	\$303,920	\$372,563	\$676,483
The PIC Place	1,129	\$209,2234	\$256,478	\$465,701
Uncompahgre Medical Center	278	\$51,518	\$63,154	\$114,672
Valley-Wide Health Systems	3,834	\$710,505	\$870,980	\$1,581,484
Total Providers	115,040	\$21,318,853	\$26,010,802	\$47,329,653

Primary Care Fund Awards



Fiscal Year	Total Funds
2016-17	\$27,276,358
2017-18	\$26,709,204
2018-19	\$25,168,168
2019-20	\$24,846,825
2020-21	\$24,666,436
2021-22	\$51,527,974
2022-23	\$47,329,654
2023-24 Estimated	\$59,118,641

VI. CONCLUSION

Colorado has robust safety net programs in the CICP, Hospital Discounted Care, and the Primary Care Fund which support access to health care at hospitals and clinics throughout the state. These programs allow at least 200,000 lower income Coloradans who are not eligible for Health First Colorado or the CHP+ to receive discounted health care regardless of their immigration status. Because the funding mechanisms for these programs are HAS fees, tobacco tax revenue, and matching federal funds, there is no or limited impact on the state's General Fund.³⁴ Total funds paid to hospitals and clinics to support this safety net were more than \$291 million in FY 2022-23.

HCPF is committed to preserving and improving Colorado's safety net by reducing the administrative burden for providers and, importantly, for the patients themselves. The need for a strong health care safety net continues with the resumption of regular Medicaid eligibility renewals due the PHE Unwind as well as the increase in migrants into Colorado, including 36,000 migrants arriving in Denver over the past year, who are more likely than citizens to utilize safety net care.³⁵

Following the implementation of Hospital Discounted Care, increase in Primary Care Funding with the addition of federal matching funds, and elimination of the Clinic Based Indigent Care line item, CICP clinics and hospitals faced increased administrative burden to navigate two systems for providing care to lower income patients, which particularly impacted rural hospitals and Rural Health Clinics with lower administrative resources. Because of these challenges, to date eleven clinics have stopped participating in the CICP, jeopardizing access to primary care for Coloradans with incomes between 200 and 250% of the FPG who are not eligible for public health coverage. Patients are also burdened with duplicate and confusing application processes. These are unnecessary administrative burdens which affect access to care for Coloradans in need.

Therefore, in line with HCPF's [FY 2024-25 budget request item R-6](#), HCPF recommends the General Assembly sunset the CICP program and add \$1 million in annual funding to the Primary Care Fund to preserve access to care at the level currently covered by the CICP. In addition, the General Assembly should address unintended administrative challenges under Hospital Discounted Care including ensuring the requirements apply to care associated with hospital services, holding health care professionals accountable to the same requirements as hospitals for providing care and for reporting data, and ensuring payment plans reflect the allowed amount for hospital services and professional services.

Without action, more providers are likely to end their participation in the CICP while those who stay will continue to experience administratively burdensome and duplicative processes, leading to provider and patient confusion and frustration and negatively impacting access to care.

³⁴ Primary Care Fund payments for FY 2023-24 will include a one-time additional General Fund appropriation of \$7 million for a total of \$14 million with federal matching funds. HCPF's FY 2024-25 budget request item R-6 includes a request for an ongoing \$500,000 General Fund appropriation for the Primary Care Fund.

³⁵ See footnotes 1 through 4.

VII. APPENDIX A: CICIP DATA

A. CICIP INFORMATION TABLES

Table 7 Annual Income Ranges for Each Federal Poverty Guideline Percentage Range Effective April 1, 2022 through March 31, 2023

Family Size	0% to 40% & Homeless	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$5,436	\$0-\$5,436	\$5,437-\$8,426	\$8,427-\$11,008
2	\$0-\$7,324	\$0-\$7,324	\$7,325-\$11,352	\$11,353-\$14,831
3	\$0-\$9,212	\$0-\$9,212	\$9,213-\$14,279	\$14,280-\$18,654
4	\$0-\$11,100	\$0-\$11,100	\$11,101-\$17,205	\$17,206-\$22,478
5	\$0-\$12,988	\$0-\$12,988	\$12,989-\$20,131	\$20,132-\$26,301
6	\$0-\$14,876	\$0-\$14,876	\$14,877-\$23,058	\$23,059-\$30,124
7	\$0-\$16,764	\$0-\$16,764	\$16,765-\$25,984	\$25,985-\$33,947
8	\$0-\$18,652	\$0-\$18,652	\$18,653-\$28,911	\$28,912-\$37,770

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$11,009-\$13,590	\$13,591-\$15,900	\$15,901-\$18,075	\$18,076-\$21,608
2	\$14,832-\$18,310	\$18,311-\$21,423	\$21,424-\$24,352	\$24,353-\$29,113
3	\$18,655-\$23,030	\$23,031-\$26,945	\$26,946-\$30,630	\$30,631-\$36,618
4	\$22,479-\$27,750	\$27,751-\$32,468	\$32,469-\$36,908	\$36,909-\$44,123
5	\$26,302-\$32,470	\$32,471-\$37,990	\$37,991-\$43,185	\$43,186-\$51,627
6	\$30,125-\$37,190	\$37,191-\$43,512	\$43,513-\$49,463	\$49,464-\$59,132
7	\$33,948-\$41,910	\$41,911-\$49,035	\$49,036-\$55,740	\$55,741-\$66,637
8	\$37,771-\$46,630	\$46,631-\$54,557	\$54,558-\$62,018	\$62,019-\$74,142

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$21,609-\$25,142	\$25,143-\$27,180	\$27,181-\$33,975
2	\$29,114-\$33,874	\$33,875-\$36,620	\$36,621-\$45,775
3	\$36,619-\$42,606	\$42,607-\$46,060	\$46,061-\$57,575
4	\$44,124-\$51,338	\$51,339-\$55,500	\$55,501-\$69,375
5	\$51,628-\$60,070	\$60,071-\$64,940	\$64,941-\$81,175
6	\$59,133-\$68,802	\$68,803-\$74,380	\$74,381-\$92,975
7	\$66,638-\$77,534	\$77,535-\$83,820	\$83,821-\$104,775
8	\$74,143-\$86,266	\$86,267-\$93,260	\$93,261-\$116,575



Table 8 Annual Income Ranges for Each Federal Poverty Guideline Percentage Range Effective April 1, 2023 through March 31, 2024

Family Size	0% to 40% & Homeless	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$5,832	\$0-\$5,832	\$5,833-\$9,040	\$9,041-\$11,810
2	\$0-\$7,888	\$0-\$7,888	\$7,889-\$12,226	\$12,227-\$15,973
3	\$0-\$9,944	\$0-\$9,944	\$9,945-\$15,413	\$15,414-\$20,137
4	\$0-\$12,000	\$0-\$12,000	\$12,001-\$18,600	\$18,601-\$24,974
5	\$0-\$14,056	\$0-\$14,056	\$14,057-\$21,787	\$21,788-\$28,463
6	\$0-\$16,112	\$0-\$16,112	\$16,113-\$24,974	\$24,975-\$32,627
7	\$0-\$18,168	\$0-\$18,168	\$18,169-\$28,160	\$28,161-\$36,790
8	\$0-\$20,224	\$0-\$20,224	\$20,225-\$31,347	\$31,347-\$40,954

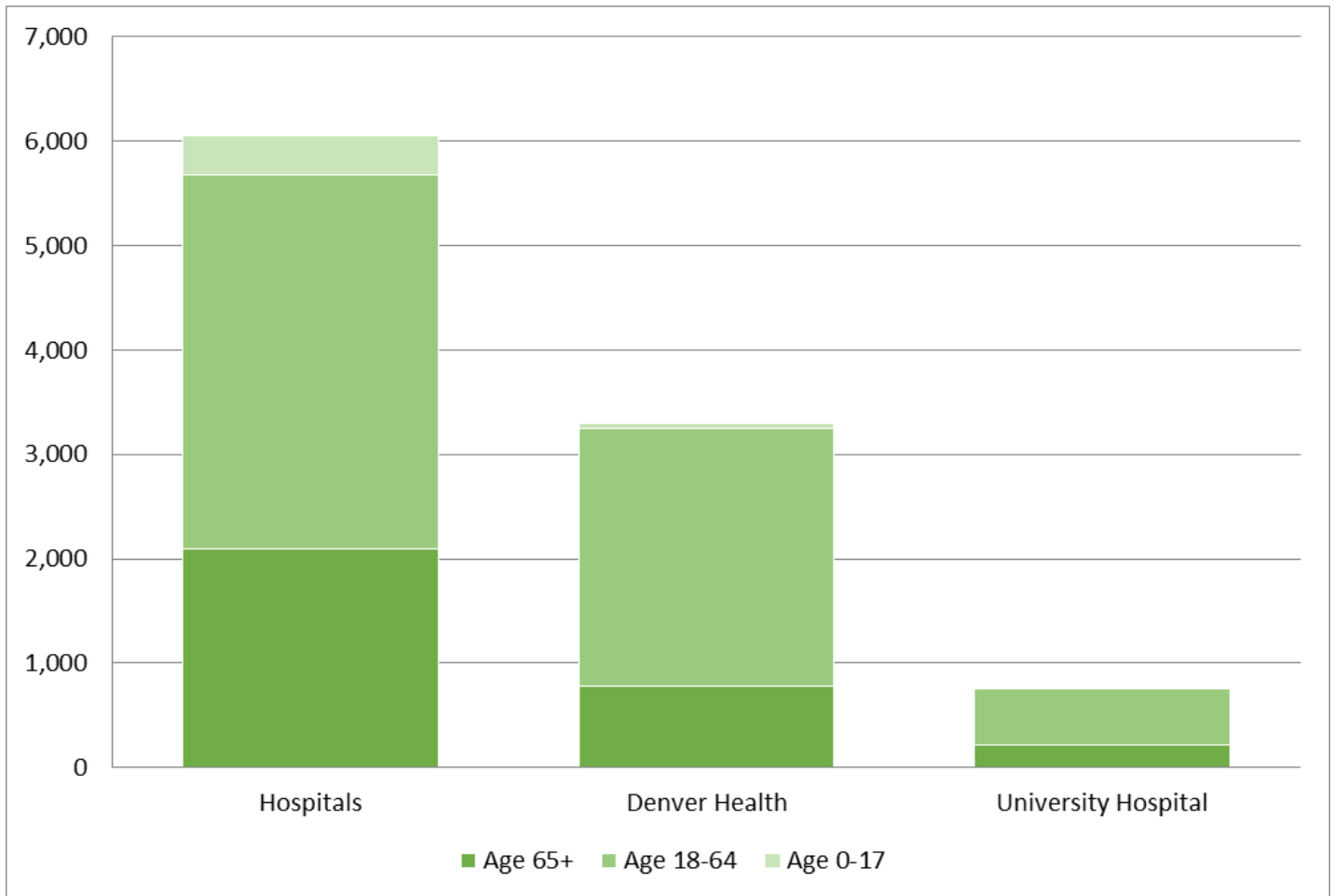
Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$11,811-\$14,580	\$14,581-\$17,059	\$17,060-\$19,391	\$19,392-\$23,182
2	\$15,974-\$19,720	\$19,721-\$23,072	\$23,073-\$26,228	\$26,229-\$31,355
3	\$20,138-\$24,860	\$24,861-\$29,086	\$29,087-\$33,064	\$33,065-\$39,527
4	\$24,301-\$30,000	\$30,001-\$35,100	\$35,101-\$39,900	\$39,901-\$47,700
5	\$28,464-\$35,140	\$35,141-\$41,114	\$41,115-\$46,736	\$46,737-\$55,873
6	\$32,628-\$40,280	\$40,281-\$47,128	\$47,129-\$53,572	\$53,573-\$64,045
7	\$36,791-\$45,420	\$45,421-\$53,141	\$53,142-\$60,409	\$60,410-\$72,218
8	\$40,955-\$50,560	\$50,561-\$59,155	\$59,156-\$67,245	\$67,246-\$80,390

