

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

Fiscal Year 2023-24 Annual Report



COLORADO
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 in Article 3 of Title 25.5, C.R.S., Indigent Care.

The Department of Health Care Policy and Financing (HCPF) is committed to improving and maintaining a robust health care safety net to ensure access to discounted health care for lower-income Coloradans. This is particularly critical today given 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, resulting in an increase in the number of uninsured Coloradans. Denver Health has seen a \$14.4 million increase in uncompensated care in the past year, which they attribute in part to the unprecedented number of uninsured migrants they are providing care to.^{1,2}

Through the PHE unwinding of continuous Medicaid coverage federal mandate, after more than a three year pause of acting on renewal determinations, HCPF resumed regular eligibility renewal processes. Starting with March 2023 notices for May renewals, HCPF leveraged the federal government’s full 12 months (14 months 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. As of October 2024, total enrollment in Health First Colorado and CHP+ programs was about 1.3 million people, higher than pre-pandemic enrollment figures. From May to October 2024, members were approved for renewal in Health First Colorado and CHP+ an average of 79% of the time, after applying the results of the 90 day reconsideration period (when members can turn in information late and counties may be processing renewals late). These post-PHE Unwind approval rates are far better than the 55% PHE Unwind May 2023 to April 2024 period and the 57% pre-pandemic renewal approval rate.

The current uninsured rate in Colorado is unknown. Though we do not have data on Colorado’s current uninsured rate, HCPF is assuming an increase due to the PHE Unwind and the significant increase in Colorado’s migrant population. Further, insights are not yet available as to the extent each is contributing to the total number of uninsured Coloradans. Results and reporting from the Colorado Health Access Survey (CHAS), conducted by the Colorado Health Institute in 2025, should provide those insights.

Overview of Safety Net Programs and Coloradans Served

The following is a summary of these safety net programs and Coloradans served, payments to safety net providers, and recent changes to Colorado’s health care safety net.

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 or CHP+:

¹ Uncompensated care number from the [2025 Hospital Financial Transparency report](#).

² <https://www.cpr.org/2024/03/19/colorado-new-immigrant-population-adds-strain-to-hospital-system-already-stretched-thin/>

- The CICIP helps uninsured and underinsured patients with incomes up to 250% of the Federal Poverty Guideline (FPG)³ 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. For services provided in September 2022 and going forward, patients who received services under CICIP from participating hospitals are included in the number of patients served under Hospital Discounted Care below.
- Hospital Discounted Care enacted through [House Bill \(HB\) 21-1198](#) establishes requirements for all Colorado hospitals' financial assistance programs (also referred to as charity care). Like the CICIP, it is intended to assist uninsured patients up to 250% of the FPG to access health care. Additionally, some hospitals continue to provide financial assistance through their own internal charity care programs to patients who are over income for Hospital Discounted Care and/or the CICIP or who are not Colorado residents.
 - From September 2022 through June 2023, more than 75,000 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICIP.⁴
 - In FY 2023-24, more than 64,000 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICIP.
- 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 below 200% of the FPG.⁵
 - The most recent year available shows 34 qualified clinics served more than 106,000 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.

CICIP Providers include hospitals and clinics that participate in the program throughout the state. A full list of the providers who participated in 2023-24 can be found in [Table 2](#). All clinics that participated in the CICIP also participated in the Primary Care Fund in 2023-24.

In 2023-24, more than \$306 million in cash funds and federal matching funds were paid to providers as shown below.

³ Currently \$37,650 per year for an individual or \$78,000 per year for a family of four.

⁴ Subsequent data submissions will include data for the previous state fiscal year, July through June.

⁵ Currently \$30,120 per year for an individual or \$62,400 per year for a family of four.

• Disproportionate Share Hospital payments for CICIP hospitals	\$253,049,824
• Primary Care Fund Payments to CICIP clinics	\$8,724,617
• Primary Care Fund Payments to Non-CICIP clinics ⁶	\$44,630,114
• Total Payments	\$306,404,555

Passage of Senate Bill 24-116 and House Bill 24-1399

During the 2024 legislative session, the General Assembly adopted two bills that impacted Hospital Discounted Care and the CICIP, Senate Bill (SB) 24-116 and House Bill (HB) 24-1399.

[SB 24-116](#) made several changes to the Hospital Discounted Care requirements, including:

- Allowing hospitals who bill for their employed or contracted physicians to collect the 2% that the physicians would be able to collect if they were billing separately, bringing the total payment plan allowed amount up to 6% of the household’s calculated gross monthly income,
- Exempting primary care provided in clinics in rural or frontier counties from the Hospital Discounted Care requirements as long as the clinic has a sliding fee scale that has been approved by HCPF,
- Requiring physicians to report their data to HCPF instead of requiring hospitals to report physician data, and
- Allowing hospitals who are presumptive eligibility sites to deny Hospital Discounted Care to patients who are determined to be presumptively eligible for Health First Colorado or CHP+.

[HB 24-1399](#) made changes to the CICIP, Hospital Discounted Care, and the Primary Care Fund, including:

- Sunsetting the CICIP effective July 1, 2025,
- Updating the language for the Primary Care Fund to include patients at 200% of the federal poverty guidelines (rather than “below 200%”) effective July 1, 2025 and creating an annual report for the Primary Care Fund beginning February 1, 2026,
- Creating the Hospital Discounted Care Advisory Committee effective July 1, 2025, and
- Removing participating in the CICIP as a qualifier for hospitals to be eligible for the Disproportionate Share Hospital (DSH) payments through the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) and enacting new requirements for DSH eligibility effective July 1, 2025.

Planning the Sunsetting of CICIP and Legislation Implementation

HCPF is actively working with the CICIP Advisory Council, the CHASE Board, and other stakeholders to implement SB 24-116 and HB 24-1399. In December 2024, HCPF presented a rule update to the Medical Services Board that included the majority of changes contained in SB 24-116: allowing hospitals to set patient payment plans at 6% of their monthly income if the hospital bills for physician services jointly with hospital services, exempting primary care provided in clinics in rural or frontier counties, and requiring physicians to report their own data to HCPF. The changes go into effect in March 2025. Additional rule changes are planned as follows:

⁶ Includes Primary Care Fund payment to Denver Health and Hospital Authority for its Federally Qualified Health Centers (FQHCs).

Spring 2025

- Simultaneously repeal the CICIP rules, add the Hospital Discounted Care Advisory Committee, and implement the update to the Primary Care Fund; and
- Remove CICIP from the DSH rule and replace it with new requirements for hospitals to qualify for DSH payments.

Fall 2025

- Hospitals that are Presumptive Eligibility sites will have the ability to disqualify patients for Hospital Discounted Care at their facility if the patient is determined to be presumptively eligible for Health First Colorado or CHP+.

HCPF is engaging with stakeholders on updates to existing policy, drafting new policy, creating communications for providers and patients related to what they can expect with the sunset of CICIP, and ensuring a smooth transition into the post CICIP landscape. The CICIP Advisory Council will be tasked with approving any recommendations made in relation to the CICIP and hospital providers will be tasked with submitting comments and input on draft communications, policies, and rules presented by HCPF at stakeholder meetings scheduled through October 2025.

II. Introduction and Overview

The purpose of this annual report is to inform stakeholders and policy makers about the status of the CICP 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 CICP, Hospital Discounted Care, and the Primary Care Fund, which are located at Article 3 of Title 25.5, C.R.S., Indigent Care.

- The CICP was created in 1983 under the “Reform Act for the Provision of Health Care for the Medically Indigent” and its governing statute is Part 1 of Article 3 of Title 25.5, C.R.S.
 - The CICP allows low-income Coloradans who are not eligible for Health First Colorado or CHP+ to receive discounted health care services on a sliding fee scale at participating hospitals and clinics, which include Community Health Centers and safety net clinics. CICP 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 CICP participating clinics and hospitals. With the move to a combined data submission for Hospital Discounted Care and the CICP, HCPF no longer breaks out how many patients were determined eligible for the CICP. The number of patients who were determined eligible for Hospital Discounted Care and/or the CICP is included below with the Hospital Discounted Care information.
 - Patients apply for the CICP discount at the participating clinic or hospital.
 - CICP Hospitals receive DSH funds through CHASE to partially reimburse the uncompensated costs of providing CICP discounted services to CICP patients. Information on DSH can be found in [Appendix C](#).
- Hospital Discounted Care was created with the adoption of [HB 21-1198](#) and was implemented effective September 2022 as directed by [HB 22-1403](#). Its governing statute is 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 at least 250% FPG, patient bills are limited to the

greater of the Medicare or Medicaid base rate for the service, and patient payment plans are limited to 6% of a patient's monthly income (4% for the hospital charges and 2% for each licensed health 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.
- FY 2023-24 was the second reporting period for hospitals and data reported by 84 of the 85⁷ total hospitals indicated 64,173 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP.
 - There were nearly 213,000 total patients included in hospital reported data for September 2022 through June 2023, and nearly 366,000 total patients included in hospital reported data for FY 2023-24.
 - Analysis of data identified that the data included patients who:
 - Did not access services during the reporting period but were included in the data solely for ongoing payment plan reporting or new collection action,
 - Were insured and did not request screening, or
 - Were uninsured but did not submit screening or application information.
 - Exact breakdowns of these patient groups and further analysis are included in [Appendix B: CICP and Hospital Discounted Care Data](#).
- September 2022 through June 2023 was the first reporting period for hospitals and 73 of the total 84 hospitals' data indicated 75,313 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP.
 - Of the 11 providers who were not included in the data:
 - Seven submitted data by early January but were unable to be included in the reported numbers due to the lateness of their submissions,
 - Two did not submit complete data, and
 - Two did not have data available to submit.
- 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 Part 3 of Article 3 of Title 25.5, C.R.S.

⁷ CommonSpirit Interquest opened in July 2024, increasing the number of hospitals to 85.

