

Colorado Indigent Care Program and Primary Care Fund

Fiscal Year 2020-21 Annual Report

Kim Bimestefer
Executive Director



COLORADO
Department of Health Care
Policy & Financing

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EXECUTIVE SUMMARY

This annual report is prepared by the Department of Health Care Policy and Financing (the Department) pursuant to Section 25.5-3-107, C.R.S. (2021). The purpose of this annual report is to inform stakeholders and policy makers about the structure, policy, statistics, and payments related to the Colorado Indigent Care Program (CICP). The CICP is not an insurance program, but rather a financial vehicle for providers to recoup some of their costs for providing medical services to low-income Coloradans who are not eligible for Health First Colorado (Colorado’s Medicaid Program) or Child Health Plan Plus (CHP+).

In FY 2020-21, the number of persons served by the CICP was 39,872. This represents a 26.5% decrease from the previous year. The CICP remains an important safety net for low-income Coloradans who are not eligible for Health First Colorado or CHP+ and who cannot afford their out-of-pocket health care costs.

There are reduced numbers throughout this year’s report due to the large number of people who have avoided any non-emergency medical care since March 2020 due to the COVID-19 pandemic. The CICP saw a large drop not only in the number of Clients accessing services, but also in the write off charges from providers across the state as fewer non-emergency services were sought. These reduced numbers do not indicate a lesser need for the CICP to continue, but rather speak to how important the program is to low-income Coloradans who, now more than ever, rely on the program to help with medical bills.

A key component of the CICP is its formal CICP Stakeholder Advisory Council (Advisory Council) as described under 10 CCR 2505-10 Section 8.905.D. The Advisory Council includes representatives of rural and urban hospitals, community health centers, safety-net clinics, consumers, and consumer advocates. The Advisory Council advises the Department on policies for the CICP and makes recommendations to improve program effectiveness. The Department continues to work with its stakeholders to preserve the CICP safety net for its clients by taking opportunities to modernize the CICP and create efficiencies.

In FY 2020-21, there were 18 CICP Clinics and 52 CICP Hospitals. CICP Clinics were reimbursed at 49.27% of indigent care costs. In FY 2020-21, payments to CICP Hospitals were financed with hospital provider fees and federal matching funds under the federal Disproportionate Share Hospital (DSH) allotment as part of the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE). For more information about the CHASE, see the 2022 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department’s website at www.colorado.gov/hcpf/department-reports. Payments to CICP Hospitals and CICP Clinics in FY 2020-21 are shown below.

CICP Payments

➤ CICP Disproportionate Share Hospital Payments	\$212,470,543
➤ CICP Clinic Payments	\$5,979,386
➤ Total Payments	\$218,449,929

INTRODUCTION

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

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

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

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

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

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

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

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

PROGRAM OVERVIEW

The Colorado General Assembly enacted the “Reform Act for the Provision of Health Care for the Medically Indigent” in 1983. This law made it possible to use State funds to partially reimburse providers for services provided to the State’s medically indigent residents. This article was amended in 2006 and now stands as the enactment of the “Colorado Indigent Care Program.” Part 1 of Article 3 in Title 25.5 is where the program’s enabling legislation resides. The following segment of the legislative declaration at Section 25.5-3-102, C.R.S. (2021) helps illustrate the program’s purpose.

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

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

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

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

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

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

CICP COMMUNICATION

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

CLIENTS

ELIGIBILITY REQUIREMENTS

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

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

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

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

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

Table 1 Annual Income Ranges for Each Federal Poverty Level Percentage Range Effective April 1, 2020 through March 31, 2021

Family Size	0% to 40% & Homeless	0 to 40%	41 to 62%	63 to 81%
1	\$0-\$5,104	\$0-\$5,104	\$5,105-\$7,911	\$7,912-\$10,336
2	\$0-\$6,896	\$0-\$6,896	\$6,897-\$10,689	\$10,690-\$13,964
3	\$0-\$8,688	\$0-\$8,688	\$8,689-\$13,466	\$13,467-\$17,593
4	\$0-\$10,480	\$0-\$10,480	\$10,481-\$16,244	\$16,245-\$21,222
5	\$0-\$12,272	\$0-\$12,272	\$12,273-\$19,022	\$19,023-\$24,851
6	\$0-\$14,064	\$0-\$14,064	\$14,065-\$21,799	\$21,800-\$28,480
7	\$0-\$15,856	\$0-\$15,856	\$15,857-\$24,577	\$24,578-\$32,108
8	\$0-\$17,648	\$0-\$17,648	\$17,649-\$27,354	\$27,355-\$35,737

Family Size	82 to 100%	101 to 117%	118 to 133%	134 to 159%
1	\$10,337-\$12,760	\$12,761-\$14,929	\$14,930-\$16,971	\$16,972-\$20,288
2	\$13,965-\$17,240	\$17,241-\$20,171	\$20,172-\$22,929	\$22,930-\$27,412
3	\$17,594-\$21,720	\$21,721-\$25,412	\$25,413-\$28,888	\$28,889-\$34,535
4	\$21,223-\$26,200	\$26,201-\$30,654	\$30,655-\$34,846	\$34,847-\$41,658
5	\$24,852-\$30,680	\$30,681-\$35,896	\$35,897-\$40,804	\$40,805-\$48,781
6	\$28,481-\$35,160	\$35,161-\$41,137	\$41,138-\$46,763	\$46,764-\$55,904
7	\$32,109-\$39,640	\$39,641-\$46,379	\$46,380-\$52,721	\$52,722-\$63,028
8	\$35,738-\$44,120	\$44,121-\$51,620	\$51,621-\$58,680	\$58,681-\$70,151

Family Size	160 to 185%	186 to 200%	201 to 250%
1	\$20,289-\$23,606	\$23,607-\$25,520	\$25,521-\$31,900
2	\$27,413-\$31,894	\$31,895-\$34,480	\$34,481-\$43,100
3	\$34,536-\$40,182	\$40,183-\$43,440	\$43,441-\$54,300
4	\$41,659-\$48,470	\$48,471-\$52,400	\$52,401-\$65,500
5	\$48,782-\$56,758	\$56,759-\$61,360	\$61,361-\$76,700
6	\$55,905-\$65,046	\$65,047-\$70,320	\$70,321-\$87,900
7	\$63,029-\$73,334	\$73,335-\$79,280	\$79,281-\$99,100
8	\$70,152-\$81,622	\$81,623-\$88,240	\$88,241-\$110,300