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$23,183-\$26,973	\$26,974-\$29,160	\$29,161-\$36,450
2	\$31,356-\$36,482	\$36,483-\$39,440	\$39,441-\$49,300
3	\$39,528-\$45,991	\$45,992-\$49,720	\$49,721-\$62,150
4	\$47,701-\$55,500	\$55,501-\$60,000	\$60,001-\$75,000
5	\$55,874-\$65,009	\$65,010-\$70,280	\$70,281-\$87,850
6	\$64,046-\$74,518	\$74,519-\$80,560	\$80,561-\$100,700
7	\$72,219-\$84,027	\$84,028-\$90,840	\$90,841-\$113,550
8	\$80,391-\$93,536	\$93,537-\$101,120	\$101,121-\$126,400



During the first six months of CY 2022, there were 10,107 unduplicated patients who received hospital services through the CICP. Children represented 4.2% of the total unique population receiving services. Overall, the program provided 829 unduplicated patients with inpatient care, while 9,701 received hospital outpatient services in the first six months of CY 2022.³⁶

Figure 1 Total Unduplicated CICP Hospital Patient Count by Age Group



³⁶ 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 patients receiving care under the CICP.

[Table 9](#) shows CICIP Inpatient Days for the previous three FYs. The data for FY 2022-23 includes only the first six months of CY 2022 due to the change in reporting beginning with the implementation of Hospital Discounted Care in September 2022. As such, in order to make a more direct comparison to the information reported for CY 2021, the reported number of days was annualized. The annualized numbers show a projected increase in Inpatient Days over the previous year.

Table 9 Comparison of CICIP Inpatient Days³⁷

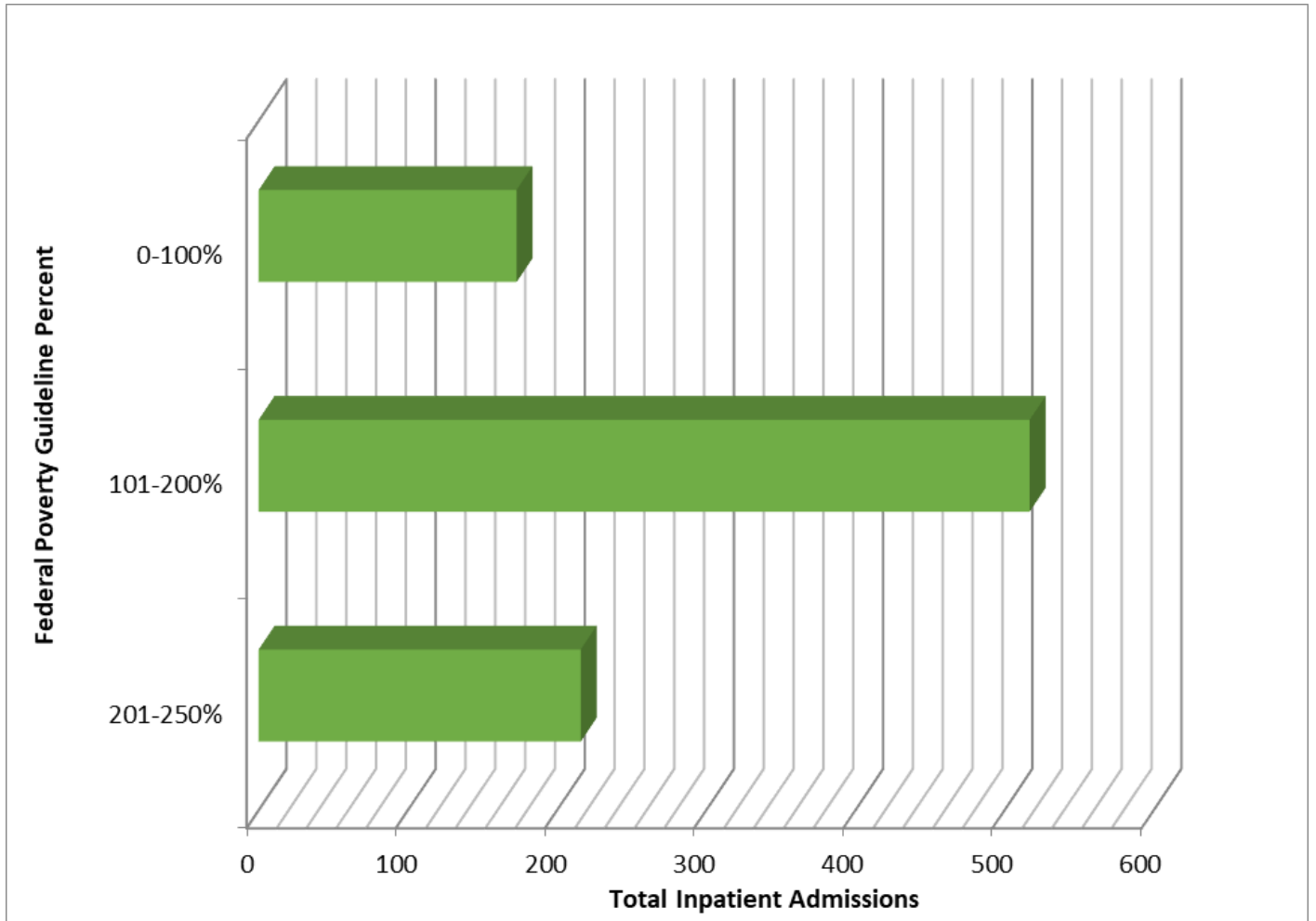
CICIP Provider	CY 2020 Inpatient Days	Percent Change	CY 2021 Inpatient Days	Percent Change	CY 2022 Inpatient Days	Annualized CY 2022 Inpatient Days	Annualized Percent Change
CICIP Hospitals ³⁸	8,082	-32.0%	6,231	-22.9%	3,326	6,652	6.8%
Denver Health Medical Center	1,879	-46.5%	1,156	-38.5%	766	1,532	32.5%
University of Colorado Hospital	2,939	-28.8%	1,501	-48.9%	945	1,890	25.9%
TOTAL	12,900	-33.9%	8,888	-31.1%	5,037	10,074	13.3%

³⁷ Source: Analysis of Data from Previous CICIP Annual Reports

³⁸ Includes CICIP Specialty Hospital Providers

Figure 2 shows the total CICP inpatient admissions by CICP Rating and FPG percentage for the first six months of CY 2022. Of the total inpatient admissions, 18.7% were made for individuals living at or below 100% FPG. FPG Ratings between 101% and 200% accounted for 55.8% of CICP inpatient admissions, while FPG Ratings between 201% and 250% accounted for 23.3% of CICP inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



[Table 10](#) shows CICIP outpatient visits reported for the previous three FYs. The data for CY 2022 includes only the first six months of CY 2022 due to the change in reporting beginning with the implementation of Hospital Discounted Care in September 2022. As such, in order to make a more direct comparison to the information reported for CY 2021, the reported number of visits was annualized. The annualized numbers show an overall projected decrease in Outpatient Visits over the previous year, with University showing a slight projected increase..

Table 10 Comparison of Hospital Outpatient Visits³⁹

CICIP Provider	CY 2020 Outpatient Visits	Percent Change	CY 2021 Outpatient Visits	Percent Change	CY 2022 Outpatient Visits	Annualized CY 2022 Outpatient Visits	Percent Change
CICIP Hospitals ⁴⁰	28,989	-33.7%	24,493	-15.5%	12,054	24,108	-1.6%
Denver Health Medical Center	24,666	-36.3%	28,304	14.7%	12,411	24,822	-12.3%
University of Colorado Hospital	7,351	-33.2%	2,913	-60.4%	1,577	3,154	8.3%
TOTAL	61,006	-34.7%	55,710	-8.7%	26,042	52,084	-6.5%

³⁹ Source: Analysis of Data from Previous CICIP Annual Reports

⁴⁰ Includes CICIP Specialty Hospital Providers

Figure 3 shows the outpatient visits for CICP patients in the first six months of CY 2022. Patients with an FPG rating between 0 and 100% made up 31.2% of the total visits, with patients falling between 101% and 200% making up 46.7% of the total visits, and patients falling between 201% and 250% making up 20.1% of the total visits.

