

Colorado Indigent Care Program and Primary Care Fund

Fiscal Year 2018-19 Annual Report

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Department of Health Care
Policy & Financing

TABLE OF CONTENTS

Executive Summary 5

Introduction 6

Program Overview..... 8

 CICP Communication..... 9

Clients..... 10

 Eligibility Requirements..... 10

 Clients Served..... 13

Providers..... 16

 Provider Eligibility Requirements..... 16

 Provider Participation 16

Program Administration 20

 Reporting Requirments 20

 CICP Provider Compliance Audit 20

 Prevention of Fraud by Applicants..... 20

 Collection of Third-Party Payments 20

 Incentives for Utilization Control 21

Reimbursement 22

 Reimbursement for Clinics and Hospitals..... 22

 Reimbursement Methodology for Hospitals 24

 Reimbursement Methodology for Clinics 24

 Children’s Hospital Colorado Clinic Payment 24

Primary Care Fund Program 26

Federal Match Rates 28

Disproportionate Share Hospital Payment..... 30

 Law and Regulations 30

 Payment Allotment..... 30

 DSH Audit 30

Definitions 32

CICP Financial Tables 37

CICP Utilization Tables 46

TABLES AND FIGURES

CLIENTS

Table 1 Annual Income Ranges for Each Federal Poverty Level Percentage Range	11
Table 2 Client Copayment Table Effective July 1, 2018	12
Figure 1 Total Unduplicated Client Count by Provider and Age Group	13
Table 3 Comparison of Inpatient Days	14
Figure 2 Inpatient Admissions by CICP Rating	14
Table 4 Comparison of Outpatient Visits	15
Figure 3 Outpatient Visits by CICP Rating	15

PROVIDERS

Table 5 FY 2018-19 CICP Clinics and Hospitals by County	17
Table 6 FY 2018-19 CICP Participating Providers.....	18

REIMBURSEMENT

Table 7 FY 2018-19 CICP Payments.....	23
Table 8 Historical CICP Write-Off Costs	23
Table 9 FY 2018-19 Percentage of Write-Off Cost Reimbursed	24
Table 10 Historical Percentage of Write-Off Cost Reimbursed	25

PRIMARY CARE FUND

Table 11 FY 2018-19 Primary Care Fund Payments	27
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FEDERAL MATCH RATES

Table 12 Colorado's Federal Match Rates	29
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DISPROPORTIONATE CARE HOSPITAL PAYMENT

Table 13 Colorado DSH Allotment	31
Table 14 FFY 2018-19 DSH Payments.....	31

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment	37
Table 16 Total Hospital Financial Activity	38
Table 17 Physician Services Detail	40
Table 18 Outpatient Pharmacy Detail	40
Table 19 Ambulance Detail	41
Table 20 Denver Health Medical Center Detail	41
Table 21 Inpatient and Outpatient Charges (Detail)	42

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County	46
Table 23 Outpatient Visits and Inpatient Admissions by CICP Rating	48
Table 24 Inpatient Admissions and Days by CICP Rating	48
Table 25 Outpatient Visits and Charges by Age	49
Table 26 Inpatient Admissions and Charges by Age	49
Table 27 Utilization by Provider	50
Table 28 Unduplicated Inpatient and Outpatient by Age	52
Table 29 Unduplicated Total Count by Age	55

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 2018-19, the number of persons served by the CICP was 52,074. 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 2018-19, there were 20 CICP Clinics and 50 CICP Hospitals. CICP Clinics were reimbursed at 37.52% of indigent care costs. In FY 2018-19, 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 2020 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 2018-19 are shown below.

CICP Payments

➤ CICP Disproportionate Share Hospital Payments	\$211,292,728
➤ CICP Clinic Payments	\$6,002,032
➤ Total Payments	\$217,294,760

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 CACP 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 CACP. However, while many former CACP 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 CACP, 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 CACP. Therefore, the Department continues to work with the Advisory Council to ensure the CACP 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, 2018

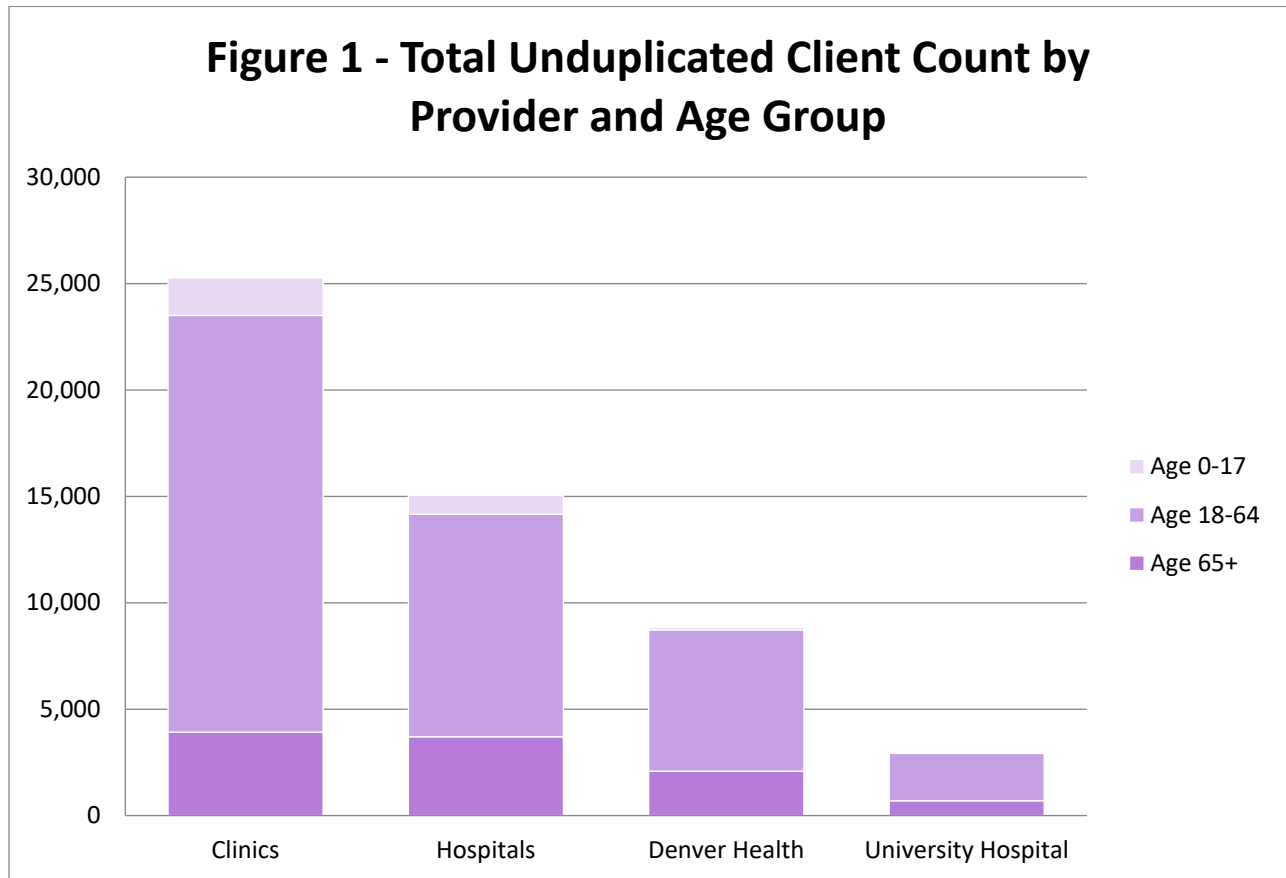
Percent of FPL	0 to 40% and Homeless	0 to 40%	41 to 62%	63 to 81%	82 to 100%	101 to 117%	118 to 133%	134 to 159%	160 to 185%	186 to 200%	201 to 250%
Ambulatory Surgery	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
Inpatient Facility	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$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 2018-19, there were 52,074 unduplicated clients who received services through the CICIP. This represents a 6.02% increase from the 49,118 unduplicated clients assisted in FY 2017-18. Children represented 5.3% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICIP increased by 76.7% in FY 2018-19 relative to the FY 2017-18 total. Overall, the program provided 3,199 unduplicated clients with inpatient care, while 51,358 received outpatient services in FY 2018-19.¹

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days increased from 18,753 in FY 2017-18 to 19,712 in FY 2018-19, representing an increase of 5.1%. Overall, the total number of inpatient days has increased by 2.9% since FY 2016-17. Relative to FY 2017-18, Denver Health Medical Center had an increase in inpatient days in FY 2018-19 of 11.1%, while University of Colorado Hospital had a decrease of 6.5%.