- 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 2023-24, more than \$53 million was paid to 34 qualified clinics who served more than 106,000 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 financial assistance 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 CICIP) are made through the Primary Care Fund.

Safety Net Program Payments

● Disproportionate Share Hospital payments for CICIP hospitals	\$253,049,824
● Primary Care Fund Payments to CICIP clinics	\$8,724,617
● Primary Care Fund Payments to Non-CICIP clinics ⁸	\$44,630,114
● Total Payments	\$306,404,555

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 the CICIP. Hospital Discounted Care and the CICIP information includes an overview, patients served, providers, program administration, and reimbursement. The Primary Care Fund information includes 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.

⁸ Includes Primary Care Fund payment to Denver Health and Hospital Authority for its FQHCs.

III. CICIP and Hospital Discounted Care

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

CICIP

The CICIP 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 the CICIP may vary by provider. By statute, providers participating in the CICIP are required to prioritize care in the following order:

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

The CICIP includes these requirements in its agreements with providers to ensure 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 or underinsured patients by establishing minimum requirements for all Colorado hospitals' financial assistance programs. Hospital Discounted Care requires hospitals to screen all uninsured patients who receive services at their facility, and any insured patients who request financial assistance, for public health coverage program eligibility. Hospitals must allow these patients to apply for financial assistance at the health care facility where they receive care.

Hospital Discounted Care limits service charges, limits payment plan amounts and duration, establishes 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 CICIP rules to align with the rules for Hospital Discounted Care as closely as possible.

A. Patients

a. Eligibility Requirements

Participating CICIP hospitals and clinics administer the CICIP client enrollment. Hospitals and clinics assist patients with the application process and determine eligibility for Hospital Discounted Care and the CICIP following HCPF's requirements. All patients who qualify for the CICIP at a hospital automatically qualify for Hospital Discounted Care.

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

- Must be aged 18 years or older or be an emancipated minor and meet requirements for Colorado residency.
- 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.
- Third-party insurance must be billed prior to applying the Hospital Discounted Care discount or the CICIP copayment.
- Must be screened for eligibility for Health First Colorado or CHP+.
 - Note: to be eligible for the CICIP, 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 CICIP. 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+.⁹

CICIP

To determine a patient's CICIP copayment amount, CICIP providers must first determine the patient's income and family size (see [Table 4](#) and [Table 5](#) in Appendix A), based on a snapshot of a patients' financial status as of the date of the CICIP application. See [Table 6](#) for CICIP copayment determinations based on income level as percentage of the FPG.

CICIP patients pay the lower of the CICIP copayment, their third-party insurance copayment, if applicable, the actual charges, or the Hospital Discounted Care rate less any payments from third parties. CICIP patients are notified of their CICIP copayment obligation at or before the time that services are rendered. For all CICIP 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 experiencing homelessness are exempt from a CICIP copayment.

The CICIP and Hospital Discounted Care 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;
- Number of dependents has changed;

⁹ Additionally, patients applying for the CICIP in 2023-24 and prior program years were required to provide their Social Security Number or sign an affidavit stating they met an exemption for this requirement. This was a regulatory requirement, not statutory, and HCPF removed this requirement effective July 1, 2024.

- Calculation errors are identified;
- Information provided was not accurate; or
- The patient receives care at another provider who does not accept the patient's initial rating.

B. Patients Served

This report includes CICIP and Hospital Discounted Care combined data for FY 2023-24. This report does not include CICIP clinic data as explained below. 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,¹⁰ HCPF agreed to discontinue the CICIP clinic data reporting to decrease administrative burden for the CICIP clinics.

CICIP Hospitals

As a result of Hospital Discounted Care implementation, CICIP hospitals have expressed added administrative burden due to the CICIP and Hospital Discounted Care covering the same patient population. To decrease this burden, the CICIP data report has been incorporated into the Hospital Discounted Care data report, and only one data report for patients who qualify for either the CICIP or Hospital Discounted Care is required.

Hospital Discounted Care

Of the 85 hospitals required to follow Hospital Discounted Care, 84 hospitals reported 64,173 patients received financial assistance for their hospital bills through Hospital Discounted Care Data in FY 2023-24. The one hospital whose data is not included submitted data that did not meet reporting requirements. More information about patients served is reported in [Appendix B](#).

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 month (14 months with member noticing) opportunity to conduct the eligibility redetermination process for all covered Health First Colorado as well as CHP+ members. As of October 2024, total enrollment in Health First Colorado and CHP+ programs was about 1.3 million people, higher than pre-pandemic enrollment figures. From May to October 2024, members were approved for renewal in Health First Colorado and CHP+ an average of 79% of the time, after applying the results of the 90 day reconsideration period. These post-PHE Unwind approval rates are far better than the 55% PHE Unwind May 2023 to April 2024 period and the 57% pre-pandemic renewal approval rate.

In addition to the PHE unwinding of continuous Medicaid coverage, Colorado has seen an unprecedented influx of migrants, especially in the Denver area. Denver Health has seen a

¹⁰ With their application for FY 2023-24, Primary Care Fund clinics reported serving 106,736 unique medically indigent patients in CY 2022.

\$14.4 million increase in uncompensated care in the past year, which they attribute in part to the unprecedented number of migrants.^{11,12}

The current uninsured rate in Colorado is unknown. Though we do not have data on Colorado's current uninsured rate, HCPF is assuming an increase due to the impact of both the PHE Unwind and the significant increase in Colorado's migrant population. Further, insights are not yet available as to the extent each is contributing to the total number of uninsured Coloradans. Results and reporting from the Colorado Health Access Survey (CHAS), conducted by the Colorado Health Institute in 2025, should provide those insights.

C. 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 FY 2023-24 Annual Report, CICP providers are identified in the following categories:

- CICP Clinics - clinics located throughout the state.
- CICP Hospitals - hospitals located throughout the state.
- CICP Specialty Hospitals - this includes Children's Hospital Colorado¹³ and National Jewish Health. Specialty providers must either offer unique services or

¹¹ Uncompensated care number from the [2025 Hospital Financial Transparency report](#).

¹² <https://www.cpr.org/2024/03/19/colorado-new-immigrant-population-adds-strain-to-hospital-system-already-stretched-thin/>

¹³ Includes Children's Hospital Colorado and Children's Hospital Colorado, Colorado Springs.

serve a unique population. Additionally, at least 50% of the medical care rendered through the CICP must be provided to individuals who reside outside the City and County of Denver.

- Denver Health Medical Center - Denver Health Medical Center, including neighborhood outpatient clinics.
- University of Colorado Hospital - University of Colorado Hospital and associated specialty clinics.

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.
5. Beginning in FY 2024-25, primary care provided in a clinic located in a designated rural or frontier county that offers a sliding fee scale approved by HCPF is exempt from Hospital Discounted Care requirements.

b. Provider Participation

CICP

There were 52 hospitals and seven clinics, for a total of 59 providers, that participated in the CICP in FY 2023-24. San Luis Valley Regional Medical Center and San Luis Valley Conejos County Hospital ceased CICP participation in October 2023, bringing the count of hospitals to 50 for the remainder of the program year. Most of the participating CICP clinics and several of the CICP hospitals have multiple sites. Any site other than the main facility is considered a satellite facility and there were 138 satellite CICP facilities throughout the state in FY 2023-24.

In FY 2022-23, eight CICP clinics left the program with an additional three leaving in FY 2023-24 and another four discontinuing participation in FY 2024-25. There were three clinics participating in CICP during the drafting of this report. All 18 of the CICP clinics that participated in FY 2021-22 are current participants in the Primary Care Fund.

Hospital Discounted Care

There are 85 general and Critical Access hospitals throughout the state, and each is required to abide by Hospital Discounted Care policies and rules, including all participating CICP hospitals.

D. Program Administration

a. Reporting Requirements

CICP

HCPF requires CICP providers to report patient utilization and other metrics annually.

Data for CICP clinics is reflected in the Primary Care Fund data. Since all CICP clinics also participate in the Primary Care Fund, and the Clinic Based Indigent Care line item which provided funding for CICP clinics was eliminated with the FY 2021-22 budget, HCPF agreed to discontinue the separate CICP clinic reporting requirements to decrease their administrative requirements.

Because the CICP and Hospital Discounted Care requirements apply to the same patient population, hospitals submit one data report encompassing both Hospital Discounted Care and the CICP.

Hospital Discounted Care

HCPF requires hospitals to report data for Hospital Discounted Care necessary to evaluate compliance across race, ethnicity, age, and primary language spoken patient groups with the screening, discounted care, payment plan, and collections practices. Hospital data is due annually to HCPF by September 1. This report includes data covering FY 2023-24.

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

b. Provider Compliance Audits

CICP

The Audits team within HCPF's Procurement and Audits Division conducts comprehensive reviews of providers receiving funding from the CICP as well as providers who must follow Hospital Discounted Care.¹⁴ HCPF requires 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 2023-24, HCPF audited 20 hospital providers on completed patient applications and billing data for the first year of implementation, September 1, 2022 through June 30, 2023.¹⁵ As of the drafting of this report, 13 audits were being

¹⁴ 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.

¹⁵ 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

finalized. The seven finalized audits required a corrective action plan, however, none of the corrective action plans included any imposed fines.

Common areas of findings include:

- Patients included in the data that should have not been;
- Patients missing in the data;
- Screening and Screening Best Efforts not completed in the mandated time frame;
- Determination Notice not sent in the mandated time frame; and
- Incorrect billing charges.

Following HCPF’s approval of the providers’ corrective action plans, the providers were required to implement changes within 90 days. HCPF asked for examples of procedure and policy changes that were put in place to correct the identified errors.

Hospital Discounted Care

The Audits team will audit hospitals for adherence to the Hospital Discounted Care rules and policies.

The Hospital Discounted Care audits focus on eligibility and billing practices. Hospitals are 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.