Figure 3 CICP Hospital Outpatient Visits by Rating

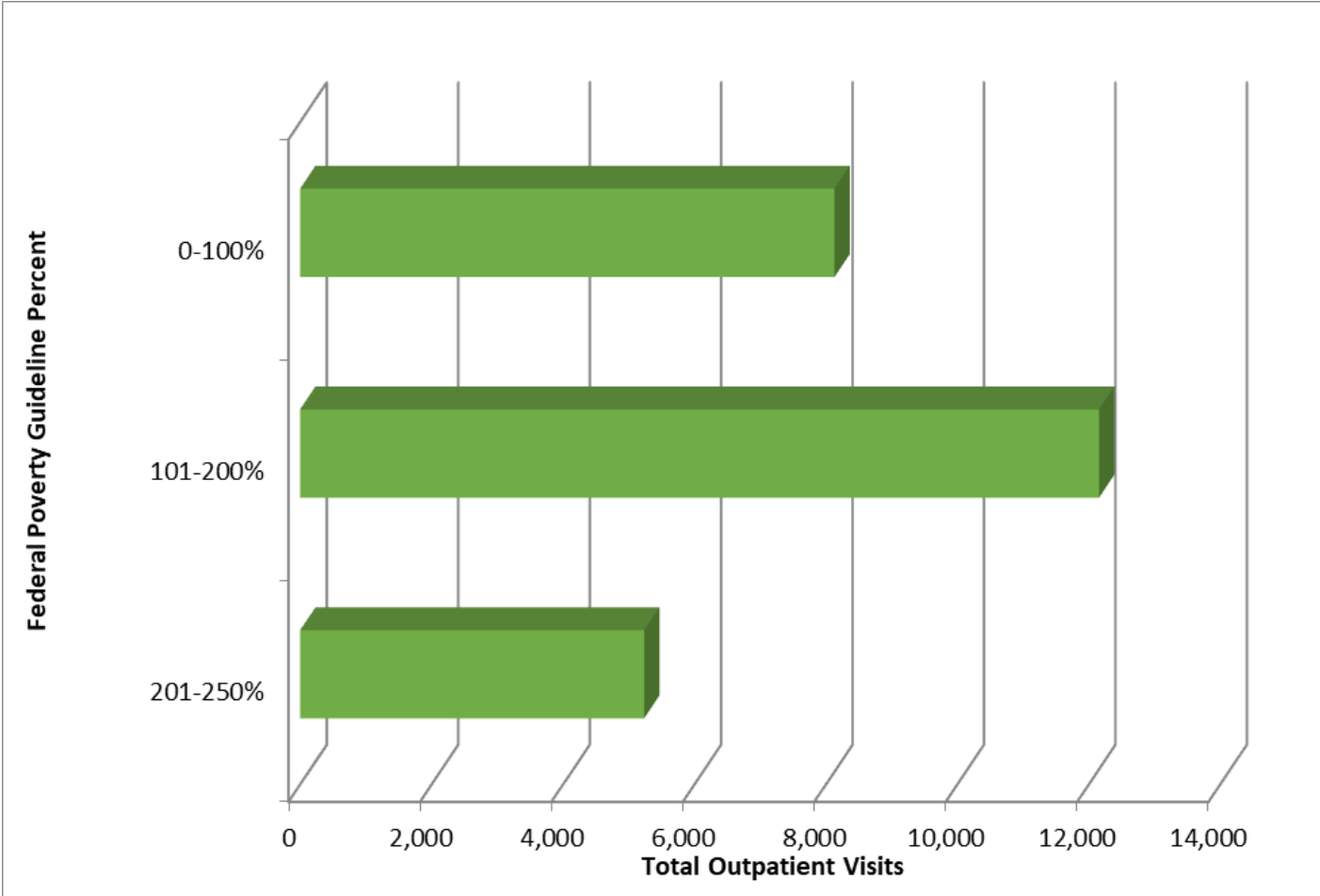


Table 11 FY 2022-23 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	1	4	5
Alamosa	1	1	2
Arapahoe	2	0	2
Archuleta	0	0	0
Baca	0	1	1
Bent	1	0	1
Boulder	1	3	4
Broomfield	1	0	1
Chaffee	1	2	3
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	2	1	3
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	3	1	4
Denver	18	2	20
Dolores	0	0	0
Douglas	3	1	4
Eagle	0	0	0
El Paso	21	4	25
Elbert	0	0	0
Fremont	1	1	2
Garfield	0	3	3
Gilpin	0	0	0
Grand	5	1	6
Gunnison	5	1	6
Hinsdale	0	0	0
Huerfano	1	1	2
Jackson	1	0	1
Jefferson	3	0	3
Kiowa	0	0	0
Kit Carson	1	0	1
La Plata	0	1	1

County	Clinics	Hospitals	Totals
Lake	0	0	0
Larimer	2	5	7
Las Animas	1	1	2
Lincoln	3	1	4
Logan	0	1	1
Mesa	8	3	11
Mineral	1	0	1
Moffat	0	1	1
Montezuma	7	1	8
Montrose	6	1	7
Morgan	0	2	2
Otero	0	1	1
Ouray	0	0	0
Park	0	0	0
Phillips	1	1	2
Pitkin	0	1	1
Prowers	6	1	7
Pueblo	10	1	11
Rio Blanco	0	1	1
Rio Grande	5	1	6
Routt	0	1	1
Saguache	1	0	1
San Juan	0	0	0
San Miguel	0	0	0
Sedgwick	1	1	2
Summit	0	0	0
Teller	1	1	2
Washington	0	0	0
Weld	2	2	4
Yuma	1	1	2
Totals	128	57	185

Table 12 Historic CICIP Hospital Write-Off Costs⁴¹

	CY 2020	CY 2021	CY 2022
CICIP Hospitals	\$51,979,347	\$41,480,278	\$22,876,009
Percent Change	-32.4%	-20.2%	-44.9%
Denver Health Medical Center	\$21,421,072	\$17,714,976	\$9,875,790
Percent Change	-33.7%	-17.3%	-44.3%
University of Colorado Hospital	\$20,157,032	\$10,273,867	\$6,166,927
Percent Change	-32.6%	-49.0%	-40.0%
All CICIP Hospitals	\$93,557,451	\$69,469,121	\$38,918,726
Percent Change	-32.6%	-25.7%	-44.0%

⁴¹ Source: Analysis of Data from Previous CICIP Annual Reports

B. CICP FINANCIAL TABLES

The following tables include information for the CICP hospitals that participated in FY 2022-23. Additionally, the data included covers only the first six months of CY 2022 instead of the usual full calendar year due to the change in reporting that combined the CICP and Hospital Discounted Care data beginning in September 2022.

Table 13 Total CICP Hospital Financial Activity

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$673,703	\$204,072	\$79,248	\$390,383	\$180,054
Aspen Valley Hospital District	\$568,741	\$133,277	\$15,168	\$420,296	\$251,714
Banner Fort Collins Medical Center	\$273,750	\$17,370	\$28,825	\$227,555	\$107,877
Boulder Community Health	\$2,337,695	\$164,562	\$17,025	\$2,156,108	\$383,724
Centura Health - Penrose-St. Francis Health Services ⁴²	\$20,620,647	\$2,752,868	\$387,157	\$17,480,622	\$3,212,614
Centura Health - St. Elizabeth Hospital	\$438,817	\$54,414	\$2,558	\$381,845	\$78,108
Centura Health - St. Thomas More Hospital	\$2,584,502	\$660,769	\$77,311	\$1,846,422	\$503,604
Community Hospital	\$1,747,431	\$167,939	\$24,926	\$1,554,566	\$444,638
Delta County Memorial Hospital	\$238,648	\$42,195	\$2,735	\$193,718	\$69,152
East Morgan County Hospital	\$219,927	\$57,367	\$14,509	\$148,051	\$92,260
Estes Park Health ⁴³	\$160,690	\$14,887	\$4,124	\$141,679	\$97,707
Family Health West Hospital	\$147,407	\$0	\$925	\$146,482	\$61,050
Grand River Hospital and Medical Center	\$522,871	\$130,739	\$28,444	\$363,688	\$214,603
Gunnison Valley Hospital ^{30,31}	\$407,922	\$182,968	\$103,921	\$121,033	\$51,103
Heart of the Rockies Regional Medical Center	\$402,277	\$270,870	\$14,882	\$116,525	\$55,171
Lincoln Health	\$243	\$0	\$40	\$203	\$164
Longmont United Hospital	\$3,763,469	\$282,977	\$55,103	\$3,425,389	\$816,794
McKee Medical Center	\$933,094	\$250,044	\$15,320	\$667,730	\$191,849

⁴² Includes physician charges, third party payments, and patient liability.

⁴³ Includes ambulance charges, third party payments, and patient liability.

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Melissa Memorial Hospital ⁴⁴	\$258,291	\$71,451	\$2,973	\$183,867	\$124,174
Memorial Regional Health	\$68,470	\$47,133	\$0	\$21,337	\$11,769
Mercy Regional Medical Center ⁴⁵	\$0	\$0	\$0	\$0	\$0
Middle Park Medical Center, Kremmling	\$18,647	\$3,803	\$1,585	\$13,259	\$7,652
Montrose Memorial Hospital ³²	\$1,907,689	\$359,067	\$71,323	\$1,477,299	\$515,592
Mt San Rafael Hospital	\$501,832	\$400,148	\$18,543	\$83,141	\$35,090
North Colorado Medical Center	\$5,202,355	\$1,200,285	\$88,336	\$3,913,734	\$1,015,251
Parkview Medical Center ³²	\$14,179,551	\$1,666,638	\$1,209,860	\$11,303,053	\$1,732,670
Platte Valley Medical Center	\$1,718,294	\$296,903	\$25,313	\$1,396,078	\$407,904
Prowers Medical Center ³²	\$683,847	\$214,120	\$31,596	\$438,131	\$297,654
Rangely District Hospital ⁴⁶	\$0	\$0	\$0	\$0	\$0
Rio Grande Hospital ³²	\$418,710	\$95,607	\$40,256	\$282,847	\$157,219
San Luis Valley Health Conejos County Hospital	\$11,506	\$1,177	\$900	\$9,429	\$5,676
San Luis Valley Regional Medical Center	\$435,761	\$98,437	\$28,570	\$308,754	\$113,972
Sedgwick County Memorial Hospital	\$83,831	\$44,340	\$5,445	\$34,046	\$19,622
Southeast Colorado Hospital District ⁴⁷	\$28,814	\$8,071	\$1,615	\$19,128	\$12,942
Southwest Memorial Hospital ³⁵	\$3,550,997	\$947,151	\$147,719	\$2,456,127	\$1,138,880
Spanish Peaks Regional Health Center	\$195,816	\$73,222	\$865	\$121,729	\$70,117
St. Mary's Hospital and Medical Center, Inc. ³²	\$6,147,147	\$1,223,477	\$159,012	\$4,764,658	\$1,414,607
Sterling Regional Medical Center	\$325,234	\$77,360	\$11,878	\$235,996	\$93,780
UCHealth Greeley Hospital	\$3,793,282	\$449,052	\$14,939	\$3,329,291	\$845,736

⁴⁴ Includes physician charges, third party payments, and patient liability.

⁴⁵ Mercy had no reportable visits, admissions, or charges for the first six months of CY 2022.

⁴⁶ Rangely District Hospital joined CICP in July 2022, and this report only contains data from the first six months of 2022, so there is no data available.

⁴⁷ Includes ambulance charges, third party payments, and patient liability.