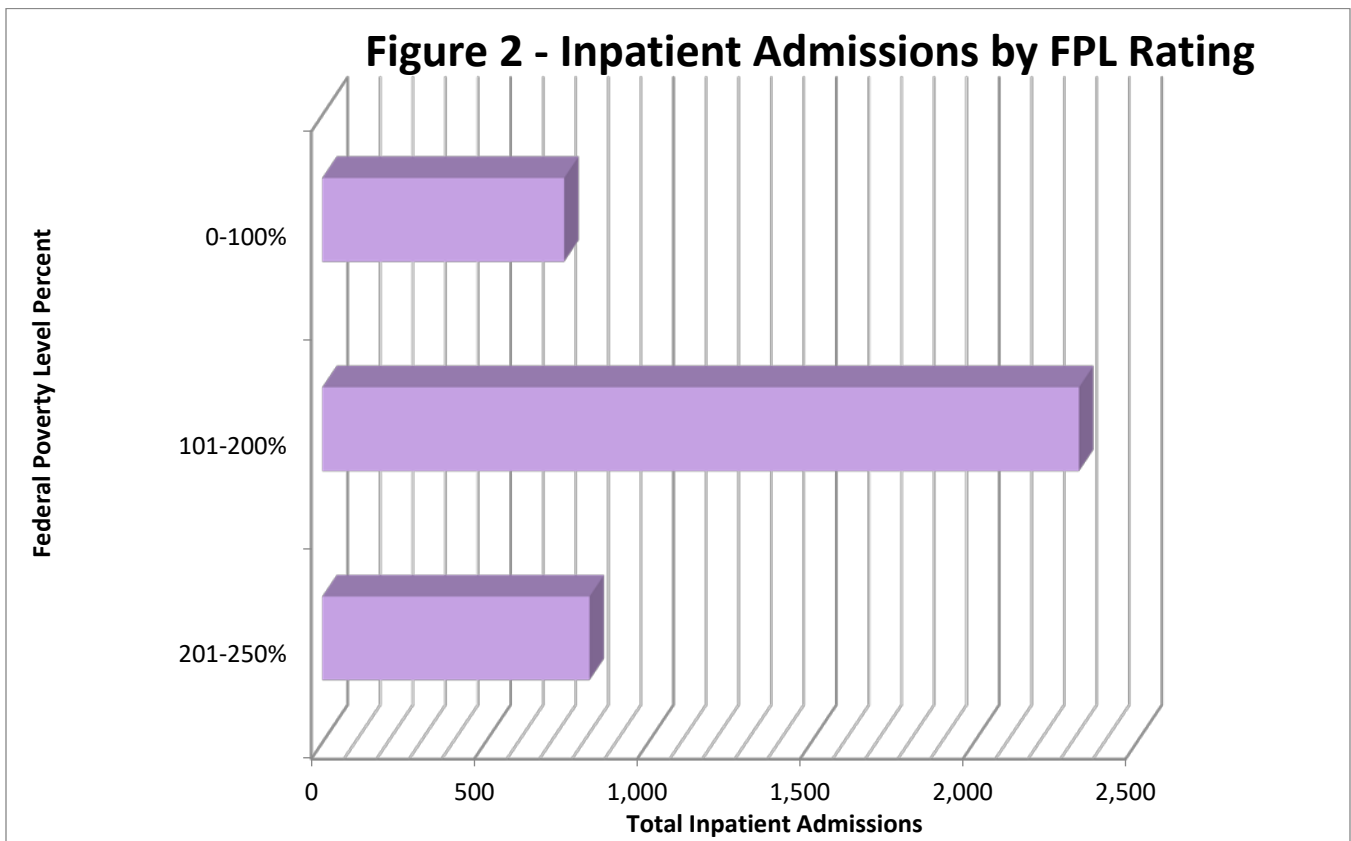
¹ This count is done at the provider level, a client who receives care at multiple CICIP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICIP.

Table 3 Comparison of Inpatient Days²

CICP Provider	FY 2016-17 Inpatient Days	Percent Change	FY 2017-18 Inpatient Days	Percent Change	FY 2018-19 Inpatient Days	Percent Change
CICP Hospitals ³	11,295	-18.0%	11,366	0.6%	12,261	7.9%
Denver Health Medical Center	3,824	-21.5%	3,081	-19.4%	3,423	11.1%
University of Colorado Hospital	4,031	-22.2%	4,306	6.8%	4,028	-6.5%
TOTAL	19,150	-19.7%	18,753	-2.1%	19,712	5.1%

Figure 2 shows the total inpatient admissions by CICP Rating and FPL percentage for FY 2018-19. Of the total inpatient admissions, 18.9% were made for individuals living at or below 100% FPL (former ratings Z, N, A, B, and C), similar to the 18.6% figure seen in FY 2017-18. FPL Ratings between 101% and 200% (former ratings D, E, F, G, and H) accounted for 59.1% of inpatient admissions, while FPL Ratings between 201% and 250% (former rating I) accounted for 20.9% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



As shown in Table 4, there was an 8.8% increase in total outpatient visits from FY 2017-18 to FY 2018-19. CICP Clinics experienced an 18.1% increase in outpatient visits. CICP Hospitals experienced

² Source: Analysis of Data from Previous CICP Annual Reports

³ Includes CICP Specialty Hospital Providers

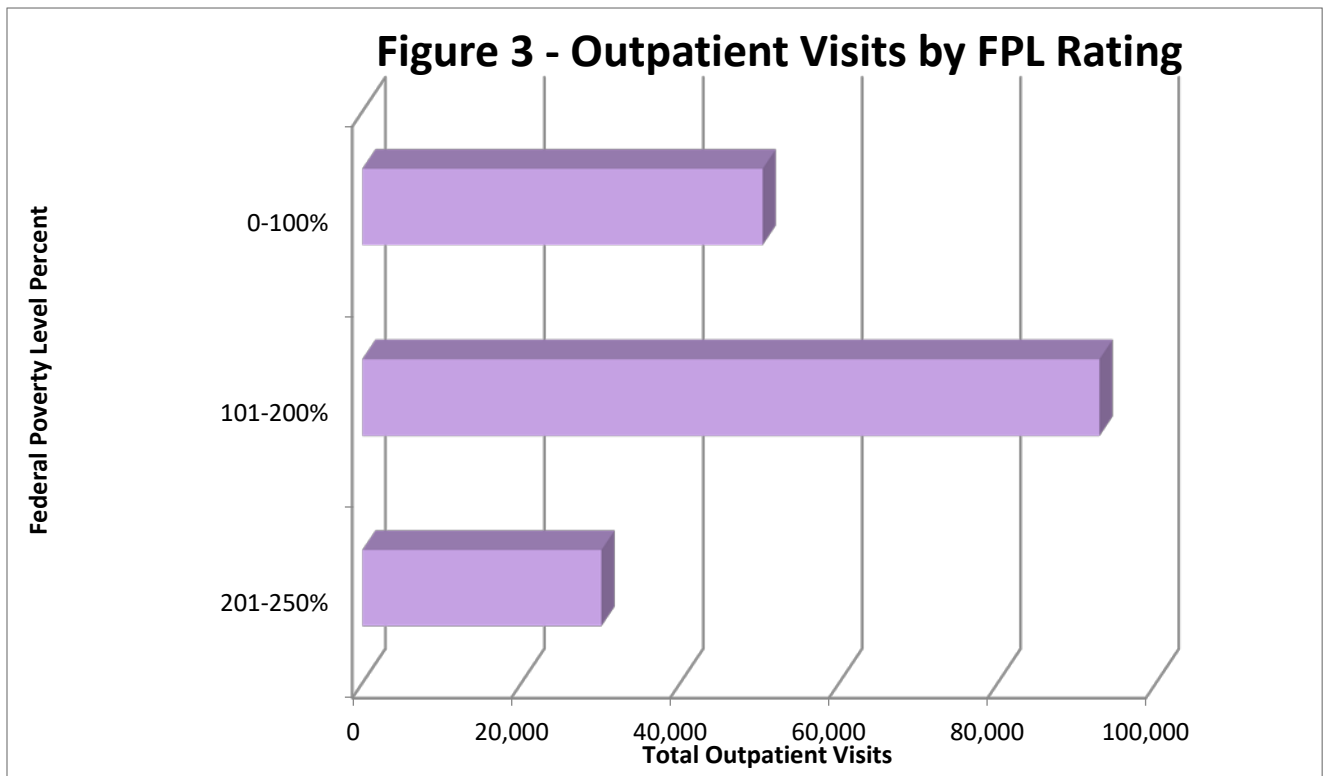
a 0.6% increase in outpatient visits while Denver Health Medical Center experienced a 5.3% increase and University of Colorado Hospital experienced a 10.5% decrease.

Table 4 Comparison of Outpatient Visits⁴

CICP Provider	FY 2016-17 Outpatient Visits	Percent Change	FY 2017-18 Outpatient Visits	Percent Change	FY 2018-19 Outpatient Visits	Percent Change
CICP Clinics	72,757	6.6%	73,819	1.5%	87,212	18.1%
CICP Hospitals ⁵	38,465	-6.9%	37,969	-1.3%	38,183	0.6%
Denver Health Medical Center	35,314	-21.8%	35,084	-0.7%	36,949	5.3%
University of Colorado Hospital	13,634	-10.5%	13,528	-0.8%	12,110	-10.5%
TOTAL	160,170	-5.7%	160,400	0.1%	174,454	8.8%

In FY 2018-19, the total number of outpatient visits for CICP clients rose by 8.8%, increasing from 160,400 in FY 2017-18 to 174,521 in FY 2018-19. Clients with an FPL rating between 0 and 100% made up 28.9% of the total visits, with clients falling between 101% and 200% making up 53.2% of the total visits, and clients falling between 201% and 250% making up 17.2% 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 2018-19 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 70 providers, 50 hospitals and 20 clinics, participated in the CICIP in FY 2018-19. 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 195 satellite CICIP facilities throughout the state for FY 2018-19.