Table 2 Client Copayment Table Effective July 1, 2020

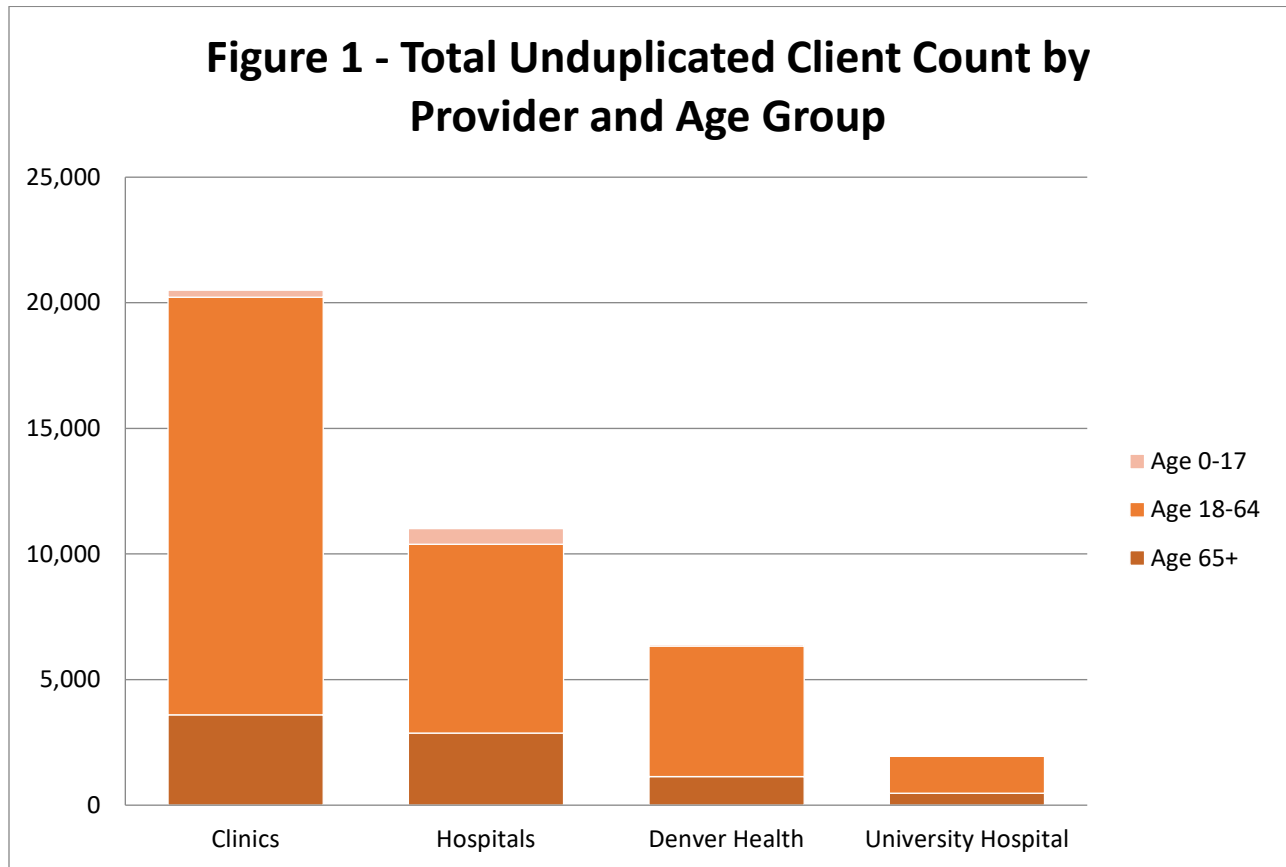
Percent of FPL	0 to 40% and Homeless	0 to 40%	41 to 62%	63 to 81%	82 to 100%	101 to 117%	118 to 133%	134 to 159%	160 to 185%	186 to 200%	201 to 250%
Ambulatory Surgery	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600	\$630
Inpatient Facility	\$0	\$15	\$65	\$105	\$155	\$220	\$300	\$390	\$535	\$600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

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

CLIENTS SERVED

During FY 2020-21, there were 39,872 unduplicated clients who received services through the CICP. This represents a 26.5% decrease from the 54,222 unduplicated clients assisted in FY 2019-20. Children represented 2.4% of the total unique population receiving services. The total unduplicated count of children receiving care under the CICP decreased by 48.9% in FY 2020-21 relative to the FY 2019-20 total. Overall, the program provided 2,003 unduplicated clients with inpatient care, while 39,010 received outpatient services in FY 2020-21.¹

Figure 1 Total Unduplicated Client Count by Provider and Age Group



As shown in Table 3, the number of inpatient days decreased from 19,517 in FY 2019-20 to 12,900 in FY 2020-21, representing a decrease of 33.9%. Overall, the total number of inpatient days has decreased by 34.6% since FY 2018-19. Relative to FY 2019-20, Denver Health Medical Center had a decrease in inpatient days in FY 2020-21 of 46.5%, while University of Colorado Hospital had a decrease of 28.8%.