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
UCHealth Highlands Ranch Hospital ⁴⁸	\$1,391,303	\$119,606	\$12,589	\$1,259,108	\$252,938
UCHealth Longs Peak ⁴⁹	\$1,554,010	\$143,171	\$21,908	\$1,388,931	\$354,475
UCHealth Medical Center of the Rockies	\$4,542,356	\$572,947	\$25,876	\$3,943,533	\$824,590
UCHealth Memorial Hospital	\$16,069,128	\$1,672,447	\$145,250	\$14,251,431	\$2,508,071
UCHealth Pikes Peak Regional Hospital	\$184,880	\$26,063	\$7,482	\$151,335	\$55,327
UCHealth Poudre Valley Hospital ⁵⁰	\$7,090,868	\$909,602	\$48,164	\$6,133,102	\$1,527,172
UCHealth Yampa Valley Medical Center	\$549,097	\$170,718	\$16,132	\$362,247	\$217,405
Valley View Hospital	\$1,433,625	\$0	\$0	\$1,433,625	\$575,919
Wray Community District Hospital ³⁶	\$579	\$0	\$35	\$544	\$391
Sub-Total CICP Hospital Providers	\$108,387,754	\$16,279,314	\$3,010,385	\$89,098,055	\$21,148,781

CICP Specialty Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ^{36,37}	\$5,262,049	\$1,734,968	\$80,832	\$3,446,249	\$1,360,660
National Jewish Health ³⁷	\$810,212	\$129,055	\$12,820	\$668,337	\$366,568
Sub-Total CICP Specialty Hospital Providers	\$6,072,261	\$1,864,023	\$93,652	\$4,114,586	\$1,727,228
Denver Health Medical Center ^{36,37,38}	\$33,375,026	\$2,202,274	\$445,499	\$30,727,253	\$9,875,790
University of Colorado Hospital ^{36,37}	\$37,980,713	\$2,295,564	\$183,374	\$35,501,775	\$6,166,927
Total CICP Hospital Providers	\$185,815,754	\$22,641,175	\$3,732,910	\$159,441,669	\$38,918,726

⁴⁸ Includes physician charges, third party payments, and patient liability.

⁴⁹ Includes pharmacy charges, third party payments, and patient liability.

⁵⁰ Includes ambulance charges, third party payments, and patient liability.

Table 14 Physician Services Detail

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Centura Health - Penrose-St. Francis Health Services	\$202,844	\$0	\$39,194	\$163,650
Children's Hospital Colorado	\$197,663	\$30,333	\$11,779	\$155,551
Denver Health Medical Center	\$3,998,863	\$180,596	\$0	\$3,818,267
Gunnison Valley Hospital	\$25,360	\$12,213	\$0	\$13,147
Melissa Memorial Hospital	\$9,410	\$3,576	\$989	\$4,845
Montrose Memorial Hospital	\$86,468	\$2,269	\$14,456	\$69,743
Parkview Medical Center	\$219,224	\$0	\$25,081	\$194,143
Prowers Medical Center	\$45,947	\$24,936	\$4,133	\$16,878
Rio Grande Hospital	\$67,928	\$17,804	\$10,459	\$39,665
St. Mary's Hospital and Medical Center, Inc.	\$125,750	\$8,602	\$0	\$117,148
UCHealth Highlands Ranch	\$47,191	\$2,355	\$541	\$44,295
University of Colorado Hospital	\$2,819,912	\$128,577	\$19,879	\$2,671,456
Wray Community District Hospital	\$186	\$0	\$0	\$186
Total	\$7,846,746	\$411,261	\$126,511	\$7,308,974

Table 15 Outpatient Pharmacy Detail

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$2,306	\$2,046	\$260	\$0
Denver Health Medical Center	\$4,489,428	\$55,303	\$92,905	\$4,341,220
National Jewish Health	\$91,121	\$0	\$455	\$90,666
UCHealth Longs Peak	\$20	\$0	\$20	\$0
University of Colorado Hospital	\$476,144	\$257,710	\$5,646	\$212,788
Total	\$5,059,019	\$315,059	\$99,286	\$4,644,674



Table 16 Ambulance Detail

CICP Hospital Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Denver Health Medical Center	\$7,948	\$0	\$909	\$7,039
Estes Park Health	\$8,814	\$0	\$0	\$8,814
Gunnison Valley Hospital	\$6,060	\$1,871	\$182	\$4,007
Southeast Colorado Hospital District	\$2,413	\$845	\$70	\$1,498
Southwest Memorial Hospital	\$87,104	\$9,303	\$1,335	\$76,466
UCHealth Poudre Valley Hospital	\$303,757	\$21,665	\$3,150	\$278,942
Total	\$416,096	\$33,684	\$5,646	\$376,766

Table 17 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$24,878,787	\$1,966,375	\$351,685	\$22,560,727
Physician Services	\$3,998,863	\$180,596	\$0	\$3,818,267
Ambulance Services	\$7,948	\$0	\$909	\$7,039
Outpatient Pharmacy	\$4,489,428	\$55,303	\$92,905	\$4,341,220
Total	\$33,375,026	\$2,202,274	\$445,499	\$30,727,253

Table 18 Inpatient and Outpatient Charges (Detail)⁵¹

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	\$205,873	\$344,688	\$550,561	\$82,855	\$40,287	\$123,142	\$673,703
Aspen Valley Hospital District	\$188,904	\$358,326	\$547,230	\$21,511	\$0	\$21,511	\$568,741
Banner Fort Collins Medical Center	\$29,867	\$150,885	\$180,752	\$56,386	\$36,612	\$92,998	\$273,750
Boulder Community Health	\$470,430	\$418,544	\$888,974	\$942,813	\$505,908	\$1,448,721	\$2,337,695
Centura Health - Penrose-St. Francis Health Services	\$3,532,393	\$5,590,436	\$9,122,829	\$8,516,671	\$2,778,303	\$11,294,974	\$20,417,803
Centura Health - St. Elizabeth Hospital	\$135,611	\$239,127	\$374,738	\$64,079	\$0	\$64,079	\$438,817
Centura Health - St. Thomas More Hospital	\$643,334	\$1,404,073	\$2,047,407	\$453,789	\$83,306	\$537,095	\$2,584,502
Community Hospital	\$1,118,684	\$10,597	\$1,129,281	\$618,150	\$0	\$618,150	\$1,747,431
Delta County Memorial Hospital	\$150,531	\$0	\$150,531	\$88,117	\$0	\$88,117	\$238,648
East Morgan County Hospital	\$55,467	\$146,271	\$201,738	\$18,189	\$0	\$18,189	\$219,927
Estes Park Health	\$70,844	\$64,216	\$135,060	\$16,816	\$0	\$16,816	\$151,876
Family Health West Hospital	\$147,407	\$0	\$147,407	\$0	\$0	\$0	\$147,407
Grand River Hospital and Medical Center	\$144,335	\$336,426	\$480,761	\$42,110	\$0	\$42,110	\$522,871

⁵¹ Table does not include physician, outpatient pharmacy, or ambulance charges. Total Charges in Table 18 will equal Charges in Table 13 by adding physician charges from Table 14, pharmacy charges from Table 15, and ambulance charges from Table 16.

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
Gunnison Valley Hospital	\$100,225	\$118,976	\$219,201	\$152,949	\$4,352	\$157,301	\$376,502
Heart of the Rockies Regional Medical Center	\$26,225	\$257,163	\$283,388	\$14,204	\$104,685	\$118,889	\$402,277
Lincoln Health	\$0	\$243	\$243	\$0	\$0	\$0	\$243
Longmont United Hospital	\$897,681	\$1,052,016	\$1,949,697	\$1,728,715	\$85,057	\$1,813,772	\$3,763,469
McKee Medical Center	\$44,291	\$638,928	\$683,219	\$129,485	\$120,390	\$249,875	\$933,094
Melissa Memorial Hospital	\$118,447	\$33,549	\$151,996	\$96,885	\$0	\$96,885	\$248,881
Memorial Regional Health	\$29,951	\$38,519	\$68,470	\$0	\$0	\$0	\$68,470
Mercy Regional Medical Center ⁵²	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Middle Park Medical Center, Kremmling	\$18,647	\$0	\$18,647	\$0	\$0	\$0	\$18,647
Montrose Memorial Hospital	\$475,149	\$729,752	\$1,204,901	\$610,380	\$5,940	\$616,320	\$1,821,221
Mt San Rafael Hospital	\$121,124	\$248,803	\$369,927	\$0	\$131,905	\$131,905	\$501,832
North Colorado Medical Center	\$627,177	\$2,797,576	\$3,424,753	\$1,478,137	\$299,465	\$1,777,602	\$5,202,355
Parkview Medical Center	\$2,341,195	\$3,331,453	\$5,672,648	\$6,950,768	\$1,336,911	\$8,287,679	\$13,960,327
Platte Valley Medical Center	\$401,351	\$841,943	\$1,243,294	\$460,947	\$14,053	\$475,000	\$1,718,294
Prowers Medical Center	\$128,989	\$497,738	\$626,727	\$0	\$11,173	\$11,173	\$637,900
Rangely District Hospital ⁵³	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rio Grande Hospital	\$153,331	\$197,451	\$350,782	\$0	\$0	\$0	\$350,782

⁵² Mercy had no reportable visits, admissions, or charges for the first six months of CY 2022.

⁵³ Rangely District Hospital joined CICP in July 2022, and this report only contains data from the first six months of 2022, so there is no data available.

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
San Luis Valley Health Conejos County Hospital	\$1,032	\$10,474	\$11,506	\$0	\$0	\$0	\$11,506
San Luis Valley Regional Medical Center	\$268,592	\$113,757	\$382,349	\$4,745	\$48,667	\$53,412	\$435,761
Sedgwick County Memorial Hospital	\$0	\$66,794	\$66,794	\$17,037	\$0	\$17,037	\$83,831
Southeast Colorado Hospital District	\$10,870	\$6,136	\$17,006	\$9,395	\$0	\$9,395	\$26,401
Southwest Memorial Hospital	\$946,305	\$1,584,924	\$2,531,229	\$751,358	\$181,306	\$932,664	\$3,463,893
Spanish Peaks Regional Health Center	\$84,524	\$81,189	\$165,713	\$30,103	\$0	\$30,103	\$195,816
St. Mary's Hospital and Medical Center, Inc.	\$507,901	\$2,954,817	\$3,462,718	\$1,986,631	\$572,048	\$2,558,679	\$6,021,397
Sterling Regional Medical Center	\$90,217	\$213,640	\$303,857	\$21,377	\$0	\$21,377	\$325,234
UCHealth Greeley Hospital	\$424,684	\$1,944,907	\$2,369,591	\$1,215,469	\$208,222	\$1,423,691	\$3,793,282
UCHealth Highlands Ranch Hospital	\$217,161	\$313,051	\$530,212	\$813,900	\$0	\$813,900	\$1,344,112
UCHealth Longs Peak	\$546,334	\$309,510	\$855,844	\$585,323	\$112,823	\$698,146	\$1,553,990
UCHealth Medical Center of the Rockies	\$585,848	\$1,226,422	\$1,812,270	\$1,469,994	\$1,260,092	\$2,730,086	\$4,542,356
UCHealth Memorial Hospital	\$3,769,999	\$5,836,143	\$9,606,142	\$5,991,852	\$471,134	\$6,462,986	\$16,069,128
UCHealth Pikes Peak Regional Hospital	\$49,492	\$70,750	\$120,242	\$64,638	\$0	\$64,638	\$184,880
UCHealth Poudre Valley Hospital	\$967,450	\$3,015,824	\$3,983,274	\$2,597,395	\$206,442	\$2,803,837	\$6,787,111