Table 5 FY 2018-19 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	10	4	14
Alamosa	8	1	9
Arapahoe	8	0	8
Archuleta	0	0	0
Baca	0	1	1
Bent	2	0	2
Boulder	4	3	7
Broomfield	1	0	1
Chaffee	0	3	3
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	3	1	4
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	1	1	2
Denver	18	2	20
Dolores	1	0	1
Douglas	6	0	6
Eagle	2	0	2
El Paso	29	3	32
Elbert	1	0	1
Fremont	1	1	2
Garfield	4	2	6
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	10	0	10
Kiowa	0	0	0

County	Clinics	Hospitals	Totals
Kit Carson	1	0	1
La Plata	0	1	1
Lake	2	1	3
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	8	1	9
Montrose	7	1	8
Morgan	1	2	3
Otero	2	1	3
Ouray	0	0	0
Park	0	0	0
Phillips	1	1	2
Pitkin	1	1	2
Prowers	8	1	9
Pueblo	12	1	13
Rio Blanco	0	0	0
Rio Grande	6	1	7
Routt	1	1	2
Saguache	2	0	2
San Juan	0	0	0
San Miguel	1	0	1
Sedgwick	1	1	2
Summit	5	0	5
Teller	1	1	2
Washington	0	0	0
Weld	13	1	14
Yuma	1	1	2
Totals	211	54	265

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 2018-19 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	Canyon City
Colorado Canyons Hospital and Medical Center	Fruita
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Medical Center	Estes Park
Grand River Hospital and Medical Center	Rifle
Gunnison Valley Hospital	Gunnison
Heart of the Rockies Regional Medical Center	Salida
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

CICP Hospital Providers	City
Mt San Rafael Hospital	Trinidad
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 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 2018-19 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
Summit Community Care Clinic	Frisco
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 at 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 and audit annually. During FY 2018-19, PCG and the Department selected 12 providers consisting of 5 hospitals and 7 clinic providers to be audited on applications completed during FY 2017-18 and billing claims during calendar year 2017. The providers who were not chosen for the PCG audit were required to submit their Compliance Audits to the Department as they have done in previous years. Fiscal year 2018-19 is the only year in which there will be overlap in audits completed by both PCG and individual providers. In total for FY 2018-19, there were 68 audits submitted for FY 2017-18, 31 of which required a CAP. Most of the attributes for the 56 non-PCG audited providers were in the Manual Used Correctly and Correct Copay portions of the audit. PCG audits found errors in the Eligibility Determination - Health First Colorado or CHP+ and Billing Record Review areas. There were 9 audits that were late in submission, an improvement over the previous year. These findings were used to determine which areas to emphasize in the CICIP provider training held in August 2019.

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 CICP by the very nature of the reimbursement level since providers are contracted to prioritize their services of emergency and urgent care to CICP clients. Many CICP Hospitals have limited services and provide only emergency and urgent care.

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2018-19 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 2018-19 Long Bill (HB 18-1322), the Colorado General Assembly appropriated \$311,296,186 through the Safety Net Provider Payments line item to reimburse CICIP Hospitals and other hospital providers for uncompensated care. 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 2020 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 \$6,090,896 in total funds appropriated through the FY 2018-19 Long Bill to the Clinic Based Indigent Care line item. Of the \$6,090,896, \$28,864 was appropriated for CICIP 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 CICIP Clinic based care, resulting in total payments to CICIP Clinics of \$6,002,032.

Table 7 FY 2018-19 CICIP Payments

	State Funds ⁶	Provider Fees ⁷	Federal Funds	Payments to Providers ⁸
CICP Clinics ⁹	\$3,001,016	\$0	\$3,001,016	\$6,002,032
CICP Hospitals and Specialty Hospitals	\$0	\$59,359,076	\$59,359,076	\$118,718,152
Denver Health Medical Center	\$0	\$39,576,589	\$39,576,589	\$79,153,178
University of Colorado Hospital	\$0	\$7,528,622	\$7,528,622	\$15,057,244
Total CICIP Payments	\$3,001,016	\$106,464,287	\$109,465,303	\$218,930,606

Table 8 Historical CICIP Write-Off Costs¹⁰

	FY 2016-17	FY 2017-18	FY 2018-19
CICP Clinics	\$11,672,044	\$12,998,794	\$15,995,625
Percent Change	13.8%	11.4%	23.1%
CICP Hospitals	\$64,014,635	\$66,823,346	\$73,633,423
Percent Change	-8.6%	4.4%	10.2%
Denver Health Medical Center	\$22,597,162	\$21,479,670	\$25,989,304
Percent Change	-7.6%	-4.9%	21.0%
University of Colorado Hospital	\$25,879,127	\$27,370,907	\$27,608,360
Percent Change	-11.9%	5.8%	0.9%
All CICIP Hospitals	\$112,490,924	\$115,673,923	\$127,231,087
Percent Change	-9.2%	2.8%	10.0%
Total CICIP Providers	\$124,162,968	\$128,672,717	\$143,226,712
Percent Change	-7.4%	3.6%	11.3%

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 \$6,062,032 was paid to Children's Hospital Colorado, which administers payments to CICIP 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 CICIP 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 2018-19 totaled more than \$1.33 billion, including \$213 million in DSH payments for CICIP Hospitals.

More information about the CHASE hospital payments, including DSH payments by hospital, are reported in the 2020 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report, available on the Department’s website at www.colorado.gov/hcpf/department-reports.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$6,002,032

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 \$6,062,032 paid to Children’s Hospital Colorado, \$6,002,032 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 2018-19. The average reimbursement relative to costs for Clinic Providers was 37.52%, a decrease from last year’s 46.62%.

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

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinic Providers	\$6,002,032	\$15,995,625	37.52%

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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
CICP Clinic Providers	21.11%	64.92%	59.06%	51.92%	46.62%	37.52%

Write-off costs for all CICP providers have decreased 75.3% from FY 2012-13 to FY 2018-19, with write-off costs for CICP Hospitals decreasing 74.0% and write-off costs for CICP Clinics decreasing 63.2% 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 82.0% for Denver Health Medical Center and a decrease of 74.6% 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 2018-19, \$25,168,168 was allocated to 35 Primary Care Fund providers. These providers served 107,936 unique medically indigent clients in the 2017 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 2018-19 Primary Care Fund Payments

Primary Care Fund Provider	Total Payments
Axis Health System	\$65,989
Carin' Clinic	\$23,084
Caritas Clinic at St. Joseph Hospital	\$207,761
Clinica Colorado	\$757,358
Clinica Family Health	\$2,961,345
Clinica Tepeyac	\$624,681
Denver Health and Hospital Authority	\$4,470,465
Doctors Care	\$30,779
Every Child Pediatrics	\$330,645
Family Medicine Clinic for Health Equality (FMC-CAHEP)	\$81,845
Fort Collins Family Medicine Residency Program	\$85,576
Frontier Community Health Center	\$73,917
High Plains Community Health Center, Inc.	\$306,627
Hopelight Medical Clinic	\$142,005
Inner City Health Center	\$353,729
Kids First Health Care	\$157,861
MarillacHealth	\$389,638
Mission Medical Center	\$152,964
Mountain Family Health Centers	\$659,657
Northwest Colorado Health	\$254,629
Open Bible Medical Clinic	\$60,626
Peak Vista Community Health Centers	\$2,213,081
Pueblo Community Health Center	\$432,776
River Valley Family Health Center	\$239,006
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	\$329,712
Salud Family Health Centers	\$2,960,179
SET Family Medical Clinics	\$93,970
Sheridan Health Services	\$185,376
St. Mary-Corwin Health Foundation	\$6,063
Stout Street Health Center	\$331,344
STRIDE Community Health Center	\$3,589,756
Summit Community Care Clinic	\$394,069
Sunrise Community Health	\$1,423,311
Uncompahgre Medical Center	\$36,609
Valley-Wide Health Systems	\$741,735
Total Providers	\$25,168,168

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. Both expansion populations of parents and adults, with qualifying income up to 133% of the federal poverty level (FPL) received a 93.5% FMAP in FY 2018-19.

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.

For the period October 1, 2017 to September 30, 2018, Health First Colorado was assigned the minimum FMAP rate of 50%. The 50% FMAP rate was also effective for the period ended September 30, 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 increase under ARRA did not apply to DSH payments. The FMAP for DSH payments remained at the state's effective FMAP rate without ARRA, keeping Colorado's FMAP for DSH payments at 50%.

The FMAP rates for Colorado from FFY 2008-09 through FFY 2017-18 are listed in Table 12.

Table 12 Colorado's Federal Match Rates

Federal Fiscal Year (October - September)	Match Rate
2009-10	61.59%
2010-11 (Oct. 1, 2010 - Dec. 31, 2010)	61.59%
2010-11 (Jan. 1, 2011 - March 31, 2011)	58.77%
2010-11 (April 1, 2011 - June 30, 2011)	56.88%
2010-11 (July 1, 2011 - Sept. 30, 2011)	50.00%
2011-12	50.00%
2012-13	50.00%
2013-14	50.00%
2014-15	51.01%
2015-16	50.72%
2016-17	50.02%
2017-18	50.00%
2018-19	50.00%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT

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.

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 2019 for DSH payments made in FY 2015-16.