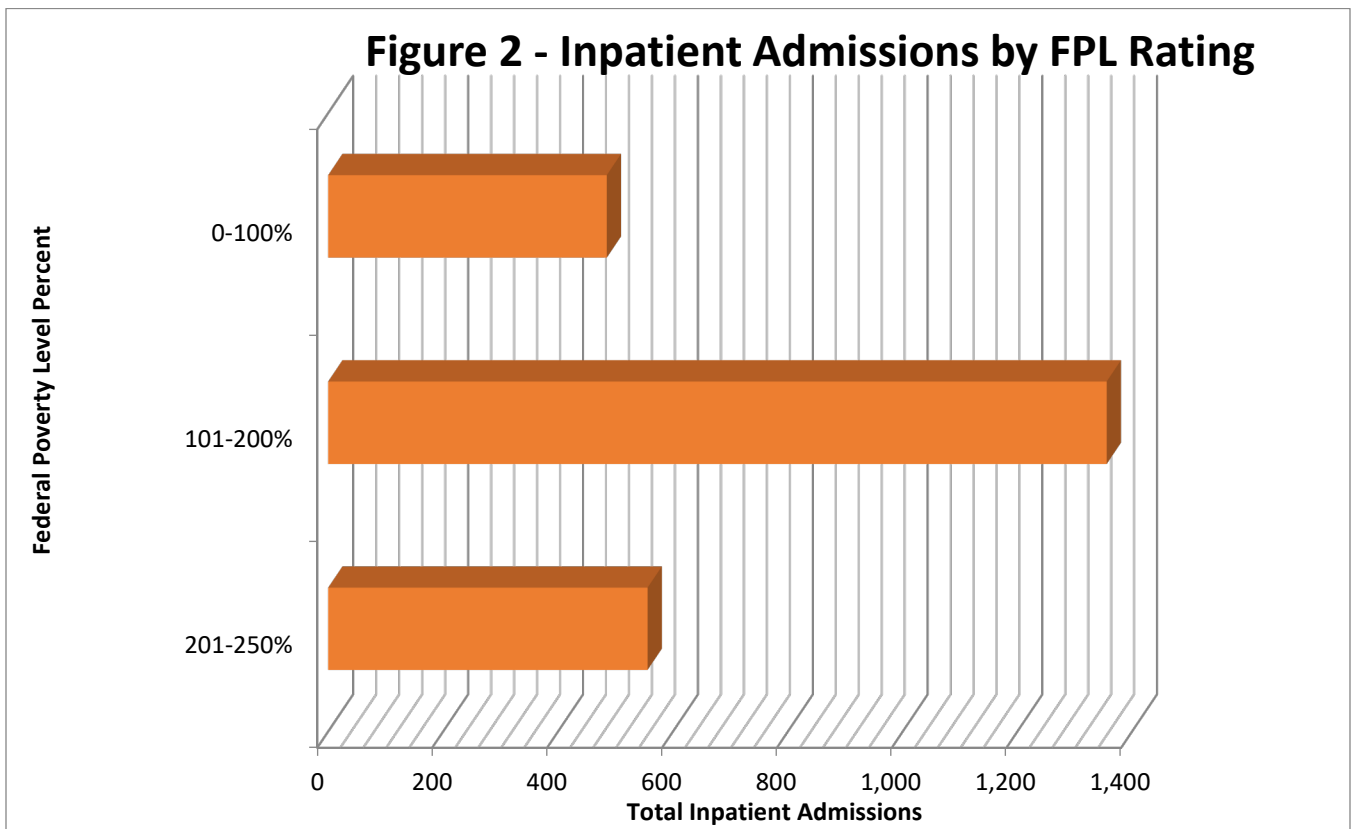
¹ This count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

Table 3 Comparison of Inpatient Days²

CICP Provider	FY 2018-19 Inpatient Days	Percent Change	FY 2019-20 Inpatient Days	Percent Change	FY 2020-21 Inpatient Days	Percent Change
CICP Hospitals ³	12,261	7.9%	11,878	-3.1%	8,082	-32.0%
Denver Health Medical Center	3,423	11.1%	3,514	2.7%	1,879	-46.5%
University of Colorado Hospital	4,028	-6.5%	4,125	2.4%	2,939	-28.8%
TOTAL	19,712	5.1%	19,517	-1.0%	12,900	-33.9%

Figure 2 shows the total inpatient admissions by CICP Rating and FPL percentage for FY 2020-21. Of the total inpatient admissions, 20.1% were made for individuals living at or below 100% FPL (former ratings Z, N, A, B, and C), similar to the 19.2% figure seen in FY 2019-20. FPL Ratings between 101% and 200% (former ratings D, E, F, G, and H) accounted for 56.1% of inpatient admissions, while FPL Ratings between 201% and 250% (former rating I) accounted for 23.0% of inpatient admissions.

Figure 2 Inpatient Admissions by CICP Rating



As shown in Table 4, there was a 24.0% decrease in total outpatient visits from FY 2019-20 to FY 2020-21. CICP Clinics experienced a 11.7% decrease in outpatient visits. CICP Hospitals experienced a

