

Colorado Indigent Care Program and Primary Care Fund

Fiscal Year 2019-20 Annual Report

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COLORADO
Department of Health Care
Policy & Financing

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EXECUTIVE SUMMARY

This annual report is prepared by the Department of Health Care Policy and Financing (the Department) pursuant to Section 25.5-3-107, C.R.S. (2018). The purpose of this annual report is to inform stakeholders and policy makers about the structure, policy, statistics, and payments related to the Colorado Indigent Care Program (CICP). The CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to low-income Coloradans who are not eligible for Health First Colorado (Colorado's Medicaid Program) or Child Health Plan Plus (CHP+).

In FY 2019-20, the number of persons served by the CICP was 54,222. The CICP remains an important safety net for low-income Coloradans who are not eligible for Health First Colorado or CHP+ and who cannot afford their out-of-pocket health care costs.

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

In FY 2017-18, the CICP created a formal CICP Stakeholder Advisory Council (Advisory Council) through the rule making process as described under 10 CCR 2505-10 Section 8.905.D. The Advisory Council includes representatives of rural and urban hospitals, community health centers, safety-net clinics, consumers, and consumer advocates. The Advisory Council advises the Department on policies for the CICP and makes recommendations to improve program effectiveness. The Department will continue to work with its stakeholders to preserve the CICP safety net for its clients by taking opportunities to modernize the CICP and create efficiencies.

In FY 2019-20, there were 19 CICP Clinics and 52 CICP Hospitals. CICP Clinics were reimbursed at 36.6% of indigent care costs. In FY 2019-20, payments to CICP Hospitals were financed with hospital provider fees and federal matching funds under the federal Disproportionate Share Hospital (DSH) allotment as part of the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). For more information about the CHASE, see the 2021 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department's website at www.colorado.gov/hcpf/department-reports. Payments to CICP Hospitals and CICP Clinics in FY 2019-20 are shown below.

CICP Payments

➤ CICP Disproportionate Share Hospital Payments	\$204,521,237
➤ CICP Clinic Payments	\$5,979,386
➤ Total Payments	\$210,500,623

INTRODUCTION

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

Since it was created, the CICIP has undergone updates and changes to comply with legislative directives and to adapt to changes in the health care marketplace.

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

As part of the rule change, a formalized Advisory Council was created. The Advisory Council is comprised of 11 members representing the following groups: three consumers eligible for the program or three consumer advocates or a combination of each; a federally qualified health center (FQHC); a rural health clinic or a community health clinic licensed or certified by the Department of Public Health and Environment (DPHE); either Denver Health Medical Center or University of Colorado Hospital; an urban hospital; a rural or critical access hospital; an organization of community health centers as defined in the federal Public Health Service Act, 42 U.S.C. sec. 254(b); an organization of Colorado hospitals; and the Department. Information about current Advisory Council members and topics of discussion can be found at www.colorado.gov/pacific/hcpf/colorado-indigent-care-program-stakeholder-advisory-council.

Rule changes also allowed flexibility when determining financial resources for CICIP applicants and their copayments. Specifically, CICIP Clinics that are FQHCs may mirror the income determination process and copayment schedule in line with their federal requirements. CICIP Clinics that are not FQHCs follow a similar process. Likewise, rules for the CICIP Hospitals were adjusted to allow hospitals to define income determination to best fit their communities. While these rule changes allowed more flexibility, minimum guidelines were retained to ensure that the CICIP remains responsive to the needs of low-income Coloradans.

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

metrics and will make changes to them through the rule making process when the majority of the CICIP Clinics achieve Department specified goals for each measure.

Aside from the recent rule changes, it is important to point out that the implementation of the Affordable Care Act (ACA) and the expansion of Health First Colorado to adults without dependent children in January 2014 has resulted in fewer clients served by the CICIP. However, while many former CICIP clients are eligible for health coverage following the implementation of the ACA, not all are covered. Citizens and legal immigrants who have been in the United States less than five-years remain eligible for the CICIP, so long as they are not eligible for Health First Colorado and have incomes that are at or below 250% of the federal poverty level (FPL). Also, while many low-income Coloradans are eligible for a federal subsidy to purchase health care coverage, there continues to be Coloradans with income under 250% of the FPL who cannot meet their out-of-pocket expenses. Finally, changes at the federal level including the proposed changes to the Public Charge rule, may drive eligible Coloradans back to the CICIP. Therefore, the Department continues to work with the Advisory Council to ensure the CICIP remains administratively effective and efficient while still retaining the underlying safety net for low-income Coloradans.

PROGRAM OVERVIEW

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” in 1983. This law made it possible to use State funds to partially reimburse providers for services provided to the State’s medically indigent residents. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program.” Part 1 of Article 3 in Title 25.5 is where the program’s enabling legislation resides. The following segment of the legislative declaration at Section 25.5-3-102, C.R.S. (2019) helps illustrate the program’s purpose.

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

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

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

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

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

The CICIP includes these requirements in its agreements with providers to ensure that low-income Coloradans have access to emergency care throughout the year.

CICP COMMUNICATION

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

CLIENTS

ELIGIBILITY REQUIREMENTS

Participating hospitals and clinics administer the CICIP client enrollment. Eligibility technicians at the CICIP provider locations assist applicants in completing the client application and determine eligibility for the program using criteria approved by the Department. To be eligible for services discounted under the CICIP, an individual must be aged 18 years or older or be an emancipated minor and meet requirements for lawful presence, Colorado residency, and income. Clients must not be eligible for Health First Colorado or CHP+, and they must have income and assets combined at or below 250% of the FPL. Clients can have other third-party insurance that must be billed prior to applying the CICIP copayment to medical services.

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

To determine a client’s copayment amount, providers assign a rating to the applicant based on the applicant’s total income and assets (see Table 1). Ratings are based on a snapshot of an applicant’s financial resources as of the date of the rating. See Table 2 for copayment determinations.

Client eligibility ratings are valid for one year. However, initial ratings may change, and a re-rating may occur when:

- Family income has changed significantly;
- Number of dependents has changed;
- Calculation errors are identified;
- Information provided was not accurate; or
- The client goes to a second provider that does not accept the client’s initial rating due to the provider’s income determination process differing from the first provider.

Table 1 Annual Income Ranges for Each Federal Poverty Level Percentage Range Effective April 1, 2019 through March 31, 2020

Family Size	0% to 40% & Homeless	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$4,996	\$0-\$4,996	\$4,997-\$7,744	\$7,745-\$10,117
2	\$0-\$6,764	\$0-\$6,764	\$6,765-\$10,484	\$10,485-\$13,697
3	\$0-\$8,532	\$0-\$8,532	\$8,533-\$13,225	\$13,226-\$17,277
4	\$0-\$10,300	\$0-\$10,300	\$10,301-\$15,965	\$15,966-\$20,858
5	\$0-\$12,068	\$0-\$12,068	\$12,069-\$18,705	\$18,706-\$24,438
6	\$0-\$13,836	\$0-\$13,836	\$13,837-\$21,446	\$21,447-\$28,018
7	\$0-\$15,604	\$0-\$15,604	\$15,605-\$24,186	\$24,187-\$31,598
8	\$0-\$17,372	\$0-\$17,372	\$17,373-\$26,927	\$26,928-\$35,178

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$10,118-\$12,490	\$12,491-\$14,613	\$14,614-\$16,612	\$16,613-\$19,859
2	\$13,698-\$16,910	\$16,911-\$19,785	\$19,786-\$22,490	\$22,491-\$26,887
3	\$17,278-\$21,330	\$21,331-\$24,956	\$24,957-\$28,369	\$28,370-\$33,915
4	\$20,859-\$25,750	\$25,751-\$30,128	\$30,129-\$34,248	\$34,249-\$40,943
5	\$24,439-\$30,170	\$30,171-\$35,299	\$35,300-\$40,126	\$40,127-\$47,970
6	\$28,019-\$34,590	\$34,591-\$40,470	\$40,471-\$46,005	\$46,006-\$54,998
7	\$31,599-\$39,010	\$39,011-\$45,642	\$45,643-\$51,883	\$51,884-\$62,026
8	\$35,179-\$43,430	\$43,431-\$50,813	\$50,814-\$57,762	\$57,763-\$69,054

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$19,860-\$23,107	\$23,108-\$24,980	\$24,981-\$31,225
2	\$26,888-\$31,284	\$31,285-\$33,820	\$33,821-\$42,275
3	\$33,916-\$39,461	\$39,462-\$42,660	\$42,661-\$53,325
4	\$40,944-\$47,638	\$47,639-\$51,500	\$51,501-\$64,375
5	\$47,971-\$55,815	\$55,816-\$60,340	\$60,341-\$75,425
6	\$54,999-\$63,992	\$63,993-\$69,180	\$69,181-\$86,475
7	\$62,027-\$72,169	\$72,170-\$78,020	\$78,021-\$97,525
8	\$69,055-\$80,346	\$80,347-\$86,860	\$86,861-\$108,575

Table 2 Client Copayment Table Effective July 1, 2019

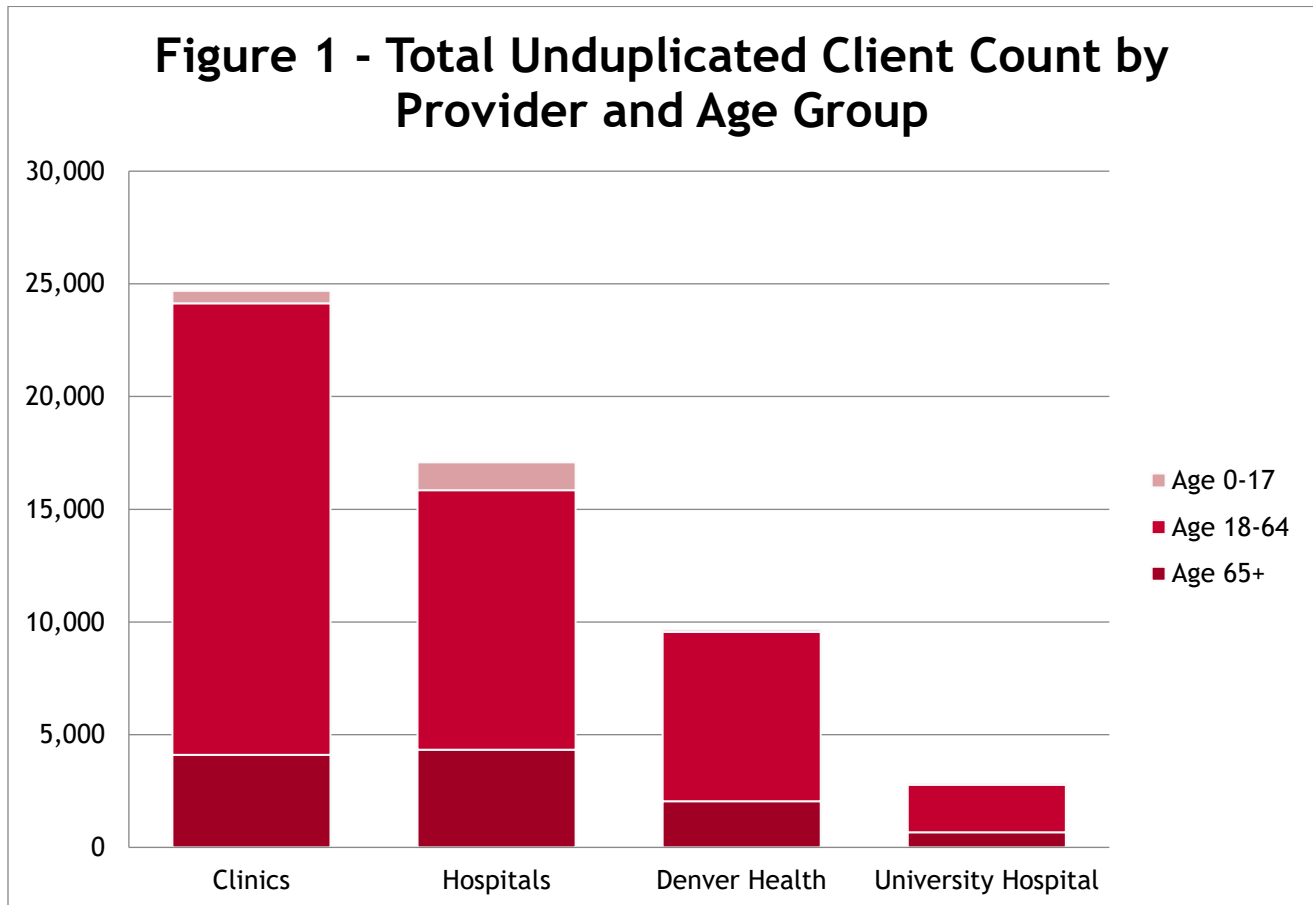
Percent of FPL	0 to 40% and Homeless	0 to 40%	41 to 62%	63 to 81%	82 to 100%	101 to 117%	118 to 133%	134 to 159%	160 to 185%	186 to 200%	201 to 250%
Ambulatory Surgery	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
Inpatient Facility	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600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