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)
2009-10	\$95,566,125
2010-11	\$92,507,555
2011-12	\$94,727,736
2012-13	\$97,190,657
2013-14	\$98,648,517
2014-15	\$100,226,893
2015-16	\$100,527,574
2016-17	\$101,432,322
2017-18	\$103,969,030
2018-19	\$106,152,379

Table 14 FFY 2018-19 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	\$208,883
Banner Fort Collins Medical Center	\$3,344,654
Boulder Community Health Foothills Hospital	\$2,850,449
Children's Hospital Colorado	\$34,514,993
Community Hospital	\$3,076,524
Denver Health Medical Center	\$79,153,178
Grand River Hospital and Medical Center	\$534,031
Longmont United Hospital	\$7,770,252
McKee Medical Center	\$3,904,951
Memorial Regional Health	\$1,635,846
Montrose Memorial Hospital	\$1,088,999
National Jewish Health	\$8,729,020
North Colorado Medical Center	\$24,731,355
Platte Valley Medical Center	\$11,691,026
Sedgwick County Memorial Hospital	\$1,187,924
St. Mary's Hospital and Medical Center, Inc.	\$6,927,366
UCHealth Longs Peak	\$1,145,645
University of Colorado Hospital	\$15,057,244
Valley View Hospital	\$5,376,234
Total	\$212,928,574

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

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

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

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

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

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

- Specific to the CICIP:
 - Any General Provider who is approved by the Department to provide and receive funding for discounted health care services under the CICIP.
- Specific to the Primary Care Fund:
 - A provider who is identified by the Department to receive funding from the Primary Care Fund and who:
 - Accepts all patients regardless of their ability to pay and uses a Sliding Fee Schedule for payments or does not charge Medically Indigent Patients for services;
 - Serves a designated Medically Underserved Area or Medically Underserved Population as provided in section 330(b) of the federal "Public Health Services Act", 42 U.S.C. sec. 254b, or demonstrates to the Department that the entity serves a population or area that lacks adequate health care services for low-income, uninsured persons;
 - Has a demonstrated Track Record of providing Cost-Effect Care;
 - Provides or arranges for the provision of Comprehensive Primary Care to persons of all ages. An entity in a rural area may be exempt from this requirement if they can demonstrate that there are no providers in the community to provide one or more of the Comprehensive Primary Care services;
 - Completes a screening that evaluates eligibility for Health First Colorado, CHP+, and the CICIP 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 CICIP, University of Colorado Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the City and County of Denver. University of Colorado Hospital also serves as a referral center to provide such complex care that is not available nor contracted for in Denver and the remaining areas of the state.

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	\$25,470	\$10,070	\$2,801	\$12,599	\$12,599	\$8,674
Clinica Family Health	\$5,097,669	\$176,444	\$321,085	\$4,600,140	\$4,600,140	\$1,619,795
Clinica Tepeyac	\$90,131	\$0	\$28,445	\$61,686	\$61,686	\$29,262
Denver Indian Health & Family Services, Inc	\$276	\$0	\$0	\$276	\$276	\$266
Frontier Community Health Clinic	\$41,965	\$8,965	\$6,477	\$26,523	\$26,523	\$11,619
High Plains Community Health Center, Inc ¹³	\$544,940	\$16,242	\$107,235	\$421,463	\$421,463	\$155,418
Inner City Health Center ¹⁴	\$0	\$0	\$0	\$0	\$0	\$72,400
MarillacHealth	\$51,764	\$264	\$9,240	\$42,260	\$42,260	\$30,079
Mountain Family Health Centers	\$263,343	\$0	\$36,629	\$226,714	\$226,714	\$93,522
Northwest Colorado Health	\$47,238	\$13,072	\$2,095	\$32,071	\$32,071	\$16,602
Peak Vista Community Health Centers ¹³	\$3,724,130	\$395,002	\$412,832	\$2,916,296	\$2,916,296	\$1,094,508
Pueblo Community Health Center ¹³	\$1,503,785	\$297,405	\$275,571	\$930,809	\$930,809	\$296,764
River Valley Family Health Center	\$456,149	\$135,061	\$47,902	\$273,186	\$273,186	\$103,368
Salud Family Health Centers	\$2,763,806	\$0	\$314,215	\$2,449,591	\$2,449,591	\$953,003
Stout Street Health Center ¹³	\$26,207	\$0	\$0	\$26,207	\$26,207	\$12,548
STRIDE Community Health Center	\$3,236,447	\$0	\$325,110	\$2,911,337	\$2,911,337	\$989,426
Summit Community Care Clinic ¹³	\$51,216	\$4,374	\$7,386	\$39,456	\$39,456	\$14,817
Sunrise Community Health Center	\$781,240	\$0	\$138,786	\$642,454	\$642,454	\$307,475
Uncompahgre Medical Center	\$72,337	\$13,984	\$6,606	\$51,747	\$51,747	\$60,986
Valley-Wide Health Systems	\$589,711	\$203,665	\$55,236	\$330,810	\$330,810	\$131,500
Total CICP Clinic Providers	\$19,367,824	\$1,274,548	\$2,097,651	\$15,995,625	\$15,995,625	\$6,002,032

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

¹⁴ Inner City Health Center joined CICP in the middle of the program year and had no reportable visits in CY 2018.

Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$1,503,643	\$424,526	\$114,861	\$964,256	\$402,544
Aspen Valley Hospital District	\$2,196,213	\$679,791	\$54,065	\$1,462,357	\$1,062,072
Banner Fort Collins Medical Center	\$1,082,670	\$267,120	\$25,102	\$790,448	\$592,927
Boulder Community Health Foothills Hospital ¹⁵	\$4,889,030	\$397,354	\$38,760	\$4,452,916	\$969,783
Centura Health - Penrose-St. Francis Health Services ^{15,16}	\$53,822,781	\$7,684,223	\$441,431	\$45,697,127	\$9,881,450
Centura Health - St. Thomas More Hospital ¹⁵	\$3,030,716	\$809,548	\$67,311	\$2,153,857	\$747,333
Colorado Canyons Hospital and Medical Center	\$467,081	\$366,917	\$9,520	\$90,644	\$45,961
Colorado Plains Medical Center	\$2,216,092	\$484,472	\$54,155	\$1,677,465	\$428,861
Community Hospital	\$1,123,069	\$212,143	\$35,746	\$875,180	\$276,596
Delta County Memorial Hospital	\$871,632	\$317,668	\$13,565	\$540,399	\$212,676
East Morgan County Hospital	\$1,148,202	\$532,998	\$44,432	\$570,772	\$340,092
Estes Park Medical Center ¹⁶	\$777,298	\$333,489	\$16,048	\$427,761	\$220,365
Grand River Hospital and Medical Center	\$1,482,897	\$235,937	\$63,469	\$1,183,491	\$719,545
Gunnison Valley Hospital	\$433,653	\$59,222	\$32,180	\$342,251	\$157,095
Heart of the Rockies Regional Medical Center	\$1,081,656	\$253,188	\$32,211	\$796,257	\$384,102
Lincoln Community Hospital ¹⁷	\$0	\$0	\$0	\$0	\$0
Longmont United Hospital ¹⁵	\$5,950,550	\$747,802	\$57,430	\$5,145,318	\$1,478,307
McKee Medical Center	\$5,545,214	\$1,059,123	\$150,980	\$4,335,111	\$1,376,617
Melissa Memorial Hospital ^{15,16}	\$221,578	\$1,999	\$6,987	\$212,592	\$187,728
Memorial Regional Health ¹⁸	\$0	\$0	\$0	\$0	\$0
Mercy Regional Medical Center ¹⁵	\$801,176	\$61,649	\$56,745	\$682,782	\$185,739
Middle Park Medical Center, Kremmling	\$631,651	\$21,749	\$28,797	\$581,105	\$392,444
Montrose Memorial Hospital ¹⁵	\$6,523,925	\$2,314,935	\$233,411	\$3,975,579	\$1,542,225
Mt San Rafael Hospital	\$1,892,601	\$374,658	\$86,485	\$1,431,458	\$534,964
North Colorado Medical Center	\$25,491,915	\$6,216,018	\$455,366	\$18,820,531	\$5,409,602
Parkview Medical Center ¹⁵	\$39,529,789	\$4,173,389	\$344,291	\$35,012,109	\$5,678,703

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

¹⁶ Includes ambulance charges, third party payments, and patient liability.

¹⁷ Lincoln Community Hospital is a new provider in 2018-19 and had a slow implementation of CICP processes, they have no reportable visits in CY 2018.

¹⁸ Memorial Regional Health failed to submit acceptable data for program year 2018-19.