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
UCHealth Yampa Valley Medical Center	\$113,582	\$260,131	\$373,713	\$175,384	\$0	\$175,384	\$549,097
Valley View Hospital	\$174,515	\$814,085	\$988,600	\$445,025	\$0	\$445,025	\$1,433,625
Wray Community District Hospital	\$0	\$393	\$393	\$0	\$0	\$0	\$393
Sub-Total CICP Hospital Providers	\$21,135,969	\$38,670,646	\$59,806,615	\$38,723,582	\$8,619,081	\$47,342,663	\$107,149,278

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	\$692,181	\$1,643,620	\$2,335,801	\$1,604,603	\$1,121,676	\$2,726,279	\$5,062,080
National Jewish Health	\$800	\$718,291	\$719,091	\$0	\$0	\$0	\$719,091
Sub-Total CICP Specialty Hospital Providers	\$692,981	\$2,361,911	\$3,054,892	\$1,604,603	\$1,121,676	\$2,726,279	\$5,781,171
Denver Health Medical Center	\$3,637,929	\$13,208,601	\$16,846,530	\$6,846,044	\$1,186,213	\$8,032,257	\$24,878,787
University of Colorado Hospital	\$3,839,971	\$8,546,370	\$12,386,341	\$19,340,568	\$2,957,748	\$22,298,316	\$34,684,657
Total CICP Hospital Providers	\$29,306,850	\$62,787,528	\$92,094,378	\$66,514,797	\$13,884,718	\$80,399,515	\$172,493,893

C. CICIP UTILIZATION TABLES

The following tables include information for the CICIP hospitals that participated in FY 2022-23. Additionally, the data included covers only the first six months of CY 2022 instead of the usual full calendar year due to the change in reporting that combined the CICIP and Hospital Discounted Care data beginning in September 2022.

Table 19 Admissions and Visits by County⁵⁴

County	CICIP Hospitals ⁵⁵	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	359	1,375	415	2,149
Alamosa	125	0	4	129
Arapahoe	232	1,780	615	2,627
Archuleta	2	0	0	2
Baca	32	0	0	32
Bent	21	0	1	22
Boulder	208	6	67	281
Broomfield	12	16	0	28
Chaffee	129	0	0	129
Cheyenne	0	0	0	0
Clear Creek	11	0	1	12
Conejos	60	0	4	64
Costilla	21	0	0	21
Crowley	19	0	0	19
Custer	18	0	0	18
Delta	118	0	3	121
Denver	189	8,371	321	8,881
Dolores	8	0	0	8
Douglas	47	104	40	191
Eagle	36	2	2	40
Elbert	3	8	2	13
El Paso	2,172	4	27	2,203
Fremont	469	0	4	473
Garfield	380	0	7	387
Gilpin	5	0	0	5
Grand	16	1	0	17
Gunnison	255	0	0	255
Hinsdale	0	0	0	0
Huerfano	98	0	0	98
Jackson	5	3	0	8
Jefferson	75	672	61	808
Kiowa	10	0	0	10
Kit Carson	4	0	0	4
Lake	3	0	0	3

⁵⁴ Utilization by County is the sum of admissions and visits by reported patient residency.

⁵⁵ Includes CICIP Specialty Hospital providers

County	CICP Hospitals ⁵⁵	Denver Health Medical Center	University of Colorado Hospital	Total
La Plata	10	0	0	10
Larimer	829	4	11	844
Las Animas	285	0	0	285
Lincoln	6	0	2	8
Logan	140	0	0	140
Mesa	717	0	6	723
Mineral	10	0	0	10
Moffat	34	0	0	34
Montezuma	1,807	0	12	1,819
Montrose	326	0	0	326
Morgan	166	9	10	185
Otero	189	0	2	191
Ouray	10	0	0	10
Park	12	0	0	12
Phillips	60	0	0	60
Pitkin	96	0	0	96
Prowers	242	0	1	243
Pueblo	577	0	9	586
Rio Blanco	7	0	0	7
Rio Grande	390	0	2	392
Routt	89	0	5	94
Saguache	66	0	3	69
San Juan	1	0	0	1
San Miguel	8	0	0	8
Sedgwick	79	0	0	79
Summit	2	3	0	5
Teller	114	0	5	119
Washington	10	0	0	10
Weld	1,098	74	33	1,205
Yuma	16	0	0	16
Unknown	207	114	3	324
Total	12,745	12,546	1,678	26,969

Table 20 Outpatient Visits and Inpatient Admissions by CICP Rating

Outpatient Visits

CICP Hospitals ⁵⁶			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
0-100%	1,659	13.8%	5,892	47.5%	582	36.9%	8,133	31.2%
101-200%	6,662	55.3%	4,772	38.4%	724	45.9%	12,158	46.7%
201-250%	3,241	26.9%	1,724	13.9%	271	17.2%	5,236	20.1%
Unknown	492	4.1%	23	0.2%	0	0.0%	515	2.0%
Total	12,054	100.0%	12,411	100.0%	1,577	100.0%	26,042	100.0%

Inpatient Admissions

CICP Hospitals ⁴⁵			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICP Rating	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
0-100%	80	11.6%	52	38.5%	41	40.6%	173	18.7%
101-200%	424	61.4%	55	40.7%	38	37.6%	517	55.8%
201-250%	166	24.0%	28	20.7%	22	21.8%	216	23.3%
Unknown	21	3.0%	0	0.0%	0	0.0%	21	2.3%
Total	691	100.0%	135	100.0%	101	100.0%	927	100.0%

⁵⁶ Includes CICP Specialty Hospital providers

Table 21 Inpatient Admissions and Days by CICP Rating

CICP Hospitals ⁴⁶			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICP Rating	Admits	Days	Admits	Days	Admits	Days	Admits	Days
0-100%	80	371	52	334	41	497	173	1,202
101-200%	424	2,027	55	316	38	279	517	2,622
201-250%	166	852	28	116	22	169	216	1,137
Unknown	21	76	0	0	0	0	21	76
Total	691	3,326	135	766	101	945	927	5,037

Table 22 Outpatient Visits and Charges by Age

CICP Hospitals ⁵⁷			Denver Health Medical Center		University of Colorado Hospital		All Providers	
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	557	\$2,027,621	70	\$37,622	3	\$69,162	630	\$2,134,405
18-64	6,917	\$34,726,866	8,719	\$10,000,601	1,025	\$6,800,676	16,661	\$51,528,143
65+	4,580	\$26,107,020	3,622	\$6,808,307	549	\$5,516,503	8,751	\$38,431,830
Total	12,054	\$62,861,507	12,411	\$16,846,530	1,577	\$12,386,341	26,042	\$92,094,378

⁵⁷ Includes CICP Specialty Hospital providers

Table 23 Inpatient Admissions and Charges by Age

CICP Hospitals ⁵⁸			Denver Health Medical Center		University of Colorado Hospital		All Providers	
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	68	\$2,803,486	1	\$11,386	2	\$22,758	71	\$2,837,630
18-64	308	\$21,506,938	62	\$3,603,229	56	\$9,706,738	426	\$34,816,905
65+	315	\$25,758,518	72	\$4,417,642	43	\$12,568,820	430	\$42,744,980
Total	691	\$50,068,942	135	\$8,032,257	101	\$22,298,316	927	\$80,399,515

⁵⁸ Includes CICP Specialty Hospital providers

Table 24 Utilization by Provider

CICP Hospital Provider Name	Visits	Admissions	Days	ALOS ⁵⁹
Arkansas Valley Regional Medical Center	162	5	18	3.60
Aspen Valley Hospital District	87	3	4	1.33
Banner Fort Collins Medical Center	13	2	10	5.00
Boulder Community Health	88	17	62	3.65
Centura Health - Penrose-St. Francis Health Services	774	131	687	5.24
Centura Health - St. Elizabeth Hospital	100	2	4	2.00
Centura Health - St. Thomas More Hospital	373	13	65	5.00
Community Hospital	172	9	44	4.89
Delta County Memorial Hospital	21	4	7	1.75
East Morgan County Hospital	122	3	5	1.67
Estes Park Health	35	1	2	2.00
Family Health West Hospital	15	0	0	0.00
Grand River Hospital and Medical Center	360	1	2	2.00
Gunnison Valley Hospital	82	4	11	2.75
Heart of the Rockies Regional Medical Center	71	2	17	8.50
Lincoln Health	1	0	0	0.00
Longmont United Hospital	219	19	83	4.37
McKee Medical Center	90	6	29	4.83
Melissa Memorial Hospital	55	3	11	3.67
Memorial Regional Health	27	0	0	0.00
Mercy Regional Medical Center ⁶⁰	0	0	0	0.00
Middle Park Medical Center, Kremmling	14	0	0	0.00
Montrose Memorial Hospital	337	15	38	2.53
Mt San Rafael Hospital	263	2	8	4.00
North Colorado Medical Center	454	33	164	4.97
Parkview Medical Center	546	78	408	5.23
Platte Valley Medical Center	198	7	45	6.43
Prowers Medical Center	268	1	2	2.00
Rangely District Hospital	0	0	0	0.00
Rio Grande Hospital	401	0	0	0.00
San Luis Valley Health Conejos County Hospital	12	0	0	0.00
San Luis Valley Regional Medical Center	203	2	2	1.00
Sedgwick County Memorial Hospital	66	2	5	2.50
Southeast Colorado Hospital District	21	1	2	2.00
Southwest Memorial Hospital	1,764	35	126	3.60

⁵⁹ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

⁶⁰ Mercy had no reportable visits, admissions, or charges for the first six months of CY 2022.