The CICIP client must pay the copayment listed, the copayment stipulated by their third-party insurance, or the actual charges, whichever is lower. Clients are notified of their copayment obligation at or before the time that services are rendered. For all clients with an FPL at or above 41% the annual copayments for CICIP cannot exceed 10% of the family's income. Annual copayments for clients with an FPL rating of 0 to 40% cannot exceed the lesser of 10% of the family's income or \$120. Clients with an FPL of 0% to 40% and who are homeless are exempt from a CICIP copayment.

CLIENTS SERVED

During FY 2019-20, there were 54,222 unduplicated clients who received services through the CICP. This represents a 4.12% increase from the 52,074 unduplicated clients assisted in FY 2018-19. Children represented 3.5% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 31.4% in FY 2019-20 relative to the FY 2018-19 total. Overall, the program provided 3,192 unduplicated clients with inpatient care, while 53,285 received outpatient services in FY 2019-20.¹

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 19,712 in FY 2018-19 to 19,517 in FY 2019-20, representing a decrease of 1.0%. Overall, the total number of inpatient days has increased by 4.1% since FY 2017-18. Relative to FY 2018-19, Denver Health Medical Center had an increase in inpatient days in FY 2019-20 of 2.7%, while University of Colorado Hospital had a similar increase of 2.4%.

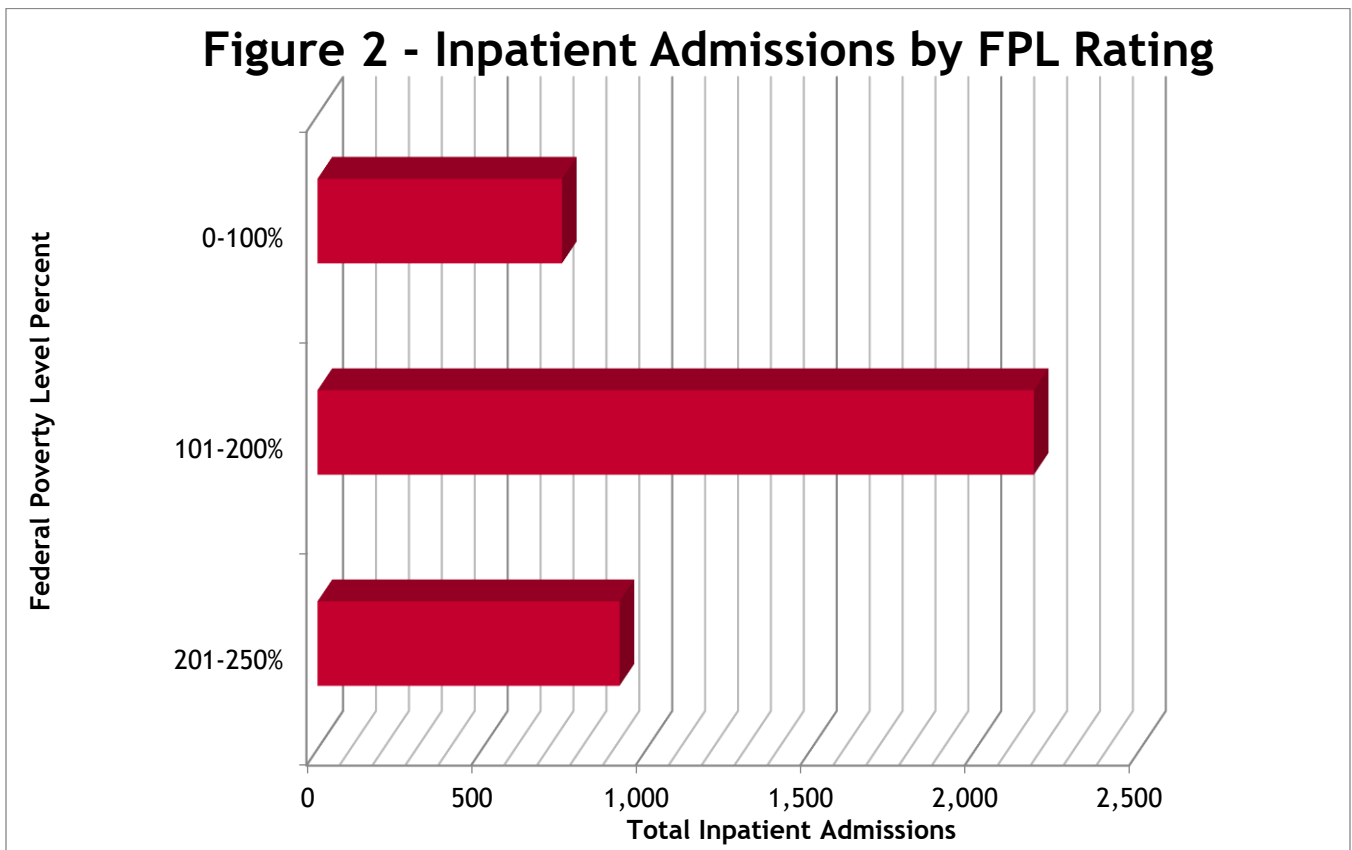
¹ This count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Table 3 Comparison of Inpatient Days²

CICP Provider	FY 2017-18 Inpatient Days	Percent Change	FY 2018-19 Inpatient Days	Percent Change	FY 2019-20 Inpatient Days	Percent Change
CICP Hospitals ³	11,366	0.6%	12,261	7.9%	11,878	-3.1%
Denver Health Medical Center	3,081	-19.4%	3,423	11.1%	3,514	2.7%
University of Colorado Hospital	4,306	6.8%	4,028	-6.5%	4,125	2.4%
TOTAL	18,753	-2.1%	19,712	5.1%	19,517	-1.0%

Figure 2 shows the total inpatient admissions by CICP Rating and FPL percentage for FY 2019-20. Of the total inpatient admissions, 19.2% were made for individuals living at or below 100% FPL (former ratings Z, N, A, B, and C), similar to the 18.9% figure seen in FY 2018-19. FPL Ratings between 101% and 200% (former ratings D, E, F, G, and H) accounted for 56.2% of inpatient admissions, while FPL Ratings between 201% and 250% (former rating I) accounted for 23.7% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



As shown in Table 4, there was a 0.7% increase in total outpatient visits from FY 2018-19 to FY 2019-20. CICP Clinics experienced a 5.6% decrease in outpatient visits. CICP Hospitals experienced a 14.5%

² Source: Analysis of Data from Previous CICP Annual Reports

³ Includes CICP Specialty Hospital Providers

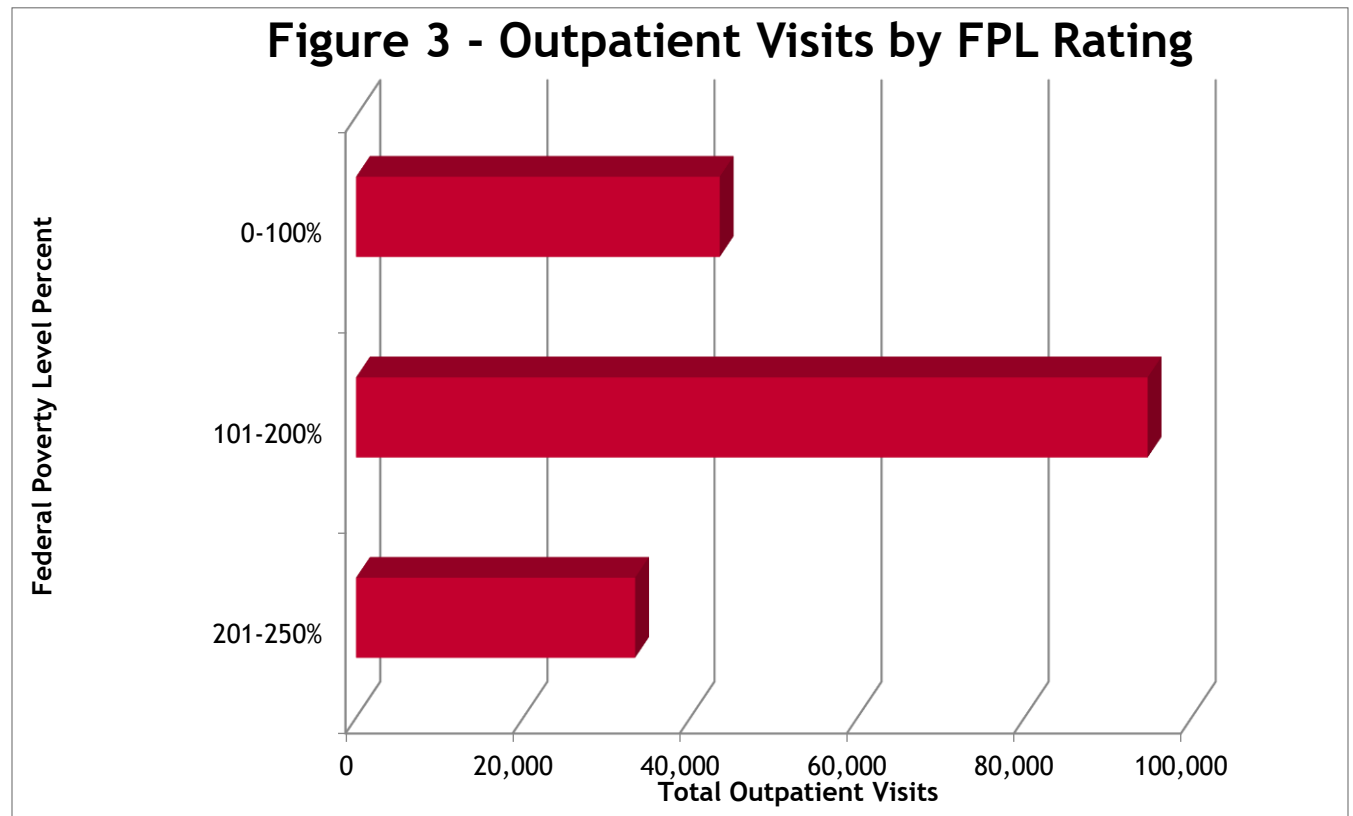
increase in outpatient visits while Denver Health Medical Center experienced a 4.8% increase and University of Colorado Hospital experienced a 9.1% decrease.

