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

Fiscal Year 2024-25 Annual Report

COLORADO
Department of Health Care Policy & Financing

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I. Executive Summary

Major changes to the law and structure of how Colorado provides access to health care for uninsured and underinsured low-income patients took place last year. The Colorado Indigent Care Program (CICP) was phased out as extraneous given the existence of the Primary Care Fund and the Healthcare Billing Requirements for Indigent Patients (known as Hospital Discounted Care), a law that restricted hospital billing of this population. The CICP sunsetted effective July 1, 2025.

As the CICP statute was repealed, this report is no longer required by law. But because a full fiscal year of the CICP was conducted and participating hospitals reported as statute had previously required, the Department of Health Care Policy and Financing (HCPF) determined that producing a report most aligned with our commitment to transparency and best practices.

Therefore, this report provides comprehensive information on Colorado's hospital and primary care safety-net programs, including the CICP, the Primary Care Fund, and the Hospital Discounted Care law. These programs are codified in Colorado statute, sections 25.5-3-101, 25.5-3-301, and 25.5-3-501, C.R.S. (2023, 2024) respectively.

Nearly 6 percent of Coloradans were uninsured in 2025 -- and these individuals rely on our safety net programs when seeking medical care. HCPF is committed to improving and maintaining a robust health care safety net to ensure access to discounted health care for these uninsured and underinsured lower-income Coloradans. Such a commitment is crucial to not only this population but also the state as a whole, by maintaining a productive work force, reducing uncompensated care, and improving overall public health.

Overview of Safety Net Programs and Coloradans Served

The following is a summary of Colorado's health care safety-net programs, including Coloradans served, payments to safety net providers, and recent changes. As stated above, this report is no longer statutorily required for CICP, but in the spirit of transparency and best practices, provides an accounting of the program's final year and the hospital reporting that resulted from it.

These programs and Hospital Discounted Care support access to discounted health care for uninsured and underinsured lower-income Coloradans, regardless of their immigration status:

- The CICP helped uninsured and underinsured patients with incomes up to 250% of the Federal Poverty Guideline (FPG)[1] access discounted health care at participating hospitals, Community Health Centers, and other safety net clinics.
    - At its peak in fiscal year (FY) 2010-11, approximately 225,000 Coloradans received discounted health care at CICP participating clinics

[1] Currently $39,125 per year for an individual or $80,375 per year for a family of four.

and hospitals. For services provided in September 2022 through June 2025, patients who received services under CICP from participating hospitals are included in the number of patients served under Hospital Discounted Care below.
    - The CICP officially sunset effective July 1, 2025, as mandated at section 25.5-3-113, C.R.S (2024).
- Hospital Discounted Care, located at section 25.5-3-501, C.R.S. (2024), establishes requirements for all Colorado hospitals' financial assistance programs (also referred to as charity care). Like the CICP, it is intended to assist uninsured and underinsured patients up to 250% of the Federal Poverty Guidelines (FPG) to access health care. Additionally, some hospitals continue to provide financial assistance through their own internal charity care programs to patients who are over income for Hospital Discounted Care and/or the CICP or who are not Colorado residents.
    - From September 2022 through June 2023, more than 75,000 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP.[2]
    - In FY 2023-24, more than 64,000 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP.
    - In FY 2024-25, more than 67,500 Coloradans received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP.
- The Primary Care Fund provides funding to Community Health Centers and safety net clinics that make basic health care services available in an outpatient setting to uninsured patients with incomes below 200% of the FPG.[3]
    - As mandated by section 25.5-3-304, C.R.S. (2024) per HB 24-1399, the Primary Care Fund now has its own annual report due each February 1 which can be accessed on HCPF's Publications webpage once published.

Payments to Safety-Net Program Providers

The General Assembly appropriates funding for safety net programs to offset some of the uncompensated care costs for lower income Coloradans. Payments to hospitals are made through Disportionate Share Hospital (DSH) payments financed with Healthcare Affordability and Sustainability (HAS) fees and federal matching funds. Payments to Community Health Centers and other safety net clinics (participating and nonparticipating in the CICP) are made through Primary Care Fund payments, financed with tobacco tax revenue and federal matching funds. For a full breakdown of Primary Care Fund payments, see the 2024-25 Primary Care Fund annual report available on HCPF's Publications webpage on February 1, 2026.

[2] Subsequent data submissions include data for the previous state fiscal year, July through June.
[3] Currently $31,300 per year for an individual or $64,300 per year for a family of four.

CICP Providers include participating hospitals and clinics throughout the state. A full list of the providers who participated in 2024-25 can be found in Table 2. All clinics that participated in the CICP also participated in the Primary Care Fund in 2024-25.

In 2024-25, more than $267 million in cash funds and federal matching funds were paid to CICP providers as shown below.

- Disproportionate Share Hospital (DSH) payments for CICP hospitals $265,720,314
- Primary Care Fund Payments to CICP clinics $1,315,647
- **Total Payments** **$267,035,961**

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

During the 2024 legislative session, the General Assembly adopted two bills that impacted Hospital Discounted Care and the CICP.

SB 24-116 changed several Hospital Discounted Care requirements, including:

- Allowing hospitals that bill for their employed or contracted physicians to collect the 2% that the physicians would be able to collect if they were billing separately in addition to the 4% they are allowed to collect for the hospital services, bringing the total payment plan allowed amount up to 6% of the household's calculated gross monthly income,
- Exempting primary care from Hospital Discounted Care requirements if they are provided in clinics in rural or frontier counties, as long as the clinic has a HCPF-approved sliding fee scale,
- Requiring physicians to directly report their data to HCPF, instead of requiring hospitals to report physician data, and
- Removing the Hospital Discounted Care requirement for those patients who are determined presumptively eligible for Health First Colorado or CHP+. This change pertains to those hospitals which are presumptive eligibility sites.

HB 24-1399 made changes to the CICP, Hospital Discounted Care, and the Primary Care Fund, including:

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

Sunsetting of CICP and Legislation Implementation

Over the last 18 months, HCPF actively worked with the CICP Advisory Council, the CHASE Board, and other stakeholders to implement SB 24-116 and HB 24-1399. In December 2024, HCPF presented a rule update to the Medical Services Board that included the majority of changes contained in SB 24-116. This update included allowing hospitals to set patient payment plans at 6% of their monthly income if the hospital bills for physician services jointly with hospital services, exempting primary care provided in clinics in rural or frontier counties, and requiring physicians to report their own data to HCPF. The changes went into effect in March 2025.

In January 2025, HCPF began working with the CICP Advisory Council to draft communications for patients to inform them of the program's sunset and provide resources on how to continue accessing low cost care. The first round of communications was provided to CICP providers in early March 2025, and providers were asked to provide them to all of their current or recent CICP patients prior to April 1. The second round of communications was provided to CICP providers at the beginning of June 2025, and providers were asked to distribute it to patients prior to July 1.

In April 2025, HCPF presented a rule update to the Medical Services Board to implement the entirety of HB 24-1399. The update, which became effective July 1, 2025, simultaneously repealed the CICP rules, created the Hospital Discounted Care Advisory Committee, implemented the updates to the Primary Care Fund, and removed the CICP from the DSH rule and replaced it with new requirements for hospitals to qualify for DSH payments.

Under the new DSH rule, in order to qualify for DSH payments, hospitals must have:

- a HCPF-approved Qualified Charity Care Program,
- a Medicaid Inpatient Utilization Rate (MIUR) equal to or greater than the mean plus one standard deviation of all MIURs for Colorado hospitals,
- or be a Critical Access Hospital or Rural Hospital, and be designated as a Sole Community Hospital pursuant to 42 U.S.C. section 1395ww(d)(5)(D)(iii), in addition to meeting the federal DSH requirements.

In September 2025, HCPF presented a proposed rule change to the Medical Services Board (MSB 25-07-08-A) allowing hospitals that have been certified as a Presumptive Eligibility (PE) Site by HCPF to disqualify patients for Hospital Discounted Care at their facility if, during the initial screening process, the patient is determined to be presumptively eligible for Health First Colorado or CHP+. This rule change is the last part of SB 24-116 to be implemented, as it was delayed to more closely coincide with the completion of various system updates to allow for the expanded presumptive eligibility populations added by the bill. The rule change went into effect January 1, 2026.

II. Introduction and Overview

The purpose of this annual report is to inform stakeholders and policy makers about the status of the final year of CICP. The statute that created CICP was section 25.5-3-101 et seq, C.R.S. (2024). It stated:

> *…the executive director shall prepare an annual report concerning the status of the medically indigent program to be submitted to the health and human services committees of the senate and the house of representatives, or any successor committees, no later than February 1 of each year. The report shall be prepared following consultation with providers in the program, state department personnel, and other agencies, organizations, or individuals as the executive director deems appropriate in order to obtain comprehensive and objective information about the program.*

While the statute has been repealed as of July 1, 2025, the CICP was in place from July 1, 2024 through June 30, 2025 and participating providers reported their program data as required under statute. In order to ensure all stakeholders and legislators have a full accounting of the last year of the program, HCPF is providing an accounting of the program's final year and the hospital reporting that emerged from it.

To provide comprehensive information on the state's hospital and clinic safety net programs during this crucial sunsetting year, HCPF has included information on the CICP, Hospital Discounted Care, and the Primary Care Fund. The inclusion of Hospital Discounted Care and Primary Care Fund information in this report is supplemental to their own reporting requirements, located respectively at sections 25.5-3-505 and 25.5-3-304, C.R.S. (2024).

The CICP was created in 1983 under the "Reform Act for the Provision of Health Care for the Medically Indigent". In accordance with section 25.5-3-113, C.R.S., the original CICP statutes were repealed July 1, 2025. The CICP allowed low-income Coloradans, who were not eligible for Health First Colorado or CHP+, to receive discounted health care services on a sliding-fee scale at participating hospitals and clinics, including Community Health Centers and safety-net clinics. These hospitals and clinics offered discounts to patients with incomes up to 250% of the Federal Poverty Guideline (FPG) according to a HCPF approved sliding-fee scale.

At its peak in FY 2010-11, approximately 225,000 Coloradans received discounted health care at CICP-participating clinics and hospitals. With the move to a combined data submission for Hospital Discounted Care and the CICP, HCPF no longer breaks out how many patients were determined eligible for the CICP. The number of patients who were determined eligible for Hospital Discounted Care and/or the CICP is included below with the Hospital Discounted Care information. Participating clinics and hospitals were responsible for the patient enrollment process. CICP Hospitals received DSH funds through the CHASE to partially reimburse the uncompensated

costs of providing CICP-discounted services to eligible patients. Information on DSH can be found in Appendix C.

Hospital Discounted Care was created with the adoption of HB 21-1198 and was implemented effective September 2022 as directed by HB 22-1403. Its governing statute is section 25.5-3-501, C.R.S (2024). Hospital Discounted Care established statewide minimum standards for hospital financial assistance programs at all general and Critical Access hospitals throughout the state.

Requirements for hospitals include:

- financial assistance programs must apply to households with incomes at least 250% FPG,
- patient bills are limited to the greater of the Medicare or Medicaid base rate for the service, and
- patient payment plans are limited to 6% of a patient's monthly income (4% for the hospital charges and 2% for each licensed health professional services) for no more than 36 months in duration.

Hospitals are responsible for determining patient eligibility for financial assistance programs available at the hospital. Hospital Discounted Care strengthens requirements for when hospitals may send patients to collections and creates consequences for non-compliance.

FY 2024-25 was the third reporting period for hospitals, and data reported by 85 total hospitals indicated 67,863 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or the CICP. There were nearly 213,000 total patients included in hospital reported data for September 2022 through June 2023, nearly 366,000 total patients included in hospital reported data for FY 2023-24, and just over 303,500 total patients included in hospital reported data for FY 2024-25.

Analysis of data identified that it included patients who:

- Did not access services during the reporting period but were included in the data solely for ongoing payment plan reporting or new collection action,
- Were insured and did not request screening, or
- Were uninsured but were reported without screening or application information.

Exact breakdowns of these patient groups and further analysis are included in Appendix B: CICP and Hospital Discounted Care Data.

The Primary Care Fund was created through HB 05-1262 in accordance with Section 21 of Article X (Tobacco Taxes for Health-Related Purposes) of the State Constitution, following voter adoption of Amendment 35 in the 2004 general election. Its governing statute is section 25.5-3-301, C.R.S (2024). The Primary Care Fund provides financial support to clinics that furnish Comprehensive Primary Care services in an outpatient

setting to Coloradans determined to be "medically indigent." This status is determined by income and whether the individual has insurance.

As mandated by section 25.5-3-304, C.R.S. (2024) per HB 24-1399, the Primary Care Fund now has its own annual report due each February 1 which can be accessed on HCPF's Publications webpage once published.

Hospitals that participated in CICP received funding through the Disproportionate Share Hospital payments that are part of the CHASE. Payments to Community Health Centers and other safety net clinics (both those who did and did not participate in the CICP) were made through the Primary Care Fund.