CICP Hospital Provider Name	Visits	Admissions	Days	ALOS ⁵⁹
Spanish Peaks Regional Health Center	106	2	2	1.00
St. Mary's Hospital and Medical Center, Inc.	560	40	187	4.68
Sterling Regional Medical Center	136	2	3	1.50
UCHealth Greeley Hospital	198	15	75	5.00
UCHealth Highlands Ranch Hospital	43	11	68	6.18
UCHealth Longs Peak	89	12	34	2.83
UCHealth Medical Center of the Rockies	225	28	151	5.39
UCHealth Memorial Hospital	1,181	81	410	5.06
UCHealth Pikes Peak Regional Hospital	79	2	8	4.00
UCHealth Poudre Valley Hospital	644	39	309	7.92
UCHealth Yampa Valley Medical Center	119	6	12	2.00
Valley View Hospital	230	10	32	3.20
Wray Community District Hospital	1	0	0	0.00
Sub-Total CICP Hospital Providers	11,025	649	3,152	4.86

CICP Specialty Hospital Provider Name	Visits	Admissions	Days	ALOS ⁶¹
Children's Hospital Colorado	669	42	174	4.14
National Jewish Health	360	0	0	0.00
Sub-Total CICP Specialty Hospital Providers	1,029	42	174	4.14
Denver Health Medical Center	12,411	135	766	5.67
University of Colorado Hospital	1,577	101	945	9.36
Total CICP Hospital Providers	26,042	927	5,037	5.43

⁶¹ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

Table 25 Unduplicated Inpatient and Outpatient by Age

CICP Hospital Provider Name	Inpatient				Outpatient			
	Age 0 thru 17	Age 18 thru 64	Age 65+	Total	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	1	4	0	5	2	85	0	87
Aspen Valley Hospital District	0	1	1	2	2	28	14	44
Banner Fort Collins Medical Center	0	1	1	2	0	3	5	8
Boulder Community Health	0	6	6	12	0	34	15	49
Centura Health - Penrose-St. Francis Health Services	14	56	42	112	3	181	146	330
Centura Health - St. Elizabeth Hospital	0	0	1	1	2	39	22	63
Centura Health - St. Thomas More Hospital	0	2	10	12	0	80	67	147
Community Hospital	1	5	2	8	1	34	13	48
Delta County Memorial Hospital	0	3	1	4	0	10	4	14
East Morgan County Hospital	1	1	1	3	1	34	27	62
Estes Park Health	0	1	0	1	1	11	6	18
Family Health West Hospital	0	0	0	0	0	5	4	9
Grand River Hospital and Medical Center	0	0	1	1	1	63	27	91
Gunnison Valley Hospital	0	2	2	4	0	63	19	82
Heart of the Rockies Regional Medical Center	0	1	1	2	0	27	10	37
Lincoln Health	0	0	0	0	0	1	0	1
Longmont United Hospital	0	8	9	17	1	79	31	111
McKee Medical Center	0	2	3	5	0	22	25	47
Melissa Memorial Hospital	0	1	1	2	0	13	5	18
Memorial Regional Health	0	0	0	0	1	10	4	15
Mercy Regional Medical Center ⁶²	0	0	0	0	0	0	0	0
Middle Park Medical Center, Kremmling	0	0	0	0	0	7	1	8
Montrose Memorial Hospital	1	9	3	13	3	134	59	196

⁶² Mercy had no reportable visits, admissions, or charges for the first six months of CY 2022.

Mt San Rafael Hospital	0	0	2	2	1	53	35	89
North Colorado Medical Center	1	10	17	28	2	126	70	198
Parkview Medical Center	1	30	39	70	8	268	133	409
Platte Valley Medical Center	0	3	3	6	1	69	14	84
Prowers Medical Center	0	0	1	1	1	49	46	96
Rangely District Hospital ⁶³	0	0	0	0	0	0	0	0
Rio Grande Hospital	0	0	0	0	4	73	43	120
San Luis Valley Health Conejos County Hospital	0	0	0	0	0	10	1	11
San Luis Valley Regional Medical Center	0	2	0	2	1	123	4	128
Sedgwick County Memorial Hospital	0	0	2	2	0	8	7	15
Southeast Colorado Hospital District	0	0	1	1	0	7	1	8
Southwest Memorial Hospital	1	14	20	35	9	281	192	482
Spanish Peaks Regional Health Center	0	2	0	2	1	32	29	62
St. Mary's Hospital and Medical Center, Inc.	1	16	8	25	3	160	64	227
Sterling Regional Medical Center	0	1	0	1	0	33	21	54
UCHealth Greeley Hospital	0	9	5	14	4	64	37	105
UCHealth Highlands Ranch Hospital	0	4	7	11	0	26	9	35
UCHealth Longs Peak	1	7	4	12	1	48	19	68
UCHealth Medical Center of the Rockies	1	13	13	27	3	75	40	118
UCHealth Memorial Hospital	3	36	34	73	10	370	156	536
UCHealth Pikes Peak Regional Hospital	0	1	1	2	0	13	15	28
UCHealth Poudre Valley Hospital	1	12	26	39	5	320	319	644
UCHealth Yampa Valley Medical Center	0	5	1	6	2	34	8	44
Valley View Hospital	0	7	3	10	3	171	56	230
Wray Community District Hospital	0	0	0	0	0	1	0	1
Sub-Total CICIP Hospital Providers	28	275	272	575	77	3,377	1,823	5,277

⁶³ Rangely District Hospital joined CICIP in July 2022, and this report only contains data from the first six months of 2022, so no data available for this provider.

CICP Specialty Hospital 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	38	3	0	41	243	63	0	306
National Jewish Health	0	0	0	0	0	0	130	130
Sub-Total CICP Specialty Hospital Providers	38	3	0	41	243	63	130	436
Denver Health Medical Center	1	61	59	121	39	2,452	768	3,259
University of Colorado Hospital	2	50	40	92	3	525	201	729
Total CICP Hospital Providers	69	389	371	829	362	6,417	2,922	9,701

Table 26 Unduplicated Total Count by Age⁶⁴

CICP Hospital Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	3	88	0	91
Aspen Valley Hospital District	2	28	14	44
Banner Fort Collins Medical Center	0	4	5	9
Boulder Community Health	0	40	21	61
Centura Health - Penrose-St. Francis Health Services	17	202	166	385
Centura Health - St. Elizabeth Hospital	2	39	23	64
Centura Health - St. Thomas More Hospital	0	81	67	148
Community Hospital	2	37	14	53
Delta County Memorial Hospital	0	13	5	18
East Morgan County Hospital	2	34	28	64
Estes Park Health	1	12	6	19
Family Health West Hospital	0	5	4	9
Grand River Hospital and Medical Center	1	63	27	91
Gunnison Valley Hospital	0	65	21	86
Heart of the Rockies Regional Medical Center	0	28	11	39
Lincoln Health	0	1	0	1
Longmont United Hospital	1	85	33	119
McKee Medical Center	0	22	26	48
Melissa Memorial Hospital	0	13	5	18
Memorial Regional Health	1	10	4	15
Mercy Regional Medical Center ⁶⁵	0	0	0	0
Middle Park Medical Center, Kremmling	0	7	1	8
Montrose Memorial Hospital	3	138	61	202
Mt San Rafael Hospital	1	53	37	91
North Colorado Medical Center	3	130	78	211
Parkview Medical Center	9	287	160	456
Platte Valley Medical Center	1	69	17	87
Prowers Medical Center	1	49	47	97
Rangely District Hospital ⁶⁶	0	0	0	0

⁶⁴ Unduplicated client count is a count of unique medically indigent patients by provider. Providers report a unique count for inpatient, outpatient, and total patients 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 patients receiving care under the CICP.

⁶⁵ Mercy had no reportable visits, admissions, or charges for the first six months of CY 2022.

⁶⁶ Rangely District Hospital joined CICP in July 2022, and this report only contains data from the first six months of 2022, so no data available for this provider.



CICP Hospital Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Rio Grande Hospital	4	73	43	120
San Luis Valley Health Conejos County Hospital	0	10	1	11
San Luis Valley Regional Medical Center	1	123	4	128
Sedgwick County Memorial Hospital	0	8	7	15
Southeast Colorado Hospital District	0	7	1	8
Southwest Memorial Hospital	9	281	192	482
Spanish Peaks Regional Health Center	1	34	29	64
St. Mary's Hospital and Medical Center, Inc.	3	165	67	235
Sterling Regional Medical Center	0	33	21	54
UCHealth Greeley Hospital	4	69	40	113
UCHealth Highlands Ranch Hospital	0	29	13	42
UCHealth Longs Peak	2	53	22	77
UCHealth Medical Center of the Rockies	4	81	48	133
UCHealth Memorial Hospital	12	389	173	574
UCHealth Pikes Peak Regional Hospital	0	13	16	29
UCHealth Poudre Valley Hospital	6	332	345	683
UCHealth Yampa Valley Medical Center	2	38	9	49
Valley View Hospital	3	171	56	230
Wray Community District Hospital	0	1	0	1
Sub-Total CICP Hospital Providers	101	3,513	1,968	5,582

CICP Specialty Hospital Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Children's Hospital Colorado	274	66	0	340
National Jewish Health	0	0	130	130
Sub-Total CICP Specialty Hospital Providers	274	66	130	470
Denver Health Medical Center	40	2,473	778	3,291
University of Colorado Hospital	5	543	216	764
Total CICP Hospital Providers	420	6,595	3,092	10,107

VIII. APPENDIX B: HOSPITAL DISCOUNTED CARE DATA

A. HOSPITAL DISCOUNTED CARE REPORTING REQUIREMENTS

Hospitals report Hospital Discounted Care related data the Department determines necessary to evaluate compliance across race, ethnicity, age, and primary language spoken patient groups with the screening, discounted care, payment plan, and collections practices.

Data is due annually to the Department by September 1. The first data set was due September 1, 2023 and covers September 1, 2022 through June 30, 2023. Subsequent data submissions will cover the previous state fiscal year, July through June. Of the 84 hospitals required to follow Hospital Discounted Care:

- 73 submitted data by mid-December and are included in this presentation;
- 7 submitted data by early January and are not included in this presentation;
- 2 have not submitted complete data; and
- 2 do not have data available.

In total, demographic information was reported to the Department for 212,913 patients by the 73 hospitals that have submitted complete data.

B. HOSPITAL DISCOUNTED CARE AUDITS

Audits for Hospital Discounted Care began in December 2023 for the first year of implementation. Results will be included in the FY 2023-24 CICIP Annual Report and the January 2025 State Measurement for Accountable, Responsive and Transparent Government (SMART) Act Hearing. Hospitals are required to submit documentation related to screenings and applications for the eligibility portion of the audit, as well as bills, payment plan, and collections information for the billing portion of the audit. Twenty hospitals have been chosen for the first round of audits which are currently being conducted and are scheduled to be completed by June 2024.

C. HOSPITAL DISCOUNTED CARE PATIENT DEMOGRAPHICS

The following figures include information available to HCPF as of December 15, 2023 for the time period September 1, 2022 through June 30, 2023. In total, demographic information was reported to the Department for 212,913 patients by the 73 hospitals that have submitted complete data.

[Figure 4](#) illustrates the different program groups the patients were reported in. A total of 75,313 patients, including both insured and uninsured patients, were reported in Hospital Discounted Care and/or CICP group. The "Other" group includes patients whose application or screening was reported to be in process, patients with Medicare coverage, and patients whose program group was not reported.