Table 4 Comparison of Outpatient Visits⁴

CICP Provider	FY 2017-18 Outpatient Visits	Percent Change	FY 2018-19 Outpatient Visits	Percent Change	FY 2019-20 Outpatient Visits	Percent Change
CICP Clinics	73,819	1.5%	87,212	18.1%	82,307	-5.6%
CICP Hospitals ⁵	37,969	-1.3%	38,183	0.6%	43,717	14.5%
Denver Health Medical Center	35,084	-0.7%	36,949	5.3%	38,713	4.8%
University of Colorado Hospital	13,528	-0.8%	12,110	-10.5%	11,002	-9.1%
TOTAL	160,400	0.1%	174,454	8.8%	175,739	0.7%

In FY 2019-20, the total number of outpatient visits for CICP clients rose by 0.7%, increasing from 174,521 in FY 2018-19 to 175,739 in FY 2019-20. Clients with an FPL rating between 0 and 100% made up 24.8% of the total visits, with clients falling between 101% and 200% making up 53.9% of the total visits, and clients falling between 201% and 250% making up 19.0% of the total visits.

Figure 3 Outpatient Visits by CICP Rating



⁴ Source: Analysis of Data from Previous CICP Annual Reports

⁵ Includes CICP Specialty Hospital Providers

PROVIDERS

PROVIDER ELIGIBILITY REQUIREMENTS

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

1. Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment (DPHE); or

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

For the purposes of this FY 2019-20 Annual Report, CICIP providers are identified in the following categories by funding appropriation:

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

PROVIDER PARTICIPATION

A total of 71 providers, 52 hospitals and 19 clinics, participated in the CICIP in FY 2019-20. Most of the participating CICIP Clinics and several of the CICIP Hospitals have multiple sites. Any site other than the main facility is considered a satellite facility. There were 183 satellite CICIP facilities throughout the state for FY 2019-20.

Table 5 FY 2019-20 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	10	4	14
Alamosa	9	1	10
Arapahoe	9	0	9
Archuleta	0	0	0
Baca	0	1	1
Bent	2	0	2
Boulder	4	3	7
Broomfield	1	0	1
Chaffee	0	2	2
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	3	1	4
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	1	1	2
Denver	18	2	20
Dolores	1	0	1
Douglas	6	1	7
Eagle	2	0	2
El Paso	25	4	29
Elbert	1	0	1
Fremont	1	1	2
Garfield	3	2	5
Gilpin	0	0	0
Grand	4	1	5
Gunnison	4	1	5
Hinsdale	0	0	0
Huerfano	0	1	1
Jackson	1	0	1
Jefferson	11	0	11
Kiowa	0	0	0

County	Clinics	Hospitals	Totals
Kit Carson	1	0	1
La Plata	0	1	1
Lake	1	1	2
Larimer	7	5	12
Las Animas	2	1	3
Lincoln	2	1	3
Logan	1	1	2
Mesa	5	3	8
Mineral	1	0	1
Moffat	1	1	2
Montezuma	6	1	7
Montrose	7	1	8
Morgan	1	2	3
Otero	2	1	3
Ouray	0	0	0
Park	0	0	0
Phillips	0	1	1
Pitkin	1	1	2
Prowers	8	1	9
Pueblo	11	1	12
Rio Blanco	0	0	0
Rio Grande	6	1	7
Routt	1	1	2
Saguache	2	0	2
San Juan	0	0	0
San Miguel	1	0	1
Sedgwick	1	1	2
Summit	0	0	0
Teller	1	1	2
Washington	0	0	0
Weld	13	1	14
Yuma	1	1	2
Totals	198	56	254

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

Table 6 FY 2019-20 CICP Participating Providers

CICP Hospital Providers	City
Arkansas Valley Regional Medical Center	La Junta
Aspen Valley Hospital District	Aspen
Banner Fort Collins Medical Center	Fort Collins
Boulder Community Health Foothills Hospital	Boulder
Centura Health - Penrose-St. Francis Health Services	Colorado Springs
Centura Health - St. Thomas More Hospital	Canon City
Colorado Canyons Hospital and Medical Center	Fruita
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Grand River Hospital and Medical Center	Rifle
Gunnison Valley Hospital	Gunnison
Heart of the Rockies Regional Medical Center	Salida
Lincoln Community Hospital	Hugo
Longmont United Hospital	Longmont
McKee Medical Center	Loveland
Melissa Memorial Hospital	Holyoke
Memorial Regional Health	Craig
Mercy Regional Medical Center	Durango
Middle Park Medical Center, Kremmling	Kremmling
Montrose Memorial Hospital	Montrose
Mt San Rafael Hospital	Trinidad

CICP Hospital Providers	City
North Colorado Medical Center	Greeley
Parkview Medical Center	Pueblo
Platte Valley Medical Center	Brighton
Prowers Medical Center	Lamar
Rio Grande Hospital	Del Norte
San Luis Valley Health Conejos County Hospital	La Jara
San Luis Valley Regional Medical Center	Alamosa
Sedgwick County Memorial Hospital	Julesburg
Southeast Colorado Hospital District	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St. Mary's Hospital and Medical Center, Inc.	Grand Junction
St. Vincent General Hospital	Leadville
Sterling Regional Medical Center	Sterling
UCHealth Greeley Hospital	Greeley
UCHealth Highlands Ranch Hospital	Highlands Ranch
UCHealth Longs Peak Hospital	Longmont
UCHealth Medical Center of the Rockies	Loveland
UCHealth Memorial Hospital	Colorado Springs
UCHealth Pikes Peak Regional Hospital	Woodland Park
UCHealth Poudre Valley Hospital	Fort Collins
UCHealth Yampa Valley Medical Center	Steamboat Springs
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray

Table 6 FY 2019-20 CICP Participating Providers Continued

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

CICP Clinic Providers	City
Basin Clinic, Inc	Naturita
Clinica Family Health	Lafayette
Clinica Tepeyac	Denver
Denver Indian Health & Family Services, Inc	Denver
Frontier Community Health Clinic	Dove Creek
High Plains Community Health Center, Inc	Lamar
Inner City Health Center	Denver
MarillacHealth	Grand Junction
Mountain Family Health Centers	Glenwood Springs
Northwest Colorado Health	Steamboat Springs
Peak Vista Community Health Centers	Colorado Springs
Pueblo Community Health Center	Pueblo
River Valley Family Health Centers	Olathe
Salud Family Health Centers	Fort Lupton
Stout Street Health Center	Denver
STRIDE Community Health Center	Englewood
Sunrise Community Health Center	Evans
Uncompahgre Medical Center	Norwood
Valley-Wide Health Systems	Alamosa

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

To meet its fiduciary responsibility, the Department requires CICIP providers to submit an annual report to the Special Financing Division hcpf_cicpcorrespondence@state.co.us.

This annual report has four forms (Summary Data, Physician, Pharmacy, and Ambulance). In accordance with the CICIP Provider Manual, the Clinic's annual data is due with the Provider Application in May. The Hospital's data is due with the annual data aggregation in June.

CICIP PROVIDER COMPLIANCE AUDIT

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

The Department contracted with the accounting firm Public Consulting Group, Inc (PCG) to conduct comprehensive reviews of providers receiving funding from the CICIP. Going forward, the Department's auditor will audit approximately one third of the participating providers during each contract year and test compliance with both eligibility and billing criteria based on programmatic requirements. As such, providers will be audited by the Department's auditor approximately once every three years instead of completing an audit annually. During FY 2019-20, PCG and the Department selected 23 providers consisting of five hospitals and 18 clinic providers to be audited on applications completed during FY 2018-19 and billing claims during calendar year 2018. Twenty-one of the twenty-three providers that were audited required a CAP. PCG audits found errors in the Eligibility Determination - Health First Colorado or CHP+, Federal Poverty Limit Determination and Billing Record Review areas. These findings were used to determine which areas to emphasize in the CICIP provider training held in the summer of 2020.

PREVENTION OF FRAUD BY APPLICANTS

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

The CICIP client application also includes a penalty clause, confirmation statement, and authorization for release of information. Part of the statement reads, "I authorize the Provider to use any information contained in the application to verify my eligibility for this program and to obtain records pertaining to eligibility from a financial institution as defined in Section 15-15-201(4), C.R.S., or from any insurance company." The applicant is required to sign this statement. Any applicant reporting false information on a CICIP application should be reported to the local county District Attorney's office or to the local police by the provider.

COLLECTION OF THIRD-PARTY PAYMENTS

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

INCENTIVES FOR UTILIZATION CONTROL

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

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2019-20 Long Bill, appropriations included the following line items:

Department of Health Care Policy and Financing

Section Five, Indigent Care Program

- Safety Net Provider Payments
- Clinic Based Indigent Care

In the FY 2019-20 Long Bill (SB 19-207), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICP Hospitals and other hospital providers for uncompensated care. HB 20-1360 reduced the appropriation for 2019-20 to \$299,186,516. This appropriation is funded through hospital provider fees and matching federal funds. The DSH and Uncompensated Care supplemental payments are made from this line item. For more information on payments to hospitals funded through hospital provider fees, including DSH and Uncompensated Care Payments by hospital, see the 2021 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department's website at www.colorado.gov/hcpf/department-reports.

The appropriation allocated to Clinic Based Indigent Care was \$6,079,573 in total funds appropriated through the FY 2019-20 Long Bill to the Clinic Based Indigent Care line item. Of the \$6,079,573, \$40,187 was appropriated for CICP provider audits.

The State share for the federal match is General Fund matched with federal funds under upper payment limit (UPL) financing. The appropriation included funds to reimburse Children's Hospital Colorado for the administration of CICP Clinic based care, resulting in total payments to CICP Clinics of \$5,979,386.

Table 7 FY 2018-19 CICP Payments

	State Funds ⁶	Provider Fees ⁷	Federal Funds	Payments to Providers ⁸
CICP Clinics ⁹	\$2,989,693	\$0	\$2,989,693	\$5,979,386
CICP Hospitals and Specialty Hospitals	\$0	\$49,000,303	\$49,000,304	\$98,000,607
Denver Health Medical Center	\$0	\$46,790,600	\$46,790,600	\$93,581,200
University of Colorado Hospital	\$0	\$12,378,371	\$12,378,371	\$24,756,742
Total CICP Payments	\$2,989,693	\$108,169,274	\$111,158,968	\$222,317,935

Table 8 Historical CICP Write-Off Costs¹⁰

	FY 2017-18	FY 2018-19	FY 2019-20
CICP Clinics	\$12,998,794	\$15,995,625	\$16,339,151
Percent Change	11.4%	23.1%	2.1%
CICP Hospitals	\$66,823,346	\$73,633,423	\$76,857,223
Percent Change	4.4%	10.2%	4.4%
Denver Health Medical Center	\$21,479,670	\$25,989,304	\$32,317,285
Percent Change	-4.9%	21.0%	24.3%
University of Colorado Hospital	\$27,370,907	\$27,608,360	\$29,611,255
Percent Change	5.8%	0.9%	7.3%
All CICP Hospitals	\$115,673,923	\$127,231,087	\$138,785,763
Percent Change	2.8%	10.0%	9.1%
Total CICP Providers	\$128,672,717	\$143,226,712	\$155,124,914
Percent Change	3.6%	11.3%	8.3%

⁶ State Funds include State General Fund appropriations

⁷ This amount represents the portion of the entire payment received by the provider that is comprised of fees. It does not represent the amount of fees paid by the provider

⁸ Payments to Providers represents the actual cash payment and is the sum of State Funds, Provider Fees, and Federal Funds. Clinic payments are stated on a Fiscal Year and hospital provider fees and payments are stated on a Federal Fiscal Year

⁹ \$6,039,386 was paid to Children's Hospital Colorado, which administers payments to CICP Clinics. Children's Hospital Colorado retained \$60,000 of the total funds for the administration of this payment, which are not reported in any other statistics or diagrams in this annual report

¹⁰ Source: Analysis of Data from Previous CICP Annual Reports

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

The Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) charges a healthcare affordability and sustainability fee on hospitals which is matched with federal funds. The total funds collected are used to increase hospital reimbursement for services provided to Health First Colorado and CICIP clients, fund hospital quality incentive payments, and finance health coverage expansion in the Health First Colorado and CHP+ programs.