Safety Net Program Payments

- Disproportionate Share Hospital (DSH) payments for CICP hospitals $265,720,314
- Primary Care Fund Payments to CICP clinics $1,315,647
- **Total Payments** **$267,035,961**

The following sections of this report include a discussion of changes in federal and state law on Colorado's health care safety net including implementation progress for Hospital Discounted Care and the CICP. Hospital Discounted Care and the CICP information includes an overview, patients served, providers, program administration, and reimbursement.

As mandated by section 25.5-3-505, C.R.S. (2024), HCPF is required to present information about Hospital Discounted Care during its annual State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act hearing held each January. The presentation must include information collected from hospitals and health care professionals to evaluate compliance with screening, discounted care, payment plans, and collections practices across race, ethnicity, age, and primary-language-spoken patient groups. The information presented at the January 2026 SMART Act hearing is included in this report as Appendix B, as it encompasses patients served at hospitals under both Hospital Discounted Care and the CICP.

This report has historically included utilization and payment information for the Primary Care Fund but, as mandated by section 25.5-3-304, C.R.S. (2024) per HB 24-1399, beginning February 1, 2026, the Primary Care Fund has its own annual report that can be accessed on HCPF's Publications webpage.

In order to provide a fuller picture of health care access in this population, HCPF is including information over and above the information presented during HCPF's SMART Act hearing. The report's appendices include information on participating CICP Providers and hospitals that fall under Hospital Discounted Care, Hospital Discounted Care and CICP patient demographic data, and definitions and federal funding information.

III. CICP and Hospital Discounted Care

The CICP and Hospital Discounted Care establish requirements for Colorado hospitals' financial assistance programs (known as charity care). Hospital Discounted Care and the CICP are intended to help uninsured and underinsured patients, with household incomes up to and including 250% of the FPG, to access health care. They are designed to be a safety net for those over income or otherwise not eligible for Health First Colorado and/or CHP+.

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

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

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

Hospital Discounted Care, codified in section 25.5-3-501 et. seq, C.R.S., enhances a safety net for low income uninsured or underinsured patients by establishing minimum requirements for all Colorado hospital financial assistance programs. Hospital Discounted Care requires hospitals to screen all uninsured patients who receive services at their facility, and any insured patients who request financial assistance, for public health coverage program eligibility. Hospitals must allow these patients to apply for financial assistance at the health care facility where they receive care.

Hospital Discounted Care limits service charges, payment plan amounts and duration, and collection activity. It also establishes patient appeal rights. Hospital Discounted Care applies to all medically necessary services provided at the hospital and any off campus location, specifically including care provided by health care professionals seeing patients in the hospital.

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

Patient Eligibility, Payment Responsibility, and Determinations

A. Eligibility Requirements

Before sunsetting on July 1, 2025, participating CICP hospitals and clinics administered the CICP patient enrollment. Hospitals and clinics assisted

patients with the application process and determined eligibility for Hospital Discounted Care and the CICP following HCPF's requirements. All patients who qualified for the CICP at a hospital automatically qualified for Hospital Discounted Care.

To be eligible to apply for services discounted under the CICP, patients:

- Must have been aged 18 years or older or be an emancipated minor and meet requirements for Colorado residency.
- Must have had income at or below 250% of the FPG.
- Must not have been a member of Health First Colorado or CHP+, although members who are eligible for limited benefits under Health First Colorado are eligible for services not covered under Health First Colorado. These limited benefits include Emergency Medicaid and the family planning benefit.
- Had to be screened for eligibility for Health First Colorado or CHP+.
- Must allow third-party payers to be billed by the hospital and/or health care professional prior to having the CICP copayment applied to their bills.
- Under the CICP, patients who appeared to be eligible for Health First Colorado or CHP+ were required to apply for those programs and receive a denial before being eligible for CICP.[4]

All patients who qualified for the CICP automatically qualified for Hospital Discounted Care. If a patient met all the requirements above but did not want to apply for Health First Colorado or CHP+, they were determined eligible for Hospital Discounted Care only.

B. Payment Responsibilities

Services provided under the CICP were provided on a sliding fee copayment scale while services provided under Hospital Discounted Care could not be billed more than rates set by HCPF.

To determine a patient's CICP copayment, CICP providers determined the patient's household size and income (see Table 4 and Table 5 in Appendix A), based on a snapshot of the household's financial status as of the date of the CICP application. See Table 6 for CICP copayment determinations based on income level as percentage of the FPG.

CICP patients paid the lower of:

- the CICP copayment,
- their third-party insurance copayment (if any),
- the actual charges, or
- the Hospital Discounted Care rate less any payments from third parties.

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

CICP patients were notified of their CICP copayment obligation at or before the time services were rendered. For all CICP patients with an FPG at or above 41%, the annual copayments could not exceed 10% of the household's income. Annual copayments for patients with an FPG rating of 0% to 40% could not exceed the lesser of 10% of the household's income or $120. Patients with an FPG of 0% to 40% and who were experiencing homelessness were exempt from a CICP copayment.

C. Eligibility Determinations

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

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

Patients Served

This report includes CICP and Hospital Discounted Care combined data for FY 2024-25. However, it doesn't include CICP *clinic* data as CICP reporting requirements for clinics were discontinued after the elimination of the CICP clinic funding. Clinic data pertaining to provision of services to low-income, uninsured patients[5] can be found in the Primary Care Fund report. Please see HCPF's Publications webpage for the Primary Care Fund Report published on February 1, 2026.

The CICP data report for hospitals has been incorporated into the Hospital Discounted Care data report in order to avoid duplicative reporting and reduce administrative burden. As such, patients who qualified for either the CICP or Hospital Discounted Care only are included in a single data report.

In total, the 85 hospitals required to follow Hospital Discounted Care reported 67,863 patients received financial assistance for their hospital bills in FY 2024-25. More information about patients served is reported in Appendix B.

Nearly 6 percent of Coloradans were uninsured in 2025 -- and these individuals rely on our safety net programs when seeking medical care. HCPF is committed to improving and maintaining a robust health care safety net to ensure access to discounted health care for these uninsured and underinsured lower-income Coloradans. Such a commitment is crucial to not only this population but also the

[5] With their application for FY 2024-25, Primary Care Fund clinics reported serving 119,621 unique medically indigent patients in CY 2023.

state as a whole, by maintaining a productive work force, reducing uncompensated care, and improving overall public health.

Providers

A. Provider Eligibility Requirements

The CICP allowed participation from any interested provider meeting the following criteria:

1. Licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Colorado Department of Public Health and Environment (CDPHE); 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. Assured that Emergency Care was available to all CICP patients throughout the contract year.
3. If the provider was a hospital, the hospital must have at least two obstetricians with staff privileges 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 2024-25 Annual Report, CICP providers are identified in the following categories:

- CICP Clinics – clinics located throughout the state.
- CICP Hospitals – hospitals located throughout the state.
- CICP Specialty Hospitals – this includes Children's Hospital Colorado[6] and National Jewish Health. Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the medical care rendered through the CICP must be provided to individuals who reside outside the City and County of Denver.
- Denver Health Medical Center – Denver Health Medical Center, including neighborhood outpatient clinics.
- University of Colorado Hospital – University of Colorado Hospital and associated specialty clinics.

[6] Includes Children's Hospital Colorado and Children's Hospital Colorado, Colorado Springs.

Hospital Discounted Care requires that all general and Critical Access hospitals, as well as all licensed health care professionals who provide services within those facilities, follow the Hospital Discounted Care rules and policies. The facilities that fall under Hospital Discounted Care include:

1. Hospitals licensed as general hospitals pursuant to section 25-3-100.5 through section 25-3-131, C.R.S.;
2. Hospitals established pursuant to section 23-21-503 or section 25-29-103, C.R.S.;
3. Any freestanding emergency department licensed pursuant to section 25-1.5-114, C.R.S.; or
4. Any outpatient facility licensed as an on-campus department or service of a hospital, or that is listed as an off-campus location under a hospital's license, except:
    a. A federally-qualified health center, as defined in the federal "Social Security Act", 42 U.S.C. Sec. 1395x (aa)(4); or
    b. A student-learning medical and dental clinic established for the purpose of student learning, offering discounted patient care as part of a program of student learning, and is physically situated within a health sciences school.
5. Beginning in FY 2024-25, primary care provided in a clinic, located in a designated rural or frontier county, offering a HCPF-approved sliding-fee scale is exempt from Hospital Discounted Care requirements.

For the purposes of this FY 2024-25 Annual Report, Hospital Discounted Care providers are identified by the following categories:

- Hospital - any facility that falls under the Hospital Discounted Care law, including those facilities that are also CICP Hospitals.
- Professional - all licensed health care professionals providing services to patients determined eligible for Hospital Discounted Care within a hospital.

B. Provider Participation

There were 50 hospitals and three clinics participating in the CICP in FY 2024-25 (53 providers overall). Most of these providers had multiple sites. Any site other than the main facility was considered a satellite facility, and there were 121 satellite CICP facilities throughout the state in FY 2024-25.

In FY 2022-23, eight CICP clinics left the program with an additional three leaving in FY 2023-24 and another four discontinuing participation in FY 2024-25. All 18 of the CICP clinics that participated in FY 2021-22 had participated in the Primary Care Fund since at least FY 2021-22 and continued to participate in FY 2024-25.

There are 85 general and Critical Access hospitals throughout the state, and each is required to abide by Hospital Discounted Care policies and rules, including all participating CICP hospitals. A full list of the hospitals can be found in Table 1.

Administration

A. Office Hours and Training

HCPF has held office hours for hospitals since June 2022. The meeting frequency has varied from weekly to monthly depending on the requests of hospitals and HCPF's analysis of hospital questions and emails. HCPF also holds annual training for providers on various topics, including data submission, income calculations, and completion of the Uniform Application.

In February 2025, HCPF started holding office hours for health care professionals twice a month - once during normal business hours and once after hours to ensure professionals would have better opportunities to attend sessions.

B. Reporting Requirements

HCPF requires CICP providers to report patient utilization and other metrics annually. HCPF also requires hospitals and professionals to report data for Hospital Discounted Care necessary to evaluate compliance across race, ethnicity, age, and primary language spoken patient groups with the screening, discounted care, payment plan, and collections practices. As of September 2025, professional groups are required to submit this information directly to HCPF, whereas, previously, hospitals coordinated collecting this data and including it in their report. This change was made pursuant to section 25.5-3-503, C.R.S.

Data submissions are due annually to HCPF by September 1. This report includes data covering FY 2024-25 for hospitals and data covering January 1 through June 30, 2025 for professionals. Subsequent reports will cover the full fiscal year for both hospitals and professionals.

In addition, HCPF presents compliance information for hospitals and professionals as part of its presentation to the General Assembly at its State Measurement for Accountable, Responsive and Transparent Government (SMART) Act hearing. This presentation includes any corrective action plans for which fines were imposed.

To avoid duplicative reporting and reduce administrative burden, the CICP data report has been incorporated into the Hospital Discounted Care data report. As such, patients who qualify for either the CICP or Hospital Discounted Care only are included in a single data report.

Data for CICP clinics is reflected in the Primary Care Fund data. For a full breakdown of patients served under the Primary Care Fund, see the Primary

Care Fund annual report, which can be accessed on HCPF's Publications webpage as of February 1, 2026.

C. Provider Compliance Audits

HCPF conducts comprehensive reviews of Hospital Discounted Care providers. In the event the audit finds a 10% or higher error rate in any section, HCPF requires providers to submit a compliance audit statement with a corrective action plan.

The Hospital Discounted Care audits focus on eligibility and billing practices. Hospitals are required to submit information and documentation related to screenings and applications for the eligibility portion of the audit. This information includes screening best efforts, completed screenings, and completed decline-screening forms, in addition to full applications and supporting documentation. Hospitals are required to submit billing statements, payment plans, and collections information for the billing portion of the audit.

During FY 2024-25, HCPF audited 12 hospital providers on patient screenings, applications, and billing data for the second year of implementation, July 1, 2023 through June 30, 2024. All 12 finalized audits required a corrective action plan; none of those corrective action plans included any imposed fines.

Common areas of findings include:

- Required timelines not being met related to initiating screenings, sending determination notices, and billing,
- Some required worksheets not being included within the Uniform Application,
- Misreported or incorrectly-included data in the annual submission

Providers are required to implement changes within 90 days, following HCPF's approval of their corrective action plans. HCPF asks for examples of procedure and policy changes put in place to correct the identified errors.

Reimbursement for CICP Clinics and Hospitals

- Disproportionate Share Hospital (DSH) payments for CICP hospitals $265,720,314
- Primary Care Fund Payments to CICP clinics $1,315,647
- **Total CICP Provider Payments** **$267,035,961**

A. CICP Clinics

SB 21-205, the FY 2021-22 Long Appropriations bill, eliminated the Clinic Based Indigent Care line item which had included a General Fund appropriation and federal matching funds for CICP clinics. This decision was made by the General Assembly due to the passage of SB 21-212, Primary Care Payment Align Federal Funding, which directed HCPF to seek federal match for the Primary Care Fund. With these changes,

funding for clinics to care for uninsured patients increased from approximately $31 million ($6 million from the Clinic Based Indigent Care line item and $25 million from the Primary Care Fund) to approximately $50 million per year (Primary Care Fund only with federal matching funds).