² Source: Analysis of Data from Previous CICP Annual Reports

³ Includes CICP Specialty Hospital Providers

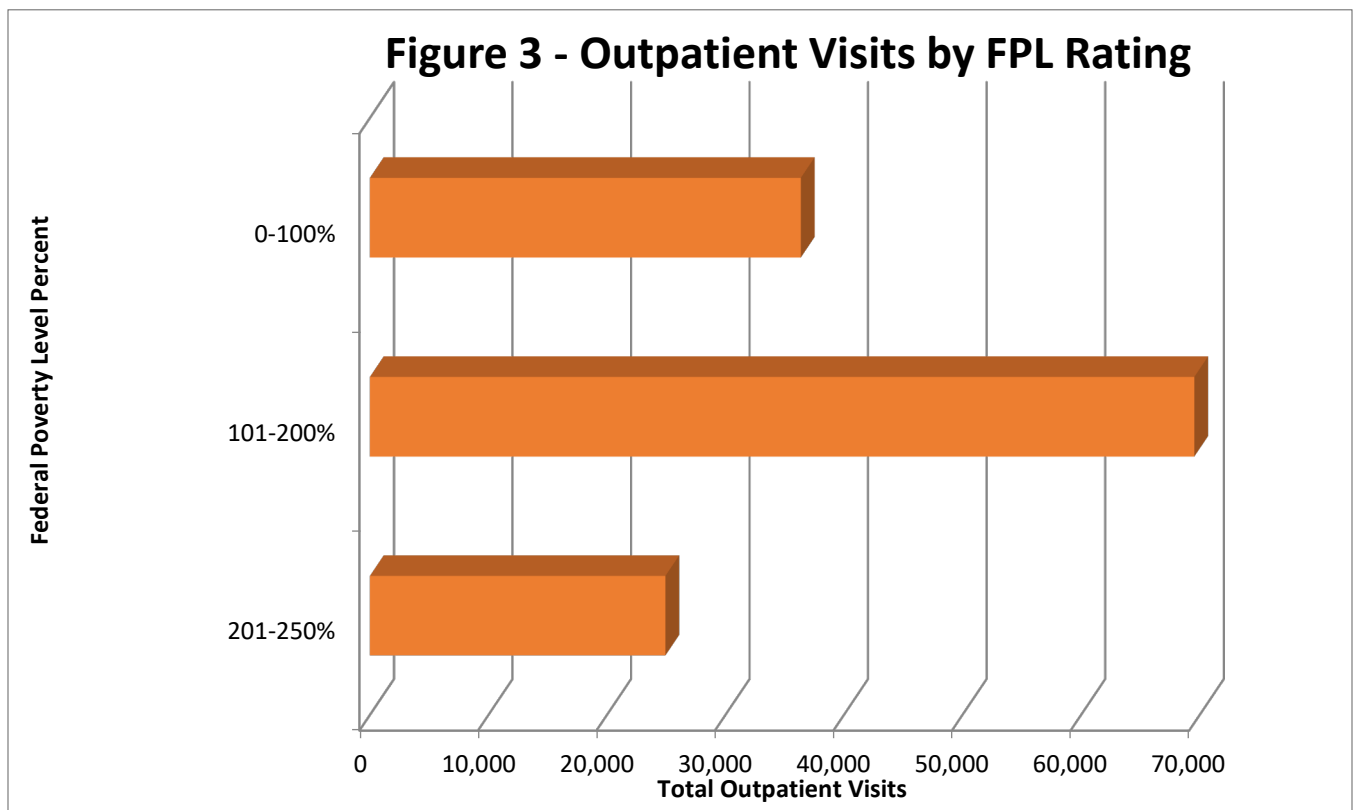
33.7% decrease in outpatient visits while Denver Health Medical Center experienced a 36.3% decrease and University of Colorado Hospital experienced a 33.2% decrease.

Table 4 Comparison of Outpatient Visits⁴

CICP Provider	FY 2018-19 Outpatient Visits	Percent Change	FY 2019-20 Outpatient Visits	Percent Change	FY 2020-21 Outpatient Visits	Percent Change
CICP Clinics	87,212	18.1%	82,307	-5.6%	72,638	-11.7%
CICP Hospitals ⁵	38,183	0.6%	43,717	14.5%	28,989	-33.7%
Denver Health Medical Center	36,949	5.3%	38,713	4.8%	24,666	-36.3%
University of Colorado Hospital	12,110	-10.5%	11,002	-9.1%	7,351	-33.2%
TOTAL	174,454	8.8%	175,739	0.7%	175,739	-24.0%

In FY 2020-21, the total number of outpatient visits for CICP clients fell by 24.1%, decreasing from 175,739 in FY 2019-20 to 133,647 in FY 2020-21. Clients with an FPL rating between 0 and 100% made up 27.2% of the total visits, with clients falling between 101% and 200% making up 52.0% of the total visits, and clients falling between 201% and 250% making up 18.7% of the total visits.

Figure 3 Outpatient Visits by CICP Rating



⁴ Source: Analysis of Data from Previous CICP Annual Reports

⁵ Includes CICP Specialty Hospital Providers

PROVIDERS

PROVIDER ELIGIBILITY REQUIREMENTS

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

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

A federally qualified health center, as defined in section 1861 (aa) (4) of the federal “Social Security Act”, 42 U.S.C sec. 1395x (aa) (4); or

A rural health clinic, as defined in section 1861 (aa) (2) of the federal “Social Security Act”, 42 U.S.C sec. 1395x (aa) (2).

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

For the purposes of this FY 2020-21 Annual Report, CICIP providers are identified in the following categories by funding appropriation:

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

PROVIDER PARTICIPATION

A total of 70 providers, 52 hospitals and 18 clinics, participated in the CICIP in FY 2020-21. Most of the participating CICIP Clinics and several of the CICIP Hospitals have multiple sites. Any site other than the main facility is considered a satellite facility. There were 193 satellite CICIP facilities throughout the state for FY 2020-21.

Table 5 FY 2020-21 CICP Clinics and Hospitals Including Satellite Facilities by County

County	Clinics	Hospitals	Totals
Adams	7	4	11
Alamosa	8	1	9
Arapahoe	9	0	9
Archuleta	0	0	0
Baca	0	1	1
Bent	2	0	2
Boulder	4	3	7
Broomfield	1	0	1
Chaffee	2	2	4
Cheyenne	0	0	0
Clear Creek	0	0	0
Conejos	3	1	4
Costilla	0	0	0
Crowley	0	0	0
Custer	0	0	0
Delta	1	1	2
Denver	19	2	21
Dolores	0	0	0
Douglas	6	1	7
Eagle	2	0	2
El Paso	25	4	29
Elbert	1	0	1
Fremont	2	1	3
Garfield	3	2	5
Gilpin	0	0	0
Grand	5	1	6
Gunnison	4	1	5
Hinsdale	0	0	0
Huerfano	0	1	1
Jackson	1	0	1
Jefferson	11	0	11
Kiowa	0	0	0

County	Clinics	Hospitals	Totals
Kit Carson	1	0	1
La Plata	0	1	1
Lake	1	1	2
Larimer	8	5	13
Las Animas	2	1	3
Lincoln	2	1	3
Logan	1	1	2
Mesa	9	3	12
Mineral	1	0	1
Moffat	1	1	2
Montezuma	6	1	7
Montrose	7	1	8
Morgan	1	2	3
Otero	2	1	3
Ouray	0	0	0
Park	0	0	0
Phillips	1	1	2
Pitkin	1	1	2
Prowers	7	1	8
Pueblo	12	1	13
Rio Blanco	0	0	0
Rio Grande	6	1	7
Routt	1	1	2
Saguache	3	0	3
San Juan	0	0	0
San Miguel	1	0	1
Sedgwick	1	1	2
Summit	0	0	0
Teller	1	1	2
Washington	0	0	0
Weld	14	2	16
Yuma	1	1	2
Totals	207	56	263