Hospital payments financed with fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2019-20 totaled more than \$1.4 billion, including \$216 million in DSH payments for CICIP Hospitals.

More information about the CHASE hospital payments, including DSH payments by hospital, are reported in the 2021 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report, available on the Department’s website at www.colorado.gov/hcpf/department-reports.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$5,979,386

CHILDREN’S HOSPITAL COLORADO CLINIC PAYMENT

An agreement was reached with Children’s Hospital Colorado and the Department such that the hospital would administer the CICIP payments to the CICIP Clinics. Of the \$6,039,386 paid to Children’s Hospital Colorado, \$5,979,386 was paid to the CICIP Clinics as payment for services provided under the CICIP. The remaining amount was retained by Children’s Hospital Colorado to administer the payments to the CICIP Clinics.

Displayed in Table 9 are reimbursement and total write-off costs for Clinic Providers in FY 2019-20. The average reimbursement relative to costs for Clinic Providers was 36.6%, a decrease from last year’s 37.52%.

Table 9 FY 2018-19 Percentage of Write-Off Cost Reimbursed¹¹

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinic Providers	\$5,979,386	\$16,339,151	36.6%

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

¹¹ Source: Table 7, Financial Tables

Table 10 Historical Percentage of Write-Off Cost Reimbursed¹²

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
CICP Clinic Providers	64.92%	59.06%	51.92%	46.62%	37.52%	36.6%

Write-off costs for all CICP providers have decreased 73.2% from FY 2012-13 to FY 2019-20, with write-off costs for CICP Hospitals decreasing 72.8% and write-off costs for CICP Clinics decreasing 62.4% from FY 2012-13 levels. Write-off costs for the two largest CICP Hospital providers have decreased significantly since 2012-13, with a decrease of 77.6% for Denver Health Medical Center and a decrease of 72.8% for University of Colorado Hospital. The decrease in write-off costs, as is the case with caseload and other statistics, can be largely attributed to the implementation of the Medicaid expansion pursuant to SB 13-200 and the ACA in January 2014.

¹² Source: Analysis of CICP Annual Reports

PRIMARY CARE FUND PROGRAM

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

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

To be a qualified provider, an entity must:

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

In FY 2019-20, \$24,846,825 was allocated to 34 Primary Care Fund providers. These providers served 122,561 unique medically indigent clients in the 2018 Calendar Year.

The Department began audited the information provided on applications for funding through the Primary Care Fund for accuracy and validity following the General Assembly's appropriation of funds for this purpose beginning in FY 2015-16. Approximately one-third of all Primary Care Fund providers are audited each year. The results from the data validation process have improved the transparency and efficiency of the Primary Care Fund Grant. The role of the contracted auditor is to:

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

Table 11 FY 2019-20 Primary Care Fund Payments

Primary Care Fund Provider	Total Payments
Axis Health System	\$87,377
Carin' Clinic	\$20,476
Caritas Clinic at St. Joseph Hospital	\$190,769
Clinica Colorado	\$657,454
Clinica Family Health	\$2,828,493
Clinica Tepeyac	\$610,826
Denver Health and Hospital Authority	\$4,370,662
Doctors Care	\$11,961
Every Child Pediatrics	\$368,564
Family Medicine Clinic for Health Equality (FMC-CAHEP)	\$130,761
Fort Collins Family Medicine Residency Program	\$90,215
Frontier Community Health Center	\$58,589
High Plains Community Health Center, Inc.	\$184,282
Hopelight Medical Clinic	\$162,184
Inner City Health Center	\$616,503
Kids First Health Care	\$102,176
MarillacHealth	\$298,014
Mission Medical Center	\$98,730
Mountain Family Health Centers	\$618,327
Northwest Colorado Health	\$234,356
Open Bible Medical Clinic	\$59,805
Peak Vista Community Health Centers	\$2,113,463
Pueblo Community Health Center	\$466,888
River Valley Family Health Center	\$286,458
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	\$380,930
Salud Family Health Centers	\$3,205,571
SET Family Medical Clinics	\$64,265
Sheridan Health Services	\$158,941
Stout Street Health Center	\$328,220
STRIDE Community Health Center	\$3,418,640
Summit Community Care Clinic	\$343,020
Sunrise Community Health	\$1,519,869
Uncompahgre Medical Center	\$33,248
Valley-Wide Health Systems	\$726,788
Total Providers	\$24,846,825

FEDERAL MATCH RATES

Payments for medical services covered under Title XIX of the Social Security Act (the Medicaid Program) are matched with federal funds at the state's Federal Medical Assistance Percentage (FMAP) rate. The FMAP rate is the percentage of the total payments that consists of federal funds. For example, if the FMAP is 50%, then for every qualified payment of \$100, \$50 is sourced from federal funds while the remaining \$50 is sourced from General Fund or other state dollars. The FMAP rate is used to determine the federal share of most Medicaid expenditures, but exceptions to the regular FMAP rate have been made for certain states, situations, populations, providers, and services. The FMAP is based on the state's median income level relative to the national average, therefore states with a larger proportion of their population at low-income levels will receive a higher federal match than states with a smaller proportion of low-income individuals. The FMAP rate varies from state to state but is never less than 50%.

Exceptions to the regular FMAP include categories of service that have historically been federally matched at a higher percentage. Breast and Cervical Cancer Program (BCCP) services receive a 65% FMAP; Family Planning Services receive a 90% FMAP; and Indian Health Services receive a 100% FMAP. Additionally, the Patient Protection and Affordable Care Act (ACA) stipulates that Medicaid expansion populations receive a higher match rate than traditional Medicaid populations. Expansion populations with qualifying income up to 133% of the federal poverty level (FPL) received a 91.5% FMAP in FY 2019-20.

For DSH payments, the federal government matches state payments using the FMAP, but the total DSH payments in a state are subject to an annual allotment or cap.

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

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

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

For the period October 1, 2018 to September 30, 2019, Health First Colorado was assigned the minimum FMAP rate of 50%. The 50% FMAP rate was also effective for the period October 1, 2019 to December 31, 2019. Federal funds were specified to offset the state's General Fund and not directed to increase or decrease provider payments when the FMAP changes.

The FMAP rate for the period January 1, 2020 to September 30, 2020 is 56.2%, which includes a temporary 6.2% increase because of the declaration of a public health emergency declared by the Secretary of Health and Human Services (HHS) for COVID-19. The 6.2% temporary increase will be effective until the last day of the calendar quarter in which HHS declares the termination of the

emergency. - *H.R.6201, Families First Coronavirus Response Act (FFCRA) (Pub. L. 116-127), Section 6008.*

The temporary 6.2% FFCRA FMAP rate increase also applies to DSH payments effective for the same time period: January 1, 2020 until the last day of the quarter the public health emergency is declared terminated.

The FMAP rates for Colorado from FFY 2010-11 through FFY 2019-20 are listed in Table 12.

Table 12 Colorado’s Federal Match Rates

Federal Fiscal Year (October - September)	Match Rate
2010-11 (Oct. 1, 2010 - Dec. 31, 2010)	61.59%
2010-11 (Jan. 1, 2011 - March 31, 2011)	58.77%
2010-11 (April 1, 2011 - June 30, 2011)	56.88%
2010-11 (July 1, 2011 - Sept. 30, 2011)	50.00%
2011-12	50.00%
2012-13	50.00%
2013-14	50.00%
2014-15	51.01%
2015-16	50.72%
2016-17	50.02%
2017-18	50.00%
2018-19	50.00%
2019-20 (Oct. 1, 2019 - Dec. 31, 2019)	50.00%
2019-20 (Jan. 1, 2020 - Sept. 30, 2020)	56.20%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT (DSH)

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.

PAYMENT ALLOTMENT

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

Based on the assumption of declining uninsured and uncompensated care, the ACA prescribed aggregate reductions to the DSH payments beginning in FFY 2013-14 and scheduled through FFY 2019-20. However, several pieces of legislation enacted since 2010 altered the ACA's Medicaid reduction schedule. In 2017, the US House of Representatives passed H.R. 3922 which delayed Medicaid payment reductions, slated to begin in FFY 2019-20 and scheduled through FFY 2024-25. On December 20, 2019, a continuing resolution was signed by the US President delaying the aggregate reductions until May 23, 2020. The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed in March 2020, delaying the aggregate reductions until December 1, 2020 with a \$4.0 billion reduction through September 30, 2021, and an \$8.0 billion reduction for each year from FFY 2022 through FFY 2025.

DSH AUDIT

Each year, the Department submits an independent audit of DSH Payments (DSH Audit) to the Centers for Medicare and Medicaid Services (CMS) as directed by Title 42 of the Code of Federal Regulations (CFR), Section 447 (Payments for Services, Reporting Requirements) and 42 CFR Section 455 (Subpart D—Independent Certified Audit of State Disproportionate Share Hospital Payment Adjustments). Beginning with the audits for FY 2010-11, those hospitals that exceed their hospital-specific DSH limit must redistribute the overage to those hospitals under their hospital-specific DSH limit as prescribed by the Medicaid State Plan. The most recent DSH Audit was submitted in December 2020 for DSH payments made in FY 2016-17.

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

Table 13 Colorado DSH Allotment

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2010-11	\$92,507,555
2011-12	\$94,912,751
2012-13	\$97,190,657
2013-14	\$98,745,708
2014-15	\$100,325,639
2015-16	\$100,626,616
2016-17	\$101,532,256
2017-18	\$103,969,030
2018-19	\$106,464,287
2019-20	\$108,169,274

Table 14 FFY 2019-20 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	\$262,023
Banner Fort Collins Medical Center	\$1,346,803
Boulder Community Health Foothills Hospital	\$2,888,012
Children's Hospital Colorado	\$28,267,387
Community Hospital	\$1,703,095
Denver Health Medical Center	\$93,581,200
Grand River Hospital and Medical Center	\$1,090,346
Longmont United Hospital	\$5,448,524
McKee Medical Center	\$3,068,631
Middle Park Medical Center, Kremmling	\$684,102
Montrose Memorial Hospital	\$2,248,401
National Jewish Health	\$844,307
North Colorado Medical Center	\$11,223,205
North Suburban Medical Center	\$11,817,312
Platte Valley Medical Center	\$4,736,247
UCHealth Greeley Hospital	\$1,327,836
UCHealth Highlands Ranch	\$1,285,927
UCHealth Longs Peak	\$7,721,960
UCHealth Medical Center of the Rockies	\$4,064,580
UCHealth Poudre Valley Hospital	\$5,889,473
UCHealth Yampa Valley Medical Center	\$348,904
University of Colorado Hospital	\$24,756,742
Valley View Hospital	\$1,733,532
Total	\$216,338,549

DEFINITIONS

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

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

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

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

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

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

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

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

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

CICP Rating - An 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 federal poverty level the family meets. The CICP Federal Poverty Level 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 the Department 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.

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 or Department - A department of the government of the State of Colorado.

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

Disproportionate Share Hospitals (DSH) - Available DSH funds are distributed to hospitals that participate in the CICP and to other Colorado Health First Colorado hospitals under two separate DSH payments: the CICP Disproportionate Share Hospital Payment and the Uninsured Disproportionate Share Hospital Payment. The payments help defray the cost of treating uninsured and low-income patients. DSH payments assist in securing the hospitals’ financial viability, preserving access to care for the Health First Colorado and low-income clients, while reducing cost shifting onto private payers.

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

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

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

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

Federally Qualified Health Center - Community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) to provide primary care services in

underserved areas as defined in section 1861 (aa)(2) of the Federal Social Security Act, 42 U.S.C. sec. 1395x (aa)(4).