Three CICP clinics participated in both CICP and the Primary Care Fund in FY 2024-25, receiving a total of $1.3 million for their dual participation. For a full breakdown of payments made under the Primary Care Fund, see the Primary Care Fund annual report, which can be accessed on HCPF's Publications webpage as of February 1, 2026.

B. CICP Hospitals

The CHASE charges the Healthcare Affordability and Sustainability (HAS) fee to hospitals which is then matched with federal funds. CHASE payments consisting of HAS fees and federal matching funds are then used to increase hospital reimbursement for services provided to Health First Colorado and CICP patients, fund hospital quality incentive payments, and finance health coverage expansion in the Health First Colorado and CHP+ programs. The CHASE Board allowed CICP hospitals to use DSH payments for their uncompensated care costs for lower income Coloradans who are not eligible for Medicaid or CHP+.

HCPF recently revised requirements for hospitals to qualify for DSH payments. This change was made because of the sunsetting of the CICP and in consultation with stakeholders including the CICP Advisory Council and the CHASE Board.[7]

In the FY 2024-25 Long Appropriations Act, HB 24-1430, the Colorado General Assembly appropriated $226,610,308 to reimburse CICP hospitals for uncompensated care. This amount includes funds from the Healthcare Affordability and Sustainability Fee Cash Fund and federal matching funds, drawn under the state's DSH allotment.

Hospital payments financed with HAS fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2024-25 totaled more than $1.90 billion, including $265 million in DSH payments for CICP hospitals.

DSH payments by hospital are shown in Table 13 under the "Disproportionate Share Hospital (DSH) Payment" section of Appendix C. For more information on payments to hospitals funded through HAS fees, see the 2025 Colorado Healthcare Affordability and Sustainability Enterprise Annual Report available on HCPF's publications webpage as of January 15, 2026.

IV. Recent Legislative Bills and Implementation Plans

Two bills passed in the 2024 legislative session made changes to Hospital Discounted Care and the CICP. Specifically,

[7]Changes to the DSH qualification requirements were presented to the CICP Advisory Council in January 2025. Updates to the DSH rule were then presented to the Medical Services Board in April 2025 with an effective date of July 1, 2025.

SB 24-116 changed several Hospital Discounted Care requirements, including:

- Allowing hospitals who bill for their employed or contracted physicians to collect the 2% that the physicians would be able to collect if they were billing separately in addition to the 4% they are allowed to collect for the hospital services, bringing the total payment plan allowed amount up to 6% of the household's calculated gross monthly income,
- Exempting primary care provided in clinics in rural or frontier counties from the Hospital Discounted Care requirements as long as the clinic has a HCPF-approved sliding fee scale,
- Requiring physicians to report their data to HCPF instead of requiring hospitals to report physician data, and
- Removing the Hospital Discounted Care requirement for those patients who are determined presumptively eligible for Health First Colorado or CHP+.

HCPF presented updated Hospital Discounted Care rules to the Medical Services Board in December 2024 to implement SB 24-116's first three requirements.The presumptive eligibility change required system, process and rule changes, so it took a longer time. HCPF took presumptive eligibility exception rules to the Medical Services Board in September 2025, and that rule became effective in January 2026. As of the drafting of this report, there are 23 hospitals that expressed interest in becoming Hospital PE sites.

HB 24-1399 makes changes to the CICP, Hospital Discounted Care, and the Primary Care Fund, including:

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

HCPF engaged in rulemaking with the Medical Services Board in April 2025 to address the following changes in these four programs: CICP, Primary Care Fund, Hospital Discounted Care, and DSH. The changes included:

- Sunsetting the CICP,
- Updating the Primary Care Fund to include patients at 200% FPG,
- Creating an annual report for the Primary Care Fund,
- Creating the Hospital Discounted Care Advisory Committee, and
- Updating DSH eligibility requirements to remove CICP participation.

Under the new DSH rule, in order to qualify for DSH payments, hospitals must have a Qualified Charity Care Program, have a Medicaid Inpatient Utilization Rate (MIUR) equal to or greater than the mean plus one standard deviation of all MIURs for Colorado hospitals, or be designated as a Sole Community Hospital pursuant to federal statute and be either a Critical Access Hospital or a Rural Hospital, in addition to meeting the federal DSH requirements.

Per the new rules, a Qualified Charity Care Program is a program approved by HCPF:

- Which, at a minimum, includes discounted Emergency Hospital Services for patients with incomes up to and including 250% of the FPG throughout the year;
- Where a patient's copayment is determined by a Qualified Sliding Fee Scale, which is defined to be either the preexisting CICP sliding scale or an alternate HCPF-approved tiered copayment system;
- Where a patient's copayment amount is valid for one year from the date of service, or date of income determination, whichever is earlier;
- Which exempts patient debts from permissible collection activities for patients who were determined eligible for the Qualified Charity Care Program or for those eligible patients for whom the hospital failed to meet the Patient Contact Best Efforts as required under Hospital Discounted Care; and
- Which complies with all other requirements under Hospital Discounted Care including requirements to provide information in the patient's preferred language, completing patient screening and applications, and allowing patient payment plans the amount and duration of which conform with Hospital Discounted Care requirements.

During the rulemaking, HCPF consulted stakeholder groups to provide feedback on these proposed changes. These groups commented on such issues as provider and patient communications related to CICP sunsetting, the amended reporting requirements which required data submission directly from non-hospital professionals, and presumptive eligibility policies and the denial of discounted care. HCPF held stakeholder meetings related to these topics December 2024 through October 2025.

V. Conclusion

Despite CICP's sunset, Colorado's safety net programs and protections are robust with Hospital Discounted Care and the Primary Care Fund, which support access to health care at hospitals and clinics throughout the state. They allow at least 187,000 lower income, uninsured and underinsured Coloradans, who are not eligible for Health First Colorado or the CHP+, to receive discounted health care regardless of their immigration status. Because the funding mechanisms for the CICP and Primary Care Fund are HAS fees, tobacco tax revenue, and matching federal funds, there is no or limited impact on the state's General Fund.[8] Total funds paid to hospitals and clinics to support this safety net were more than $316 million in FY 2024-25.

HCPF is committed to preserving and improving Colorado's safety net by reducing the administrative burden for providers and, importantly, for the patients themselves. The need for a strong health care safety net continues with the resumption of regular Medicaid eligibility renewals due to the PHE unwind as well as the increase in self payer uncompensated care.

The introduction of SB 24-116 and HB 24-1399 was aimed at reducing administrative burdens added with the implementation of Hospital Discounted Care, the increase in Primary Care Funding with the addition of federal matching funds, and elimination of the Clinic Based Indigent Care line item. This included the requirement to navigate two systems for providing care to lower income patients, which was particularly onerous for rural hospitals and Rural Health Clinics with lower administrative resources. Due to these challenges, two hospitals and 15 clinics stopped participating in the CICP, leaving 50 hospitals and only three clinics still participating in the last year of the program. This exodus jeopardized access to primary care for Coloradans with incomes between 200 and 250% of the FPG, who were not eligible for public health coverage. Patients are also burdened with duplicate and confusing application processes.

After the bills' passage, HCPF worked with stakeholders to develop rules to sunset the CICP by the end of FY 2024-25 and further reduce the administrative burden for hospitals and clinics serving uninsured Coloradans under Hospital Discounted Care and the Primary Care Fund. HCPF continues to engage with stakeholders to identify additional ways to reduce administrative burden for hospitals and alleviate patient confusion about available financial assistance options.

[8] Primary Care Fund payments for FY 2024-25 include a one-time additional General Fund appropriation of $6.5 million for which federal funds were drawn.

VI. Appendix A: Hospital Discounted Care and CICP Providers

A. Provider Information

Table 1. 2024-25 Hospitals falling under Hospital Discounted Care

Hospital Name	Type	CICP
AdventHealth Avista	General	N
AdventHealth Castle Rock	General	N
AdventHealth Littleton	General	N
AdventHealth Parker	General	N
AdventHealth Porter	General	N
Animas Surgical Hospital	General	N
Arkansas Valley Regional Medical Center	Critical Access	Y
Aspen Valley Hospital	Critical Access	Y
Banner East Morgan County Hospital	Critical Access	Y
Banner Fort Collins Medical Center	General	Y
Banner McKee Medical Center	General	Y
Banner North Colorado Medical Center	General	Y
Banner Sterling Regional MedCenter	General	Y
Boulder Community Health	General	Y
Children's Hospital Colorado Anschutz	Children’s	Y
Children's Hospital Colorado Springs	Children’s	Y
CommonSpirit Longmont United Hospital	General	Y
CommonSpirit Mercy Hospital	General	Y
CommonSpirit OrthoColorado Hospital	General	N
CommonSpirit Penrose-St. Francis Hospital	General	Y
CommonSpirit St. Anthony Hospital	General	N
CommonSpirit St. Anthony North Hospital	General	N

Hospital Name	Type	CICP
CommonSpirit St. Anthony Summit Hospital	General	N
CommonSpirit St. Elizabeth Hospital	General	Y
CommonSpirit St. Francis Interquest	General	N
CommonSpirit St. Mary-Corwin Hospital	General	N
CommonSpirit St. Thomas More Hospital	Critical Access	Y
Community Hospital	General	Y
Delta County Memorial Hospital	General	Y
Denver Health Medical Center	General	Y
Estes Park Health	Critical Access	Y
Family Health West	Critical Access	Y
Grand River Health	Critical Access	Y
Gunnison Valley Health	Critical Access	Y
Haxtun Health	Critical Access	N
HealthONE Mountain Ridge	General	N
HealthONE Presbyterian-St. Luke's Medical Center	General	N
HealthONE Rose Medical Center	General	N
HealthONE Sky Ridge Medical Center	General	N
HealthONE Swedish Medical Center	General	N
HealthONE The Medical Center of Aurora	General	N
Heart of the Rockies Regional Medical Center	Critical Access	Y
Intermountain Good Samaritan Medical Center	General	N
Intermountain Lutheran Medical Center	General	N

Hospital Name	Type	CICP
Intermountain Platte Valley Medical Center	General	Y
Intermountain St. Joseph Hospital	General	N
Intermountain St. Mary's Medical Center	General	Y
Keefe Memorial Hospital	Critical Access	N
Kit Carson County Memorial Hospital	Critical Access	N
Lincoln Community Hospital	Critical Access	Y
Melissa Memorial Hospital	Critical Access	Y
Memorial Regional Hospital	Critical Access	Y
Middle Park Medical Center	Critical Access	Y
Montrose Regional Health	General	Y
Mt. San Rafael Hospital	Critical Access	Y
National Jewish Health	General	Y
Pagosa Springs Medical Center	Critical Access	N
Pioneers Medical Center	Critical Access	N
Prowers Medical Center	Critical Access	Y
Rangely District Hospital	Critical Access	Y
Rio Grande Hospital	Critical Access	Y
San Luis Valley Health Conejos County Hospital	Critical Access	N
San Luis Valley Health Regional Medical Center	General	N
Sedgwick County Health Center	Critical Access	Y
Southeast Colorado Hospital	Critical Access	Y
Southwest Health System	Critical Access	Y
Spanish Peaks Regional Health Center	Critical Access	Y
St. Vincent Hospital	Critical Access	N
UCHealth Broomfield Hospital	General	N

Hospital Name	Type	CICP
UCHealth Grandview Hospital	General	N
UCHealth Greeley Hospital	General	Y
UCHealth Highlands Ranch Hospital	General	Y
UCHealth Longs Peak Hospital	General	Y
UCHealth Medical Center of the Rockies	General	Y
UCHealth Memorial Hospital	General	Y
UCHealth Parkview Medical Center	General	Y
UCHealth Pikes Peak Regional Hospital	Critical Access	Y
UCHealth Poudre Valley Hospital	General	Y
UCHealth University of Colorado Hospital	General	Y
UCHealth Yampa Valley Medical Center	General	Y
Vail Health Hospital	General	N
Valley View Hospital	General	Y
Weisbrod Memorial County Hospital	Critical Access	N
Wray Community District Hospital	Critical Access	Y
Yuma District Hospital	Critical Access	N

Table 2. FY 2024-25 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	Boulder
Centura Health - Penrose-St. Francis Health Services	Colorado Springs
Centura Health - St. Thomas More Hospital	Canon City
Colorado Canyons Hospital and Medical Center	Fruita
Colorado Plains Medical Center	Fort Morgan
Community Hospital	Grand Junction
Delta County Memorial Hospital	Delta
East Morgan County Hospital	Brush
Estes Park Health	Estes Park
Grand River Hospital and Medical Center	Rifle
Gunnison Valley Hospital	Gunnison
Heart of the Rockies Regional Medical Center	Salida
Lincoln Health	Hugo
Longmont United Hospital	Longmont
McKee Medical Center	Loveland
Melissa Memorial Hospital	Holyoke
Memorial Regional Health	Craig
Mercy Regional Medical Center	Durango
Middle Park Medical Center, Kremmling	Kremmling
Montrose Memorial Hospital	Montrose
Mt San Rafael Hospital	Trinidad

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

Table 2. FY 2024-25 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
Denver Indian Health & Family Services, Inc	Denver
Pueblo Community Health Center	Pueblo