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Platte Valley Medical Center	\$6,543,394	\$1,382,833	\$140,749	\$5,019,812	\$1,740,528
Prowers Medical Center ¹⁹	\$2,008,947	\$844,229	\$82,237	\$1,082,481	\$588,812
Rio Grande Hospital	\$622,353	\$123,280	\$36,471	\$462,602	\$246,833
San Luis Valley Health Conejos County Hospital ¹⁹	\$302,541	\$53,900	\$27,525	\$221,116	\$167,604
San Luis Valley Regional Medical Center	\$2,476,123	\$355,531	\$82,473	\$2,038,119	\$678,925
Sedgwick County Memorial Hospital	\$88,144	\$21,960	\$4,585	\$61,599	\$37,568
Southeast Colorado Hospital District	\$144,764	\$73,013	\$9,981	\$61,770	\$40,818
Southwest Memorial Hospital ²⁰	\$3,735,952	\$870,511	\$156,389	\$2,709,052	\$1,219,687
Spanish Peaks Regional Health Center	\$507,890	\$188,459	\$16,942	\$302,489	\$233,135
St. Mary's Hospital and Medical Center, Inc. ¹⁹	\$17,128,167	\$4,850,945	\$566,864	\$11,710,358	\$3,723,434
St. Vincent General Hospital District	\$1,894	\$0	\$170	\$1,724	\$1,724
Sterling Regional Medical Center	\$3,126,243	\$841,699	\$98,661	\$2,185,883	\$905,680
UCHealth Longs Peak	\$4,761,458	\$618,830	\$60,240	\$4,082,388	\$1,345,887
UCHealth Medical Center of the Rockies	\$24,455,695	\$4,703,499	\$312,915	\$19,439,281	\$5,021,270
UCHealth Memorial Hospital	\$71,720,265	\$9,813,691	\$708,440	\$61,198,134	\$14,100,061
UCHealth Pikes Peak Regional Hospital	\$594,248	\$92,764	\$23,555	\$477,929	\$169,007
UCHealth Poudre Valley Hospital	\$23,030,452	\$4,042,390	\$270,230	\$18,717,832	\$5,221,213
UCHealth Yampa Valley Medical Center	\$992,048	\$255,548	\$33,715	\$702,785	\$416,496
Valley View Hospital	\$1,448,113	\$0	\$108,890	\$1,339,223	\$478,407
Wray Community District Hospital	\$5,321	\$3,546	\$250	\$1,525	\$1,108
Sub-Total CICIP Hospital Providers	\$326,409,044	\$57,166,546	\$5,204,630	\$264,037,868	\$69,565,928

CICIP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ^{19,21}	\$9,918,282	\$1,129,793	\$113,713	\$8,674,776	\$3,012,738
National Jewish Health ¹⁹	\$2,432,836	\$499,508	\$74,103	\$1,859,225	\$1,054,757
Sub-Total CICIP Specialty Hospital Providers	\$12,351,118	\$1,629,301	\$187,816	\$10,534,001	\$4,067,495
Denver Health Medical Center ^{19,20,21}	\$96,908,878	\$12,409,854	\$2,190,169	\$82,308,855	\$25,989,304
University of Colorado Hospital ^{19,21}	\$163,589,262	\$28,756,547	\$1,346,122	\$133,486,594	\$27,608,360
Total CICIP Hospital Providers	\$599,258,302	\$99,962,248	\$8,928,737	\$490,367,318	\$127,231,087

¹⁹ Includes physician charges, third party payments, and patient liability.

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

²¹ Includes pharmacy charges, third party payments, and patient liability.

Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Health Foothills Hospital	\$42,017	\$0	\$0	\$42,017
Centura Health - Penrose-St. Francis Health Services	\$1,095,571	\$145,794	\$58,862	\$890,915
Centura Health - St. Thomas More Hospital	\$126,864	\$18,719	\$179	\$107,966
Children's Hospital Colorado	\$1,400,328	\$191,134	\$15,079	\$1,194,115
Denver Health Medical Center	\$10,592,328	\$1,327,111	\$732,493	\$8,532,724
Longmont United Hospital	\$38,925	\$2,966	\$0	\$35,959
Melissa Memorial Hospital	\$5,203	\$0	\$877	\$4,326
Mercy Regional Medical Center	\$19,568	\$4,069	\$244	\$15,255
Montrose Memorial Hospital	\$341,431	\$60,860	\$44,221	\$236,350
Parkview Medical Center	\$691,133	\$0	\$76,946	\$614,187
Prowers Medical Center	\$43,013	\$7,898	\$5,565	\$29,550
San Luis Valley Health Conejos County Hospital	\$108,921	\$6,406	\$20,205	\$82,310
St. Mary's Hospital and Medical Center, Inc.	\$342,514	\$3,059	\$0	\$339,455
University of Colorado Hospital	\$13,520,965	\$6,244,857	\$71,875	\$7,204,234
Total	\$28,368,781	\$8,012,873	\$1,026,546	\$19,329,363

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Children's Hospital Colorado	\$64,924	\$0	\$0	\$64,924
Denver Health Medical Center	\$7,521,883	\$192,869	\$215,287	\$7,113,727
Frontier Community Health Clinic	\$1,243	\$0	\$1,069	\$174
High Plains Community Health Center, Inc	\$353,390	\$0	\$83,080	\$270,310
National Jewish Health	\$127,522	\$0	\$6,472	\$121,050
Peak Vista Community Health Centers	\$194,756	\$0	\$109,987	\$84,769
Pueblo Community Health Center	\$182,729	\$0	\$109,221	\$73,508
Stout Street Health Center	\$9,314	\$0	\$0	\$9,314
Summit Community Care Clinic	\$120	\$0	\$0	\$120
University of Colorado Hospital	\$7,933,352	\$7,215,855	\$39,590	\$677,907
Total	\$16,389,233	\$7,408,724	\$564,706	\$8,415,803

Table 19 Ambulance Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Centura Health - Penrose-St. Francis Health Services	\$20,137	\$0	\$715	\$19,422
Denver Health Medical Center	\$317,057	\$11,341	\$355	\$305,361
Estes Park Medical Center	\$54,036	\$19,737	\$0	\$34,299
Melissa Memorial Hospital	\$10,677	\$0	\$110	\$10,567
Southwest Memorial Hospital	\$119,466	\$18,842	\$1,835	\$98,789
UCHealth Poudre Valley Hospital	\$294,964	\$30,987	\$6,335	\$257,642
Total	\$816,337	\$80,907	\$9,350	\$726,080

Table 20 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$78,477,610	\$10,878,533	\$1,242,034	\$66,357,043
Physician Services	\$10,592,328	\$1,327,111	\$732,493	\$8,532,724
Ambulance Services	\$317,057	\$11,341	\$355	\$305,361
Outpatient Pharmacy	\$7,521,883	\$192,869	\$215,287	\$7,113,727
Total	\$96,908,878	\$12,409,854	\$2,190,169	\$82,308,855

Table 21 Inpatient and Outpatient Charges (Detail)²²

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	\$25,470	\$25,470	\$0	\$0	\$0	\$25,470
Clinica Family Health	\$0	\$5,097,669	\$5,097,669	\$0	\$0	\$0	\$5,097,669
Clinica Tepeyac	\$0	\$90,131	\$90,131	\$0	\$0	\$0	\$90,131
Denver Indian Health & Family Services, Inc	\$0	\$276	\$276	\$0	\$0	\$0	\$276
Frontier Community Health Clinic	\$0	\$40,722	\$40,722	\$0	\$0	\$0	\$40,722
High Plains Community Health Center, Inc	\$181,973	\$9,577	\$191,550	\$0	\$0	\$0	\$191,550
Inner City Health Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
MarillacHealth	\$0	\$51,764	\$51,764	\$0	\$0	\$0	\$51,764
Mountain Family Health Centers	\$117,764	\$145,579	\$263,343	\$0	\$0	\$0	\$263,343
Northwest Colorado Health	\$0	\$47,238	\$47,238	\$0	\$0	\$0	\$47,238
Peak Vista Community Health Centers	\$137,375	\$3,391,999	\$3,529,374	\$0	\$0	\$0	\$3,529,374
Pueblo Community Health Center	\$0	\$1,321,056	\$1,321,056	\$0	\$0	\$0	\$1,321,056
River Valley Family Health Center	\$0	\$456,149	\$456,149	\$0	\$0	\$0	\$456,149
Salud Family Health Centers	\$0	\$2,763,806	\$2,763,806	\$0	\$0	\$0	\$2,763,806
Stout Street Health Center	\$0	\$16,893	\$16,893	\$0	\$0	\$0	\$16,893
STRIDE Community Health Center	\$0	\$3,236,447	\$3,236,447	\$0	\$0	\$0	\$3,236,447
Summit Community Care Clinic	\$0	\$51,096	\$51,096	\$0	\$0	\$0	\$51,096
Sunrise Community Health Center	\$0	\$781,240	\$781,240	\$0	\$0	\$0	\$781,240
Uncompahgre Medical Center	\$13,355	\$58,982	\$72,337	\$0	\$0	\$0	\$72,337
Valley-Wide Health Systems	\$0	\$589,711	\$589,711	\$0	\$0	\$0	\$589,711
Total CICP Clinic Providers	\$450,467	\$18,175,805	\$18,626,272	\$0	\$0	\$0	\$18,626,272

²² 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	\$519,336	\$626,604	\$1,145,940	\$224,724	\$132,979	\$357,703	\$1,503,643
Aspen Valley Hospital District	\$471,638	\$1,133,024	\$1,604,662	\$234,427	\$357,124	\$591,551	\$2,196,213
Banner Fort Collins Medical Center	\$241,058	\$355,240	\$596,298	\$328,947	\$157,425	\$486,372	\$1,082,670
Boulder Community Health Foothills Hospital	\$1,295,551	\$540,018	\$1,835,569	\$2,507,764	\$503,680	\$3,011,444	\$4,847,013
Centura Health - Penrose-St. Francis Health Services	\$7,224,917	\$17,482,364	\$24,707,281	\$17,906,794	\$10,092,998	\$27,999,792	\$52,707,073
Centura Health - St. Thomas More Hospital	\$477,223	\$1,304,255	\$1,781,478	\$477,991	\$644,383	\$1,122,374	\$2,903,852
Colorado Canyons Hospital and Medical Center	\$59,815	\$156,148	\$215,963	\$0	\$251,118	\$251,118	\$467,081
Colorado Plains Medical Center	\$1,001,193	\$638,338	\$1,639,531	\$576,561	\$0	\$576,561	\$2,216,092
Community Hospital	\$670,188	\$10,264	\$680,452	\$442,617	\$0	\$442,617	\$1,123,069
Delta County Memorial Hospital	\$493,128	\$0	\$493,128	\$378,504	\$0	\$378,504	\$871,632
East Morgan County Hospital	\$254,080	\$737,661	\$991,741	\$15,452	\$141,009	\$156,461	\$1,148,202
Estes Park Medical Center	\$185,490	\$415,622	\$601,112	\$62,187	\$59,963	\$122,150	\$723,262
Grand River Hospital and Medical Center	\$217,733	\$1,012,690	\$1,230,423	\$252,474	\$0	\$252,474	\$1,482,897
Gunnison Valley Hospital	\$304,158	\$77,678	\$381,836	\$51,817	\$0	\$51,817	\$433,653
Heart of the Rockies Regional Medical Center	\$0	\$755,442	\$755,442	\$326,214	\$0	\$326,214	\$1,081,656
Lincoln Community Hospital ²³	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Longmont United Hospital	\$2,141,061	\$978,390	\$3,119,451	\$2,618,649	\$173,525	\$2,792,174	\$5,911,625
McKee Medical Center	\$881,676	\$2,811,104	\$3,692,780	\$1,541,970	\$310,464	\$1,852,434	\$5,545,214
Melissa Memorial Hospital	\$83,274	\$69,607	\$152,881	\$52,817	\$0	\$52,817	\$205,698
Memorial Regional Health ²⁴	\$0	\$0	\$0	\$0	\$0	\$0	\$0