E. Reimbursement for CICIP Clinics and Hospitals

- | | |
|---------------------------------------------------------------|----------------------|
| ● Disproportionate Share Hospital payments to CICIP hospitals | \$253,049,824 |
| ● Primary Care Fund Payments to CICIP clinics | \$8,724,617 |
| ● Total CICIP Provider Payments | \$261,774,441 |

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 due to [SB 21-212, Primary Care Payment Align Federal Funding](#), that directed HCPF to seek federal match for the Primary Care Fund. With these two changes, funding for clinics to care for uninsured patients increased 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 \$8.7 million were made to seven CICIP clinics for their dual participation in the CICIP and the Primary Care Fund in FY 2023-24.

CICIP Hospitals

CHASE charges a Healthcare Affordability and Sustainability (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

also participate in the 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.

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

Due to the sunset of the CICIP, in consultation with stakeholders including the CICIP Advisory Council and the CHASE Board, HCPF will revise requirements for hospitals to qualify for DSH payments. Draft changes to the DSH qualification requirements were presented to the CICIP Advisory Council in January 2025, and HCPF intends to bring the draft updates to the CHASE Board in February 2025. Updates to the DSH rule will be presented to the Medical Services Board in Spring 2025 with an effective date of July 1, 2025.

In the [FY 2023-24 Long Appropriations Act, SB 23-214](#), the Colorado General Assembly appropriated \$226,610,307 through the Safety Net Provider Payments line item to reimburse CICIP hospitals for uncompensated care through the state's DSH allotment.

Hospital payments financed with HAS fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2023-24 totaled more than \$1.69 billion, including \$253 million in DSH payments for CICIP hospitals.

DSH payments by hospital are shown in [Table 10](#) 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](#).

IV. Recent Legislative Bills and Implementation Plans

In the 2024 legislative session, [SB 24-116](#) and [HB 24-1399](#), passed that impacted Hospital Discounted Care and the CICP.

[SB 24-116](#) made several changes to the Hospital Discounted Care requirements, including:

- Allowing hospitals who bill for their employed or contracted physicians to collect the 2% that the physicians would be able to collect if they were billing separately, bringing the total payment plan allowed amount up to 6% of the household's calculated gross monthly income,
- Exempting primary care provided in clinics in rural or frontier counties from the Hospital Discounted Care requirements as long as the clinic has a sliding fee scale that has been approved by HCPF,
- Requiring physicians to report their data to HCPF instead of requiring hospitals to report physician data, and
- Allowing hospitals who are presumptive eligibility sites to deny Hospital Discounted Care to patients who are determined to be presumptively eligible for Health First Colorado or CHP+.

HCPF presented updated Hospital Discounted Care rules to the Medical Services Board in December 2024 to implement [SB 24-116](#)'s requirements except for the allowance for hospital presumptive eligibility sites to deny Hospital Discounted Care to presumptively eligible patients. The change to presumptive eligibility requires system, process, and rule changes. HCPF staff are working to ensure updates to the systems to include the new presumptive eligibility requirements are completed as smoothly and efficiently as possible. The system changes are anticipated to have a January 1, 2026 effective date, and HCPF will ensure that updated rules for Hospital Discounted Care are effective simultaneously.

[HB 24-1399](#) makes changes to the CICP, Hospital Discounted Care, and the Primary Care Fund, including:

- Sunsetting the CICP effective July 1, 2025,
- Updating the language for the Primary Care Fund to include patients at 200% of the federal poverty guidelines (rather than "below 200%") effective July 1, 2025 and creating an annual report for the Primary Care Fund beginning February 1, 2026,
- Creating the Hospital Discounted Care Advisory Committee effective July 1, 2025, and
- Removing participating in the CICP as a qualifier for hospitals to be eligible for the Disproportionate Share Hospital (DSH) payments through the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) and enacting new requirements for DSH eligibility effective July 1, 2025.

HCPF plans to take two separate rules to the Medical Services Board in the Spring of 2025:

- One will address the changes to the CICP, Primary Care Fund, and Hospital Discounted Care. This includes the sunsetting of the CICP, updating the Primary Care Fund to include patients at 200% FPG and creating an annual report, and creating the Hospital Discounted Care Advisory Committee; and
- The other will update the DSH rules. As directed by the bill, HCPF is working in conjunction with the CHASE Board on the updates to DSH. The CHASE Board's progress will be reported to the CICP Advisory Council at the Council's set meetings through the 2024-25 fiscal year, at the end of which the CICP Advisory Council will be dissolved and the Hospital Discounted Care Advisory Committee will take its place.

HCPF has created stakeholder groups that are providing feedback on changes brought by both SB 24-116 and HB 24-1399. These groups are intended to provide feedback and input on policies and communications drafted by HCPF related to the changes within these two bills, including but not limited to provider and patient communications related to the sunset of the CICP, the new collection of licensed health care professional data directly from the professionals, and policies related to presumptive eligibility and the denial of discounted care. HCPF intends to hold stakeholder meetings related to these topics at least through the fall of 2025.

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 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 HCPF that the provider 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 approximately \$20 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 CICIP clinics.¹⁶ 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 million in total funds for clinics annually.¹⁷ Primary Care Fund clinics received more than \$100 million in total funds for FYs 2022-23 and 2023-24 combined.

¹⁶ The change in funding results in about \$19 million more annually for the clinics participating in both the Primary Care Fund and the CICIP than they received through both programs previously.

¹⁷ Like our previous agreement to administer the CICIP 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 \$43,022,197 paid to Children’s Hospital Colorado, \$42,902,197 was paid to the Primary Care Fund clinics as payment for patients served under the Primary Care Fund. The remaining \$120,000 was

In FY 2023-24, funding of \$53,354,731 was allocated to 34 Primary Care Fund clinics. This included \$7 million in general funds for which federal funds were drawn. With their application for FY 2023-24, Primary Care Fund clinics reported serving 106,736 unique medically indigent patients in calendar year 2022.

Primary Care Fund payments for FY 2024-25 will include a one-time additional General Fund appropriation of \$6.5 million for which federal matching funds will be drawn to assist Community Health Centers during the COVID-19 PHE unwind.

HCPF audits Primary Care Fund provider applications for accuracy and validity. 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. Through the audit, HCPF verifies the number of unique medically indigent patients reported on the application and verifies correct copayments were charged.

Table 1. FY 2023-24 Primary Care Fund Payments¹⁸

Primary Care Fund Provider	Patients Served	Tobacco Tax Revenue	General Fund	Federal Funds	Total Payment
Clinica Campesina Family Health Services	12,696	\$2,318,132	\$832,634	\$3,200,560	\$6,351,326
Basin Clinic	27	\$4,930	\$1,771	\$6,817	\$13,518
Carin' Clinic	45	\$8,216	\$2,951	\$11,342	\$22,510
Clinica Colorado	1,721	\$314,233	\$112,867	\$433,783	\$860,884
Colorado Coalition for the Homeless*	3,596	\$656,585	\$235,834	\$906,382	\$1,798,801
Community Dental Clinic, Inc.	760	\$138,767	\$49,843	\$191,560	\$380,169
Denver Health and Hospital Authority	20,803	\$3,798,370	\$1,364,310	\$5,247,416	\$10,410,097
Denver Indian Health and Family	279	\$50,942	\$18,297	\$70,323	\$139,562
Doctors Care	164	\$29,944	\$10,756	\$41,337	\$82,037
Family Medicine Clinic for Health Equity (CAHEP)	762	\$139,132	\$49,974	\$192,383	\$381,488
High Plains Community Health Center*	782	\$142,784	\$51,285	\$197,105	\$391,174

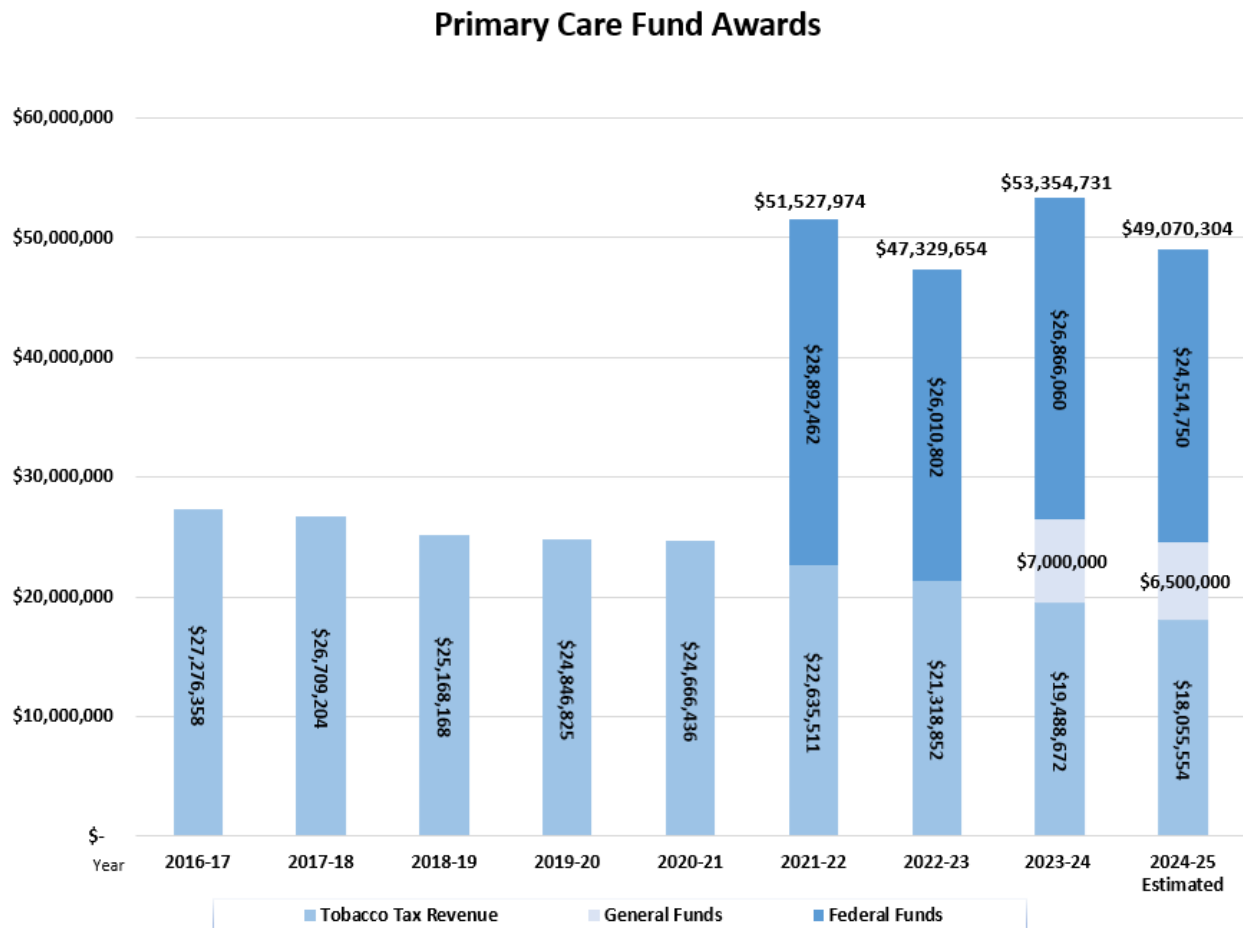
retained by Children's Hospital Colorado for administration. Note: HCPF makes the Primary Care Fund payment directly to Denver Health and to non-Medicaid providers.