Table 3. FY 2024-25 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	1	3	4
Alamosa	0	0	0
Arapahoe	3	0	3
Archuleta	0	0	0
Baca	0	1	1
Bent	0	0	0
Boulder	1	3	4
Broomfield	1	0	1
Chaffee	3	1	4
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	0	0	0
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	2	1	3
Denver	31	2	33
Dolores	0	0	0
Douglas	3	1	4
Eagle	0	0	0
El Paso	5	4	9
Elbert	0	0	0
Fremont	1	1	2
Garfield	1	2	3
Gilpin	0	0	0
Grand	4	1	5
Gunnison	8	1	9
Hinsdale	0	0	0
Huerfano	5	1	6
Jackson	1	0	1
Jefferson	2	0	2
Kiowa	0	0	0
Kit Carson	1	0	1
La Plata	0	1	1
Lake	0	0	0
Larimer	2	5	7
Las Animas	1	1	2
Lincoln	2	1	3
Logan	0	1	1
Mesa	9	3	12
Mineral	1	0	1
Moffat	0	1	1
Montezuma	6	1	7
Montrose	7	1	8
Morgan	0	2	2
Otero	0	1	1
Ouray	0	0	0
Park	1	0	1
Phillips	1	1	2
Pitkin	0	1	1
Prowers	1	1	2
Pueblo	10	1	11
Rio Blanco	0	1	1
Rio Grande	3	1	4
Routt	0	1	1
Saguache	1	0	1
San Juan	0	0	0
San Miguel	0	0	0
Sedgwick	1	1	2
Summit	0	0	0
Teller	0	1	1
Washington	0	0	0
Weld	2	2	4
Yuma	1	1	2
Totals	**122**	**52**	**174**

B. CICP Information Tables

Table 4. Annual Income by FPG Range Effective April 1, 2024 through March 31, 2025

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

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

Family Size	160 to 185%	186 to 200%	201 to 250%
1	$23,946-$27,861	$27,862-$30,120	$30,121-$37,650
2	$32,501-$37,814	$37,815-$40,880	$40,881-$51,100
3	$41,055-$47,767	$47,768-$51,640	$51,641-$64,550
4	$49,609-$57,720	$57,721-$62,400	$62,401-$78,000
5	$58,163-$67,673	$67,674-$73,160	$73,161-$91,450
6	$66,717-$77,626	$77,627-$83,920	$83,921-$104,900
7	$75,272-$87,579	$87,580-$94,680	$94,681-$118,350
8	$83,826-$97,532	$97,533-$105,440	$105,441-$131,800

Table 5. Annual Income by FPG Range Effective April 1, 2025 through March 31, 2026

Family Size	0% to 40% & Experiencing Homelessness	0 to 40%	41 to 62%	63 to 81%
1	$0-$6,260	$0-$6,260	$6,261-$9,703	$9,704-$12,677
2	$0-$8,460	$0-$8,460	$8,461-$13,113	$13,114-$17,132
3	$0-$10,660	$0-$10,660	$10,661-$16,523	$16,524-$21,587
4	$0-$12,860	$0-$12,860	$12,861-$19,933	$19,934-$26,042
5	$0-$15,060	$0-$15,060	$15,061-$23,343	$23,344-$30,497
6	$0-$17,260	$0-$17,260	$17,261-$26,753	$26,754-$34,952
7	$0-$19,460	$0-$19,460	$19,461-$30,163	$30,164-$39,407
8	$0-$21,660	$0-$21,660	$21,661-$33,573	$33,574-$43,862

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	$12,678-$15,650	$15,651-$18,311	$18,312-$20,815	$20,816-$24,884
2	$17,133-$21,150	$21,151-$24,746	$24,747-$28,130	$28,131-$33,629
3	$21,588-$26,650	$26,651-$31,181	$31,182-$35,445	$35,446-$42,374
4	$26,043-$32,150	$32,151-$37,616	$37,617-$42,760	$42,761-$51,119
5	$30,498-$37,650	$37,651-$44,051	$44,052-$50,075	$50,076-$59,864
6	$34,953-$43,150	$43,151-$50,486	$50,487-$57,390	$57,391-$68,609
7	$39,408-$48,650	$48,651-$56,921	$56,922-$64,705	$64,706-$77,354
8	$43,863-$54,150	$54,151-$63,356	$63,357-$72,020	$72,021-$86,099

Family Size	160 to 185%	186 to 200%	201 to 250%
1	$24,885-$28,953	$28,954-$31,300	$31,301-$39,125
2	$33,630-$39,128	$38,129-$42,300	$42,301-$52,875
3	$42,375-$49,303	$49,304-$53,300	$53,301-$66,625
4	$51,120-$59,478	$59,479-$64,300	$64,301-$80,375
5	$59,865-$69,653	$69,654-$75,300	$75,301-$94,125
6	$68,610-$79,828	$79,829-$86,300	$86,301-$107,875
7	$77,355-$90,003	$90,004-$97,300	$97,301-$121,625
8	$86,100-$100,178	$100,179-$108,300	$108,301-$135,375

Table 6. CICP Copayment Table

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

Hospital Discounted Care

Patients eligible for Hospital Discounted Care cannot be billed more than the Hospital Discounted Care Allowed Amounts, which are set to the base Medicare or Medicaid rates, whichever is higher. Hospitals must offer a payment plan based on the patient's calculated gross monthly income. Payment plans for patients cannot exceed 36 months of payments. Monthly payments for hospital bills cannot exceed 4% of the patient's calculated gross monthly income. Monthly payments for bills from professionals providing care in the hospital setting cannot exceed 2% of a patient's gross monthly income. Monthly payments for bills combining both hospital and professional charges cannot exceed 6% of a patient's gross monthly income. Additionally, patients who qualified for both Hospital Discounted Care and the CICP were responsible for the lesser of the Hospital Discounted Care allowed amount, the Hospital Discounted Care 36 months payment plan, the CICP copay, or the remaining balance after any third-party payments.

VII. Appendix B: CICP and Hospital Discounted Care Data

Under Hospital Discounted Care, all Colorado general and Critical Access hospitals, and all licensed health care professionals who provide services within those hospitals, report data to HCPF to evaluate compliance with the legislative requirements. These requirements include: screening and eligibility determination, payment plans, and collection practices across race, ethnicity, age, and primary language spoken in the home. Prior to this year's submission, hospital data submissions included information from the professionals for patients seen at their facilities. Senate Bill (SB) 24-116 changed the reporting requirement to direct professionals to report their own data to HCPF effective September 1, 2025.

Hospitals and professionals report data annually to HCPF by September 1 for the prior state fiscal year. This report includes data covering FY 2024-25 for the hospitals and January through June 2025 for the professionals. Subsequent data submissions from professionals will cover the state's full fiscal year.

Overall, 84 of the 85 hospitals met the statutory reporting requirements.[9] In total, 67,863 patients received financial assistance for their hospital bills through Hospital Discounted Care and/or the Colorado Indigent Care Program (CICP) during FY 2024-25. This represents an increase of 3,690 patients, or 5.75%, from the 64,173 reported in 2023-24.

Sixteen professional groups submitted data for 8,692 Hospital Discounted Care-eligible patients they served at hospital facilities. HCPF is working in collaboration with the hospitals to identify additional professional groups and improve their comprehension of reporting requirements in hopes of increasing reporting compliance for this group in the future.

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

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

[9] Kit Carson County Memorial Hospital reported FY 2024-25 data, but was unable to provide patient screening information. Their patients are included in the total patient demographics but HCPF could not determine which patients were eligible for Hospital Discounted Care from their submission.

Professionals are required to submit data including demographic information for all Hospital Discounted Care patients they served within hospital facilities. Hospitals are solely responsible for the screening and application processes, and therefore are also responsible for informing professionals of their shared patients who are determined eligible for Hospital Discounted Care. Professionals expressed challenges related to reporting patient demographics due to communication issues with hospitals as well as limitations of their own systems to store demographic information. To help mitigate these issues, HCPF was able to allow professionals to report patient hospital Medical Record Numbers alongside the professional's patient Medical Record Number which enables HCPF to pull the patients' demographics from the hospital submissions. This process was successful for most professionals' data, but some patient data were unable to be linked and are included in the "not provided" demographics set in the professional data submissions.

A. Patients Determined Eligible

In FY 2024-25, the 84 reporting hospitals provided discounted care for 67,863 patients through Hospital Discounted Care and/or CICP. This represents an increase of 3,690 patients, or 5.75%, from the 64,173 patients who received such care in 2023-24.

HCPF identified some reporting discrepancies in the FY 2023-24 data. As a result, HCPF held training for providers in May 2025. The training provided reporting and data submission best practices. HCPF found FY 2024-25 reported data showed improved data reporting from the previous year. The FY 2024-25 data will continue to inform updates to the reporting template and future training for providers. HCPF will continue helping resolve any remaining issues, such as patients being included in the demographics but not having any screening information submitted, or insured patients who did not request financial assistance being included.

The following charts and tables illustrate demographics of only the patients determined eligible for Hospital Discounted Care and/or CICP during FY 2024-25. The data submitted by professionals contains a subset of the Hospital Discounted Care eligible patients submitted by the hospitals, and therefore the professionals' reported patients are not added to the total number of patients served under Hospital Discounted Care. For information on all patients included in the hospital reported data for FY 2024-25, see All Patients Included in Hospital Data and Identified Inconsistencies within this Appendix B.

Figure 1. Hospital Discounted Care Patients by Race (reported in Hospital data)

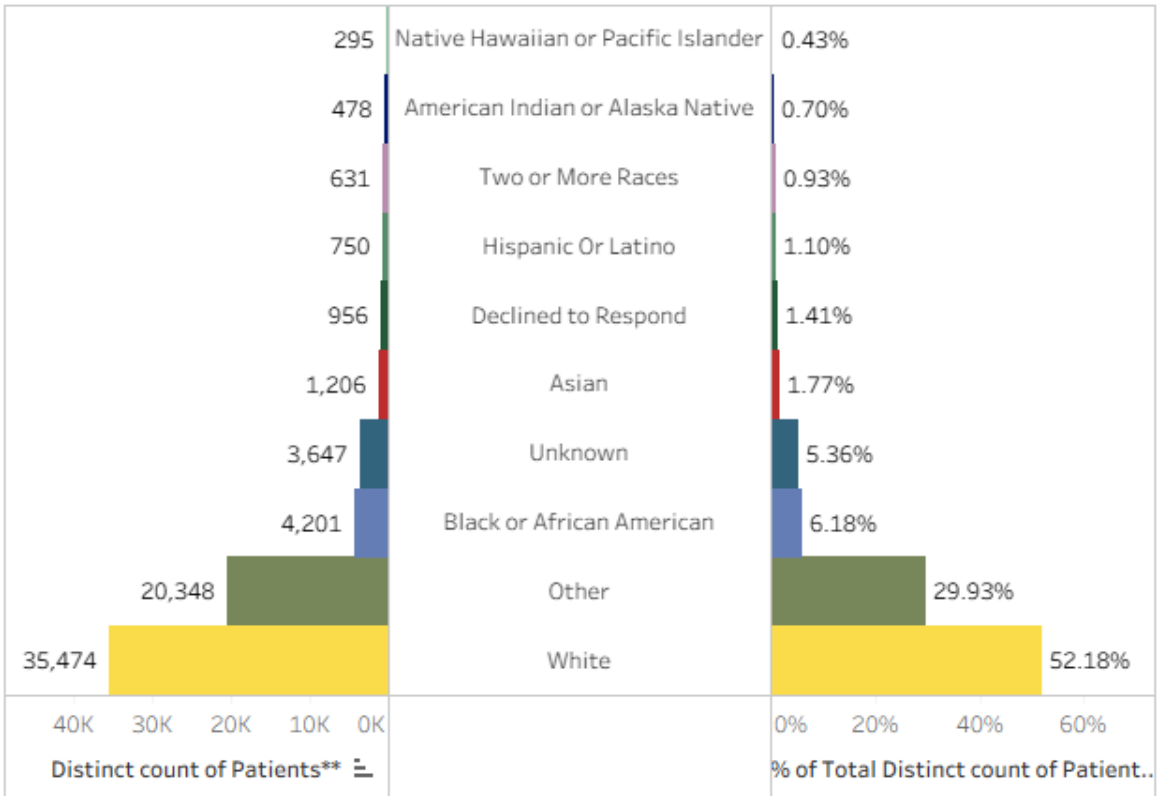


Figure 2. Hospital Discounted Care Patients by Race (reported in Professional data)