²³ Lincoln Community Hospital is a new provider in 2018-19 and had a slow implementation of CICP processes, they have no reportable visits in CY 2018.

²⁴ Memorial Regional Health failed to submit acceptable data for program year 2018-19.

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Mercy Regional Medical Center	\$179,315	\$55,821	\$235,136	\$546,472	\$0	\$546,472	\$781,608
Middle Park Medical Center, Kremmling	\$487,584	\$144,067	\$631,651	\$0	\$0	\$0	\$631,651
Montrose Memorial Hospital	\$1,313,327	\$3,055,040	\$4,368,367	\$1,527,460	\$286,667	\$1,814,127	\$6,182,494
Mt San Rafael Hospital	\$599,774	\$732,743	\$1,332,517	\$0	\$560,084	\$560,084	\$1,892,601
North Colorado Medical Center	\$3,328,792	\$10,139,202	\$13,467,994	\$7,442,733	\$4,581,188	\$12,023,921	\$25,491,915
Parkview Medical Center	\$7,341,223	\$7,640,749	\$14,981,972	\$18,339,720	\$5,516,964	\$23,856,684	\$38,838,656
Platte Valley Medical Center	\$2,006,121	\$1,447,671	\$3,453,792	\$2,512,262	\$577,340	\$3,089,602	\$6,543,394
Prowers Medical Center	\$294,200	\$1,390,178	\$1,684,378	\$0	\$281,556	\$281,556	\$1,965,934
Rio Grande Hospital	\$303,338	\$181,140	\$484,478	\$137,875	\$0	\$137,875	\$622,353
San Luis Valley Health Conejos County Hospital	\$154,407	\$19,023	\$173,430	\$2,567	\$17,623	\$20,190	\$193,620
San Luis Valley Regional Medical Center	\$641,432	\$623,363	\$1,264,795	\$495,474	\$715,854	\$1,211,328	\$2,476,123
Sedgwick County Memorial Hospital	\$0	\$67,888	\$67,888	\$0	\$20,256	\$20,256	\$88,144
Southeast Colorado Hospital District	\$42,481	\$49,619	\$92,100	\$52,664	\$0	\$52,664	\$144,764
Southwest Memorial Hospital	\$1,003,014	\$1,330,382	\$2,333,396	\$976,197	\$306,893	\$1,283,090	\$3,616,486
Spanish Peaks Regional Health Center	\$251,347	\$191,732	\$443,079	\$64,811	\$0	\$64,811	\$507,890
St. Mary's Hospital and Medical Center, Inc.	\$2,311,423	\$4,670,339	\$6,981,762	\$6,827,385	\$2,976,506	\$9,803,891	\$16,785,653
St. Vincent General Hospital District	\$0	\$1,894	\$1,894	\$0	\$0	\$0	\$1,894
Sterling Regional Medical Center	\$655,647	\$1,806,891	\$2,462,538	\$523,439	\$140,266	\$663,705	\$3,126,243
UCHealth Longs Peak	\$1,396,811	\$675,750	\$2,072,561	\$2,412,710	\$276,187	\$2,688,897	\$4,761,458
UCHealth Medical Center of the Rockies	\$3,105,217	\$6,189,220	\$9,294,437	\$10,459,468	\$4,701,790	\$15,161,258	\$24,455,695
UCHealth Memorial Hospital	\$14,217,201	\$20,759,569	\$34,976,770	\$26,707,818	\$10,035,677	\$36,743,495	\$71,720,265

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
UCHealth Pikes Peak Regional Hospital	\$281,103	\$194,398	\$475,501	\$106,697	\$12,050	\$118,747	\$594,248
UCHealth Poudre Valley Hospital	\$2,833,740	\$13,371,832	\$16,205,572	\$5,025,563	\$1,504,353	\$6,529,916	\$22,735,488
UCHealth Yampa Valley Medical Center	\$167,025	\$483,616	\$650,641	\$255,620	\$85,787	\$341,407	\$992,048
Valley View Hospital	\$214,885	\$931,410	\$1,146,295	\$301,818	\$0	\$301,818	\$1,448,113
Wray Community District Hospital	\$4,566	\$755	\$5,321	\$0	\$0	\$0	\$5,321
Sub-Total CICIP Hospital Providers	\$59,655,492	\$105,258,741	\$164,914,233	\$112,718,662	\$45,421,709	\$158,140,371	\$323,054,604

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	\$769,201	\$2,934,519	\$3,703,720	\$2,381,837	\$2,367,473	\$4,749,310	\$8,453,030
National Jewish Health	\$3,767	\$2,301,547	\$2,305,314	\$0	\$0	\$0	\$2,305,314
Sub-Total CICIP Specialty Hospital Providers	\$772,968	\$5,236,066	\$6,009,034	\$2,381,837	\$2,367,473	\$4,749,310	\$10,758,344
Denver Health Medical Center	\$18,490,411	\$32,346,722	\$50,837,133	\$22,056,804	\$5,583,673	\$27,640,477	\$78,477,610
University of Colorado Hospital	\$19,794,190	\$47,097,166	\$66,891,356	\$62,591,740	\$12,651,849	\$75,243,589	\$142,134,945
Total CICIP Hospital Providers	\$98,713,061	\$189,938,695	\$288,651,756	\$199,749,043	\$66,024,704	\$265,773,747	\$554,425,503
Total All CICIP Providers	\$99,163,528	\$208,114,500	\$307,278,028	\$199,749,043	\$66,024,704	\$265,773,747	\$573,051,775

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County²⁵

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	18,595	1,032	1,436	2,581	23,644
Alamosa	646	424	0	16	1,086
Arapahoe	8,402	537	1,655	4,329	14,923
Archuleta	2	5	0	1	8
Baca	15	202	0	9	226
Bent	197	89	0	0	286
Boulder	6,981	895	19	234	8,129
Broomfield	674	26	8	109	817
Chaffee	8	170	0	11	189
Cheyenne	30	6	0	7	43
Clear Creek	21	6	8	12	47
Conejos	319	235	1	4	559
Costilla	254	69	0	1	324
Crowley	85	52	0	12	149
Custer	13	35	0	3	51
Delta	486	450	0	18	954
Denver	4,123	497	32,479	2,551	39,650
Dolores	171	26	0	0	197
Douglas	594	121	28	389	1,132
Eagle	495	140	3	11	649
Elbert	94	30	1	43	168
El Paso	13,657	9,417	15	296	23,385
Fremont	463	780	0	42	1,285
Garfield	670	1,154	0	10	1,834
Gilpin	1	1	0	0	2
Grand	25	170	0	15	210
Gunnison	7	177	0	11	195
Hinsdale	0	10	0	0	10
Huerfano	17	360	0	4	381
Jackson	0	1	0	0	1
Jefferson	3,328	280	1,478	928	6,014
Kiowa	22	37	0	0	59
Kit Carson	31	12	0	7	50
Lake	9	17	0	4	30
La Plata	0	28	0	0	28
Larimer	3,632	4,396	19	215	8,262
Las Animas	77	1,208	30	8	1,323
Lincoln	133	37	0	24	194
Logan	351	764	0	40	1,155
Mesa	301	1,829	6	24	2,160

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

²⁶ Includes CICP Specialty Hospital providers

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Mineral	0	29	0	0	29
Moffat	212	16	0	15	243
Montezuma	36	1,781	0	2	1,819
Montrose	1,419	2,151	1	12	3,583
Morgan	1,090	639	1	46	1,776
Otero	663	615	0	16	1,294
Ouray	30	51	0	0	81
Park	61	23	2	51	137
Phillips	83	223	2	10	318
Pitkin	98	679	0	7	784
Prowers	970	815	0	16	1,801
Pueblo	6,035	1,910	5	64	8,014
Rio Blanco	0	7	0	0	7
Rio Grande	481	444	0	15	940
Routt	25	85	3	11	124
Saguache	660	338	0	26	1,024
San Juan	2	1	0	0	3
San Miguel	179	90	0	0	269
Sedgwick	27	125	5	7	164
Summit	181	2	1	5	189
Teller	430	478	0	13	921
Washington	23	58	0	0	81
Weld	6,846	4,101	58	437	11,442
Yuma	142	24	1	7	174
Unknown	2,590	490	264	12	3,356
Total	87,212	40,900	37,529	12,741	178,382