¹⁸ *FY 2023-24 CICIP Clinic. In FY 2024-25, Peak Vista Community Health Clinic, Olathe Community Clinic, and La Clinica Tepeyac have also discontinued participation in the CICIP.

Primary Care Fund Provider	Patients Served	Tobacco Tax Revenue	General Fund	Federal Funds	Total Payment
Hopelight Medical Clinic	1,247	\$227,687	\$81,781	\$314,310	\$623,778
Inner City Health Center	1,624	\$296,522	\$106,506	\$410,553	\$813,581
Kids First Health Center	424	\$77,417	\$27,807	\$106,870	\$212,095
La Clinica Tepeyac, Inc.	1,899	\$346,734	\$124,541	\$478,648	\$949,923
Marillac Clinic, Inc.*	880	\$160,677	\$57,712	\$221,807	\$440,196
Metro Community Provider Network	8,217	\$1,500,322	\$538,890	\$2,071,118	\$4,110,331
Mountain Family Health Centers	2,707	\$494,265	\$177,531	\$682,307	\$1,354,103
Northwest Colorado Visiting Nurse Association	968	\$176,745	\$63,484	\$243,987	\$484,216
Olathe Community Clinic, Inc.	2,140	\$390,738	\$140,346	\$539,393	\$1,070,477
Open Bible Baptist Church	171	\$31,222	\$11,215	\$0	\$42,437
Peak Vista Community Health Center	9,435	\$1,722,714	\$618,770	\$2,378,119	\$4,719,603
Plan de Salud del Valle, Inc.	12,867	\$2,349,355	\$843,848	\$3,243,164	\$6,436,367
Poudre Valley Health Systems, Inc.	201	\$36,700	\$13,182	\$50,663	\$100,545
Pueblo Community Health Center	2,035	\$371,566	\$133,460	\$512,928	\$1,017,954
Rocky Mountain Youth Medical and Nursing Consultants, Inc.	1,154	\$210,706	\$75,682	\$290,869	\$577,257
SET of Colorado Springs	71	\$12,964	\$4,656	\$17,900	\$35,520
Southwest Colorado Mental Health Center	1,230	\$224,583	\$80,666	\$310,025	\$615,274
Summit Community Care Clinic, Inc.	1,705	\$311,312	\$111,818	\$429,750	\$852,880

Primary Care Fund Provider	Patients Served	Tobacco Tax Revenue	General Fund	Federal Funds	Total Payment
Sunrise Community Health	9,489	\$1,732,574	\$622,311	\$2,391,730	\$4,746,615
Uncompahgre Combined Clinic	204	\$37,248	\$13,379	\$51,419	\$102,045
University of Colorado College of Nursing	1,498	\$273,516	\$98,242	\$377,610	\$749,369
Uptown	1,966	\$358,967	\$128,935	\$495,536	\$983,438
Valley-Wide Health Systems, Inc.	2,969	\$542,103	\$194,714	\$748,345	\$1,485,162
Totals	106,736	\$19,488,672	\$7,000,000	\$26,866,060	\$53,354,731

Figure 1. Primary Care Fund Awards by Fiscal Year



VI. Conclusion

Colorado has robust safety net programs and laws in the CICIP, Hospital Discounted Care, and the Primary Care Fund which support access to health care at hospitals and clinics throughout the state. These programs and laws allow at least 170,000 lower income uninsured and underinsured 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 the CICIP and Primary Care Fund are HAS fees, tobacco tax revenue, and matching federal funds, there is no or limited impact on the state's General Fund.¹⁹ Total funds paid to hospitals and clinics to support this safety net were more than \$306 million in FY 2023-24.

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 to the PHE Unwind as well as the increase in migrants into Colorado. This migrant increase includes more than 40,000 migrants arriving in Denver over the past couple of years, who are more likely than citizens to utilize safety net care.²⁰

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, CICIP clinics and hospitals faced increased administrative burdens. This included the requirement to navigate two systems for providing care to lower income patients, which particularly impacted rural hospitals and Rural Health Clinics with lower administrative resources. Due to these challenges, to date 15 clinics have stopped participating in the CICIP, 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, and were the main drivers of the adoption of SB 24-116 and HB 24-1399. HCPF continues to work with stakeholders to implement these bills to sunset the CICIP by the end of FY 2024-25 and further reduce the administrative burden for hospitals and clinics serving uninsured Coloradans under Hospital Discounted Care and the Primary Care Fund.

¹⁹ Primary Care Fund payments for FY 2023-24 included a one-time additional General Fund appropriation of \$7 million for which federal funds were drawn, and FY 2024-25 will include a one-time additional General Fund appropriation of \$6.5 million for which federal funds will be drawn.

²⁰ See footnotes 1 and 2.

VII. Appendix A: CICIP Providers

A. CICIP PROVIDER INFORMATION

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 2023-24 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 2023-24 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 Providers²¹	City
Basin Clinic, Inc	Naturita
Denver Indian Health & Family Services, Inc	Denver
Inner City Health Center*	Denver
Peak Vista Community Health Centers*	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers*	Olathe
Tepeyac Community Health Center*	Denver

²¹ *Clinic not participating in CICP in FY 2024-25

Table 3. FY 2023-24 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	0	0	0
Boulder	1	3	4
Broomfield	1	0	1
Chaffee	2	1	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	38	2	40
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	1	2	3
Gilpin	0	0	0
Grand	4	2	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
Lake	0	0	0
Larimer	2	5	7

County	Clinics	Hospitals	Totals
Las Animas	1	1	2
Lincoln	3	1	4
Logan	0	1	1
Mesa	7	3	10
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	1	1	2
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	142	56	197

B. CICP INFORMATION TABLES

Table 4. Annual Income Ranges for Each Federal Poverty Guideline Percentage Range Effective April 1, 2023 through March 31, 2024

Family Size	0% to 40% & Experiencing Homelessness	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

Table 5. Annual Income Ranges for Each Federal Poverty Guideline Percentage Range Effective April 1, 2024 through March 31, 2025

Family Size	0% to 40% & Experiencing Homelessness	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$6,024	\$0-\$6,024	\$6,025-\$9,337	\$9,338-\$12,199
2	\$0-\$8,176	\$0-\$8,176	\$8,177-\$12,673	\$12,674-\$16,556
3	\$0-\$10,328	\$0-\$10,328	\$10,329-\$16,008	\$16,009-\$20,914
4	\$0-\$12,480	\$0-\$12,480	\$12,481-\$19,344	\$19,345-\$25,272
5	\$0-\$14,632	\$0-\$14,632	\$14,633-\$22,680	\$22,681-\$29,630
6	\$0-\$16,784	\$0-\$16,784	\$16,785-\$26,015	\$26,016-\$33,988
7	\$0-\$18,936	\$0-\$18,936	\$18,937-\$29,351	\$29,352-\$38,345
8	\$0-\$21,088	\$0-\$21,088	\$21,089-\$32,686	\$32,687-\$42,703

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$12,200-\$15,060	\$15,061-\$17,620	\$17,621-\$20,030	\$20,031-\$23,945
2	\$16,557-\$20,440	\$20,441-\$23,915	\$23,916-\$27,185	\$27,186-\$32,500
3	\$20,915-\$25,820	\$25,821-\$30,209	\$30,210-\$34,341	\$34,342-\$41,054
4	\$25,273-\$31,200	\$31,201-\$36,504	\$36,505-\$41,496	\$41,497-\$49,608
5	\$29,631-\$36,580	\$36,581-\$42,799	\$42,800-\$48,651	\$48,652-\$58,162
6	\$33,989-\$41,960	\$41,961-\$49,093	\$49,094-\$55,807	\$55,808-\$66,716
7	\$38,346-\$47,340	\$47,341-\$55,388	\$55,389-\$62,962	\$62,963-\$75,271
8	\$42,704-\$52,720	\$52,721-\$61,682	\$61,683-\$70,118	\$70,119-\$83,825

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$23,946-\$27,861	\$27,862-\$30,120	\$30,121-\$37,650
2	\$32,501-\$37,814	\$37,815-\$40,880	\$40,881-\$51,100
3	\$41,055-\$47,767	\$47,768-\$51,640	\$51,641-\$64,550
4	\$49,609-\$57,720	\$57,721-\$62,400	\$62,401-\$78,000

5	\$58,163-\$67,673	\$67,674-\$73,160	\$73,161-\$91,450
6	\$66,717-\$77,626	\$77,627-\$83,920	\$83,921-\$104,900
7	\$75,272-\$87,579	\$87,580-\$94,680	\$94,681-\$118,350
8	\$83,826-\$97,532	\$97,533-\$105,440	\$105,441-\$131,800

Table 6. CICP Copayment Table

Percent of FPG	0 to 40% and Experiencing Homelessness	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 base 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. With the changes made by SB 24-116, hospitals will be able to bill a patient a total of 6% in their payment plan, including 4% for facility charges and 2% for the physicians they bill for, beginning in FY 2024-25.