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

Table 6 FY 2020-21 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
Rio Grande Hospital	Del Norte
San Luis Valley Health Conejos County Hospital	La Jara
San Luis Valley Regional Medical Center	Alamosa
Sedgwick County Memorial Hospital	Julesburg
Southeast Colorado Hospital District	Springfield
Southwest Memorial Hospital	Cortez
Spanish Peaks Regional Health Center	Walsenburg
St. Mary's Hospital and Medical Center, Inc.	Grand Junction
St. Vincent General Hospital	Leadville
Sterling Regional Medical Center	Sterling
UCHealth Greeley Hospital	Greeley
UCHealth Highlands Ranch Hospital	Highlands Ranch
UCHealth Longs Peak Hospital	Longmont
UCHealth Medical Center of the Rockies	Loveland
UCHealth Memorial Hospital	Colorado Springs
UCHealth Pikes Peak Regional Hospital	Woodland Park
UCHealth Poudre Valley Hospital	Fort Collins
UCHealth Yampa Valley Medical Center	Steamboat Springs
Valley View Hospital	Glenwood Springs
Wray Community Hospital District	Wray

Table 6 FY 2020-21 CICP Participating Providers Continued

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

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

PROGRAM ADMINISTRATION

REPORTING REQUIREMENTS

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

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

CICIP PROVIDER COMPLIANCE AUDIT

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

The Department contracted with the accounting firm Public Consulting Group, Inc (PCG) to conduct comprehensive reviews of providers receiving funding from the CICIP. Going forward, the Department's auditor will audit approximately one third of the participating providers during each contract year and test compliance with both eligibility and billing criteria based on programmatic requirements. As such, providers will be audited by the Department's auditor approximately once every three years instead of completing an audit annually. During FY 2020-21, PCG and the Department selected 11 providers consisting of eight hospitals and three clinic providers to be audited on applications completed during FY 2019-20 and billing claims during calendar year 2019. All eleven of the providers that were audited required a Corrective Action Plan (CAP). Beginning this year, the Department is following up on Providers that were required to file a CAP. After the Department approves their CAPs, the Provider is required to enforce these changes within 60 days. Based on their corrective plans, the Department is asking for examples of procedures and/or policy changes that have been put in place to ensure these errors will not occur in future audits. PCG audits found the most errors in the Application Completion, Federal Poverty Limit Determination, Calculation of Copayment, and Billing Record Review areas. These findings were used to determine which areas to emphasize in the CICIP provider training held in the summer of 2021.

PREVENTION OF FRAUD BY APPLICANTS

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

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

COLLECTION OF THIRD-PARTY PAYMENTS

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

INCENTIVES FOR UTILIZATION CONTROL

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

REIMBURSEMENT

REIMBURSEMENT FOR CLINICS AND HOSPITALS

In the FY 2020-21 Long Bill, appropriations included the following line items:

Department of Health Care Policy and Financing

Section Five, Indigent Care Program

- Safety Net Provider Payments
- Clinic Based Indigent Care

In the FY 2020-21 Long Bill (HB 20-1360), the Colorado General Assembly appropriated \$206,719,975 through the Safety Net Provider Payments line item to reimburse CICIP Hospitals and other hospital providers for uncompensated care. SB 21-043 reduced this line item to \$203,515,816. The SFY 2020-21 appropriation was reduced again to \$195,317,270 after SB 21-205 was passed. This appropriation is funded through hospital provider fees and matching federal funds. The DSH and Uncompensated Care supplemental payments are made from this line item. For more information on payments to hospitals funded through hospital provider fees, including DSH and Uncompensated Care Payments by hospital, see the 2021 Colorado Healthcare Affordability & Sustainability Enterprise Annual Report available on the Department's website at <https://hcpf.colorado.gov/publications>.

The appropriation allocated to Clinic Based Indigent Care was \$6,079,573 in total funds appropriated through the FY 2020-21 Long Bill to the Clinic Based Indigent Care line item through HB 20-1360 and SB 21-043. Of the \$6,079,573, \$40,187 was appropriated for CICIP provider audits.

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

Table 7 FY 2020-21 CICP Payments

	State Funds ⁶	Provider Fees ⁷	Federal Funds	Payments to Providers ⁸
CICP Clinics ⁹	\$2,618,971	\$0	\$3,360,415	\$5,979,386
CICP Hospitals and Specialty Hospitals	\$0	\$55,345,881	\$55,345,882	\$110,691,763
Denver Health Medical Center	\$0	\$41,555,681	\$41,555,682	\$83,111,363
University of Colorado Hospital	\$0	\$12,782,081	\$12,782,081	\$25,564,162
Total CICP Payments	\$2,618,971	\$109,683,643	\$113,044,060	\$225,346,674

Table 8 Historical CICP Write-Off Costs¹⁰

	FY 2018-19	FY 2019-20	FY 2020-21
CICP Clinics	\$15,995,625	\$16,339,151	\$12,136,705
Percent Change	23.1%	2.1%	-25.7%
CICP Hospitals	\$73,633,423	\$76,857,223	\$51,979,347
Percent Change	10.2%	4.4%	-32.4%
Denver Health Medical Center	\$25,989,304	\$32,317,285	\$21,421,072
Percent Change	21.0%	24.3%	-33.7%
University of Colorado Hospital	\$27,608,360	\$29,611,255	\$20,157,032
Percent Change	0.9%	7.3%	-32.6%
All CICP Hospitals	\$127,231,087	\$138,785,763	\$93,557,451
Percent Change	10.0%	9.1%	-32.6%
Total CICP Providers	\$143,226,712	\$155,124,914	\$105,694,156
Percent Change	11.3%	8.3%	-31.9%

⁶ State Funds include State General Fund appropriations

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

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

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

¹⁰ Source: Analysis of Data from Previous CICP Annual Reports

REIMBURSEMENT METHODOLOGY FOR HOSPITALS

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

Hospital payments financed with fees are reported on a federal fiscal year (FFY) basis. CHASE hospital payments for FFY 2020-21 totaled more than \$1.48 billion, including \$219 million in DSH payments for CICIP Hospitals.