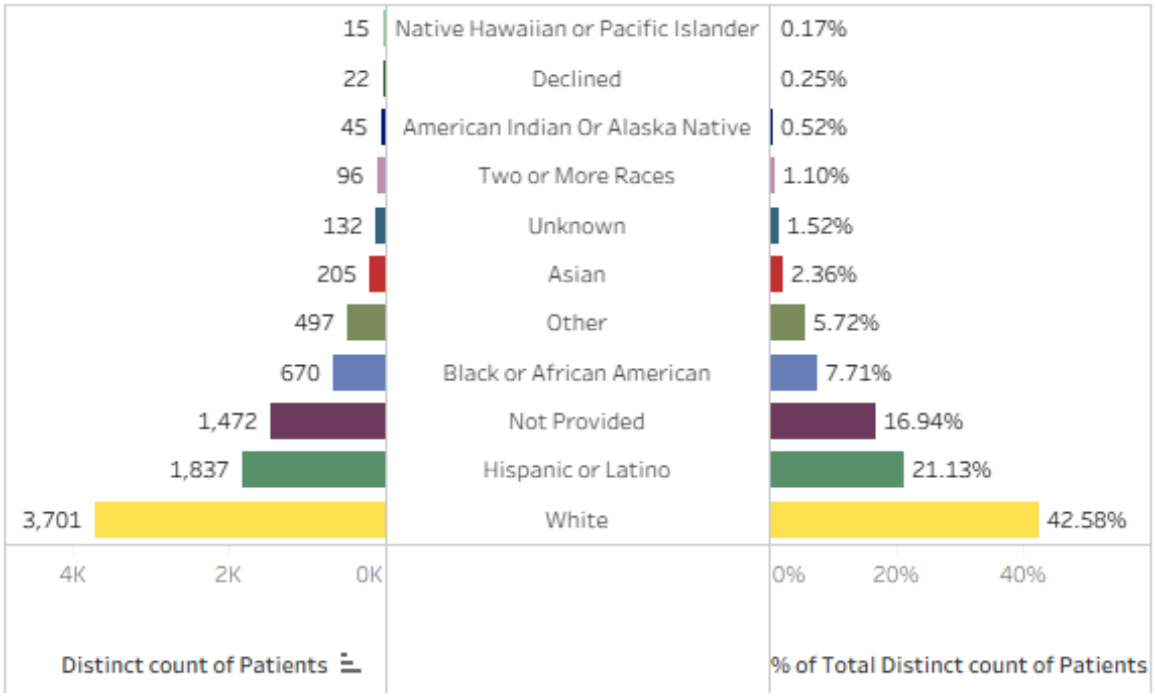


Figure 3. Hospital Discounted Care Patients by Ethnicity (reported in Hospital data)

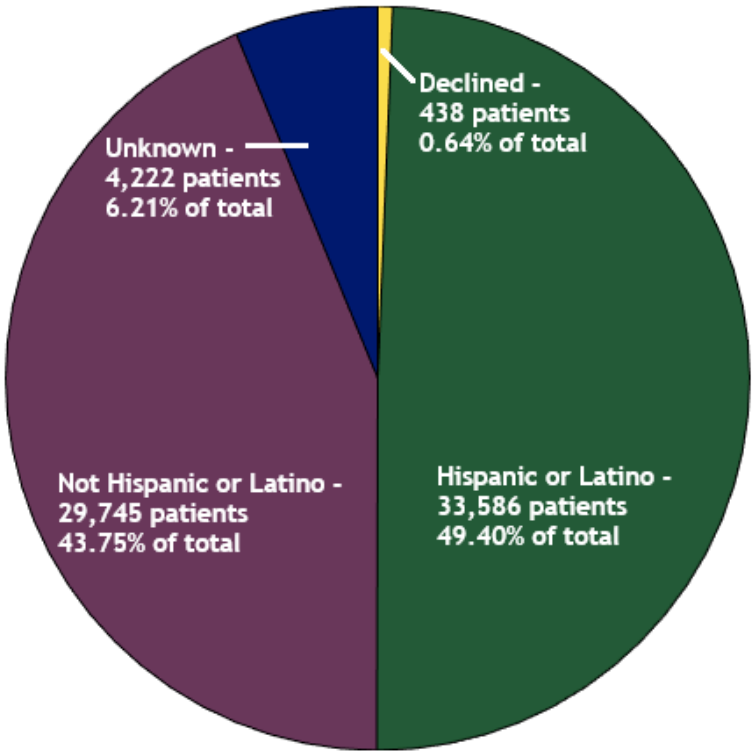


Figure 4. Hospital Discounted Care Patients by Ethnicity (reported in Professional data)

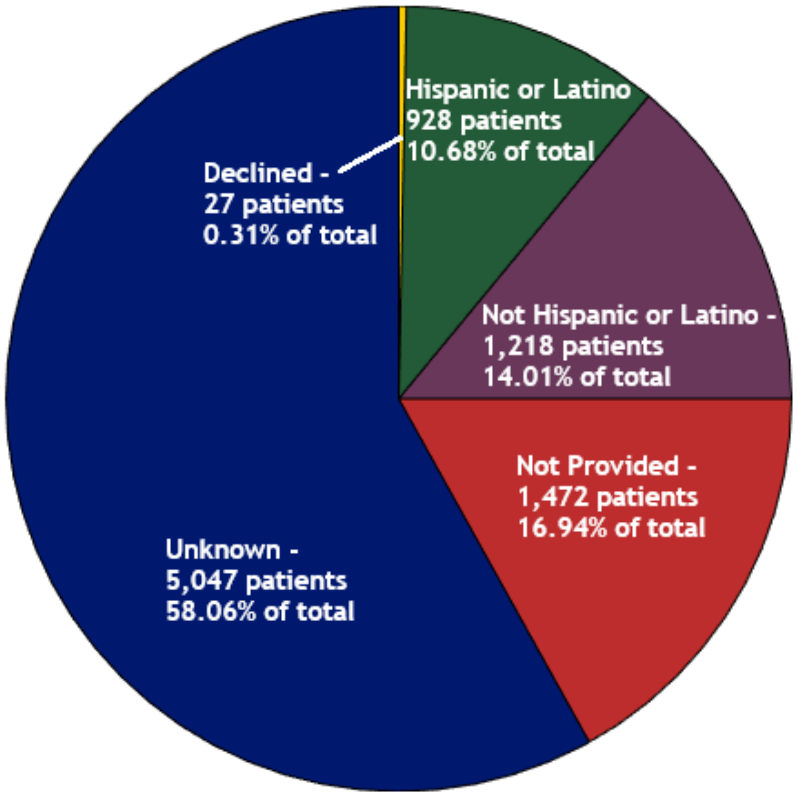


Figure 5 and Table 7 show patients' reported preferred language, the vast majority being English and Spanish. The Other category includes all languages reported as the preferred language for less than 50 patients, and the All Other category includes all languages reported as the preferred language for at least 50 patients within the Hospital reported data, including the Declined group which includes 60 patients. The All Other grouping is broken out in Figure 6.

Figure 5. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages (reported in Hospital data)

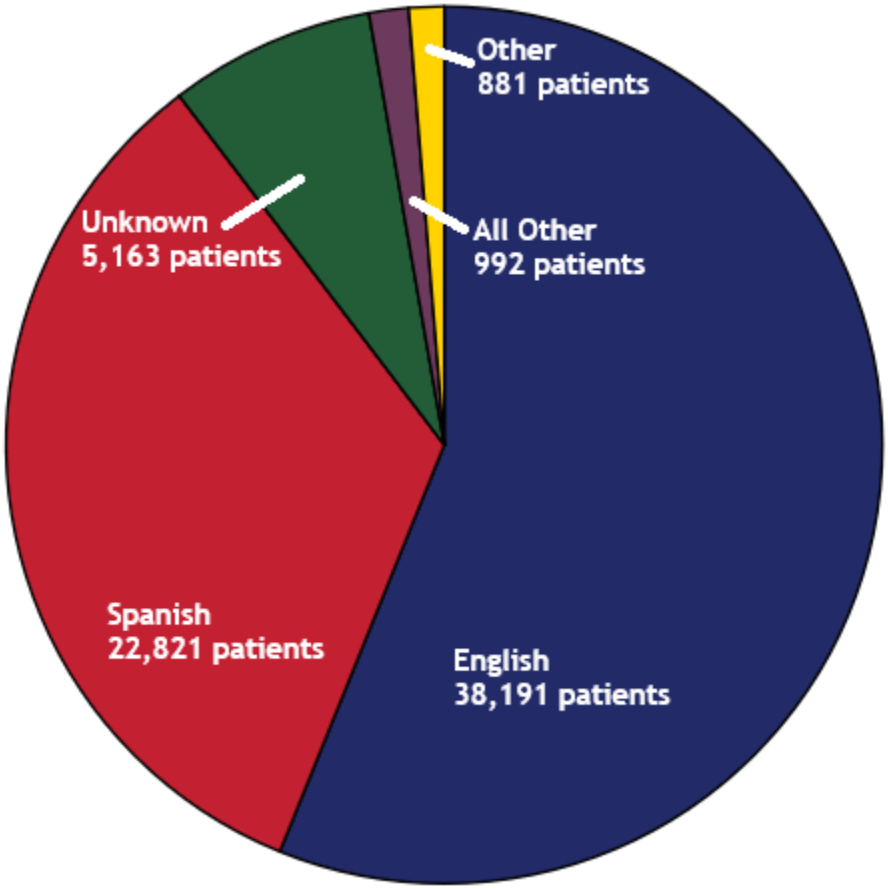


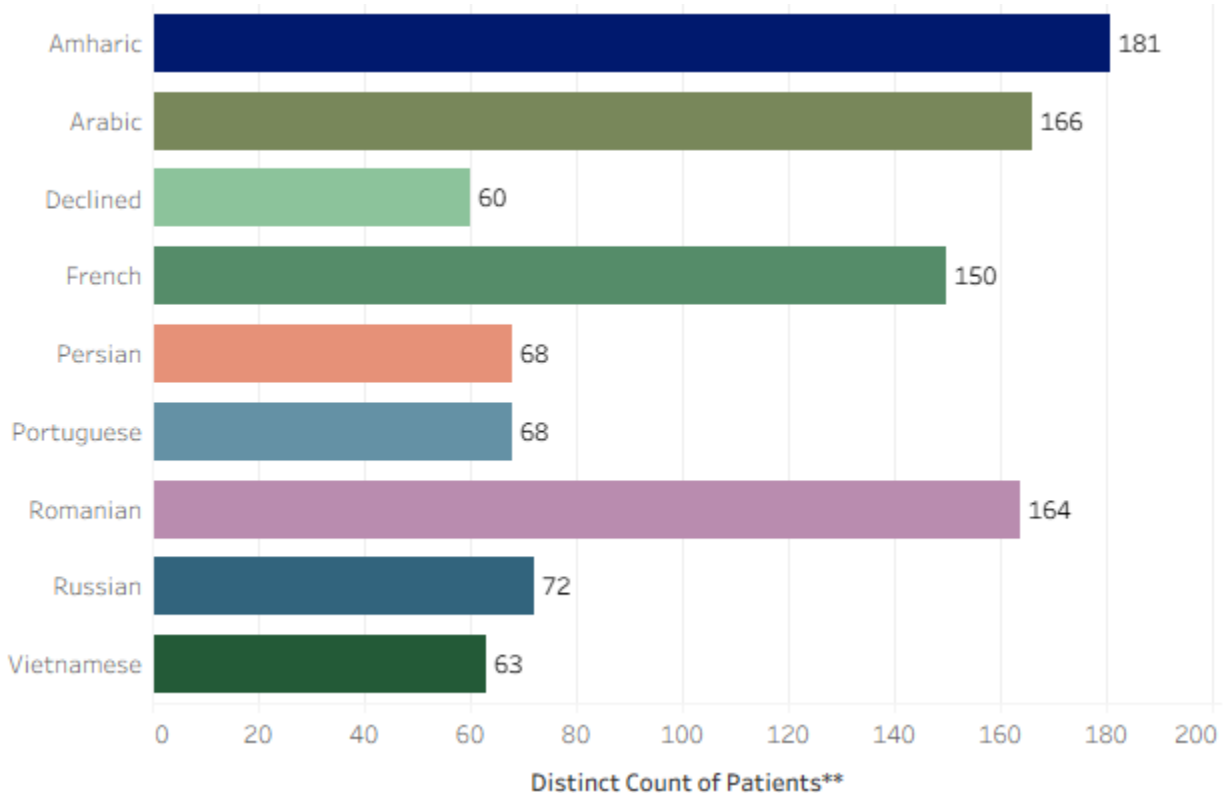
Table 7. Hospital Discounted Care Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 6 (reported in Hospital data)

Preferred Language	Distinct Count of *MRNs	Percent of Total *MRNs
English	38,191	56.18%
Other	881	0.05%
Spanish	22,821	33.57%
Unknown	5,163	7.59%
Total	**67,056**	**98.64%**

**MRN= Medical Record Number*

Figure 6 only includes languages other than English, Spanish, unknown, and other, which are included as All Other in Figure 5. These four groupings far exceed the number of patients reporting preferred languages included in the All Other category, making analysis challenging to view within the same graph. Preferred Language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

Figure 6. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other (reported in Hospital data)



There were a small number of patients who were reported as having identified different preferred languages, during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.