VIII. Appendix B: CACP and Hospital Discounted Care Data

Under Hospital Discounted Care, all Colorado general and Critical Access hospitals report data to HCPF to evaluate compliance with the legislative requirements (screening and eligibility determination, payment plans, and collection practices) across race, ethnicity, age, and primary language spoken in the home.

Hospitals report data annually to HCPF by September 1 for the prior state fiscal year. This report includes data covering FY 2023-24.

Overall, 84 of the 85 hospitals met the reporting requirements.²² In total, 64,173 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or Colorado Indigent Care Program (CACP) during FY 2023-24. This represents a decrease of 11,140 patients, or -14.79%, across 73 reporting hospitals compared to FY 2022-23.

Hospitals are required to submit data that includes demographic information for all uninsured patients. Additionally, hospitals report data for all insured patients who requested financial assistance. Hospitals are also required to provide patients' screening and application status including whether the patient:

- was still in the process of completing their screening or application,
- was determined eligible for Hospital Discounted Care and/or CACP,
- was determined eligible for the hospital's internal program if they did not qualify for Hospital Discounted Care or CACP,
- decided to remain self-pay,
- applied and qualified for Health First Colorado/Child Health Plan *Plus* (CHP+), or
- was not contacted and/or was unreachable, and therefore had no available screening information.

A. Patients Determined Eligible

In FY 2023-24, the 84 reporting hospitals provided discounted care for 64,173 patients through Hospital Discounted Care and/or CACP. This represents a decrease of 11,140 patients, or -14.79%, across 73 reporting hospitals from 2022-23.

HCPF identified some reporting discrepancies in the FY 2022-23 data. As a result, HCPF held training for providers in June 2024. The training provided reporting and data submission best practices. HCPF found FY 2023-24 reported data showed improved data reporting from the previous year. The FY 2023-24 data will continue to inform updates to the data reporting template and future training for providers. HCPF will continue helping resolve any remaining issues, such as patients being included in the demographics but not having any screening information submitted, or insured

²² Community Hospital reported FY 2023-24 data, but the data did not meet reporting requirements and could not be used.

patients being included that did not request financial assistance and do not need to be listed in the data.

The following charts and tables illustrate patient demographics determined eligible for Hospital Discounted Care and/or CICIP during FY 2023-24.

Figure 2. Hospital Discounted Care Patients by Race

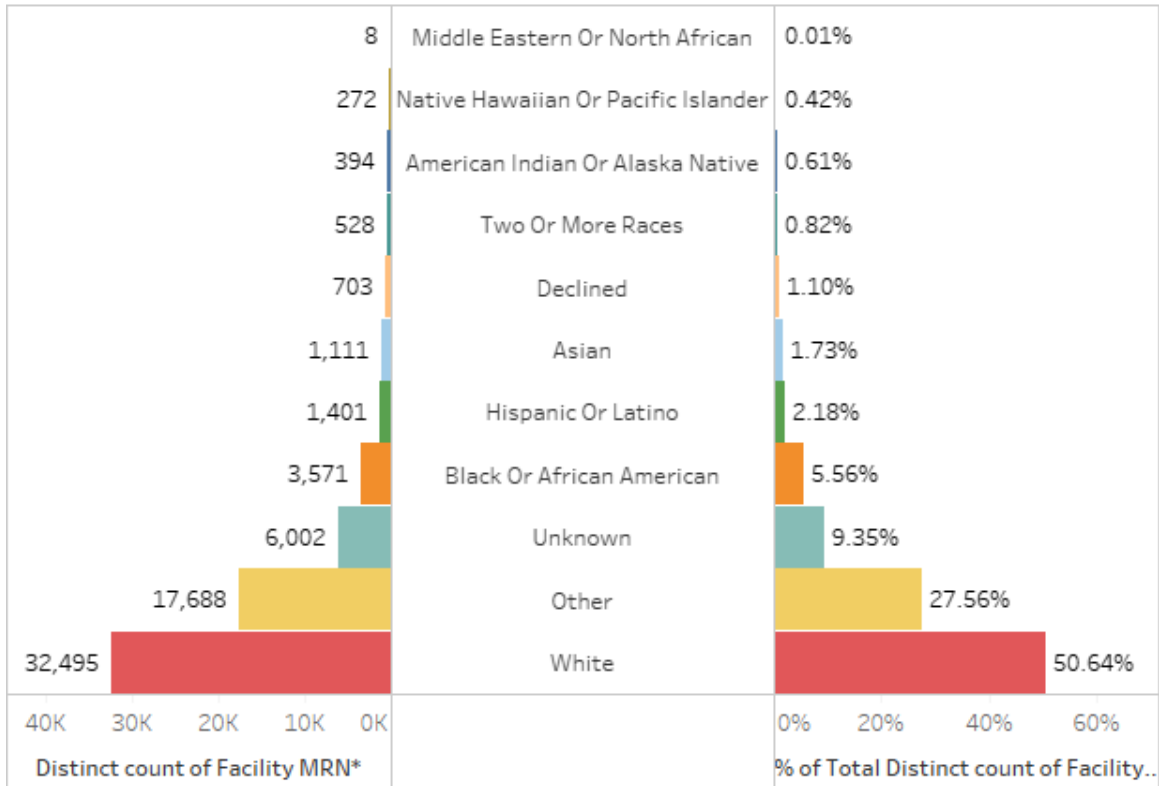


Figure 3. Hospital Discounted Care Patients by Ethnicity

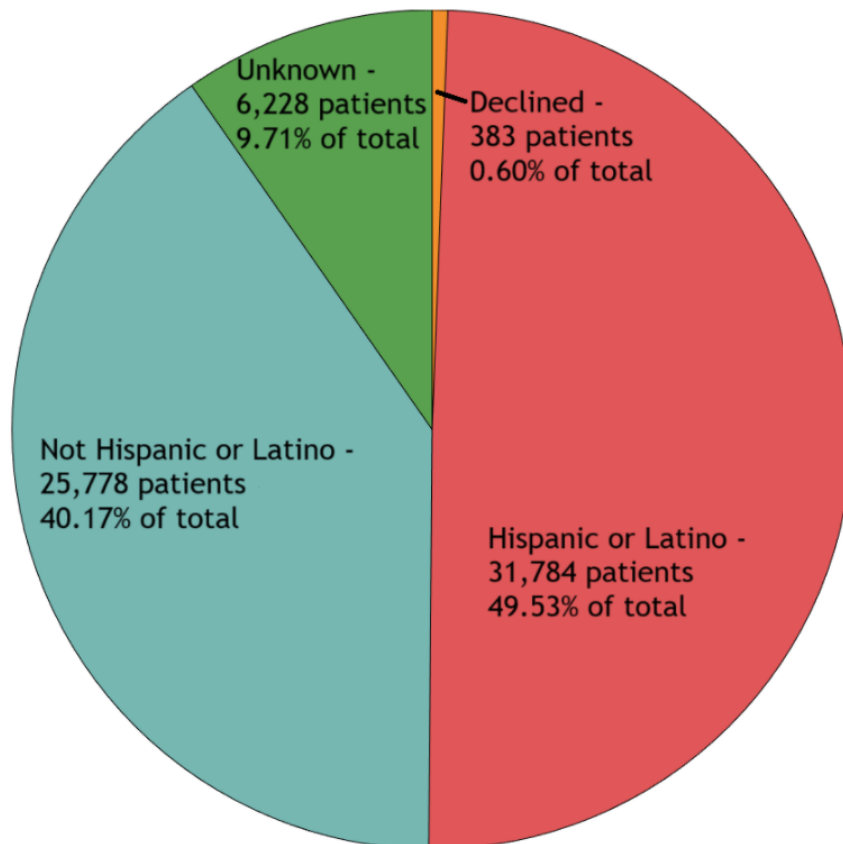


Figure 4 and Table 7 show patients' reported preferred language, where the vast majority is English and Spanish. The Other category includes all languages that were reported as the preferred language for less than 50 patients, and the All Other category includes all languages that were reported as the preferred language for at least 50 patients, other than the Declined group which includes 47 patients. The All Other grouping is broken out in Figure 4.