More information about the CHASE hospital payments, including DSH payments by hospital, are reported in the Colorado Healthcare Affordability and Sustainability Enterprise Annual Report, available on the Department’s website at <https://hcpf.colorado.gov/publications>.

REIMBURSEMENT METHODOLOGY FOR CLINICS

Clinic Payments

➤ CICIP Clinic Payments \$5,979,386

CHILDREN’S HOSPITAL COLORADO CLINIC PAYMENT

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

Displayed in Table 9 are reimbursement and total write-off costs for Clinic Providers in FY 2020-21. The average reimbursement relative to costs for Clinic Providers was 49.27%, an increase from last year’s 36.6%.

Table 9 FY 2020-21 Percentage of Write-Off Cost Reimbursed¹¹

	Payment	Write-Off Costs	Percent Reimbursed
CICIP Clinic Providers	\$5,979,386	\$12,136,705	49.27%

Table 10 shows the average reimbursement as a percentage of costs for CICIP Clinic Providers over the past six fiscal years. The reimbursement rate for CICIP Clinics remains decreased due to the discontinuance of the Health Care Services Fund. The Department believes the higher reimbursement percentage for 2020-21 can be fully attributed to the fewer number of patients seeking routine care during the COVID-19 pandemic. As seen in previous tables, the outpatient visits were all sharply reduces compared to previous years and the total number of CICIP clients served also decreased.

Table 10 Historical Percentage of Write-Off Cost Reimbursed¹²

	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
CICIP Clinic Providers	59.06%	51.92%	46.62%	37.52%	36.6%	49.27%

¹¹ Source: Table 7, Financial Tables

¹² Source: Analysis of CICIP Annual Reports

Write-off costs for all CICIP providers have decreased 81.8% from FY 2012-13 to FY 2020-21, with write-off costs for CICIP Hospitals decreasing 81.6% and write-off costs for CICIP Clinics decreasing 72.1% from FY 2012-13 levels. Write-off costs for the two largest CICIP Hospital providers have decreased significantly since 2012-13, with a decrease of 85.1% for Denver Health Medical Center and a decrease of 81.5% for University of Colorado Hospital. The decrease in write-off costs, as is the case with caseload and other statistics, can be largely attributed to the implementation of the Medicaid expansion pursuant to SB 13-200 and the ACA in January 2014, with more recent decreases attributable to the COVID-19 pandemic.

PRIMARY CARE FUND PROGRAM

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

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

To be a qualified provider, an entity must:

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

In FY 2020-21, \$24,666,436 was allocated to 34 Primary Care Fund providers. These providers served 133,799 unique medically indigent clients in the 2019 Calendar Year.

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

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

Table 11 FY 2020-21 Primary Care Fund Payments

Primary Care Fund Provider	Total Payments
Axis Health System	\$215,142
Carin' Clinic	\$21,016
Caritas Clinic at Saint Joseph Hospital	\$202,052
Clinica Colorado	\$584,772
Clinica Family Health	\$2,762,735
Denver Health and Hospital Authority	\$4,899,034
Doctors Care	\$41,664
Every Child Pediatrics	\$396,362
Family Medicine Clinic for Health Equity (FMC-CAHEP)	\$127,389
Fort Collins Family Medicine Residency Program	\$52,541
High Plains Community Health Center, Inc.	\$164,444
Hopelight Medical Clinic	\$146,562
Inner City Health Center	\$412,585
Kids First Health Care	\$106,557
MarillacHealth	\$273,582
Mission Medical Center	\$77,798
Mountain Family Health Centers	\$480,059
Northwest Colorado Health	\$208,320
Open Bible Medical Clinic	\$53,647
Peak Vista Community Health Centers	\$2,222,208
Pueblo Community Health Center	\$496,651
River Valley Family Health Center	\$338,843
Saint Joseph Hospital Sr Joanna Bruner Family Medicine Center	\$401,155
Salud Family Health, Inc.	\$2,938,609
SET Family Medical Clinics	\$77,613
Sheridan Health Services	\$166,288
Stout Street Health Center	\$339,028
STRIDE Community Health Center	\$3,034,658
Summit Community Care Clinic	\$318,011
Sunrise Community Health Center	\$1,850,918
Tepeyac Community Health Center	\$463,467
The PIC Place	\$41,664
Uncompahgre Medical Center	\$37,055
Valley-Wide Health Systems	\$714,005
Total Providers	\$24,666,436

FEDERAL MATCH RATES

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

Exceptions to the regular FMAP include categories of service that have historically been federally matched at a higher percentage. Breast and Cervical Cancer Program (BCCP) services receive a 65% FMAP; Family Planning Services receive a 90% FMAP; and Indian Health Services receive a 100% FMAP. Additionally, the Patient Protection and Affordable Care Act (ACA) stipulates that Medicaid expansion populations receive a higher match rate than traditional Medicaid populations. Expansion populations with qualifying income up to 133% of the federal poverty level (FPL) received a 90% FMAP in FY 2020-21.

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

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

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

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

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

The FMAP rate for the period January 1, 2020 to September 30, 2021 is 56.2%, which includes a temporary 6.2% increase because of the declaration of a public health emergency declared by the Secretary of Health and Human Services (HHS) for COVID-19. The 6.2% temporary increase will be effective until the last day of the calendar quarter in which HHS declares the termination of the

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

The FMAP rates for Colorado from FFY 2011-12 through FFY 2020-21 are listed in Table 12.