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

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

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

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

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

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

- Specific to the Primary Care Fund:
 - Whose yearly family income is below 200% of the FPL for the Primary Care Fund;
 - Who is not eligible for Health First Colorado, CHP+, Medicare, or any other governmental reimbursement for health care costs such as through Social Security, the Veterans Administration, Military Dependency (TRICARE or CHAMPUS), or the United States Public Health Service. (Payments received from the 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 FPL; and
 - Who is not eligible for Health First Colorado or CHP+.

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

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

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

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

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

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

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

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

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

Social Security Act - A legislative act established in 1935 to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several states to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and

child welfare, public health, and the administration of their unemployment compensation laws; to establish Social Security Board; to raise revenue; and for other purposes.

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

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

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

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Basin Clinic, Inc	\$22,215	\$929	\$2,081	\$19,205	\$19,205	\$977
Clinica Family Health	\$5,104,507	\$203,185	\$293,075	\$4,608,247	\$4,608,247	\$1,516,272
Clinica Tepeyac	\$61,918	\$0	\$21,076	\$40,842	\$40,842	\$28,577
Denver Indian Health & Family Services, Inc	\$1,268	\$0	\$0	\$1,268	\$1,268	\$113
Frontier Community Health Clinic	\$21,803	\$20,321	\$815	\$667	\$667	\$11,013
High Plains Community Health Center, Inc ¹³	\$564,255	\$9,381	\$109,616	\$445,258	\$445,258	\$128,766
Inner City Health Center	\$9,772	\$0	\$3,455	\$6,317	\$6,317	\$31,287
MarillacHealth	\$135,768	\$38,553	\$23,080	\$74,135	\$74,135	\$17,074
Mountain Family Health Centers	\$316,119	\$0	\$51,340	\$264,779	\$264,779	\$91,891
Northwest Colorado Health	\$48,713	\$12,731	\$4,448	\$31,534	\$31,534	\$14,811
Peak Vista Community Health Centers ¹³	\$3,570,796	\$361,222	\$470,812	\$2,738,762	\$2,738,762	\$942,559
Pueblo Community Health Center ¹³	\$1,887,644	\$323,462	\$342,074	\$1,222,108	\$1,222,108	\$421,491
River Valley Family Health Center ¹³	\$241,806	\$19,402	\$36,845	\$185,559	\$185,559	\$108,703
Salud Family Health Centers	\$2,669,983	\$0	\$357,794	\$2,312,189	\$2,312,189	\$1,021,801
Stout Street Health Center ¹³	\$6,948	\$0	\$0	\$6,948	\$6,948	\$8,924
STRIDE Community Health Center	\$3,441,328	\$0	\$363,295	\$3,078,033	\$3,078,033	\$1,155,787
Sunrise Community Health Center ¹³	\$1,315,395	\$30,687	\$313,667	\$971,041	\$971,041	\$310,826
Uncompahgre Medical Center	\$129,855	\$51,770	\$11,620	\$66,465	\$66,465	\$23,694
Valley-Wide Health Systems	\$635,892	\$256,594	\$113,504	\$265,794	\$265,794	\$144,820
Total CICP Clinic Providers	\$20,185,985	\$1,328,237	\$2,518,597	\$16,339,151	\$16,339,151	\$5,979,386

¹³ Includes pharmacy charges, third party payments, and patient liabilities.

Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$1,538,378	\$454,306	\$116,827	\$967,245	\$384,292
Aspen Valley Hospital District	\$1,719,661	\$656,057	\$49,999	\$1,013,605	\$736,155
Banner Fort Collins Medical Center	\$802,177	\$190,781	\$13,910	\$597,486	\$448,183
Boulder Community Health Foothills Hospital ¹⁴	\$4,211,125	\$319,403	\$36,910	\$3,854,812	\$735,632
Centura Health - Penrose-St. Francis Health Services ^{14,15}	\$59,507,782	\$7,695,949	\$413,581	\$51,398,252	\$11,114,249
Centura Health - St. Thomas More Hospital ¹⁴	\$4,330,577	\$1,028,156	\$76,159	\$3,226,262	\$1,126,587
Colorado Canyons Hospital and Medical Center	\$573,652	\$407,290	\$12,985	\$153,377	\$73,037
Colorado Plains Medical Center	\$1,886,142	\$439,462	\$46,680	\$1,400,000	\$324,475
Community Hospital	\$2,597,797	\$619,307	\$59,970	\$1,918,520	\$606,337
Delta County Memorial Hospital	\$983,113	\$557,197	\$14,685	\$411,231	\$155,814
East Morgan County Hospital	\$1,038,694	\$310,616	\$51,693	\$676,385	\$382,353
Estes Park Medical Center ¹⁵	\$726,479	\$189,992	\$20,708	\$515,779	\$265,708
Grand River Hospital and Medical Center	\$1,817,203	\$258,102	\$80,311	\$1,478,790	\$903,199
Gunnison Valley Hospital ^{14,15}	\$237,574	\$100,688	\$6,235	\$130,651	\$58,357
Heart of the Rockies Regional Medical Center	\$1,690,454	\$518,344	\$45,489	\$1,126,621	\$484,776
Lincoln Community Hospital ¹⁶	\$0	\$0	\$0	\$0	\$0
Longmont United Hospital ¹⁴	\$5,300,298	\$470,775	\$56,062	\$4,773,461	\$1,417,305
McKee Medical Center	\$6,751,041	\$1,652,343	\$288,373	\$4,810,325	\$1,507,266
Melissa Memorial Hospital ^{14,15}	\$276,525	\$29,528	\$17,497	\$229,500	\$167,909
Memorial Regional Health ¹⁴	\$399,963	\$167,624	\$21,043	\$211,296	\$128,995
Mercy Regional Medical Center ¹⁴	\$759,933	\$105,526	\$6,040	\$648,367	\$174,856
Middle Park Medical Center, Kremmling	\$377,213	\$0	\$15,355	\$361,858	\$231,089
Montrose Memorial Hospital ¹⁴	\$5,724,998	\$1,462,786	\$221,255	\$4,040,957	\$1,568,235
Mt San Rafael Hospital	\$2,008,180	\$411,229	\$75,373	\$1,521,578	\$543,035
North Colorado Medical Center	\$16,885,990	\$4,001,641	\$465,659	\$12,418,690	\$3,620,791
Parkview Medical Center ¹⁴	\$39,289,894	\$3,889,588	\$349,857	\$35,050,449	\$5,684,921
Platte Valley Medical Center	\$4,988,040	\$1,045,029	\$388,553	\$3,554,458	\$1,232,443
Prowers Medical Center ¹⁴	\$1,711,609	\$569,409	\$71,046	\$1,071,154	\$582,650

¹⁴ Includes physician charges, third party payments, and patient liability.

¹⁵ Includes ambulance charges, third party payments, and patient liability.

¹⁶ Lincoln Community Hospital had no reportable visits in CY 2019.

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Rio Grande Hospital	\$822,855	\$143,893	\$79,496	\$599,466	\$319,860
San Luis Valley Health Conejos County Hospital ¹⁷	\$660,214	\$96,891	\$41,446	\$521,877	\$383,707
San Luis Valley Regional Medical Center	\$2,989,718	\$486,028	\$112,112	\$2,391,578	\$1,029,178
Sedgwick County Memorial Hospital	\$278,367	\$99,653	\$11,645	\$167,069	\$98,415
Southeast Colorado Hospital District	\$169,453	\$35,415	\$11,819	\$122,219	\$91,380
Southwest Memorial Hospital ¹⁸	\$5,962,744	\$3,559,815	\$356,735	\$2,046,194	\$971,267
Spanish Peaks Regional Health Center ¹⁸	\$541,306	\$148,402	\$18,525	\$374,379	\$292,138
St. Mary's Hospital and Medical Center, Inc. ¹⁷	\$15,414,026	\$4,640,275	\$481,036	\$10,292,715	\$3,272,679
St. Vincent General Hospital District ¹⁹	\$0	\$0	\$0	\$0	\$0
Sterling Regional Medical Center	\$2,636,964	\$945,478	\$80,459	\$1,611,027	\$664,827
UCHealth Greeley Hospital	\$3,620,496	\$608,995	\$35,860	\$2,975,641	\$826,003
UCHealth Highlands Ranch Hospital	\$1,104,097	\$67,133	\$12,750	\$1,024,214	\$277,069
UCHealth Longs Peak	\$5,526,503	\$523,715	\$89,360	\$4,913,428	\$1,619,782
UCHealth Medical Center of the Rockies	\$25,190,024	\$1,895,493	\$152,069	\$23,142,462	\$5,977,822
UCHealth Memorial Hospital	\$76,198,991	\$12,373,398	\$703,497	\$63,122,096	\$13,614,488
UCHealth Pikes Peak Regional Hospital	\$640,699	\$108,524	\$31,663	\$500,512	\$188,313
UCHealth Poudre Valley Hospital ¹⁸	\$33,329,249	\$7,160,264	\$307,827	\$25,861,158	\$7,316,102
UCHealth Yampa Valley Medical Center	\$1,849,348	\$553,268	\$73,479	\$1,222,601	\$754,227
Valley View Hospital	\$1,770,611	\$0	\$34,457	\$1,736,154	\$620,202
Wray Community District Hospital ¹⁷	\$1,152	\$634	\$180	\$338	\$220
Sub-Total CICIP Hospital Providers	\$346,841,309	\$60,998,402	\$5,656,670	\$280,186,237	\$72,976,328

CICIP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ^{17,20}	\$10,099,262	\$1,675,107	\$133,654	\$8,290,501	\$2,770,785
National Jewish Health ²⁰	\$2,423,406	\$386,396	\$88,681	\$1,948,329	\$1,110,110
Sub-Total CICIP Specialty Hospital Providers	\$12,522,668	\$2,061,503	\$222,335	\$10,238,830	\$3,880,895
Denver Health Medical Center ^{17,18,20}	\$108,162,435	\$12,466,707	\$2,307,689	\$93,388,039	\$32,317,285
University of Colorado Hospital ^{17,20}	\$166,956,331	\$22,621,156	\$1,164,570	\$143,170,605	\$29,611,255

¹⁷ Includes physician charges, third party payments, and patient liability.

¹⁸ Includes ambulance charges, third party payments, and patient liability.

¹⁹ St. Vincent General Hospital District had no reportable visits in CY 2019.

²⁰ Includes pharmacy charges, third party payments, and patient liability.