Figure 7 and Table 8 show patients' reported preferred language, the vast majority being English, Spanish, and Not Provided. For consistency, the same language groupings were used for both the Professional data figures and the Hospital data figures

Figure 7. Hospital Discounted Care Patients by English, Spanish, Unknown, Other, and All Other Languages (reported in Professional data)

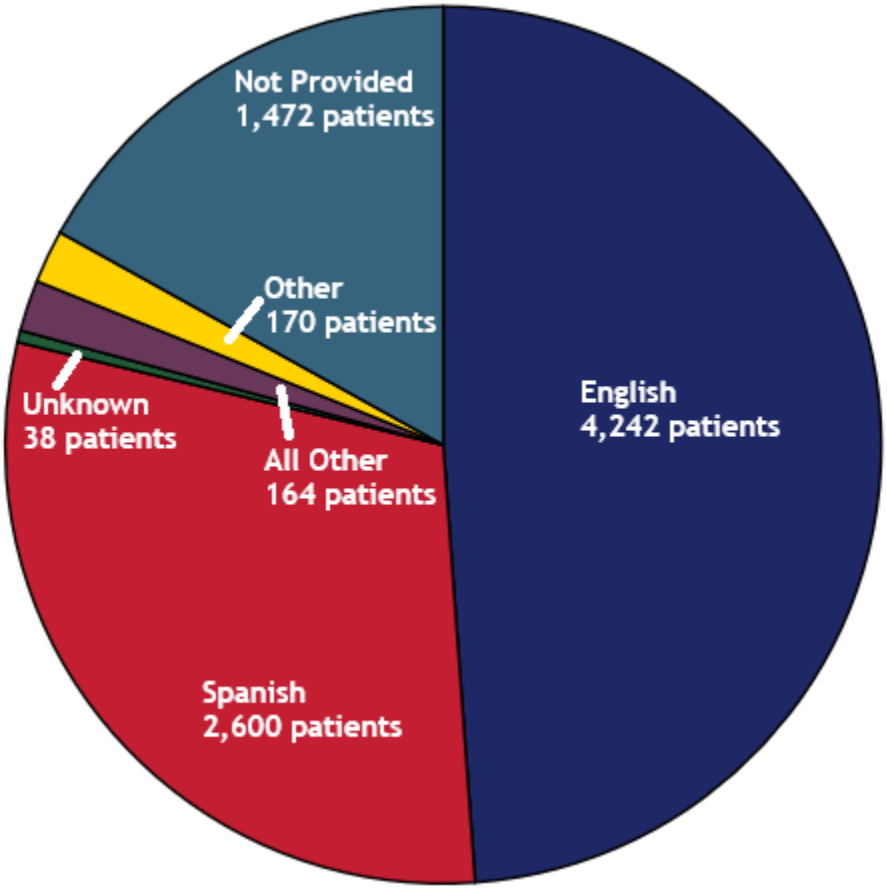
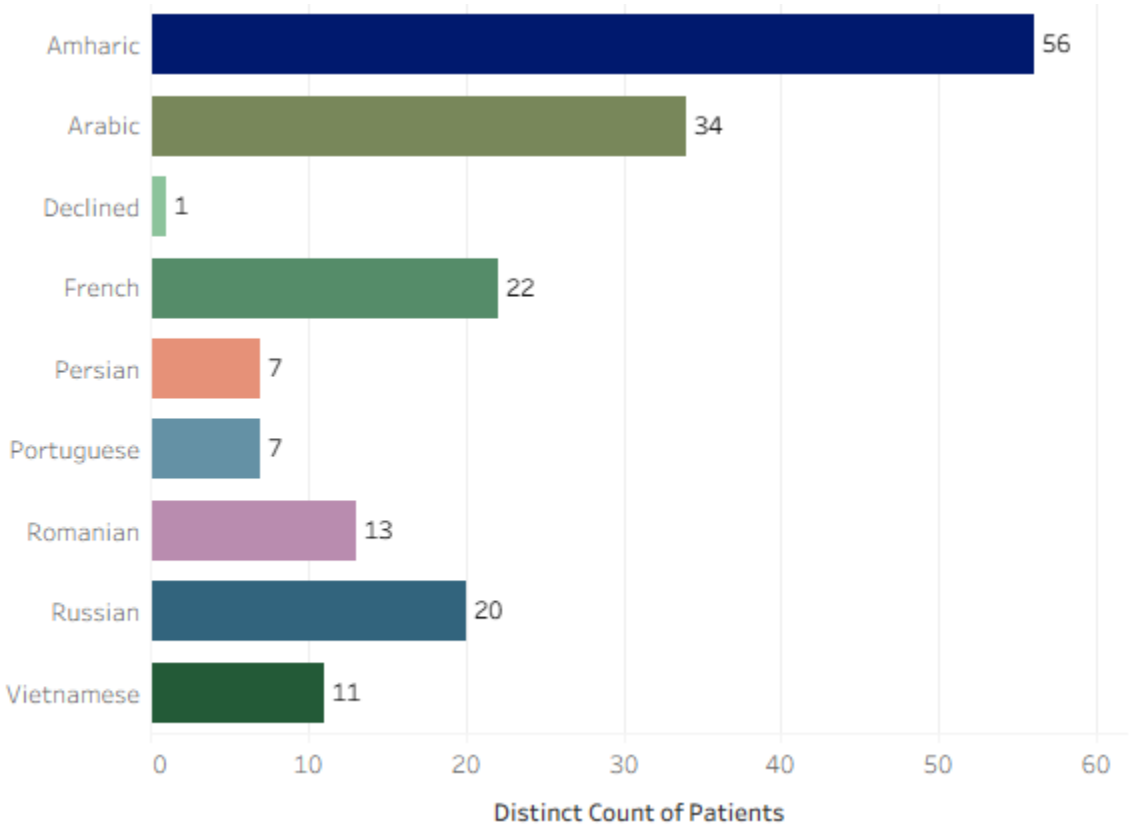


Table 8. Hospital Discounted Care Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 8 (reported in Professional data)

Preferred Language	Distinct Count of MRNs	Percent of Total MRNs
English	4,242	48.8%
Not Provided	1,472	16.94%
Other	170	1.96%
Spanish	2,600	29.91%
Unknown	38	0.44%
Total	**8,522**	**98.05%**

Figure 8 only includes languages other than English, Spanish, unknown, other, and Not Provided, which are included as All Other in Figure 7. These five groupings far exceed the number of patients reporting preferred languages included in the All Other category, making analysis challenging to view within the same graph. Preferred Language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

Figure 8. Hospital Discounted Care Patients by Preferred Language other than English, Spanish, Unknown, or Other (reported in Professional data)



There were a small number of patients who were reported as having identified different preferred languages during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.

Figure 9. Hospital Discounted Care Patients by Age (reported in Hospital data)

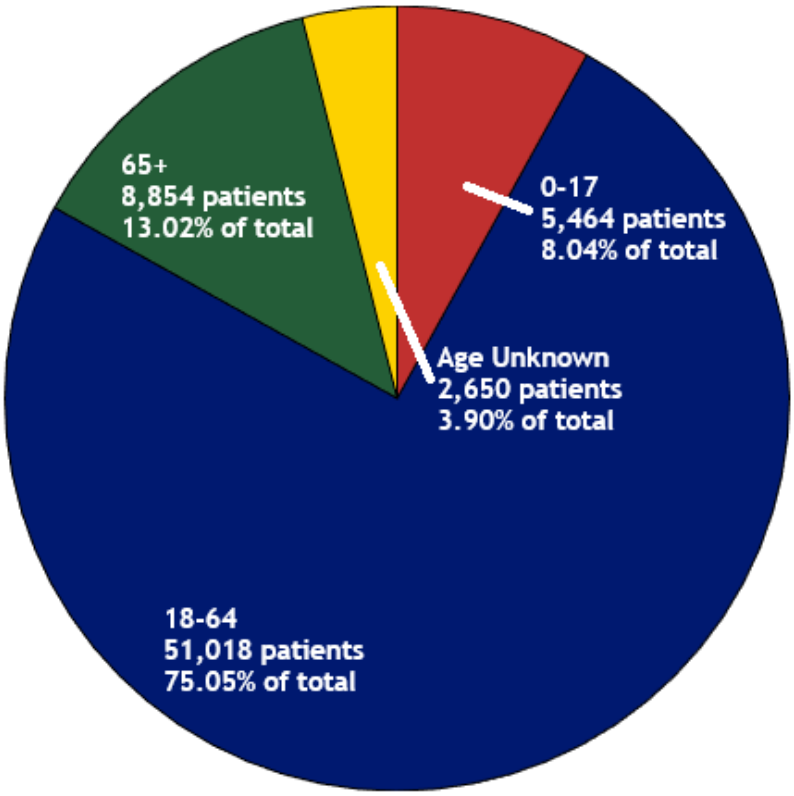
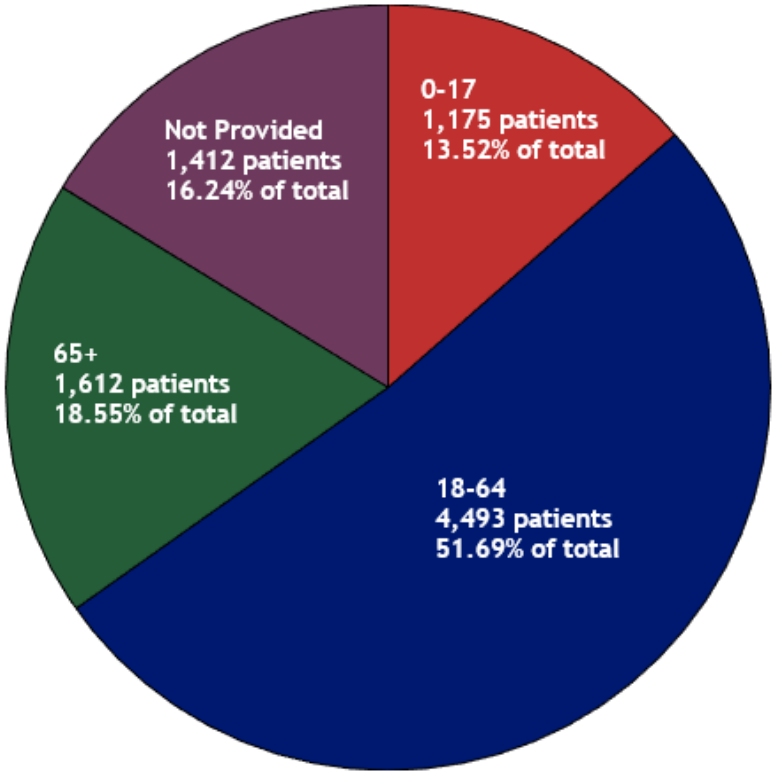


Figure 10. Hospital Discounted Care Patients by Age (reported in Professional data)



B. All Patients Included in Hospital Data and Identified Inconsistencies

HCPF staff identified issues within portions of the FY 2024-25 data submissions. One identified issue is the erroneous inclusion of certain insured patients in the data from hospitals. Hospitals are required to include all uninsured patients and any insured patients who requested financial assistance in their data. However, the cumulative data showed many patients were included who were insured but did not have any screening information included, implying they may not have requested financial assistance or did not complete the financial assistance process. HCPF will continue to hold annual training sessions on data reporting requirements under Hospital Discounted Care, and corrective action plans may be required for continuing data issues. Additionally, HCPF will continue to provide necessary updates and guidance compliance in future submissions.

The cumulative data from 85 reporting hospitals included 303,580 distinct patients, a decrease of 62,166 patients, or -17.0%, from the 365,746 distinct patients reported in FY 2023-24. HCPF believes, but does not have solid data at this time to confirm, that the reduction between FY 2023-24 and FY 2024-25 is due to a combination of updates to the reporting template based on issues identified in the FY 2023-24 data submission and a better understanding by the hospitals as to which patients actually need to be included in the data.

Of the total 303,580 patients included in the data, hospitals reported demographic data only for 114,274 patients; no screening information was included. This represents a decrease of 103,744 patients, or -47.59%, from the 218,018 patients who were reported with demographic information but were missing screening information in FY 2023-24. HCPF believes, but does not have solid data at this time to confirm, that this reduction is due to a better understanding by the hospitals of which patients actually needed to be included in the data and an increase of patients that had screening information reported even if the patient was only ever in "Best Efforts" status.