Figure 4. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages

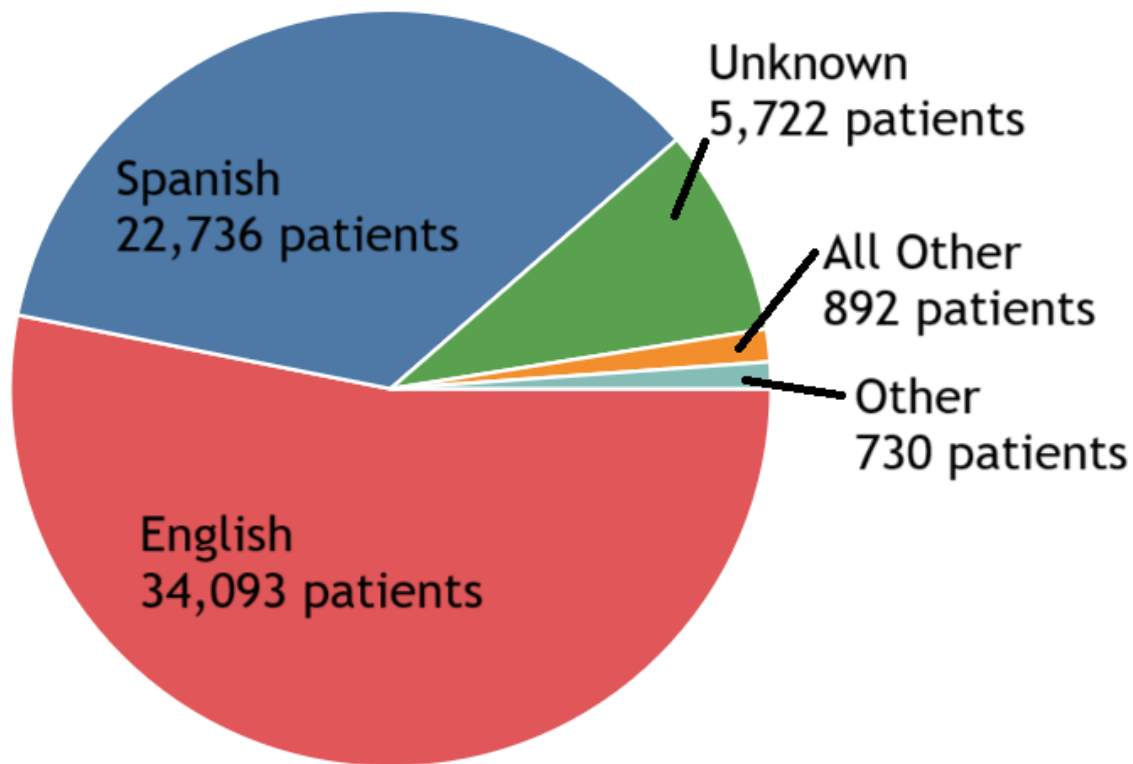


Table 7. Patients Determined Eligible speaking English, Spanish, Unknown, or Other Languages not included in Figure 4

Preferred Language	Distinct Count of MRNs	Percent of Total MRNs
English	34,093	53.13%
Other	730	1.14%
Spanish	22,736	35.43%
Unknown	5,722	8.92%
Total	63,281	98.62%

*MRN= Medical Record Number

Please note, Figure 4 only includes languages other than English, Spanish, unknown, and other. These four groupings far exceed the different languages, making analysis

challenging to view within the same graph. Preferred Language indicates a patient’s primary language for communication; it does not imply that this is their only spoken language.

Figure 5. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other

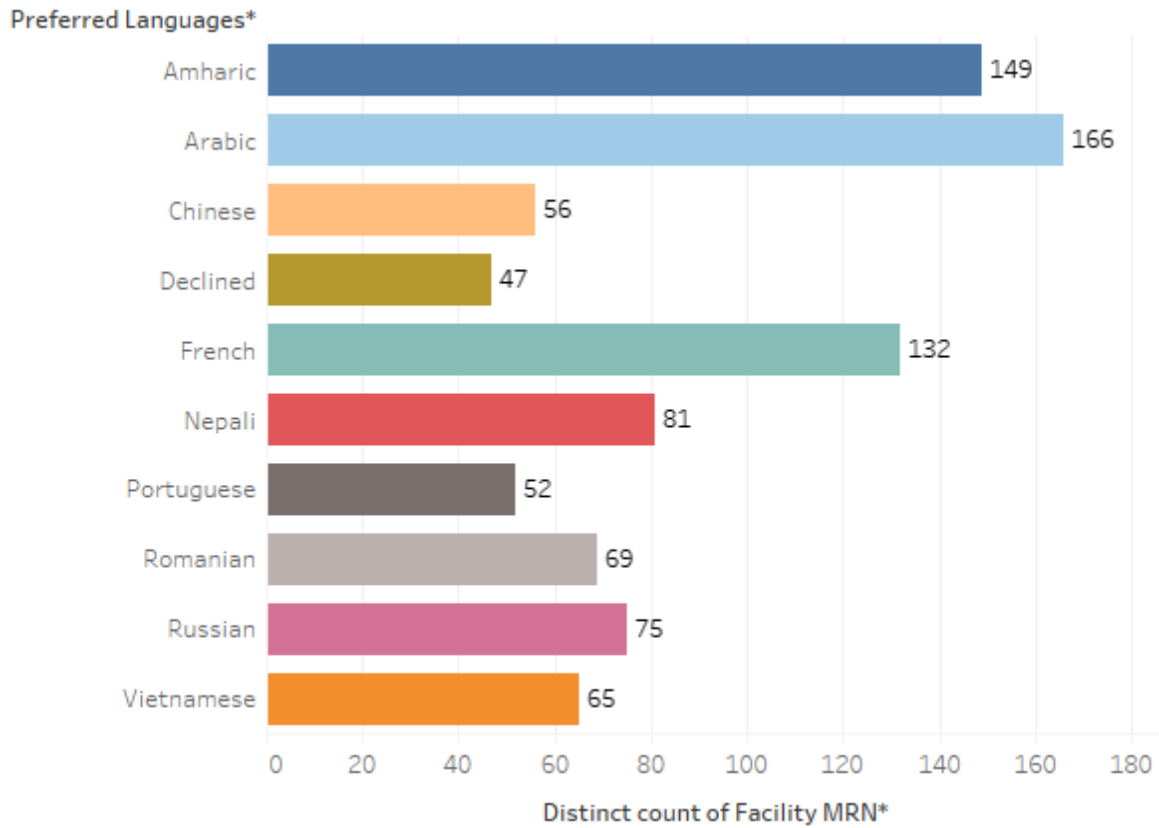
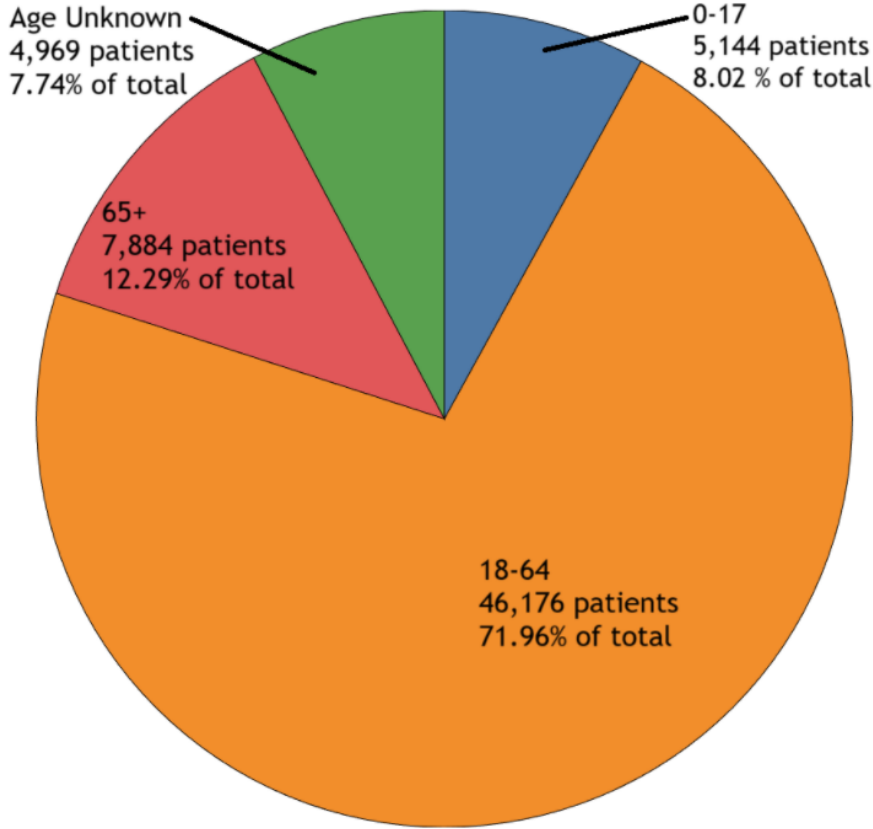


Figure 6. Hospital Discounted Care Patients by Age



B. All Patients Included in Data Submissions and Identified Inconsistencies

HCPF staff identified issues within portions of the FY 2023-24 data submission requirements. One identified issue is the inclusion of incorrect patients into the data from hospitals. Hospitals are required to include all uninsured patients and all insured patients who requested financial assistance in their data. However, the cumulative data showed many patients who were included who were insured and did not seem to have requested financial assistance. HCPF will continue to hold annual training sessions on data reporting requirements under Hospital Discounted Care. Additionally, HCPF will continue to provide necessary updates and guidance to ensure clarity in requirements for future submissions.