Figure 4. Hospital Discounted Care Patients in each Program Group

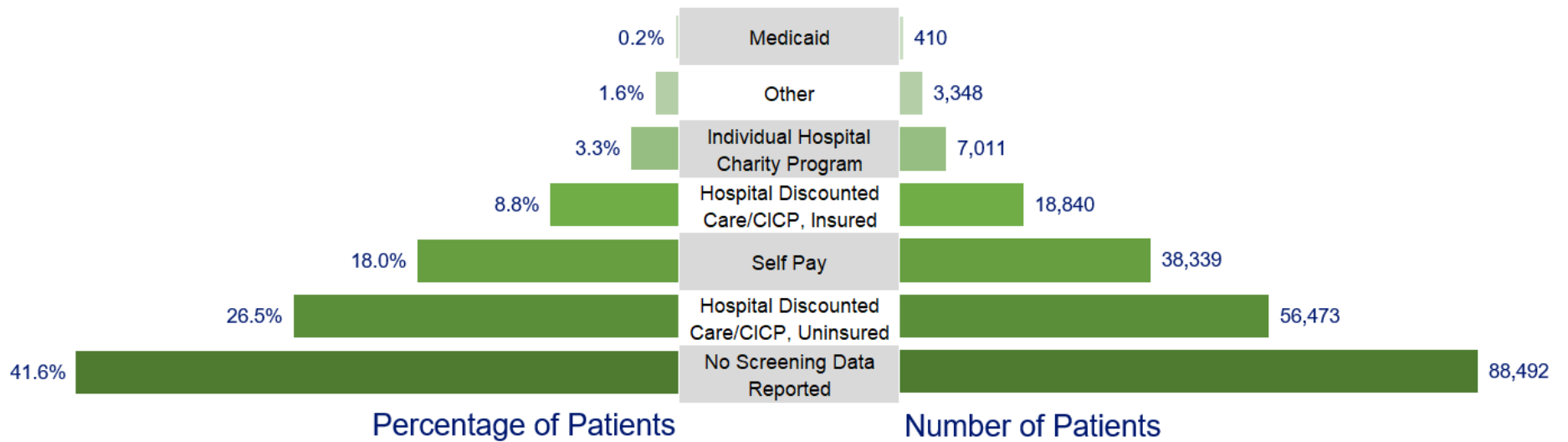
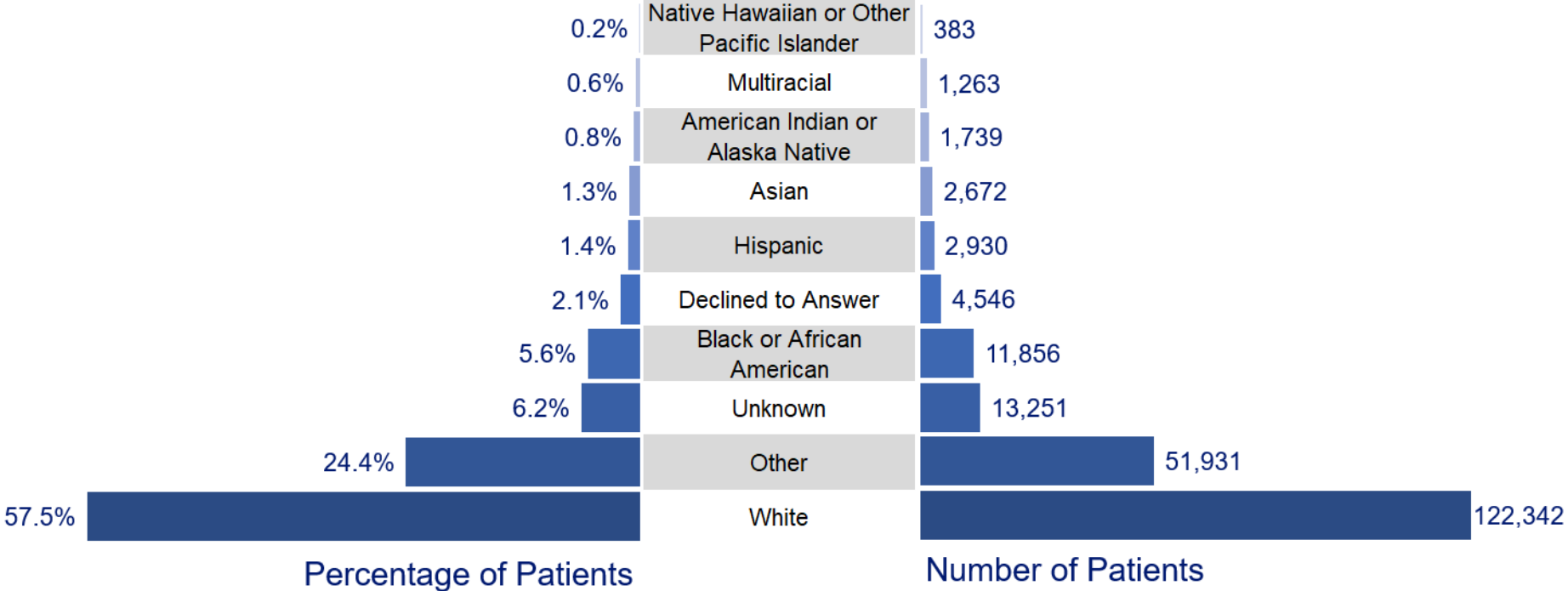
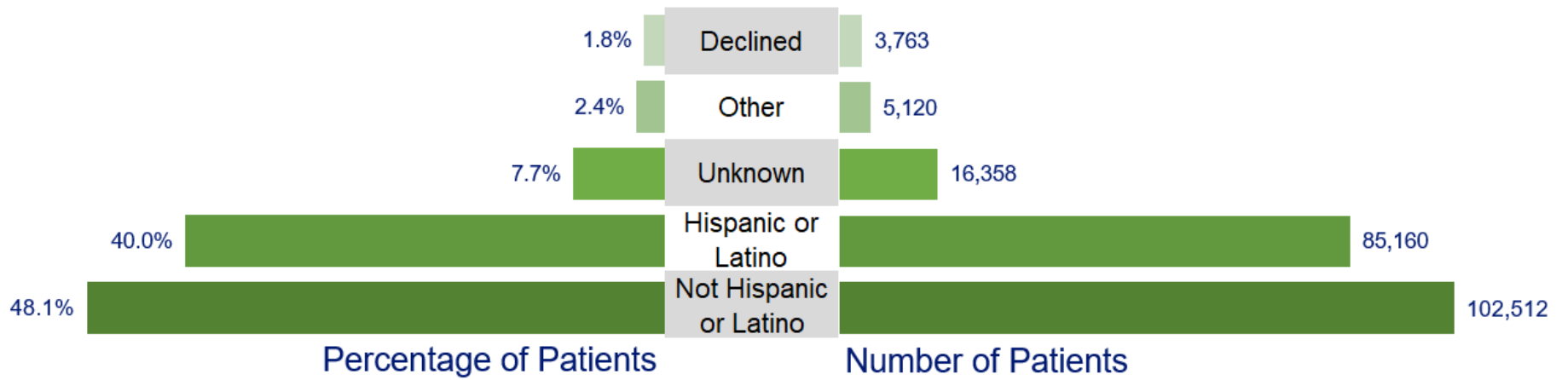


Figure 5. Hospital Discounted Care Patients Reported by Race



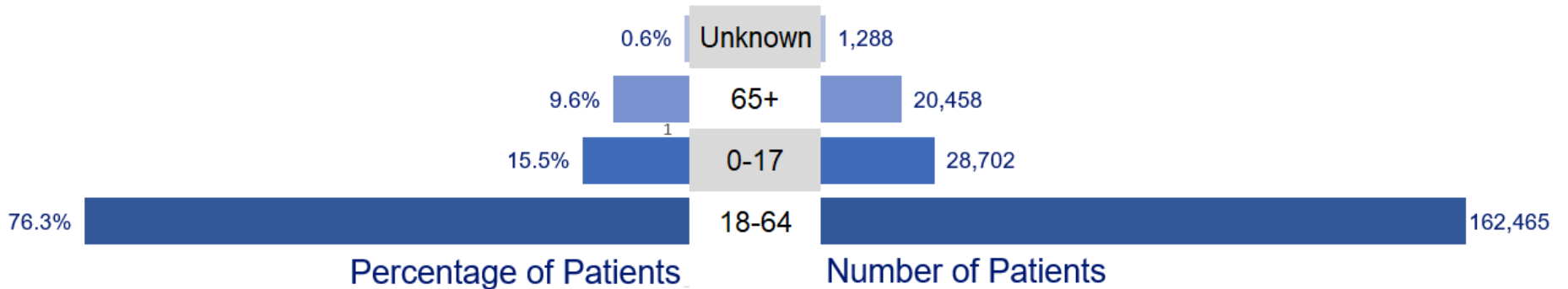
[Figure 5](#) illustrates patient information by race while [Figure 6](#) illustrates patient information by ethnicity.

Figure 6. Hospital Discounted Care Patients Reported by Ethnicity



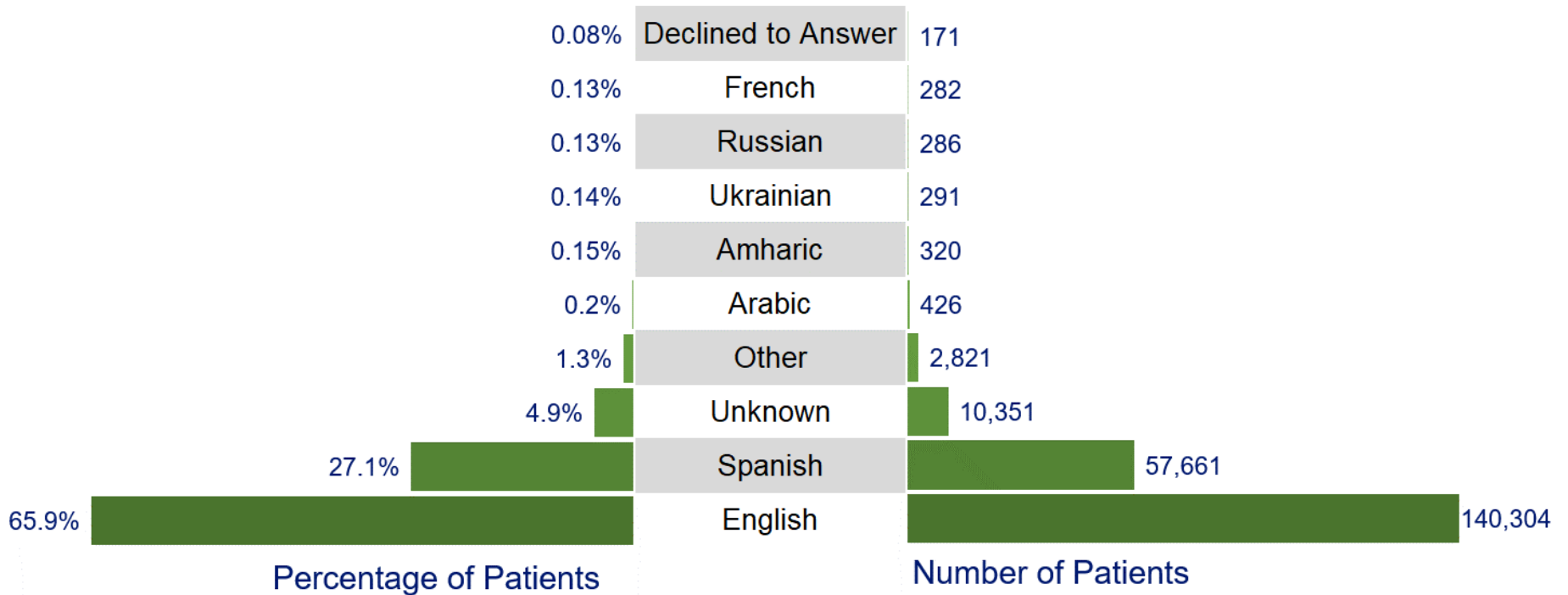
Patients in the Other group, shown in [Figure 6](#), included patients who reported their Ethnicity as Asian, Black, Central American, Cuban, Filipino, Mexican, Multiple, Nepalese, Peruvian, Puerto Rican, and White.