Table 9. All Patients Reported by Final Determination

Final Determination Group	Number of patients
All Distinct Patients Included in Hospital Data	303,580
Hospital Discounted Care	67,863
Individual Hospital Charity Care Program	16,884
Medicaid	6,301
Self-Pay	50,149
No Final Determination	52,421
Screening Data not submitted	114,274

Figure 11. All Patients with a Reported Final Determination

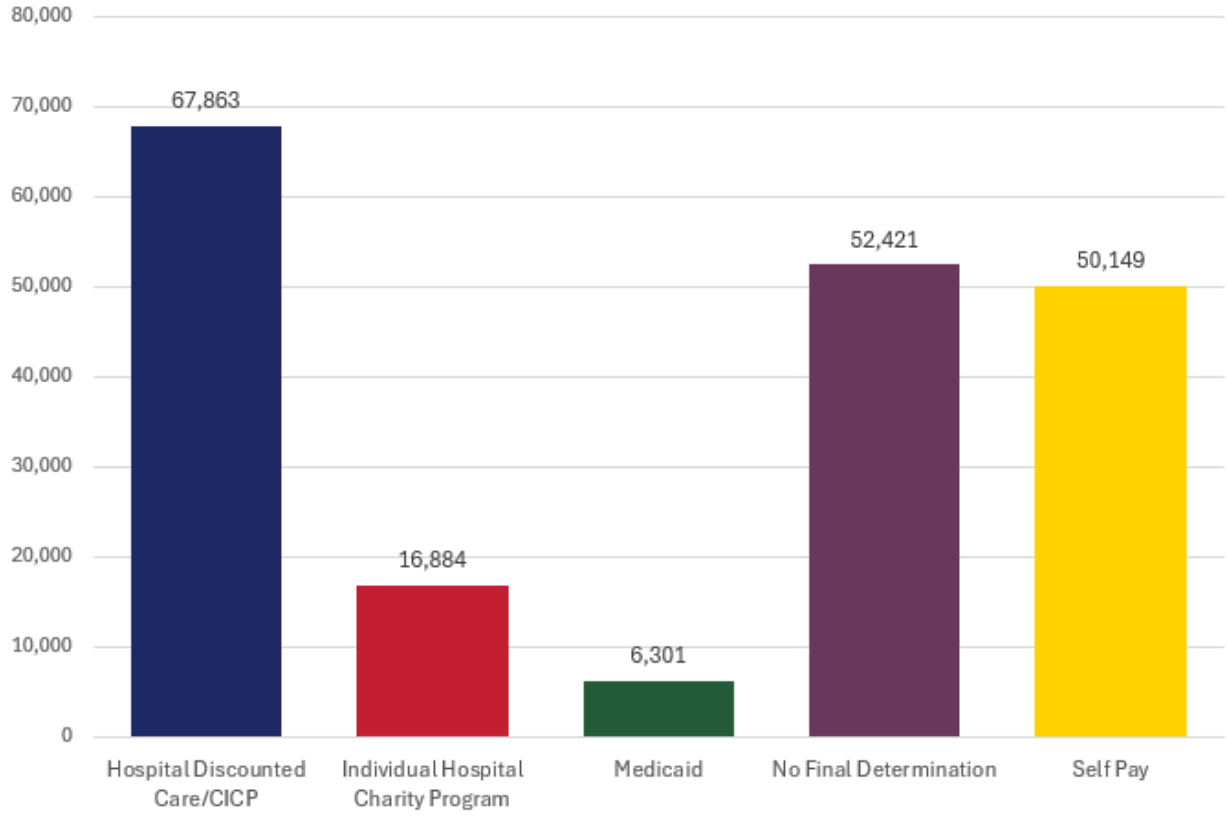


Figure 11 does not include the 114,274 patients whose final determinations were not included in the submitted data. Additionally, some patients may be included in multiple determination groups in Table 9 and Figure 11 if they had a change in status during the fiscal year, so the numbers will not sum to the total number of distinct patients included in the data. For example, a patient may have chosen to remain self-pay at one point in the year and then decided to apply for Hospital Discounted Care and/or CICP at a later date of service.

The version of Figure 11 published in the FY 2023-24 annual report included "Other" and "No Screening Data Reported" final determination categories. Recent reporting template updates require reporters to choose one of the five options included in the graph in an attempt to improve data accuracy. HCPF analyzed the FY 2023-24 data, which was not limited to certain responses in the Final Determination field, and identified the five options included in the FY 2024-25 template as the only final determination categories that patients should be able to fall into.

The breakdown of the 114,274 patients without screening information is as follows:

- For 1,168 patients reported as uninsured and 319 patients reported as insured, only payment plan information was included - these patients are believed to have accessed services in FY 2022-23 and/or FY 2023-24 and have continuing payment plans into FY 2024-25.

    - Payment plans can last a maximum of 36 months of payments and are required to be reported in each fiscal year they are still ongoing, meaning the patient's demographics must also be reported each year of the payment plan.
    - Patient eligibility determinations are generally valid for a year but are not required to be updated if the patient does not seek new services once their original determination expires. As such, these patients may not have needed to be screened in FY 2024-25.
- For 16,495 patients reported as uninsured and 117 patients reported as insured, only collections information was included - these patients are believed to have accessed services in FY 2022-23 and/or FY 2023-24 and have been sent to collections in FY 2024-25.
    - There were 121 patients reported as uninsured and 9 patients reported as insured who were included in both the payment plan and collections information.
    - Collections can be started as early as 182 days after the patient's date of service, or at any point during an established payment plan if the patient misses three consecutive payments. The patient's demographics must be reported in any fiscal year they were sent to collections.
    - Patient eligibility determinations are generally valid for a year but are not required to be updated if the patient does not seek new services once their original determination expires. As such, these patients may not have needed to be screened in FY 2024-25.
- For 38,043 patients reported as insured, there was missing screening or application information - these patients likely should not have been included in the hospitals' reporting. This number represents a decrease of 14,674 patients, or -27.84%, from the number of insured patients reported without screening information in FY 2023-24.
- For 57,721 patients reported as uninsured and 541 patients reported with unknown insurance status, there was missing screening or application information - these patients are believed to have been correctly included, but it is unclear why screening information was not included for them. It is possible that some of these patients declined screening or did not respond to screening attempts. This number represents a decrease of 86,930 patients, or -60.1%, from the number of uninsured patients reported without screening information in FY 2023-24.

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

The following figures and tables illustrate the demographics of all patients who were included in the Hospital data submitted for Hospital Discounted Care and CICP for FY 2024-25. This includes individuals whose reported final determinations did not indicate they were found eligible for Hospital Discounted Care or CICP.

Figure 12. All Patients Reported by Race

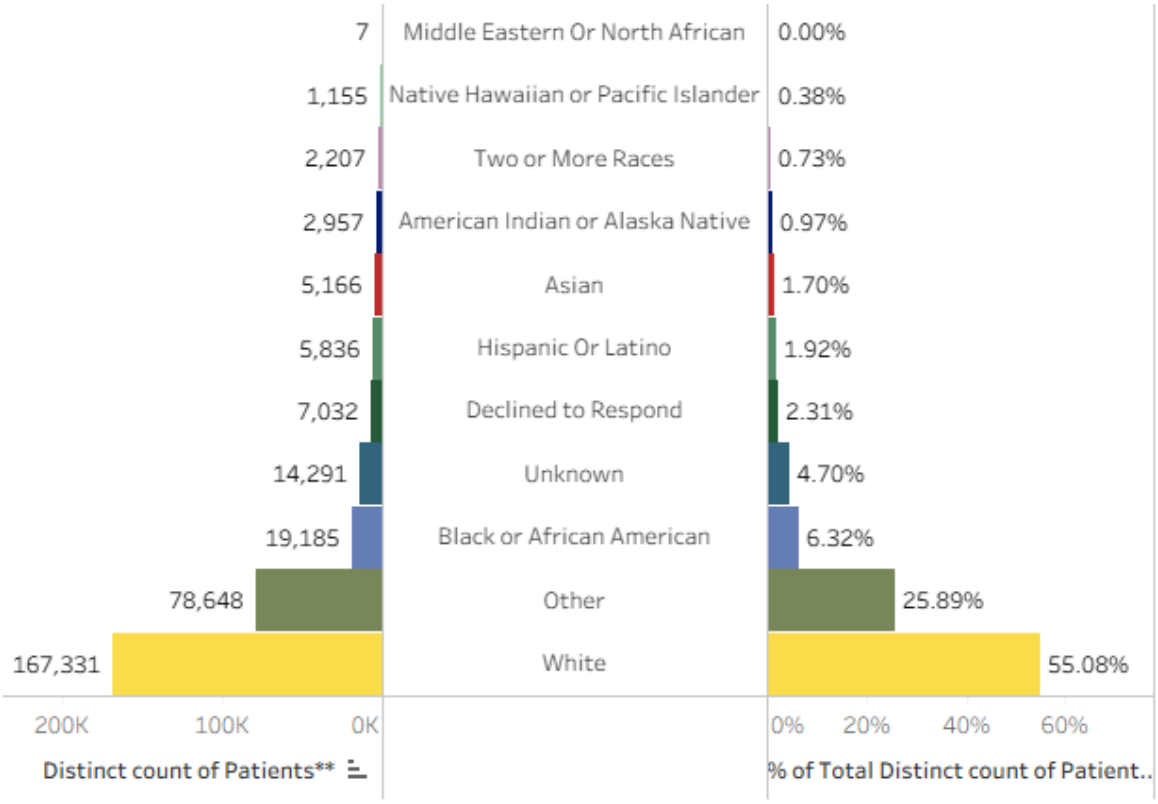


Figure 13. All Patients Reported by Ethnicity

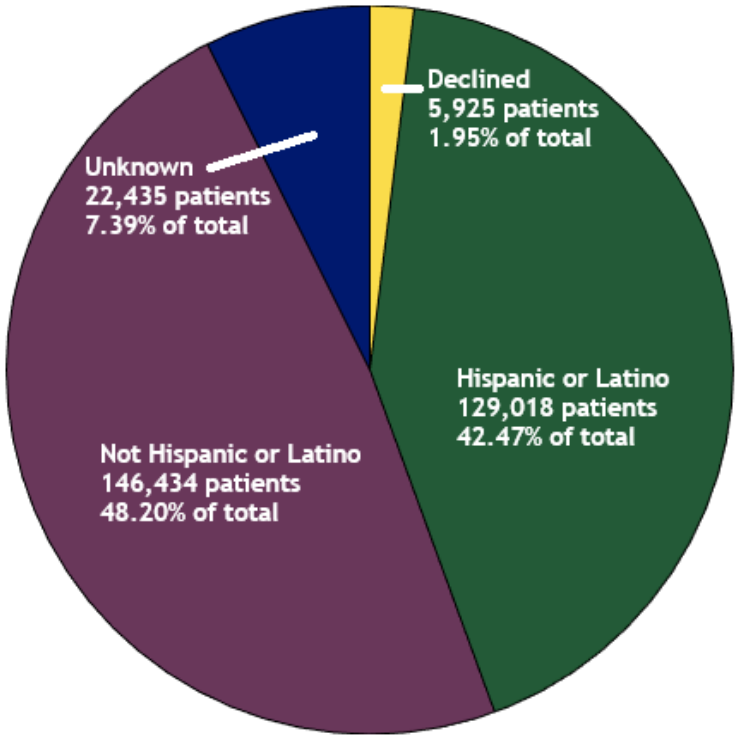


Figure 14 and Table 10 show patients' reported preferred language, the vast majority being English and Spanish. The same groupings of languages were kept as for the Hospital Discounted Care patients, for consistency.

Figure 14. All Patients by English, Spanish, Unknown, Other, and All Other Languages