Total CACP Hospital Providers	\$634,482,743	\$98,147,768	\$9,351,264	\$526,983,711	\$138,785,763
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Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Health Foothills Hospital	\$53,689	\$0	\$0	\$53,689
Centura Health - Penrose-St. Francis Health Services	\$1,193,351	\$53,926	\$19,976	\$1,119,449
Centura Health - St. Thomas More Hospital	\$45,417	\$33	\$0	\$45,384
Children's Hospital Colorado	\$1,152,721	\$161,663	\$12,740	\$978,318
Denver Health Medical Center	\$12,175,607	\$1,340,761	\$792,364	\$10,042,482
Gunnison Valley Hospital	\$3,328	\$1,233	\$0	\$2,095
Longmont United Hospital	\$6,461	\$820	\$144	\$5,497
Melissa Memorial Hospital	\$13,703	\$771	\$4,222	\$8,710
Memorial Regional Health	\$11,664	\$5,334	\$897	\$5,433
Mercy Regional Medical Center	\$1,503	\$0	\$225	\$1,278
Montrose Memorial Hospital	\$368,560	\$40,603	\$51,451	\$276,506
Parkview Medical Center	\$718,138	\$0	\$84,202	\$633,936
Prowers Medical Center	\$33,542	\$8,780	\$4,557	\$20,205
San Luis Valley Health Conejos County Hospital	\$167,088	\$4,938	\$30,605	\$131,545
St. Mary's Hospital and Medical Center, Inc.	\$125,292	\$5,749	\$0	\$119,543
University of Colorado Hospital	\$13,858,470	\$895,017	\$67,305	\$12,896,148
Wray Community District Hospital	\$576	\$317	\$90	\$169
Total	\$29,929,110	\$2,519,945	\$1,068,778	\$26,340,387

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$66,844	\$0	\$4,495	\$62,349
Denver Health Medical Center	\$7,931,240	\$100,552	\$225,325	\$7,605,363
High Plains Community Health Center, Inc	\$404,712	\$0	\$87,551	\$317,161
National Jewish Health	\$191,143	\$0	\$6,110	\$185,033
Peak Vista Community Health Centers	\$294,406	\$0	\$164,299	\$130,107
Pueblo Community Health Center	\$292,142	\$0	\$149,031	\$143,111
River Valley Family Health Center	\$2,640	\$0	\$2,640	\$0
Stout Street Health Center	\$1,994	\$0	\$0	\$1,994
Sunrise Community Health Center	\$189,058	\$30,687	\$158,371	\$0
University of Colorado Hospital	\$8,168,956	\$7,220,801	\$35,065	\$913,090
Total	\$17,543,135	\$7,352,040	\$832,887	\$9,358,208

Table 19 Ambulance Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Centura Health - Penrose-St. Francis Health Services	\$20,815	\$0	\$595	\$20,220
Denver Health Medical Center	\$62,474	\$9,398	\$335	\$52,741
Estes Park Medical Center	\$51,892	\$12,746	\$0	\$39,146
Gunnison Valley Hospital	\$21,199	\$16,076	\$245	\$4,878
Melissa Memorial Hospital	\$21,957	\$161	\$175	\$21,621
Southwest Memorial Hospital	\$70,029	\$11,337	\$1,175	\$57,517
Spanish Peaks Regional Health Center	\$7,080	\$1,152	\$70	\$5,858
UCHealth Poudre Valley Hospital	\$746,723	\$72,008	\$7,713	\$667,002
Total	\$1,002,169	\$122,878	\$10,308	\$868,983

Table 20 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$87,993,114	\$11,015,996	\$1,289,665	\$75,687,453
Physician Services	\$12,175,607	\$1,340,761	\$792,364	\$10,042,482
Ambulance Services	\$62,474	\$9,398	\$335	\$52,741
Outpatient Pharmacy	\$7,931,240	\$100,552	\$225,325	\$7,605,363
Total	\$108,162,435	\$12,466,707	\$2,307,689	\$93,388,039

Table 21 Inpatient and Outpatient Charges (Detail)²¹

CICP Clinic Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Basin Clinic, Inc	\$0	\$22,215	\$22,215	\$0	\$0	\$0	\$22,215
Clinica Family Health	\$0	\$5,104,507	\$5,104,507	\$0	\$0	\$0	\$5,104,507
Clinica Tepeyac	\$0	\$61,918	\$61,918	\$0	\$0	\$0	\$61,918
Denver Indian Health & Family Services, Inc	\$1,268	\$0	\$1,268	\$0	\$0	\$0	\$1,268
Frontier Community Health Clinic	\$0	\$21,803	\$21,803	\$0	\$0	\$0	\$21,803
High Plains Community Health Center, Inc	\$151,567	\$7,976	\$159,543	\$0	\$0	\$0	\$159,543
Inner City Health Center	\$0	\$9,772	\$9,772	\$0	\$0	\$0	\$9,772
MarillacHealth	\$0	\$135,768	\$135,768	\$0	\$0	\$0	\$135,768
Mountain Family Health Centers	\$156,626	\$159,493	\$316,119	\$0	\$0	\$0	\$316,119
Northwest Colorado Health	\$0	\$48,713	\$48,713	\$0	\$0	\$0	\$48,713
Peak Vista Community Health Centers	\$51,676	\$3,224,714	\$3,276,390	\$0	\$0	\$0	\$3,276,390
Pueblo Community Health Center	\$0	\$1,595,502	\$1,595,502	\$0	\$0	\$0	\$1,595,502
River Valley Family Health Center	\$0	\$239,166	\$239,166	\$0	\$0	\$0	\$239,166
Salud Family Health Centers	\$0	\$2,669,983	\$2,669,983	\$0	\$0	\$0	\$2,669,983
Stout Street Health Center	\$0	\$4,954	\$4,954	\$0	\$0	\$0	\$4,954
STRIDE Community Health Center	\$0	\$3,441,328	\$3,441,328	\$0	\$0	\$0	\$3,441,328
Sunrise Community Health Center	\$0	\$1,126,337	\$1,126,337	\$0	\$0	\$0	\$1,126,337
Uncompahgre Medical Center	\$0	\$129,855	\$129,855	\$0	\$0	\$0	\$129,855
Valley-Wide Health Systems	\$0	\$635,892	\$635,892	\$0	\$0	\$0	\$635,892
Total CICP Clinic Providers	\$361,137	\$18,639,896	\$19,001,033	\$0	\$0	\$0	\$19,001,033

²¹ Table does not include physician, outpatient pharmacy, or ambulance charges. Total Charges in Table 21 will equal Charges in Table 15 by adding physician charges from Table 17, pharmacy charges from Table 18, and ambulance charges from Table 19.

CICP Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Arkansas Valley Regional Medical Center	\$401,428	\$655,476	\$1,056,904	\$441,782	\$39,692	\$481,474	\$1,538,378
Aspen Valley Hospital District	\$384,076	\$764,572	\$1,148,648	\$333,448	\$237,565	\$571,013	\$1,719,661
Banner Fort Collins Medical Center	\$110,736	\$251,506	\$362,242	\$147,879	\$292,056	\$439,935	\$802,177
Boulder Community Health Foothills Hospital	\$1,012,543	\$532,624	\$1,545,167	\$2,111,952	\$500,317	\$2,612,269	\$4,157,436
Centura Health - Penrose-St. Francis Health Services	\$9,292,820	\$17,699,778	\$26,992,598	\$22,036,643	\$9,264,375	\$31,301,018	\$58,293,616
Centura Health - St. Thomas More Hospital	\$764,676	\$2,789,021	\$3,553,697	\$443,916	\$287,547	\$731,463	\$4,285,160
Colorado Canyons Hospital and Medical Center	\$56,357	\$188,436	\$244,793	\$0	\$328,859	\$328,859	\$573,652
Colorado Plains Medical Center	\$817,292	\$511,221	\$1,328,513	\$557,629	\$0	\$557,629	\$1,886,142
Community Hospital	\$1,874,364	\$37,194	\$1,911,558	\$686,239	\$0	\$686,239	\$2,597,797
Delta County Memorial Hospital	\$541,618	\$0	\$541,618	\$441,495	\$0	\$441,495	\$983,113
East Morgan County Hospital	\$252,024	\$737,100	\$989,124	\$47,723	\$1,847	\$49,570	\$1,038,694
Estes Park Medical Center	\$176,454	\$309,374	\$485,828	\$95,249	\$93,510	\$188,759	\$674,587
Grand River Hospital and Medical Center	\$373,904	\$913,042	\$1,286,946	\$530,257	\$0	\$530,257	\$1,817,203
Gunnison Valley Hospital	\$104,416	\$63,437	\$167,853	\$27,898	\$17,296	\$45,194	\$213,047
Heart of the Rockies Regional Medical Center	\$1,416,978	\$0	\$1,416,978	\$273,476	\$0	\$273,476	\$1,690,454
Lincoln Community Hospital ²²	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Longmont United Hospital	\$1,268,023	\$1,612,725	\$2,880,748	\$2,262,932	\$150,157	\$2,413,089	\$5,293,837
McKee Medical Center	\$829,943	\$4,645,166	\$5,475,109	\$1,039,152	\$236,780	\$1,275,932	\$6,751,041
Melissa Memorial Hospital	\$91,890	\$108,389	\$200,279	\$11,535	\$29,051	\$40,586	\$240,865
Memorial Regional Health	\$74,320	\$152,121	\$226,441	\$0	\$161,858	\$161,858	\$388,299
Mercy Regional Medical Center	\$132,781	\$22,287	\$155,068	\$603,362	\$0	\$603,362	\$758,430

²² Lincoln Community Hospital had no reportable visits in CY 2019.

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Middle Park Medical Center, Kremmling	\$339,262	\$37,951	\$377,213	\$0	\$0	\$0	\$377,213
Montrose Memorial Hospital	\$1,072,902	\$3,051,328	\$4,124,230	\$824,168	\$408,040	\$1,232,208	\$5,356,438
Mt San Rafael Hospital	\$645,188	\$745,686	\$1,390,874	\$51,429	\$565,877	\$617,306	\$2,008,180
North Colorado Medical Center	\$2,011,099	\$7,167,494	\$9,178,593	\$4,268,848	\$3,438,549	\$7,707,397	\$16,885,990
Parkview Medical Center	\$7,273,819	\$8,773,250	\$16,047,069	\$18,696,992	\$3,827,695	\$22,524,687	\$38,571,756
Platte Valley Medical Center	\$1,781,205	\$1,024,841	\$2,806,046	\$1,883,601	\$298,393	\$2,181,994	\$4,988,040
Prowers Medical Center	\$249,478	\$1,125,404	\$1,374,882	\$0	\$303,185	\$303,185	\$1,678,067
Rio Grande Hospital	\$349,393	\$295,041	\$644,434	\$178,421	\$0	\$178,421	\$822,855
San Luis Valley Health Conejos County Hospital	\$280,267	\$98,644	\$378,911	\$14,136	\$100,079	\$114,215	\$493,126
San Luis Valley Regional Medical Center	\$798,223	\$1,089,762	\$1,887,985	\$602,089	\$499,644	\$1,101,733	\$2,989,718
Sedgwick County Memorial Hospital	\$69,020	\$113,013	\$182,033	\$0	\$96,334	\$96,334	\$278,367
Southeast Colorado Hospital District	\$80,060	\$48,667	\$128,727	\$40,726	\$0	\$40,726	\$169,453
Southwest Memorial Hospital	\$1,634,511	\$2,814,019	\$4,448,530	\$864,379	\$579,806	\$1,444,185	\$5,892,715
Spanish Peaks Regional Health Center	\$270,232	\$143,068	\$413,300	\$120,926	\$0	\$120,926	\$534,226
St. Mary's Hospital and Medical Center, Inc.	\$2,050,030	\$4,603,945	\$6,653,975	\$6,402,569	\$2,232,190	\$8,634,759	\$15,288,734
St. Vincent General Hospital District ²³	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sterling Regional Medical Center	\$332,095	\$1,694,493	\$2,026,588	\$328,113	\$282,263	\$610,376	\$2,636,964
UCHealth Greeley Hospital	\$753,872	\$1,544,855	\$2,298,727	\$1,279,642	\$42,127	\$1,321,769	\$3,620,496
UCHealth Highlands Ranch Hospital	\$255,043	\$319,663	\$574,706	\$529,391	\$0	\$529,391	\$1,104,097
UCHealth Longs Peak	\$2,087,803	\$814,624	\$2,902,427	\$2,055,587	\$568,489	\$2,624,076	\$5,526,503
UCHealth Medical Center of the Rockies	\$3,099,577	\$6,708,923	\$9,808,500	\$9,990,688	\$5,390,836	\$15,381,524	\$25,190,024

²³ St. Vincent General Hospital District had no reportable visits in CY2019.