Table 23 Outpatient Visits and Inpatient Admissions by CICIP Rating

Outpatient Visits

CICIP Clinics			CICIP Hospitals ²⁷		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%	28,101	32.2%	5,850	15.3%	13,694	37.1%	2,738	22.6%	50,383	28.9%
101-200%	43,963	50.4%	22,564	59.1%	18,871	51.1%	7,469	61.7%	92,867	53.2%
201-250%	15,087	17.3%	8,913	23.3%	4,183	11.3%	1,903	15.7%	30,086	17.2%
Unknown	61	0.1%	856	2.2%	201	0.5%	0	0.0%	1,118	0.6%
Total	87,212	100.0%	38,183	100.0%	36,949	100.0%	12,110	100.0%	174,454	100.0%

Inpatient Admissions

CICIP Clinics			CICIP Hospitals		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%	368	13.5%	191	32.9%	183	29.0%	742	18.9%
101-200%	0	0.0%	1,678	61.8%	302	52.1%	343	54.4%	2,323	59.1%
201-250%	0	0.0%	631	23.2%	84	14.5%	105	16.6%	820	20.9%
Unknown	0	0.0%	40	1.5%	3	0.5%	0	0.0%	43	1.1%
Total	0	0.0%	2,717	100.0%	580	100.0%	631	100.0%	3,928	100.0%

Table 24 Inpatient Admissions and Days by CICIP Rating

CICIP Hospitals			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Admits	Days	Admits	Days	Admits	Days	Admits	Days
0-100%	368	1,846	191	1,479	183	1,137	742	4,462
101-200%	1,678	7,705	302	1,615	343	2,199	2,323	11,519
201-250%	631	2,569	84	319	105	692	820	3,580
Unknown	40	141	3	10	0	0	43	151
Total	2,717	12,261	580	3,423	631	4,028	3,928	19,712

²⁷ Includes CICIP Specialty Hospital providers

Table 25 Outpatient Visits and Charges by Age

CICP Clinics		CICP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		All Providers		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	3,257	\$659,564	1,455	3,974,429	185	\$127,505	10	\$232,613	4,907	\$4,994,111
18-64	68,289	\$14,308,881	25,413	109,237,872	22,688	\$30,588,864	7,969	\$45,425,299	124,359	\$199,560,916
65+	15,666	\$3,657,827	11,315	57,710,966	14,076	\$20,120,764	4,131	\$21,233,444	45,188	\$102,723,001
Total	87,212	\$18,626,272	38,183	\$170,923,267	36,949	\$50,837,133	12,110	\$66,891,356	174,454	\$307,278,028

Table 26 Inpatient Admissions and Charges by Age

CICP Hospitals			Denver Health Medical Center		University of Colorado Hospital		All Providers	
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	175	\$5,567,283	5	\$91,761	3	\$60,712	183	\$5,719,756
18-64	1,477	\$81,788,070	357	\$15,608,008	375	\$48,956,991	2,209	\$146,353,069
65+	1,065	\$75,534,328	218	\$11,940,708	253	\$26,225,886	1,536	\$113,700,922
Total	2,717	\$162,889,681	580	\$27,640,477	631	\$75,243,589	3,928	\$265,773,747

²⁸ Includes CICP Specialty Hospital providers

Table 27 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Basin Clinic, Inc	98	0	0	0
Clinica Family Health	21,322	0	0	0
Clinica Tepeyac	827	0	0	0
Denver Indian Health & Family Services, Inc	3	0	0	0
Frontier Community Health Clinic	212	0	0	0
High Plains Community Health Center, Inc	1,071	0	0	0
Inner City Health Center ³⁰	0	0	0	0
MarillacHealth	285	0	0	0
Mountain Family Health Centers	1,260	0	0	0
Northwest Colorado Health	236	0	0	0
Peak Vista Community Health Centers	14,742	0	0	0
Pueblo Community Health Center	6,239	0	0	0
River Valley Family Health Center	2,019	0	0	0
Salud Family Health Centers	14,218	0	0	0
Stout Street Health Center	94	0	0	0
STRIDE Community Health Center	15,108	0	0	0
Summit Community Care Clinic	223	0	0	0
Sunrise Community Health Center	5,298	0	0	0
Uncompahgre Medical Center	357	0	0	0
Valley-Wide Health Systems	3,600	0	0	0
Total CICP Clinic Providers	87,212	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Arkansas Valley Regional Medical Center	519	16	54	3.38
Aspen Valley Hospital District	788	14	42	3.00
Banner Fort Collins Medical Center	75	14	31	2.21
Boulder Community Health Foothills Hospital	231	34	184	5.41
Centura Health - Penrose-St. Francis Health Services	2,507	442	1,736	3.93
Centura Health - St. Thomas More Hospital	507	26	87	3.35
Colorado Canyons Hospital and Medical Center	57	3	75	25.00
Colorado Plains Medical Center	566	19	58	3.05
Community Hospital	172	12	43	3.58
Delta County Memorial Hospital	156	17	50	2.94
East Morgan County Hospital	431	9	29	3.22
Estes Park Medical Center	311	5	15	3.00
Grand River Hospital and Medical Center	910	4	25	6.25
Gunnison Valley Hospital	159	3	9	3.00
Heart of the Rockies Regional Medical Center	226	15	53	3.53
Lincoln Community Hospital ³¹	0	0	0	0.00
Longmont United Hospital	489	42	187	4.45

²⁹ Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

³⁰ Inner City Health Center joined CICP in the middle of the program year and had no reportable visits in CY 2018.

³¹ Lincoln Community Hospital is a new provider in 2018-19 and had a slow implementation of CICP processes, so they have no reportable visits in CY 2018.

Provider Name	Visits	Admissions	Days	ALOS ²⁹
McKee Medical Center	832	53	138	2.60
Melissa Memorial Hospital	176	1	7	7.00
Memorial Regional Health ³²	0	0	0	0.00
Mercy Regional Medical Center	45	5	63	12.60
Middle Park Medical Center, Kremmling	163	0	0	0.00
Montrose Memorial Hospital	1,753	65	191	2.94
Mt San Rafael Hospital	1,129	31	64	2.06
North Colorado Medical Center	2,262	219	1,024	4.68
Parkview Medical Center	1,877	280	1,432	5.11
Platte Valley Medical Center	656	62	304	4.90
Prowers Medical Center	832	36	91	2.53
Rio Grande Hospital	484	16	48	3.00
San Luis Valley Health Conejos County Hospital	92	2	12	6.00
San Luis Valley Regional Medical Center	784	43	204	4.74
Sedgwick County Memorial Hospital	98	2	5	2.50
Southeast Colorado Hospital District	136	3	27	9.00
Southwest Memorial Hospital	1,730	68	178	2.62
Spanish Peaks Regional Health Center	274	5	19	3.80
St. Mary's Hospital and Medical Center, Inc.	1,620	165	836	5.07
St. Vincent General Hospital District	4	0	0	0.00
Sterling Regional Medical Center	737	29	84	2.90
UCHealth Longs Peak	215	44	161	3.66
UCHealth Medical Center of the Rockies	1,799	209	1,040	4.98
UCHealth Memorial Hospital	6,472	465	2,473	5.32
UCHealth Pikes Peak Regional Hospital	263	9	26	2.89
UCHealth Poudre Valley Hospital	2,546	157	741	4.72
UCHealth Yampa Valley Medical Center	242	12	32	2.67
Valley View Hospital	229	8	20	2.50
Wray Community District Hospital	6	0	0	0.00
Sub-Total CICIP Hospital Providers	35,560	2,664	11,898	4.47

CICIP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³³
Children's Hospital Colorado	1,199	53	363	6.85
National Jewish Health	1,424	0	0	0.00
Sub-Total CICIP Specialty Hospital Providers	2,623	53	363	6.85
Denver Health Medical Center	36,949	580	3,423	5.90
University of Colorado Hospital	12,110	631	4,028	6.38
Total CICIP Hospital Providers	87,242	3,928	19,712	5.02
Total All CICIP Providers	174,454	3,928	19,712	5.02

³² Memorial Regional Health failed to submit acceptable data for program year 2018-19.

³³ 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	4	57	24	85
Clinica Family Health	0	0	0	0	174	3,695	620	4,489
Clinica Tepeyac	0	0	0	0	7	319	23	349
Denver Indian Health & Family Services, Inc	0	0	0	0	0	3	0	3
Frontier Community Health Clinic	0	0	0	0	3	22	33	58
High Plains Community Health Center, Inc	0	0	0	0	15	343	42	400
Inner City Health Center ³⁴	0	0	0	0	0	0	0	0
MarillacHealth	0	0	0	0	1	120	8	129
Mountain Family Health Centers	0	0	0	0	12	326	50	388
Northwest Colorado Health	0	0	0	0	1	50	17	68
Peak Vista Community Health Centers	0	0	0	0	1,264	3,679	969	5,912
Pueblo Community Health Center	0	0	0	0	15	1,331	564	1,910
River Valley Family Health Center	0	0	0	0	22	497	51	570
Salud Family Health Centers	0	0	0	0	114	3,874	383	4,371
Stout Street Health Center	0	0	0	0	0	45	0	45
STRIDE Community Health Center	0	0	0	0	38	2,631	651	3,320
Summit Community Care Clinic	0	0	0	0	0	91	17	108
Sunrise Community Health Center	0	0	0	0	61	1,571	148	1,780
Uncompahgre Medical Center	0	0	0	0	2	58	25	85
Valley-Wide Health Systems	0	0	0	0	31	866	296	1,193
Total CICP Clinic Providers	0	0	0	0	1,764	19,578	3,921	25,263

³⁴ Inner City Health Center joined CICP in the middle of the program year and had no reportable visits in CY 2018.