Table 12 Colorado’s Federal Match Rates

Federal Fiscal Year (October - September)	Match Rate
2011-12	50.00%
2012-13	50.00%
2013-14	50.00%
2014-15	51.01%
2015-16	50.72%
2016-17	50.02%
2017-18	50.00%
2018-19	50.00%
2019-20 (Oct. 1, 2019 - Dec. 31, 2019)	50.00%
2019-20 (Jan. 1, 2020 - Sept. 30, 2020)	56.20%
2020-21	56.20%

DISPROPORTIONATE SHARE HOSPITAL PAYMENT (DSH)

LAW AND REGULATIONS

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

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

PAYMENT ALLOTMENT

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

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

DSH AUDIT

Each year, the Department submits an independent audit of DSH Payments (DSH Audit) to the Centers for Medicare and Medicaid Services (CMS) as directed by Title 42 of the Code of Federal Regulations (CFR), Section 447 (Payments for Services, Reporting Requirements) and 42 CFR Section 455 (Subpart D—Independent Certified Audit of State Disproportionate Share Hospital Payment Adjustments). Beginning with the audits for FY 2010-11, those hospitals that exceed their hospital-specific DSH limit must redistribute the overage to those hospitals under their hospital-specific DSH limit as prescribed by the Medicaid State Plan. The most recent DSH Audit was submitted in December 2021 for DSH payments made in FY 2017-18.

More information, including states' Annual DSH Reports, is available on CMS' website at <https://www.medicaid.gov/medicaid/financial-management/medicaid-disproportionate-share-hospital-dsh-payments/index.html>.

Table 13 Colorado DSH Allotment

Federal Fiscal Year	Disproportionate Share Hospital Allotments (Federal Funds)
2011-12	\$94,912,751
2012-13	\$97,190,657
2013-14	\$98,745,708
2014-15	\$100,325,639
2015-16	\$100,626,616
2016-17	\$101,532,256
2017-18	\$103,969,030
2018-19	\$106,152,379
2019-20	\$108,169,274
2020-21	\$109,791,813

Table 14 FFY 2020-21 DSH Payments

Provider Name	Payment Amount
Aspen Valley Hospital District	\$164,276
Banner Fort Collins Medical Center	\$1,021,069
Boulder Community Health	\$1,603,912
Children's Hospital Colorado ¹³	\$14,915,819
Children's Hospital Colorado Springs ¹³	\$764,084
Community Hospital	\$3,507,481
Denver Health Medical Center	\$83,111,363
Grand River Hospital and Medical Center	\$2,901,005
Gunnison Valley Hospital	\$132,541
Lincoln Health	\$720,154
Longmont United Hospital	\$4,319,587
McKee Medical Center	\$1,834,492
Memorial Regional Health	\$89,089
Mercy Regional Medical Center	\$2,913,729
Montrose Memorial Hospital	\$3,487,529
National Jewish Health	\$551,883
North Colorado Medical Center	\$8,132,047
North Suburban Medical Center	\$6,896,745
Platte Valley Medical Center	\$3,690,374
St. Mary's Hospital and Medical Center, Inc.	\$8,796,001
UCHealth Greeley Hospital	\$4,943,670
UCHealth Highlands Ranch	\$598,332
UCHealth Longs Peak	\$2,636,982

¹³ Children's Hospital Colorado and Children's Hospital Colorado Springs are considered two different entities under the CHASE Fee model, but only one provider under CICP. Data for both hospitals are combined under the Children's Hospital Colorado name in all other tables in this report.

Provider Name	Payment Amount
UCHealth Medical Center of the Rockies	\$7,403,608
UCHealth Memorial Hospital	\$13,455,877
UCHealth Poudre Valley Hospital	\$7,587,502
UCHealth Yampa Valley Medical Center	\$1,929,259
University of Colorado Hospital	\$25,564,162
Valley View Hospital	\$5,694,716
Total	\$219,367,288

DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

Department of Health Care Policy and Financing or Department - A department of the government of the State of Colorado.

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

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

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

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

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

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

Federally Qualified Health Center - Community-based health care providers that receive funds from the Health Resources & Services Administration (HRSA) to provide primary care services in underserved areas as defined in section 1861 (aa)(2) of the Federal Social Security Act, 42 U.S.C. sec. 1395x (aa)(4).

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

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

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

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

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

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

- Specific to the Primary Care Fund:
 - Whose yearly family income is below 200% of the FPL for the Primary Care Fund;
 - Who is not eligible for Health First Colorado, CHP+, Medicare, or any other governmental reimbursement for health care costs such as through Social Security, the Veterans Administration, Military Dependency (TRICARE or CHAMPUS), or the United States Public Health Service. (Payments received from the CICIP are not considered a governmental reimbursement for health care costs related to a specific patient); and
 - There is no Third-Party Payer.
- Specific to the CICIP:
 - Whose income and combined assets are at or below 250% of the FPL; and
 - Who is not eligible for Health First Colorado or CHP+.

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

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

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

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

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

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

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

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

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

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

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

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

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

CICP FINANCIAL TABLES

Table 15 Total Clinic Financial Activity and CICP Payment

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs	Payment
Basin Clinic, Inc	\$28,274	\$2,458	\$2,083	\$23,733	\$23,733	\$5,743
Clinica Family Health	\$3,458,779	\$118,468	\$237,605	\$3,102,706	\$3,102,706	\$1,614,797
Denver Indian Health & Family Services, Inc ¹⁴	\$0	\$0	\$0	\$0	\$0	\$363
High Plains Community Health Center, Inc ¹⁵	\$552,819	\$2,706	\$26,141	\$523,972	\$523,972	\$138,612
Inner City Health Center	\$3,414	\$0	\$1,421	\$1,993	\$1,993	\$3,387
MarillacHealth	\$81,961	\$0	\$14,535	\$67,426	\$67,426	\$28,390
Mountain Family Health Centers	\$191,937	\$0	\$29,800	\$162,137	\$162,137	\$98,958
Northwest Colorado Health	\$25,172	\$4,941	\$5,881	\$14,350	\$14,350	\$12,993
Peak Vista Community Health Centers ¹⁵	\$2,887,896	\$182,577	\$385,349	\$2,319,970	\$2,319,970	\$944,105
Pueblo Community Health Center	\$1,657,455	\$387,747	\$204,164	\$1,065,544	\$1,065,544	\$472,820
River Valley Family Health Center ¹⁵	\$629,533	\$129,324	\$61,858	\$438,351	\$438,351	\$72,650
Salud Family Health, Inc.	\$1,552,263	\$17,792	\$202,291	\$1,332,180	\$1,332,180	\$849,636
Stout Street Health Center ¹⁴	\$0	\$0	\$0	\$0	\$0	\$1,033
STRIDE Community Health Center	\$2,068,959	\$0	\$204,230	\$1,864,729	\$1,864,729	\$1,182,255
Sunrise Community Health Center ¹⁵	\$1,105,709	\$0	\$239,258	\$866,451	\$866,451	\$366,910
Tepeyac Community Health Center	\$23,614	\$0	\$6,529	\$17,085	\$17,085	\$20,611
Uncompahgre Medical Center	\$86,925	\$25,956	\$9,725	\$51,244	\$51,244	\$37,868
Valley-Wide Health Systems	\$558,969	\$196,121	\$78,014	\$284,834	\$284,834	\$128,256
Total CICP Clinic Providers	\$14,913,679	\$1,068,090	\$1,708,884	\$12,136,705	\$12,136,705	\$5,979,386