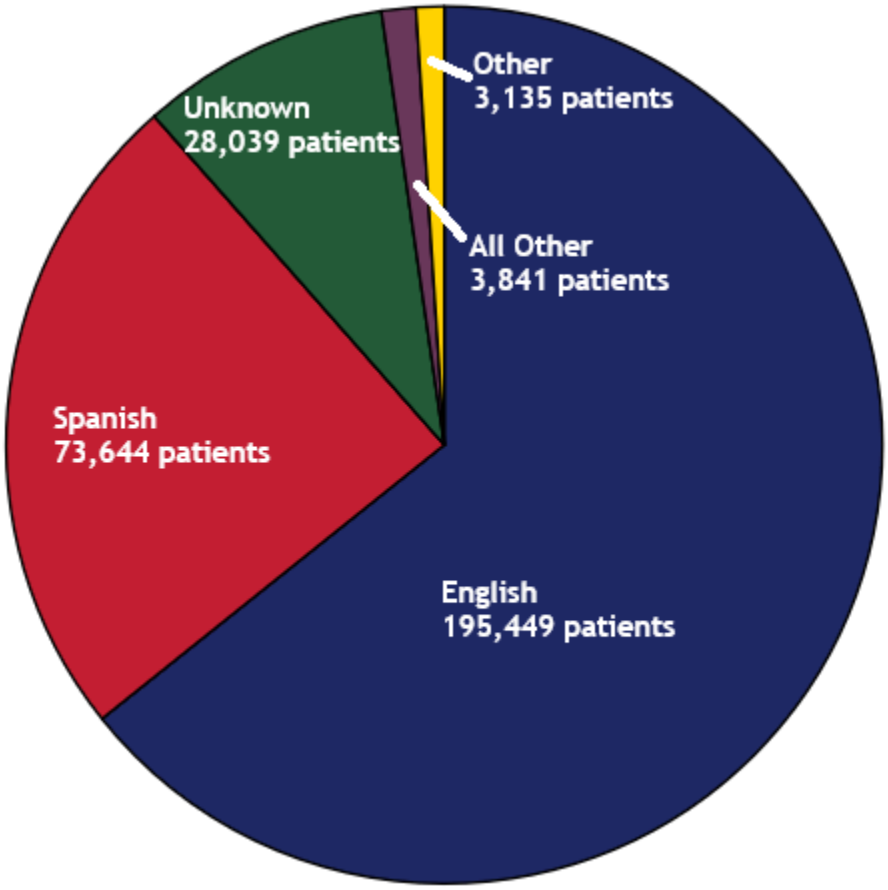


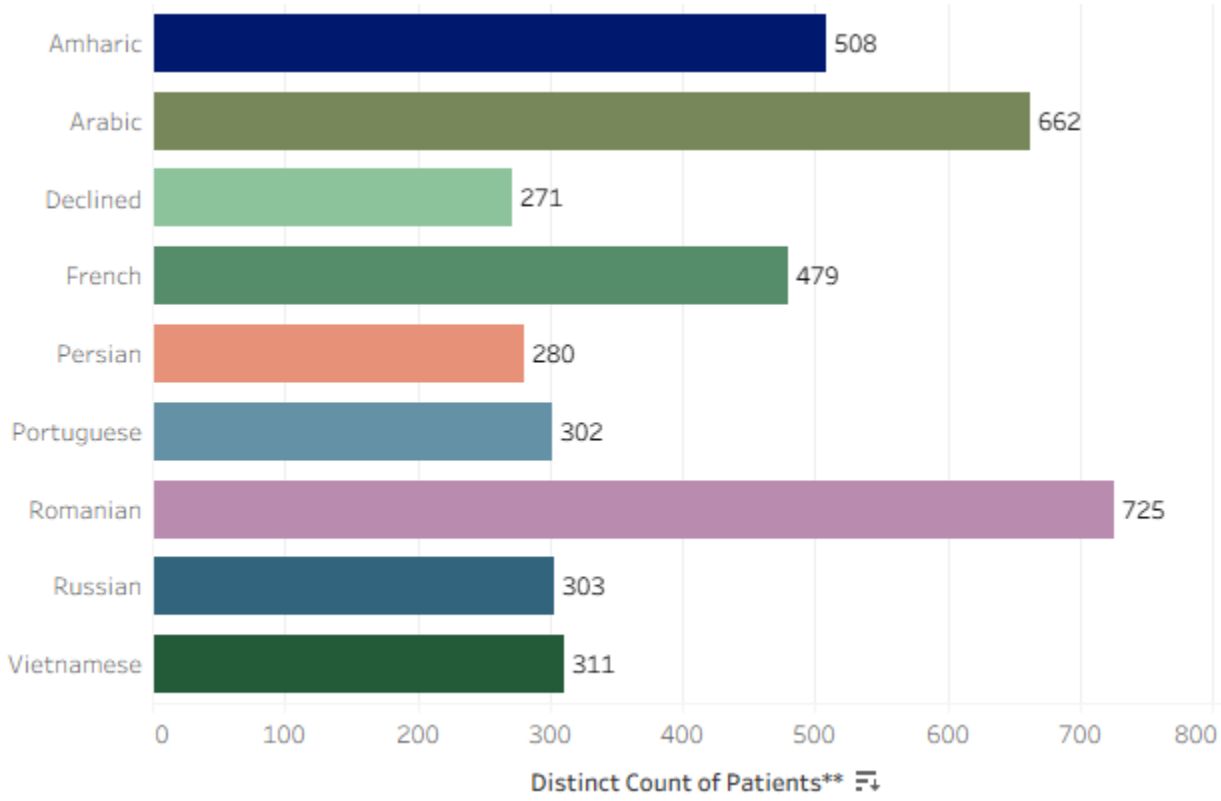
Table 10. Patients speaking English, Spanish, Unknown, or Other Languages not included in Figure 15

Preferred Language	Distinct Count of MRNs*	Percent of Total MRNs*
English	195,449	64.34%
Other	3,135	1.03%
Spanish	73,644	24.24%
Unknown	28,039	9.23%
Total	**300,267**	**98.84%**

**MRN= Medical Record Number*

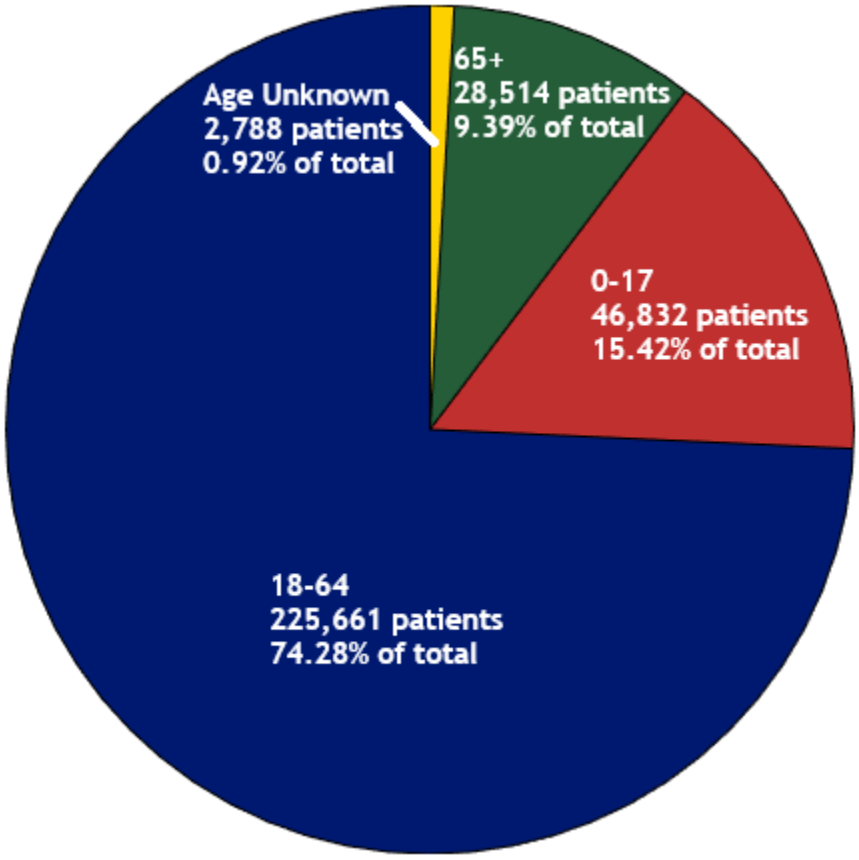
Figure 15 shows patients' preferred languages other than English, Spanish, unknown, and other, because they were the vast majority of preferred languages reported. Preferred language indicates a patient's primary language for communication; it does not imply that this is their only spoken language.

Figure 15. All Patients Reported by Preferred Language, Excluding English, Spanish, Unknown, and Other



There were a small number of patients who were reported as having identified different preferred languages during different encounters. Those patients have been included in the numbers for each language they identified as a preferred language.

Figure 16. All Patients Reported by Age



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

A. Federal Match Rates

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

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

For DSH payments, the federal government matches state payments using the FMAP, but the total DSH payments in a state are subject to an annual allotment or cap. Colorado's normal FMAP rate is 50.00%, but it was temporarily increased to 56.20% during the COVID Public Health Emergency. The FMAP was gradually reduced beginning in April 2023 until it reached the normal 50.00% rate beginning on January 1, 2024 as outlined in Table 11 below.

Table 11. Colorado FMAP Rates

Federal Fiscal Year (October - September)	Match Rate
2018-19	50.00%
2019-20 (Oct. 1, 2019 - Dec. 31, 2019)	50.00%
2019-20 (Jan. 1, 2020 - Sept. 30, 2020)	56.20%
2020-21	56.20%
2021-22	56.20%
2022-23 (Oct. 1, 2022 - March 31, 2023)	56.20%
2022-23 (April 1, 2023 - June 30, 2023)	55.00%
2022-23 (July 1, 2023 - Sept. 30, 2023	52.50%
2023-24 (Oct. 1, 2023 - Dec. 31, 2023)	51.50%
2023-24 (Jan. 1, 2024 - Sept. 30, 2024)	50.00%
2024-25	50.00%

B. Disproportionate Share Hospital (DSH) Payment

1. Law and Regulations

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

As states exercised this flexibility to finance the state share of the Medicaid Program, the federal government became alarmed at the corresponding impact on the federal budget. Regulations were put into effect to limit states' discretion in using provider taxes and contributions for this purpose. These regulations placed caps on the amount of DSH payments states can utilize. Since January 1991, Colorado Medicaid 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 CICP costs. Today, DSH payments to CICP hospitals are financed with the HAS fee and federal matching funds under the CHASE.

2. Payment Allotment

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

3. DSH Audit

Each year, HCPF submits an independent audit of DSH Payments (DSH Audit) to the CMS as directed by federal law 42 CFR 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 2025 for DSH payments made in FY 2021-22.

More information, including states' Annual DSH Reports, is available on CMS' website.

Table 12. Colorado DSH Allotment

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2018-19	$106,152,378
2019-20	$108,169,274
2020-21	$109,791,813
2021-22	$113,305,151
2022-23	$122,034,479
2023-24	$128,615,834
2024-25	$132,860,157

Table 13. FFY 2024-25 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	$420,104
Banner Fort Collins Medical Center	$558,488
Children's Hospital Colorado	$12,026,154
Children's Hospital Colorado, Colorado Springs	$1,644,153
Community Hospital	$1,391,705
Denver Health Medical Center	$141,498,623
Grand River Hospital and Medical Center	$2,824,826
HCA HealthONE Mountain Ridge[10]	$4,464,318
Longmont United Hospital	$2,932,873
McKee Medical Center	$1,109,435
Montrose Memorial Hospital	$3,896,846
National Jewish Health	$3,878,416
North Colorado Medical Center	$6,389,490
Platte Valley Medical Center	$2,747,458

[10] HCA HealthONE Mountain Ridge, previously known as North Suburban Medical Center, did not participate in CICP but met the federal requirements to receive the DSH payment.

UCHealth Greeley Hospital	$2,696,512
UCHealth Longs Peak	$1,817,465
UCHealth Medical Center of the Rockies	$5,368,725
UCHealth Memorial Hospital	$2,209,954
UCHealth Yampa Valley Medical Center	$660,814
University of Colorado Hospital	$56,098,170
Valley View Hospital	$11,085,785
Total	**$265,720,314**

C. Definitions

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

Centers for Medicare and Medicaid Services (CMS) – The federal agency within the U.S. Department of Health and Human Services (HHS) that administers the nation's major healthcare programs. CMS oversees programs that provide health coverage to more than 160 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system.

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

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

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.

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

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

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

CICP Clinic or Clinic Provider – A community health clinic licensed by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a FQHC or Rural Health Clinic and participates in the CICP.

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

CICP Rating – An assigned numeric code that designates a family's copayment and annual copayment cap and correlates to a specific ability to pay. Income, resources, and the family household size are used to determine what percentage of the FPG the family meets. The CICP FPG Percentage Range Scale is divided into 11 sections.

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

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

(i) Primary health services;

(ii) As determined by the Secretary of Health and Human Services to be appropriate for particular centers, supplemental health services necessary for the adequate support of primary health services;

(iii) Referral to providers of supplemental health services and payment, as determined by the Secretary to be appropriate and feasible, for their provision of such services; (iv) Environmental health services, as determined by the Secretary to be appropriate for particular centers; and

(v) Information on the availability and proper use of health services.

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

Department of Health Care Policy and Financing (HCPF) or Department – A Colorado state department established by section 24-1-119.5, C.R.S., and authorized by section 25.5 et seq.

Denver Health Medical Center – Under the CICP, Denver Health Medical Center primarily serves eligible patients who reside in the City and County of Denver. These facilities include Denver Health Medical Center and 11 neighborhood health clinics, 10 of which are located in Denver and 1 of which is located in Winter Park.

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

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

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

Federal Medical Assistance Percentage (FMAP) or Federal Match Rate – The portion of the eligible medical and administrative payments that consists 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 Guideline (FPG) - A measure of income issued every year by the United States Department of Health and Human Services (HHS).

Federally Qualified Health Center (FQHC) – Community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) to provide primary care services in underserved areas as defined under federal law , 42 U.S.C. 1395x (aa)(4).

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

General Provider – A health care facility that is licensed or certified as a general hospital, community health clinic, or maternity hospital (birth center) by the Department of Public Health and Environment or certified by the U.S. Department of Health and Human Services as a FQHC or Rural Health Clinic.

Healthcare Affordability and Sustainability fee (HAS fee) - a fee assessed on Colorado hospitals pursuant to the CHASE Act of 2017 to increase Health First Colorado and CICP payments to hospitals, to fund hospital quality incentive payments, to expand

health care coverage in the Health First Colorado and CHP+ programs, to reduce cost-shifting to private payers, and to provide other business services to hospitals.

Health First Colorado or Colorado's Medicaid Program – Colorado medical assistance program as defined in section 25.5-4 et seq, C.R.S.

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

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

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

Medical Services Board – The board as authorized by state law under section 25.5-1-301, C.R.S.

Primary Care Fund or Primary Care Fund Program - The Primary Care Fund as authorized by state law at section 25.5-3-301, C.R.S.

Qualified Health Care Provider – Any General Provider who is approved by HCPF to provide and receive funding for discounted health care services under the CICP.

Residency – 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 by federal law in 42 U.S.C. 1395x (aa) (2). Such clinics are either freestanding or hospital affiliated.

Social Security Act – A legislative act established in 1935 to provide for the general welfare by establishing a system of Federal old-age benefits, and by enabling the several states to make more adequate provision for aged persons, blind persons, dependent and crippled children, maternal and child welfare, public health, and the administration of their unemployment compensation laws; to establish Social Security Board; to raise revenue; and for other purposes.

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

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

University of Colorado Hospital – Under the CICP, University of Colorado Hospital primarily serves 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 access to such complex care unavailable in the rest of the state.