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
UCHealth Memorial Hospital	\$14,833,327	\$25,071,579	\$39,904,906	\$26,763,978	\$9,530,107	\$36,294,085	\$76,198,991
UCHealth Pikes Peak Regional Hospital	\$293,644	\$249,011	\$542,655	\$47,695	\$50,349	\$98,044	\$640,699
UCHealth Poudre Valley Hospital	\$4,469,560	\$17,228,137	\$21,697,697	\$8,570,165	\$2,314,664	\$10,884,829	\$32,582,526
UCHealth Yampa Valley Medical Center	\$608,064	\$764,418	\$1,372,482	\$406,238	\$70,628	\$476,866	\$1,849,348
Valley View Hospital	\$1,068,191	\$0	\$1,068,191	\$702,420	\$0	\$702,420	\$1,770,611
Wray Community District Hospital	\$0	\$576	\$576	\$0	\$0	\$0	\$576
Sub-Total CICIP Hospital Providers	\$66,682,508	\$117,521,861	\$184,204,369	\$116,714,768	\$42,240,165	\$158,954,933	\$343,159,302

CICIP Specialty Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Children's Hospital Colorado	\$632,784	\$4,111,846	\$4,744,630	\$3,014,146	\$1,120,921	\$4,135,067	\$8,879,697
National Jewish Health	\$385	\$2,231,878	\$2,232,263	\$0	\$0	\$0	\$2,232,263
Sub-Total CICIP Specialty Hospital Providers	\$633,169	\$6,343,724	\$6,976,893	\$3,014,146	\$1,120,921	\$4,135,067	\$11,111,960
Denver Health Medical Center	\$21,595,292	\$32,867,198	\$54,462,490	\$28,371,334	\$5,159,290	\$33,530,624	\$87,993,114
University of Colorado Hospital	\$20,111,606	\$47,305,383	\$67,416,989	\$64,323,416	\$13,188,500	\$77,511,916	\$144,928,905
Total CICIP Hospital Providers	\$109,022,575	\$204,038,166	\$313,060,741	\$212,423,664	\$61,708,876	\$274,132,540	\$587,193,281
Total All CICIP Providers	\$109,383,712	\$222,678,062	\$332,061,774	\$212,423,664	\$61,708,876	\$274,132,540	\$606,194,314

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County²⁴

County	CICP Clinics	CICP Hospitals ²⁵	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	12,410	981	2,153	2,614	18,158
Alamosa	775	663	0	36	1,474
Arapahoe	9,029	579	2,927	3,806	16,341
Archuleta	0	7	0	0	7
Baca	25	213	0	8	246
Bent	133	78	2	1	214
Boulder	4,366	901	24	174	5,465
Broomfield	361	24	29	58	472
Chaffee	6	228	0	7	241
Cheyenne	12	6	0	3	21
Clear Creek	17	2	0	1	20
Conejos	275	381	1	5	662
Costilla	194	166	0	1	361
Crowley	127	38	0	16	181
Custer	54	38	0	6	98
Delta	356	503	0	10	869
Denver	3,343	422	31,659	2,286	37,710
Dolores	104	53	0	1	158
Douglas	677	67	126	255	1,125
Eagle	415	79	8	15	517
Elbert	87	33	1	18	139
El Paso	12,467	9,724	13	313	22,517
Fremont	338	923	14	26	1,301
Garfield	871	1,355	1	71	2,298
Gilpin	8	1	6	0	15
Grand	9	67	14	1	91
Gunnison	0	66	0	4	70
Hinsdale	0	2	0	0	2
Huerfano	21	365	0	0	386
Jackson	0	6	0	0	6
Jefferson	3,481	303	1,716	1,042	6,542
Kiowa	20	25	0	0	45
Kit Carson	14	12	0	1	27
Lake	5	4	2	17	28
La Plata	0	13	0	1	14
Larimer	3,012	5,698	14	124	8,848
Las Animas	80	1,215	8	13	1,316
Lincoln	133	59	3	24	219
Logan	311	591	1	32	935
Mesa	539	2,020	1	38	2,598
Mineral	0	9	0	0	9

²⁴ Utilization by County is the sum of admissions and visits by reported patient residency.

²⁵ Includes CICP Specialty Hospital providers

County	CICP Clinics	CICP Hospitals ²⁵	Denver Health Medical Center	University of Colorado Hospital	Total
Moffat	187	116	0	4	307
Montezuma	67	3,868	0	6	3,941
Montrose	1,326	1,359	0	10	2,695
Morgan	808	1,024	4	45	1,881
Otero	667	378	0	21	1,066
Ouray	14	39	0	0	53
Park	38	42	27	6	113
Phillips	53	145	0	6	204
Pitkin	104	509	0	5	618
Prowers	855	808	0	11	1,674
Pueblo	6,666	2,199	17	46	8,928
Rio Blanco	0	14	0	0	14
Rio Grande	661	879	0	10	1,550
Routt	43	267	0	7	317
Saguache	868	452	0	8	1,328
San Juan	0	1	0	0	1
San Miguel	613	47	0	1	661
Sedgwick	13	222	1	24	260
Summit	2	9	4	17	32
Teller	532	526	1	9	1,068
Washington	25	71	0	2	98
Weld	6,054	4,687	71	331	11,143
Yuma	100	40	0	11	151
Unknown	8,536	706	512	7	9,761
Total	82,307	46,328	39,360	11,615	179,610

Table 23 Outpatient Visits and Inpatient Admissions by CICIP Rating

Outpatient Visits

CICIP Clinics			CICIP Hospitals ²⁶		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
0-100%	20,483	24.9%	5,562	12.7%	14,871	38.4%	2,623	23.8%	43,539	24.8%
101-200%	43,701	53.1%	25,629	58.6%	18,926	48.9%	6,511	59.2%	94,767	53.9%
201-250%	15,411	18.7%	11,265	25.8%	4,867	12.6%	1,868	17.0%	33,411	19.0%
Unknown	2,712	3.3%	1,261	2.9%	49	0.1%	0	0.0%	4,022	2.3%
Total	82,307	100.0%	43,717	100.0%	38,713	100.0%	11,002	100.0%	175,739	100.0%

Inpatient Admissions

CICIP Clinics			CICIP Hospitals ²⁶		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
0-100%	0	0.0%	288	11.0%	270	41.7%	185	30.2%	743	19.2%
101-200%	0	0.0%	1,557	59.6%	289	44.7%	331	54.0%	2,177	56.2%
201-250%	0	0.0%	733	28.1%	88	13.6%	97	15.8%	918	23.7%
Unknown	0	0.0%	33	1.3%	0	0.0%	0	0.0%	33	0.9%
Total	0	0.0%	2,611	100.0%	647	100.0%	613	100.0%	3,871	100.0%

Table 24 Inpatient Admissions and Days by CICIP Rating

CICIP Hospitals ²⁶			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Admits	Days	Admits	Days	Admits	Days	Admits	Days
0-100%	288	1,549	270	1,584	185	1,179	743	4,312
101-200%	1,557	6,983	289	1,513	331	2,108	2,177	10,604
201-250%	733	3,206	88	417	97	838	918	4,461
Unknown	33	140	0	0	0	0	33	140
Total	2,611	11,878	647	3,514	613	4,125	3,871	19,517

²⁶ Includes CICIP Specialty Hospital providers

Table 25 Outpatient Visits and Charges by Age

CICP Clinics		CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	887	\$191,514	1,503	4,705,130	162	\$184,607	15	\$129,388	2,567	\$5,210,639
18-64	66,044	\$14,958,725	28,062	118,156,599	24,320	\$33,711,571	6,936	\$42,416,496	125,362	\$209,243,391
65+	15,376	\$3,850,794	14,152	68,319,533	14,231	\$20,566,312	4,051	\$24,871,105	47,810	\$117,607,744
Total	82,307	\$19,001,033	43,717	\$191,181,262	38,713	\$54,462,490	11,002	\$67,416,989	175,739	\$332,061,774

Table 26 Inpatient Admissions and Charges by Age

CICP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	189	\$5,806,141	5	\$41,140	3	\$24,535	197	\$5,871,816
18-64	1,393	\$81,532,416	388	\$18,603,204	352	\$44,313,101	2,133	\$144,448,721
65+	1,029	\$75,751,443	254	\$14,886,280	258	\$33,174,280	1,541	\$123,812,003
Total	2,611	\$163,090,000	647	\$33,530,624	613	\$77,511,916	3,871	\$274,132,540

²⁷ Includes CICP Specialty Hospital providers

Table 27 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁸
Basin Clinic, Inc	200	0	0	0
Clinica Family Health	18,648	0	0	0
Clinica Tepeyac	521	0	0	0
Denver Indian Health & Family Services, Inc	3	0	0	0
Frontier Community Health Clinic	172	0	0	0
High Plains Community Health Center, Inc	926	0	0	0
Inner City Health Center	74	0	0	0
MarillacHealth	537	0	0	0
Mountain Family Health Centers	1,397	0	0	0
Northwest Colorado Health	230	0	0	0
Peak Vista Community Health Centers	13,578	0	0	0
Pueblo Community Health Center	6,978	0	0	0
River Valley Family Health Center	1,153	0	0	0
Salud Family Health Centers	10,937	0	0	0
Stout Street Health Center	16	0	0	0
STRIDE Community Health Center	17,011	0	0	0
Sunrise Community Health Center	5,102	0	0	0
Uncompahgre Medical Center	951	0	0	0
Valley-Wide Health Systems	3,873	0	0	0
Total CICP Clinic Providers	82,307	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Arkansas Valley Regional Medical Center	486	23	75	3.26
Aspen Valley Hospital District	602	15	77	5.13
Banner Fort Collins Medical Center	65	7	32	4.57
Boulder Community Health Foothills Hospital	185	33	152	4.61
Centura Health - Penrose-St. Francis Health Services	2,435	466	2,089	4.48
Centura Health - St. Thomas More Hospital	605	24	68	2.83
Colorado Canyons Hospital and Medical Center	62	4	46	11.50
Colorado Plains Medical Center	486	16	51	3.19
Community Hospital	335	19	61	3.21
Delta County Memorial Hospital	137	18	56	3.11
East Morgan County Hospital	389	7	11	1.57
Estes Park Medical Center	255	4	21	5.25
Grand River Hospital and Medical Center	1,017	14	45	3.21
Gunnison Valley Hospital	75	2	4	2.00
Heart of the Rockies Regional Medical Center	320	11	40	3.64
Lincoln Community Hospital ²⁹	0	0	0	0.00
Longmont United Hospital	418	39	164	4.21
McKee Medical Center	851	37	105	2.84
Melissa Memorial Hospital	126	3	4	1.33
Memorial Regional Health	83	6	16	2.67
Mercy Regional Medical Center	23	8	34	4.25

²⁸ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

²⁹ Lincoln Community Hospital had no reportable visits in CY 2019.

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Middle Park Medical Center, Kremmling	69	0	0	0.00
Montrose Memorial Hospital	1,534	38	114	3.00
Mt San Rafael Hospital	912	27	102	3.78
North Colorado Medical Center	1,957	118	541	4.58
Parkview Medical Center	2,141	275	1,307	4.75
Platte Valley Medical Center	554	47	230	4.89
Prowers Medical Center	826	28	68	2.43
Rio Grande Hospital	755	17	64	3.76
San Luis Valley Health Conejos County Hospital	207	5	89	17.80
San Luis Valley Regional Medical Center	1,343	45	285	6.33
Sedgwick County Memorial Hospital	199	5	20	4.00
Southeast Colorado Hospital District	152	3	12	4.00
Southwest Memorial Hospital	3,815	73	238	3.26
Spanish Peaks Regional Health Center	293	12	30	2.50
St. Mary's Hospital and Medical Center, Inc.	1,708	141	701	4.97
St. Vincent General Hospital District ³⁰	0	0	0	0.00
Sterling Regional Medical Center	565	21	54	2.57
UCHealth Greeley Hospital	425	37	112	3.03
UCHealth Highlands Ranch Hospital	41	6	39	6.50
UCHealth Longs Peak	354	62	194	3.13
UCHealth Medical Center of the Rockies	1,803	183	900	4.92
UCHealth Memorial Hospital	7,013	413	2,239	5.42
UCHealth Pikes Peak Regional Hospital	296	5	12	2.40
UCHealth Poudre Valley Hospital	4,581	212	962	4.54
UCHealth Yampa Valley Medical Center	473	17	48	2.82
Valley View Hospital	270	10	40	4.00
Wray Community District Hospital	3	0	0	0.00
Sub-Total CICIP Hospital Providers	41,244	2,556	11,552	4.52

CICP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³¹
Children's Hospital Colorado	1,127	55	326	5.93
National Jewish Health	1,346	0	0	0.00
Sub-Total CICP Specialty Hospital Providers	2,473	55	326	5.93
Denver Health Medical Center	38,713	647	3,514	5.43
University of Colorado Hospital	11,002	613	4,125	6.73
Total CICP Hospital Providers	93,432	3,871	19,517	5.04
Total All CICP Providers	175,739	3,871	19,517	5.04

³⁰ St. Vincent General Hospital District had no reportable visits in CY2019.