CICP Hospital Providers

Inpatient

Outpatient

Provider Name	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	0	14	0	14	9	211	0	220
Aspen Valley Hospital District	0	4	1	5	4	101	22	127
Banner Fort Collins Medical Center	1	5	5	11	4	32	12	48
Boulder Community Health Foothills Hospital	1	18	13	32	0	106	26	132
Centura Health - Penrose-St. Francis Health Services	42	188	135	365	24	608	345	977
Centura Health - St. Thomas More Hospital	1	10	12	23	4	119	60	183
Colorado Canyons Hospital and Medical Center	0	0	2	2	1	25	1	27
Colorado Plains Medical Center	4	12	3	19	41	392	52	485
Community Hospital	2	7	3	12	3	50	17	70
Delta County Memorial Hospital	0	12	5	17	9	92	18	119
East Morgan County Hospital	0	6	3	9	9	101	53	163
Estes Park Medical Center	0	5	0	5	6	73	20	99
Grand River Hospital and Medical Center	0	4	0	4	2	129	39	170
Gunnison Valley Hospital	0	2	1	3	4	63	9	76
Heart of the Rockies Regional Medical Center	0	9	4	13	1	52	18	71
Lincoln Community Hospital ³⁵	0	0	0	0	0	0	0	0
Longmont United Hospital	2	17	13	32	4	202	62	268
McKee Medical Center	0	19	23	42	3	199	99	301
Melissa Memorial Hospital	0	1	0	1	3	32	3	38
Memorial Regional Health ³⁶	0	0	0	0	0	0	0	0
Mercy Regional Medical Center	0	4	1	5	1	23	3	27
Middle Park Medical Center, Kremmling	0	0	0	0	3	52	4	59
Montrose Memorial Hospital	3	35	14	52	25	564	125	714
Mt San Rafael Hospital	0	15	10	25	10	178	452	640
North Colorado Medical Center	10	82	81	173	34	647	215	896
Parkview Medical Center	6	107	145	258	32	646	248	926
Platte Valley Medical Center	1	32	19	52	17	301	54	372

³⁵ Lincoln Community Hospital is a new provider in 2018-19 and had a slow implementation of CICP processes, they have no reportable visits in CY 2018.

³⁶ Memorial Regional Health failed to submit acceptable data for program year 2018-19.

Prowers Medical Center	2	14	11	27	15	161	96	272
Rio Grande Hospital	0	5	8	13	4	102	41	147
San Luis Valley Health Conejos County Hospital	0	0	2	2	8	40	8	56
San Luis Valley Regional Medical Center	3	15	2	20	14	344	32	390
Sedgwick County Memorial Hospital	0	2	0	2	3	12	8	23
Southeast Colorado Hospital District	0	1	2	3	2	25	4	31
Southwest Memorial Hospital	0	19	30	49	10	316	156	482
Spanish Peaks Regional Health Center	0	0	5	5	1	53	63	117
St. Mary's Hospital and Medical Center, Inc.	7	98	22	127	20	466	63	549
St. Vincent General Hospital District	0	0	0	0	0	1	0	1
Sterling Regional Medical Center	1	15	8	24	6	159	53	218
UCHealth Longs Peak	5	27	11	43	9	122	13	144
UCHealth Medical Center of the Rockies	10	94	71	175	25	474	190	689
UCHealth Memorial Hospital	21	232	115	368	63	1,638	496	2,197
UCHealth Pikes Peak Regional Hospital	0	3	5	8	2	82	39	123
UCHealth Poudre Valley Hospital	12	80	47	139	31	662	201	894
UCHealth Yampa Valley Medical Center	2	7	2	11	3	93	5	101
Valley View Hospital	0	5	3	8	2	165	62	229
Wray Community District Hospital	0	0	0	0	0	4	1	5
Sub-Total CICIP Hospital Providers	136	1,225	837	2,198	471	9,917	3,488	13,876

CICP Specialty Hospital Providers	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Children's Hospital Colorado	28	9	0	37	283	108	0	391
National Jewish Health	0	0	0	0	0	3	326	329
Sub-Total CICP Specialty Hospital Providers	28	9	0	37	283	111	326	720
Denver Health Medical Center	5	313	191	509	106	6,506	2,058	8,670
University of Colorado Hospital	3	277	175	455	7	2,161	661	2,829
Total CICP Hospital Providers	172	1,824	1,203	3,199	867	18,695	6,533	26,095
Total All CICP Providers	172	1,824	1,203	3,199	2,631	38,273	10,454	51,358

Table 29 Unduplicated Total Count by Age³⁷

CICP Clinic Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	4	57	24	85
Clinica Family Health	174	3,695	620	4,489
Clinica Tepeyac	7	319	23	349
Denver Indian Health & Family Services, Inc	0	3	0	3
Frontier Community Health Clinic	3	22	33	58
High Plains Community Health Center, Inc	15	343	42	400
Inner City Health Center	0	0	0	0
MarillacHealth	1	120	8	129
Mountain Family Health Centers	12	326	50	388
Northwest Colorado Health	1	50	17	68
Peak Vista Community Health Centers	1,264	3,679	969	5,912
Pueblo Community Health Center	15	1,331	564	1,910
River Valley Family Health Center	22	497	51	570
Salud Family Health Centers	114	3,874	383	4,371
Stout Street Health Center	0	45	0	45
STRIDE Community Health Center	38	2,631	651	3,320
Summit Community Care Clinic	0	91	17	108
Sunrise Community Health Center	61	1,571	148	1,780
Uncompahgre Medical Center	2	58	25	85
Valley-Wide Health Systems	31	866	296	1,193
Total CICP Clinic Providers	1,764	19,578	3,921	25,263

CICP Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	9	215	0	224
Aspen Valley Hospital District	4	105	23	132
Banner Fort Collins Medical Center	5	34	15	54
Boulder Community Health Foothills Hospital	1	120	36	157
Centura Health - Penrose-St. Francis Health Services	66	702	382	1,150
Centura Health - St. Thomas More Hospital	5	121	62	188
Colorado Canyons Hospital and Medical Center	1	25	2	28
Colorado Plains Medical Center	43	399	52	494
Community Hospital	5	57	20	82
Delta County Memorial Hospital	9	99	21	129
East Morgan County Hospital	9	101	53	163
Estes Park Medical Center	6	73	20	99
Grand River Hospital and Medical Center	2	129	39	170
Gunnison Valley Hospital	4	65	10	79
Heart of the Rockies Regional Medical Center	1	61	22	84

³⁷ Unduplicated client count is a count of unique medically indigent patients by provider. Providers report a unique count for inpatient, outpatient, and total clients served. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Lincoln Community Hospital ³⁸	0	0	0	0
Longmont United Hospital	6	210	69	285
McKee Medical Center	3	209	105	317
Melissa Memorial Hospital	3	33	3	39
Memorial Regional Health ³⁹	0	0	0	0
Mercy Regional Medical Center	1	25	3	29
Middle Park Medical Center, Kremmling	3	52	4	59
Montrose Memorial Hospital	26	571	126	723
Mt San Rafael Hospital	10	184	98	292
North Colorado Medical Center	41	674	239	954
Parkview Medical Center	37	705	334	1,076
Platte Valley Medical Center	17	313	63	393
Prowers Medical Center	15	162	97	274
Rio Grande Hospital	4	103	41	148
San Luis Valley Health Conejos County Hospital	8	40	10	58
San Luis Valley Regional Medical Center	15	359	34	408
Sedgwick County Memorial Hospital	3	14	8	25
Southeast Colorado Hospital District	2	26	6	34
Southwest Memorial Hospital	10	316	158	484
Spanish Peaks Regional Health Center	1	53	63	117
St. Mary's Hospital and Medical Center, Inc.	23	502	70	595
St. Vincent General Hospital District	0	1	0	1
Sterling Regional Medical Center	7	162	54	223
UCHealth Longs Peak	12	139	23	174
UCHealth Medical Center of the Rockies	32	510	206	748
UCHealth Memorial Hospital	78	1,720	530	2,328
UCHealth Pikes Peak Regional Hospital	2	85	40	127
UCHealth Poudre Valley Hospital	40	687	216	943
UCHealth Yampa Valley Medical Center	5	96	6	107
Valley View Hospital	2	91	11	104
Wray Community District Hospital	0	4	1	5
Sub-Total CICP Hospital Providers	576	10,352	3,375	14,303

CICP Specialty Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Children's Hospital Colorado	298	109	0	407
National Jewish Health	0	3	326	329
Sub-Total CICP Specialty Hospital Providers	298	112	326	736
Denver Health Medical Center	110	6,637	2,090	8,837
University of Colorado Hospital	10	2,226	699	2,935
Total CICP Hospital Providers	994	19,327	6,490	26,811
Total All CICP Providers	2,758	38,905	10,411	52,074

³⁸ Lincoln Community Hospital is a new provider in 2018-19 and had a slow implementation of CICP processes, they have no reportable visits in CY 2018.

³⁹ Memorial Regional Health failed to submit acceptable data for program year 2018-19.