Figure 7. Hospital Discounted Care Patients Reported by Age



Patients in the Unknown category, shown in [Figure 7](#), include patients whose birthdates were not provided and those whose birthdays appeared to be mis-keyed, making them older than 110 or not born yet.

Figure 8. Hospital Discounted Care Patients by Preferred Language



There were 122 different languages reported in the data, with 106 spoken by fewer than 100 patients each. Languages in the Other category, shown in [Figure 8](#), were spoken by more than 100 patients each and include Vietnamese, Romanian, Chinese, Portuguese, Nepalese, Farsi, and Chuukese. English and Spanish made up the overwhelming majority of preferred languages, reported at 66% and 27% respectively.

IX. APPENDIX C: FEDERAL MATCH RATES, DSH, AND DEFINITIONS

A. FEDERAL MATCH RATES

Payments for medical services covered under Title XIX of the Social Security Act (the Medicaid program) are matched with federal funds at the state's Federal Medical Assistance Percentage (FMAP) rate. The FMAP rate is the percentage of the total payments that consists of federal funds. For example, if the FMAP is 50%, then for every qualified payment of \$100, \$50 is sourced from federal funds while the remaining \$50 is sourced from General Fund or other state dollars. The FMAP rate is used to determine the federal share of most Medicaid expenditures, but exceptions to the regular FMAP rate have been made for certain states, situations, populations, providers, and services. The FMAP is based on the state's median income level relative to the national average, therefore 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%.

Exceptions to the standard FMAP include categories of service that have historically been federally matched at a higher percentage. Breast and Cervical Cancer Program (BCCP) services receive a 65% enhanced FMAP (69.34% during the COVID-19 Public Health Emergency); Family Planning Services receive a 90% FMAP; and Indian Health Services receive a 100% FMAP. Additionally, the ACA stipulates that Medicaid expansion populations receive a higher match rate than traditional Medicaid populations. Expansion populations with qualifying income up to 133% of the FPG received a 90% FMAP in CY 2020 and beyond.

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.

From October 1, 2018 to December 31, 2019, Health First Colorado was assigned the minimum FMAP rate of 50%. Federal funds were specified to offset the state's General Fund and not directed to increase or decrease provider payments when the FMAP changes.

The FMAP rate for the period January 1, 2020 to March 31, 2023 is 56.2%, which includes a temporary 6.2% increase because of the declaration of a public health emergency declared by the Secretary of Health and Human Services (HHS) related to the COVID-19 pandemic. The 6.2% temporary increase will be effective until the last day of the calendar quarter in which HHS declares the termination of the emergency. - H.R.6201, Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127), Section 6008.

CMS is unwinding the additional COVID-19 related FMAP through December 31, 2023. For the quarter ending June 30, 2023, the FMAP is 55%, the FMAP rate decreases to 52.5% for the quarter ending September 30, 2023 and the FMAP rate for the quarter ending December 31, 2023 is 51.5%.



The FMAP rates for Colorado from FFY 2013-14 through FFY 2022-23 are listed in Table 4.

Table 4 Colorado’s Federal Match Rates

Federal Fiscal Year (October - September)	Match Rate
2013-14	50.00%
2014-15	51.01%
2015-16	50.72%
2016-17	50.02%
2017-18	50.00%
2018-19	50.00%
2019-20 (Oct. 1, 2019 - Dec. 31, 2019)	50.00%
2019-20 (Jan. 1, 2020 - Sept. 30, 2020)	56.20%
2020-21	56.20%
2021-22	56.20%
2022-23 (Oct. 1, 2022 - March 31, 2023)	56.20%
2022-23 (April 1, 2023 - June 30, 2023)	55.00%
2022-23 (July 1, 2023 - Sept. 30, 2023)	52.50%

B. DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENT

1. Law and Regulations

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

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

2. 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 Health First Colorado and uninsured patients, minus payments received by the hospital from or on behalf of those patients.

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in FFY 2013-14 and scheduled through FFY 2019-20. However, several pieces of legislation enacted since 2010 altered the ACA's Medicaid reduction schedule. Most recently, the Consolidated Appropriations Acts for 2021 signed into law on December 27, 2020, delays the aggregate reductions to FFY 2024 and will last through FFY 2027.

3. DSH Audit

Each year, HCPF submits an independent audit of DSH Payments (DSH Audit) to the 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 2023 for DSH payments made in FY 2019-20.

More information, including states' Annual DSH Reports, is available on [CMS' website](#).



Table 5 Colorado DSH Allotment

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2013-14	\$98,745,708
2014-15	\$100,325,639
2015-16	\$100,626,616
2016-17	\$101,532,256
2017-18	\$103,969,030
2018-19	\$106,152,379
2019-20	\$108,169,274
2020-21	\$109,791,813
2021-22	\$113,305,151
2022-23	\$122,034,479

Table 6 FFY 2022-23 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	\$333,465
Banner Fort Collins Medical Center	\$1,717,394
Children's Hospital Colorado	\$22,603,600
Children's Hospital Colorado, Colorado Springs ⁶⁷	\$2,474,398
Community Hospital	\$3,607,686
Denver Health Medical Center	\$43,452,837
Family Health West	\$5,293
Grand River Hospital and Medical Center	\$3,202,919
Gunnison Valley Hospital	\$857,853
Longmont United Hospital	\$6,193,957
McKee Medical Center	\$3,091,260
Montrose Memorial Hospital	\$3,387,027
National Jewish Health	\$1,074,116
North Colorado Medical Center	\$14,921,208
North Suburban Medical Center	\$9,367,256
Platte Valley Medical Center	\$6,256,629
St. Mary's Hospital and Medical Center, Inc.	\$12,285,581
UCHealth Greeley Hospital	\$5,920,404
UCHealth Longs Peak	\$5,638,663

⁶⁷ Children's Hospital Colorado and Children's Hospital Colorado, Colorado Springs are considered two different entities under the CHASE Fee model, but are combined under CICIP. Data for both hospitals are combined under the Children's Hospital Colorado name in all other tables in this report.

Provider Name	Payment Amount
UCHealth Medical Center of the Rockies	\$10,838,669
UCHealth Memorial Hospital	\$33,512,307
UCHealth Poudre Valley Hospital	\$13,748,806
UCHealth Yampa Valley Medical Center	\$559,681
University of Colorado Hospital	\$28,376,590
Valley View Hospital	\$10,641,359
Total	\$244,068,958

C. 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.

Calendar Year (CY)- 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 within the U.S. Department of Health and Human Services (HHS) that administers the nation’s major healthcare programs. CMS oversees programs that provide health coverage to more than 160 million through Medicare, Medicaid, the Children’s Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity and outcomes in the health care system.

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.

COVID-19 Public Health Emergency - Coronavirus Disease 2019 Public Health Emergency starting January 1, 2020 and expiring May 11, 2023.

COVID-19 Public Health Emergency unwind - Coronavirus Disease 2019 Public Health Emergency transition following the emergency declaration for COVID-19 PHE expiring on May 11, 2023.

CICP Patient - A Colorado resident whose household income and assets are at or below 250% of the FPG.

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 FQHC or Rural Health Clinic and participates in the CICP.

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 CICP.

CICP Rating - An assigned numeric code that designates a family’s copayment and annual copayment cap and correlates to a specific ability to pay. Income, resources, and the family household size are used to

determine what percentage of the FPG the family meets. The CICP FPG Percentage Range Scale is divided into 11 sections.

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

Community Health Center - As defined at 42 CFR 51c.102 (c), an entity which, through its staff and supporting resources or through contracts or cooperative arrangements with other public or private entities, provides for all residents of its catchment area:

- (i) Primary health services;
- (ii) As determined by the Secretary of Health and Human Services to be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services;
- (iii) Referral to providers of supplemental health services and payment, as determined by the Secretary to be appropriate and feasible, for their provision of such services;
- (iv) Environmental health services, as determined by the Secretary to be appropriate for particular centers; and
- (v) Information on the availability and proper use of health services.

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

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

Department of Health Care Policy and Financing (HCPF) or Department - A department of the government of the State of Colorado established at Title 25.5 C.R.S.

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 11 neighborhood health clinics, 10 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 patients, 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 (FFY) - The twelve-month period beginning on October 1st of each CY and ending on September 30th of the following CY.

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 Guidelines (FPG) - A measure of income issued every year by the United States Department of Health and Human Services (HHS).

Federally Qualified Health Center (FQHC) - 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 (FY) - The twelve-month period beginning on July 1st of each CY and ending on June 30th of the following CY.

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 FQHC or Rural Health Clinic.

Healthcare Affordability and Sustainability fee (HAS fee) - a fee assessed on Colorado hospitals pursuant to the CHASE Act of 2017 to increase Health First Colorado and CICP payments to hospitals, to fund hospital quality incentive payments, to expand health care coverage in the Health First Colorado and CHP+ programs, to reduce cost-shifting to private payers, and to provide other business services to hospitals.

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

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

Long Bill or Long Appropriations Act - 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 FY 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 FPG 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 CICIP 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 FPG; and
 - Who is not eligible for Health First Colorado or CHP+.

Medical Services Board - The board as authorized by state law at part 3 of the article 1 of title 25.5, C.R.S.

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.

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

- Specific to the CICIP:
 - Any General Provider who is approved by HCPF 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 HCPF 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 HCPF 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-effective 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 CICIP and refers patients potentially eligible for one of the Programs to the appropriate

- agency (e.g., county departments of human or 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.

Uniform Application - An application developed by HCPF and the Policy Development Team that is used by all CICIP hospitals and all other hospitals subject to Hospital Discounted Care to screen and determine eligibility of patients for Hospital Discounted Care, the CICIP, Health First Colorado, CHP+, Medicare, and subsidies available through Connect for Health Colorado.

University of Colorado Hospital - Under the CICIP, 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.