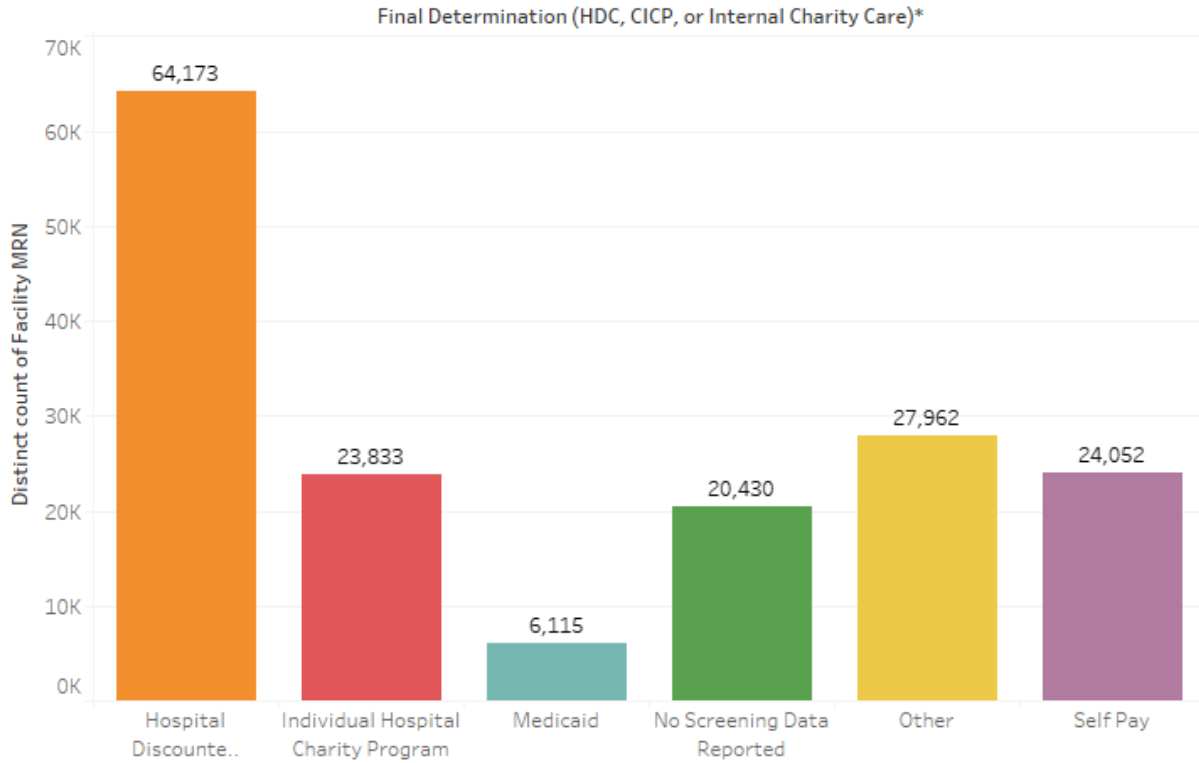
The cumulative data from 84 reporting hospitals included 365,746 distinct patients. Of that total, hospitals reported demographic data for 218,018 patients; no other information was included. The breakdown of the 218,018 patients are as follows:

- For 1,022 patients reported as uninsured and 106 patients reported as insured, only payment plan information was included - these patients are assumed to have accessed services in FY 2022-23 and have continuing payment plans into FY 2023-24.
- For 19,286 patients reported as uninsured and 236 patients reported as insured, only collections information was included - these patients are assumed to have accessed services in FY 2022-23 and have been sent to collections in FY 2023-24.
- For 52,717 patients reported as insured, there was missing screening or application information - these patients likely should not have been included in the hospitals' reporting.
- For 144,651 patients reported as uninsured, there was missing screening or application information - these patients are assumed to have been correctly included, but it is unclear why screening information was not included for them. It is possible that portions of these patients declined screening or did not respond to screening attempts.

HCPF will hold annual training sessions which will include clarification on how patients like these should be reported in order to ensure correct and complete data. Additionally, HCPF continues to hold biweekly office hours for hospitals to ask questions, including questions about data reporting requirements.

The following figures and tables illustrate the demographics of all patients who were included in the data submitted for Hospital Discounted Care and CICP for FY 2023-24. This includes individuals whose reported final determinations did not indicate they were found eligible for Hospital Discounted Care or CICP.

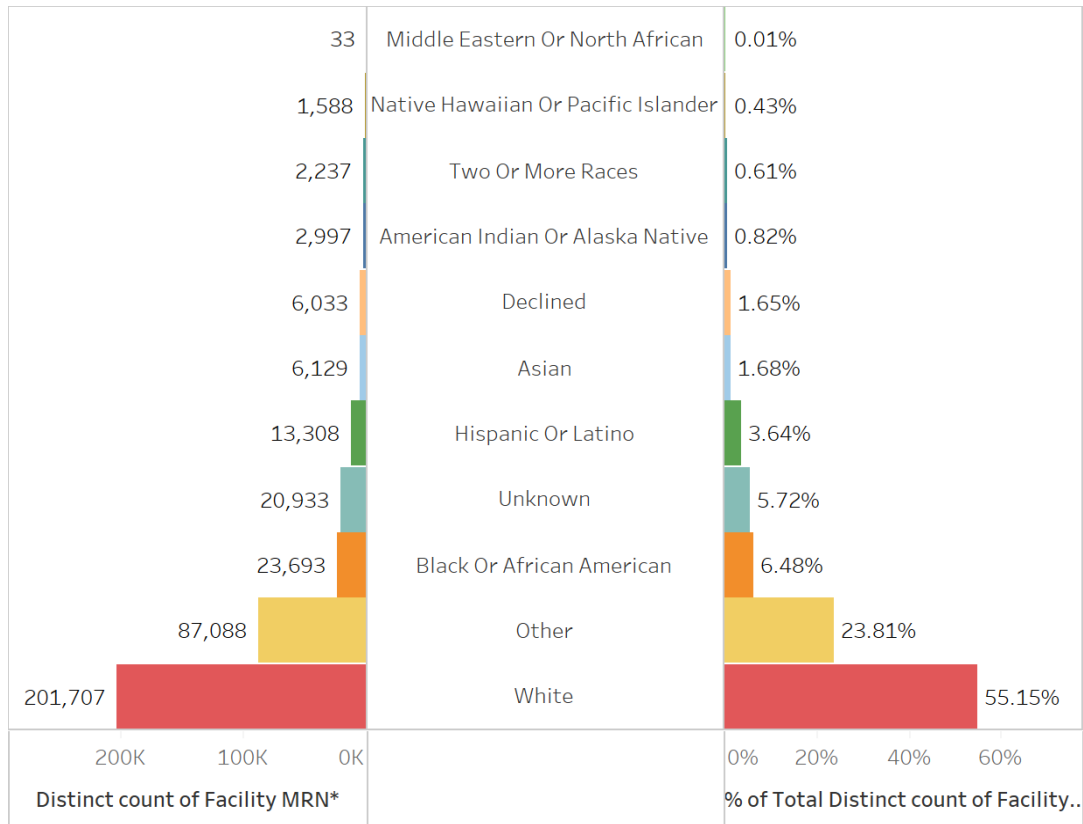
Figure 7. All Patients with a Reported Final Determination



*MRN= Medical Record Number

Figure 7 does not include the 218,018 patients whose final determinations were not included in the submitted data. Additionally, some patients may be included in multiple determination groups if they had a change during the fiscal year. For example, a patient may have chosen to remain self-pay at one point in the year and then decided to apply for Hospital Discounted Care and/or CICP for a later date of service.

Figure 8. All Patients Reported by Race



*MRN= Medical Record Number

Figure 9. All Patients Reported by Ethnicity

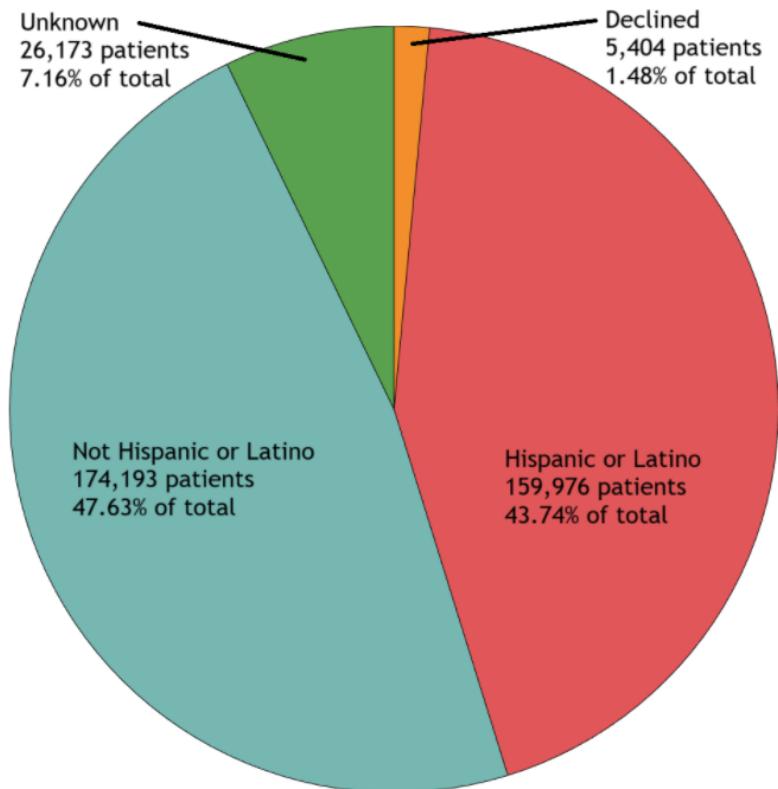


Figure 10 and Table 8 show patients' reported preferred language, where the vast majority is English and Spanish. The same groupings of languages were kept as for the Hospital Discounted Care patients for consistency. For all languages that were reported for less than 50 Hospital Discounted Care patients, there were less than 250 patients overall that reported those languages, with the only exception being Ukrainian. There were less than 50 Hospital Discounted Care patients who reported their preferred language to be Ukrainian, but more than 300 total patients who listed Ukrainian as their preferred language.