³¹ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

Table 28 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers Provider Name	Inpatient				Outpatient			
	Age 0 thru 17	Age 18 thru 64	Age 65+	Total	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	0	0	0	0	0	23	11	34
Clinica Family Health	0	0	0	0	155	4,072	647	4,874
Clinica Tepeyac	0	0	0	0	4	158	19	181
Denver Indian Health & Family Services, Inc	0	0	0	0	0	1	2	3
Frontier Community Health Clinic	0	0	0	0	2	28	28	58
High Plains Community Health Center, Inc	0	0	0	0	3	329	11	343
Inner City Health Center	0	0	0	0	0	29	7	36
MarillacHealth	0	0	0	0	0	148	49	197
Mountain Family Health Centers	0	0	0	0	7	378	52	437
Northwest Colorado Health	0	0	0	0	0	56	19	75
Peak Vista Community Health Centers	0	0	0	0	157	3,739	987	4,883
Pueblo Community Health Center	0	0	0	0	27	1,533	649	2,209
River Valley Family Health Center	0	0	0	0	13	475	70	558
Salud Family Health Centers	0	0	0	0	71	3,372	372	3,815
Stout Street Health Center	0	0	0	0	0	7	0	7
STRIDE Community Health Center	0	0	0	0	14	3,132	657	3,803
Sunrise Community Health Center	0	0	0	0	56	1,536	152	1,744
Uncompahgre Medical Center	0	0	0	0	8	83	56	147
Valley-Wide Health Systems	0	0	0	0	36	935	316	1,287
Total CICP Clinic Providers	0	0	0	0	553	20,034	4,104	24,691

CICP Hospital Providers

Provider Name	Inpatient				Outpatient			
	Age 0 thru 17	Age 18 thru 64	Age 65+	Total	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	1	9	10	20	12	193	185	390
Aspen Valley Hospital District	1	6	4	11	6	80	17	103
Banner Fort Collins Medical Center	0	3	3	6	1	29	13	43
Boulder Community Health Foothills Hospital	2	21	8	31	4	111	21	136
Centura Health - Penrose-St. Francis Health Services	41	199	131	371	22	644	357	1,023
Centura Health - St. Thomas More Hospital	3	9	9	21	6	140	77	223
Colorado Canyons Hospital and Medical Center	0	3	1	4	1	23	8	32
Colorado Plains Medical Center	3	13	0	16	21	321	18	360
Community Hospital	1	9	9	19	6	80	24	110
Delta County Memorial Hospital	2	5	7	14	3	83	20	106
East Morgan County Hospital	0	1	5	6	2	105	53	160
Estes Park Medical Center	0	1	1	2	2	49	34	85
Grand River Hospital and Medical Center	0	5	6	11	6	136	54	196
Gunnison Valley Hospital	0	2	0	2	1	26	12	39
Heart of the Rockies Regional Medical Center	0	5	2	7	1	67	38	106
Lincoln Community Hospital ³²	0	0	0	0	0	0	0	0
Longmont United Hospital	2	20	10	32	10	158	56	224
McKee Medical Center	2	14	17	33	5	181	96	282
Melissa Memorial Hospital	0	3	0	3	1	33	7	41
Memorial Regional Health	0	2	1	3	1	22	19	42
Mercy Regional Medical Center	0	6	2	8	0	14	3	17
Middle Park Medical Center, Kremmling	0	0	0	0	1	63	1	65
Montrose Memorial Hospital	1	20	13	34	15	530	109	654
Mt San Rafael Hospital	0	13	12	25	12	187	102	301
North Colorado Medical Center	1	33	55	89	32	539	203	774
Parkview Medical Center	3	100	136	239	37	727	310	1,074
Platte Valley Medical Center	1	24	11	36	9	235	44	288
Prowers Medical Center	3	15	4	22	7	148	70	225
Rio Grande Hospital	0	9	7	16	7	388	144	539

³² Lincoln Community Hospital had no reportable visits in CY 2019.

San Luis Valley Health Conejos County Hospital	0	1	4	5	4	69	24	97
San Luis Valley Regional Medical Center	5	26	9	40	14	438	48	500
Sedgwick County Memorial Hospital	0	2	1	3	1	17	8	26
Southeast Colorado Hospital District	0	3	0	3	2	29	5	36
Southwest Memorial Hospital	2	20	28	50	23	470	235	728
Spanish Peaks Regional Health Center	0	5	5	10	2	70	59	131
St. Mary's Hospital and Medical Center, Inc.	6	92	18	116	17	463	71	551
St. Vincent General Hospital District ³³	0	0	0	0	0	0	0	0
Sterling Regional Medical Center	0	7	13	20	4	117	53	174
UCHealth Greeley Hospital	3	15	14	32	3	86	70	159
UCHealth Highlands Ranch Hospital	0	4	2	6	0	25	16	41
UCHealth Longs Peak	10	39	11	60	14	166	22	202
UCHealth Medical Center of the Rockies	8	87	66	161	32	456	218	706
UCHealth Memorial Hospital	20	213	112	345	64	1,702	513	2,279
UCHealth Pikes Peak Regional Hospital	0	4	1	5	2	80	38	120
UCHealth Poudre Valley Hospital	14	98	56	168	39	714	295	1,048
UCHealth Yampa Valley Medical Center	4	12	1	17	11	127	16	154
Valley View Hospital	0	4	5	9	1	213	56	270
Wray Community District Hospital	0	0	0	0	0	1	1	2
Sub-Total CICIP Hospital Providers	139	1,182	810	2,131	464	10,555	3,843	14,862

CICP Specialty Hospital Providers

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Children's Hospital Colorado	44	11	0	55	612	471	1	1,084
National Jewish Health	0	0	0	0	3	202	317	522
Sub-Total CICP Specialty Hospital Providers	44	11	0	55	615	673	318	1,606
Denver Health Medical Center	5	346	200	551	94	7,342	2,012	9,448
University of Colorado Hospital	3	268	184	455	12	2,041	625	2,678
Total CICP Hospital Providers	191	1,807	1,194	3,192	1,185	20,611	6,798	28,594
Total All CICP Providers	191	1,807	1,194	3,192	1,738	40,645	10,902	53,285

³³ St. Vincent General Hospital District had no reportable visits in CY2019.

Table 29 Unduplicated Total Count by Age³⁴

CICP Clinic Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	0	23	11	34
Clinica Family Health	155	4,072	647	4,874
Clinica Tepeyac	4	158	19	181
Denver Indian Health & Family Services, Inc	0	1	2	3
Frontier Community Health Clinic	2	28	28	58
High Plains Community Health Center, Inc	3	329	11	343
Inner City Health Center	0	29	7	36
MarillacHealth	0	148	49	197
Mountain Family Health Centers	7	378	52	437
Northwest Colorado Health	0	56	19	75
Peak Vista Community Health Centers	157	3,739	987	4,883
Pueblo Community Health Center	27	1,533	649	2,209
River Valley Family Health Center	13	475	70	558
Salud Family Health Centers	71	3,372	372	3,815
Stout Street Health Center	0	7	0	7
STRIDE Community Health Center	14	3,132	657	3,803
Sunrise Community Health Center	56	1,536	152	1,744
Uncompahgre Medical Center	8	83	56	147
Valley-Wide Health Systems	36	935	316	1,287
Total CICP Clinic Providers	553	20,034	4,104	24,691

CICP Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	13	201	195	409
Aspen Valley Hospital District	7	86	17	110
Banner Fort Collins Medical Center	1	31	14	46
Boulder Community Health Foothills Hospital	6	124	25	155
Centura Health - Penrose-St. Francis Health Services	61	734	395	1,190
Centura Health - St. Thomas More Hospital	8	142	80	230
Colorado Canyons Hospital and Medical Center	1	25	8	34
Colorado Plains Medical Center	24	326	18	368
Community Hospital	7	89	30	126
Delta County Memorial Hospital	5	83	25	113
East Morgan County Hospital	2	105	54	161
Estes Park Medical Center	2	50	34	86
Grand River Hospital and Medical Center	6	136	55	197
Gunnison Valley Hospital	1	28	12	41
Heart of the Rockies Regional Medical Center	1	72	40	113
Lincoln Community Hospital ³⁵	0	0	0	0

³⁴ Unduplicated client count is a count of unique medically indigent patients by provider. Providers report a unique count for inpatient, outpatient, and total clients served. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

³⁵ Lincoln Community Hospital had no reportable visits in CY 2019.

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Longmont United Hospital	11	167	59	237
McKee Medical Center	7	187	102	296
Melissa Memorial Hospital	1	36	7	44
Memorial Regional Health	1	24	19	44
Mercy Regional Medical Center	0	19	5	24
Middle Park Medical Center, Kremmling	1	63	1	65
Montrose Memorial Hospital	16	541	112	669
Mt San Rafael Hospital	12	200	108	320
North Colorado Medical Center	32	548	213	793
Parkview Medical Center	39	778	391	1,208
Platte Valley Medical Center	10	249	51	310
Prowers Medical Center	8	149	71	228
Rio Grande Hospital	7	156	48	211
San Luis Valley Health Conejos County Hospital	4	67	30	101
San Luis Valley Regional Medical Center	18	443	53	514
Sedgwick County Memorial Hospital	1	17	8	26
Southeast Colorado Hospital District	2	32	5	39
Southwest Memorial Hospital	23	470	235	728
Spanish Peaks Regional Health Center	2	72	59	133
St. Mary's Hospital and Medical Center, Inc.	21	499	79	599
St. Vincent General Hospital District ³⁶	0	0	0	0
Sterling Regional Medical Center	4	119	55	178
UCHealth Greeley Hospital	5	95	72	172
UCHealth Highlands Ranch Hospital	0	29	18	47
UCHealth Longs Peak	22	191	25	238
UCHealth Medical Center of the Rockies	39	497	240	776
UCHealth Memorial Hospital	76	1,786	531	2,393
UCHealth Pikes Peak Regional Hospital	2	81	38	121
UCHealth Poudre Valley Hospital	46	746	302	1,094
UCHealth Yampa Valley Medical Center	15	131	16	162
Valley View Hospital	1	213	56	270
Wray Community District Hospital	0	1	1	2
Sub-Total CICIP Hospital Providers	571	10,838	4,012	15,421

CICIP Specialty Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Children's Hospital Colorado	656	482	1	1,139
National Jewish Health	3	202	317	522
Sub-Total CICIP Specialty Hospital Providers	659	684	318	1,661
Denver Health Medical Center	98	7,506	2,049	9,653
University of Colorado Hospital	15	2,111	670	2,796
Total CICIP Hospital Providers	1,343	21,139	7,049	29,531
Total All CICIP Providers	1,896	41,173	11,153	54,222

³⁶ St. Vincent General Hospital District had no reportable visits in CY2019.