Figure 10. All Patients by English, Spanish, Unknown, Other, and All Other Languages

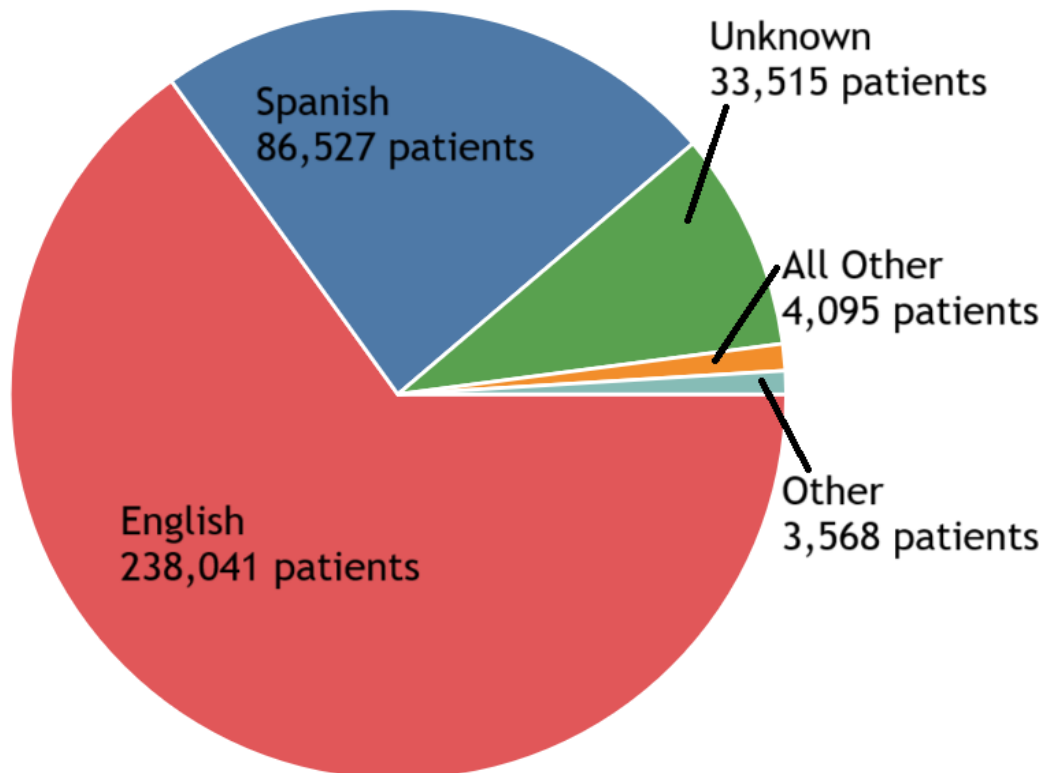


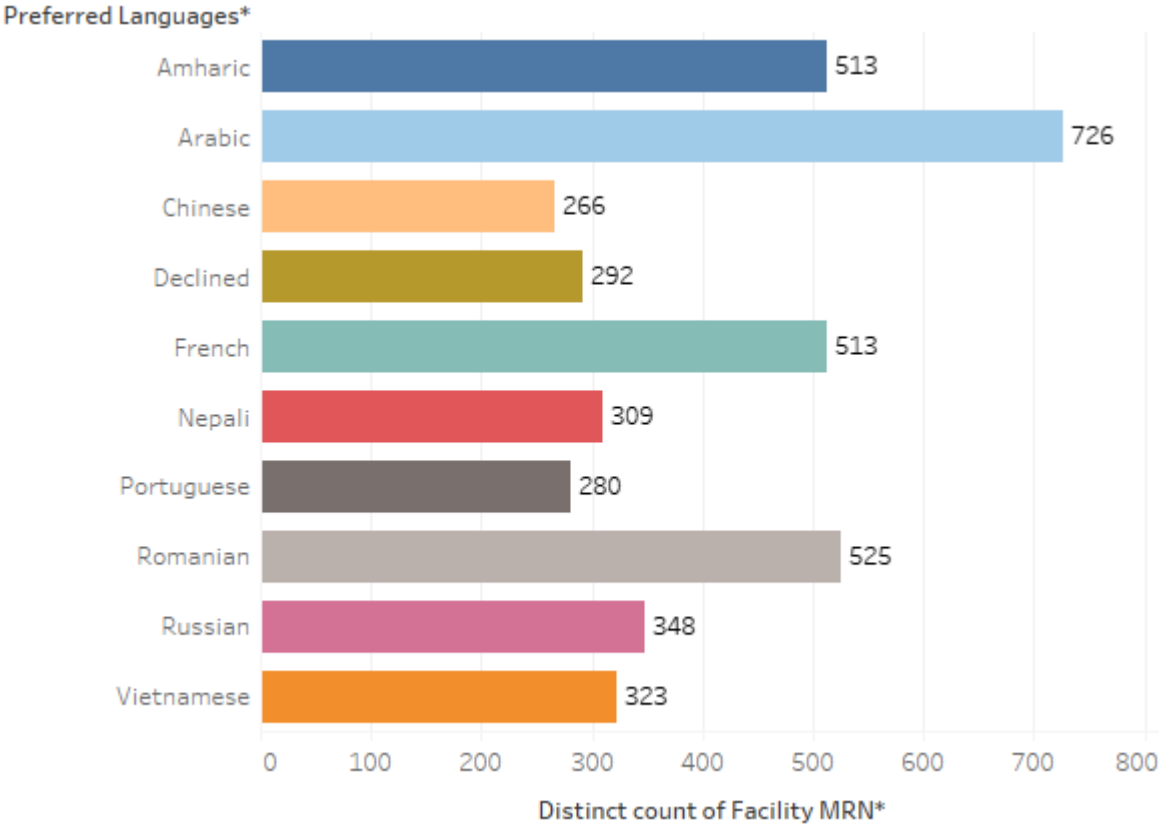
Table 8. Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 10

Preferred Language	Distinct Count of MRNs*	Percent of Total MRNs*
English	238,041	65.08%
Other	3,568	0.98%
Spanish	86,527	23.66%
Unknown	33,515	9.16%
Total	361,651	98.88%

*MRN= Medical Record Number

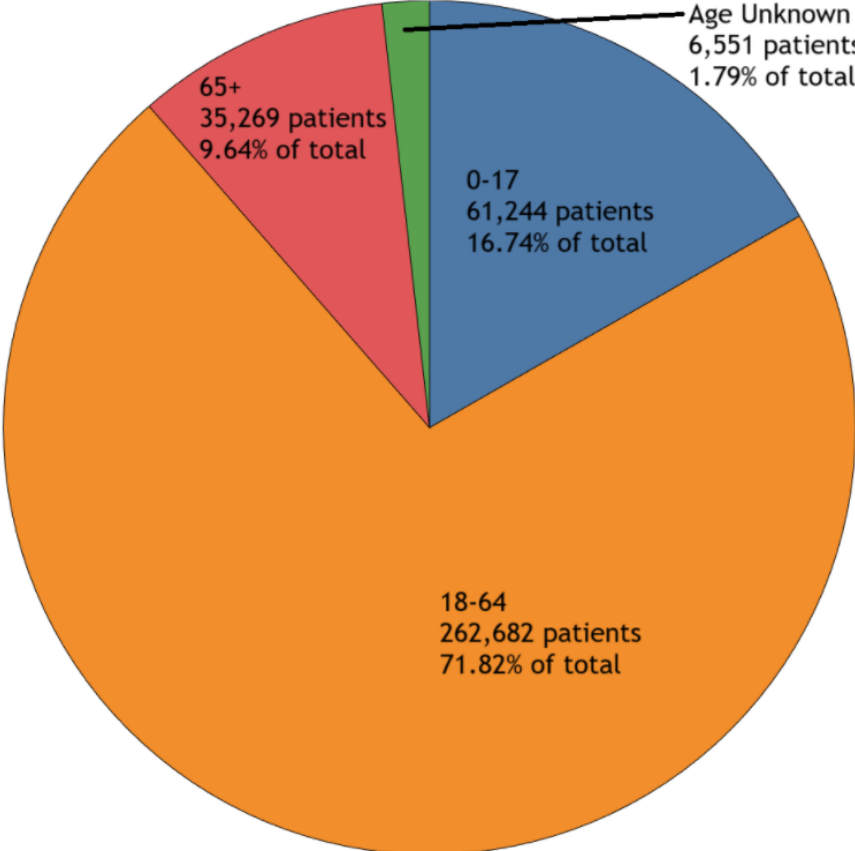
Figure 11 shows patients' preferred languages other than English, Spanish, unknown, and other because they were the vast majority of preferred languages reported. Please note that preferred language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

Figure 11. All Patients Reported by Preferred Language, Excluding English, Spanish, Unknown, and Other



*MRN= Medical Record Number

Figure 12. All Patients Reported by Age



IX. Appendix C: Federal Match Rates, DSH, and Definitions

A. 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 CICP. Today, DSH payments to CICP 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.

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 2024 for DSH payments made in FY 2020-21.

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

Table 9. Colorado DSH Allotment

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2017-18	\$103,969,030
2018-19	\$106,152,378
2019-20	\$108,169,274
2020-21	\$109,791,813
2021-22	\$113,305,151
2022-23	\$122,034,479
2023-24	\$128,615,834

Table 10. FFY 2023-24 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	\$306,377
Banner Fort Collins Medical Center	\$587,572
Children's Hospital Colorado	\$10,255,692
Children's Hospital Colorado, Colorado Springs	\$798,714
Community Hospital	\$4,068,499
Denver Health Medical Center	\$90,771,522
Grand River Hospital and Medical Center	\$2,891,794
HCA HealthONE Mountain Ridge ²³	\$4,181,843
Longmont United Hospital	\$2,331,647
McKee Medical Center	\$1,468,469
Montrose Memorial Hospital	\$2,421,933
National Jewish Health	\$602,482
North Colorado Medical Center	\$6,072,664
Platte Valley Medical Center	\$2,539,939

²³ HCA HealthONE Mountain Ridge, previously known as North Suburban Medical Center, does not participate in CICP but meets the federal requirements to receive the DSH payment.

St. Mary's Hospital and Medical Center, Inc.	\$5,802,144
UCHealth Greeley Hospital	\$2,504,612
UCHealth Highlands Ranch Hospital	\$1,532,703
UCHealth Longs Peak	\$1,698,999
UCHealth Medical Center of the Rockies	\$5,129,362
UCHealth Memorial Hospital	\$11,489,008
UCHealth Poudre Valley Hospital	\$5,806,101
UCHealth Yampa Valley Medical Center	\$624,867
University of Colorado Hospital	\$82,833,122
Valley View Hospital	\$10,511,602
Total	\$257,231,667

B. DEFINITIONS

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 (PHE 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 CICIP 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.

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.

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.