¹⁴ Denver Indian Health & Family Services, Inc. and Stout Street Health Center had no reportable visits in CY 2020.

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

Table 16 Total Hospital Financial Activity

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Arkansas Valley Regional Medical Center	\$779,846	\$217,107	\$58,139	\$504,600	\$174,529
Aspen Valley Hospital District	\$1,393,120	\$580,277	\$28,032	\$784,811	\$561,989
Banner Fort Collins Medical Center	\$250,697	\$59,839	\$12,067	\$178,791	\$101,090
Boulder Community Health ¹⁶	\$3,882,840	\$251,370	\$24,610	\$3,606,860	\$667,695
Centura Health - Penrose-St. Francis Health Services ^{16,17}	\$45,350,711	\$6,134,910	\$331,365	\$38,884,436	\$7,616,822
Centura Health - St. Thomas More Hospital ¹⁶	\$4,436,281	\$774,672	\$72,668	\$3,588,941	\$1,050,959
Colorado Canyons Hospital and Medical Center	\$159,902	\$88,184	\$2,515	\$69,203	\$31,112
Colorado Plains Medical Center	\$831,550	\$113,781	\$21,050	\$696,719	\$152,734
Community Hospital	\$2,570,842	\$476,870	\$61,215	\$2,032,757	\$631,760
Delta County Memorial Hospital	\$1,098,055	\$738,391	\$15,793	\$343,871	\$124,252
East Morgan County Hospital	\$601,504	\$134,804	\$46,608	\$420,092	\$228,143
Estes Park Health	\$688,404	\$136,962	\$18,547	\$532,895	\$262,084
Grand River Hospital and Medical Center	\$1,750,155	\$377,390	\$67,322	\$1,305,443	\$755,215
Gunnison Valley Hospital ^{16,17}	\$306,909	\$90,809	\$970	\$215,130	\$91,892
Heart of the Rockies Regional Medical Center	\$1,377,193	\$343,531	\$27,616	\$1,006,046	\$419,842
Lincoln Health	\$92,754	\$13,634	\$7,387	\$71,733	\$54,521
Longmont United Hospital ¹⁶	\$5,458,609	\$367,519	\$46,026	\$5,045,064	\$1,172,547
McKee Medical Center	\$5,658,464	\$1,388,316	\$133,281	\$4,136,867	\$1,213,094
Melissa Memorial Hospital ^{16,17}	\$163,618	\$55,441	\$6,041	\$102,136	\$61,372
Memorial Regional Health ¹⁶	\$176,263	\$17,942	\$9,650	\$148,671	\$83,366
Mercy Regional Medical Center ¹⁶	\$579,702	\$187,022	\$4,153	\$388,527	\$85,524
Middle Park Medical Center, Kremmling	\$408,180	\$0	\$15,245	\$392,935	\$235,698
Montrose Memorial Hospital ¹⁶	\$5,358,244	\$1,174,096	\$198,984	\$3,985,164	\$1,330,887
Mt San Rafael Hospital	\$1,711,341	\$241,890	\$61,159	\$1,408,292	\$486,288
North Colorado Medical Center ¹⁷	\$16,457,673	\$3,981,982	\$368,605	\$12,107,086	\$3,414,976
Parkview Medical Center ¹⁶	\$36,194,590	\$3,755,505	\$434,038	\$32,005,047	\$5,022,880
Platte Valley Medical Center	\$2,659,175	\$410,097	\$49,761	\$2,199,317	\$818,781
Prowers Medical Center ¹⁶	\$1,237,672	\$476,782	\$65,706	\$695,184	\$367,843
Rio Grande Hospital ¹⁶	\$861,809	\$184,867	\$73,325	\$603,617	\$320,427

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

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

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
San Luis Valley Health Conejos County Hospital ¹⁸	\$118,617	\$16,932	\$8,302	\$93,383	\$57,068
San Luis Valley Regional Medical Center	\$1,425,998	\$269,953	\$73,175	\$1,082,870	\$466,300
Sedgwick County Memorial Hospital	\$101,705	\$54,387	\$5,245	\$42,073	\$21,603
Southeast Colorado Hospital District ¹⁹	\$160,945	\$45,793	\$7,452	\$107,700	\$66,365
Southwest Memorial Hospital ⁶	\$5,576,472	\$3,531,829	\$318,341	\$1,726,302	\$820,230
Spanish Peaks Regional Health Center ¹⁹	\$263,294	\$78,677	\$12,060	\$172,557	\$112,169
St. Mary's Hospital and Medical Center, Inc. ¹⁸	\$18,023,814	\$5,098,754	\$563,767	\$12,361,293	\$3,872,073
St. Vincent General Hospital District ²⁰	\$0	\$0	\$0	\$0	\$0
Sterling Regional Medical Center	\$1,661,656	\$434,506	\$82,638	\$1,144,512	\$455,843
UCHealth Greeley Hospital	\$3,886,230	\$443,304	\$58,351	\$3,384,575	\$1,065,876
UCHealth Highlands Ranch Hospital ^{18,21}	\$3,254,124	\$203,923	\$42,531	\$3,007,670	\$1,034,069
UCHealth Longs Peak	\$2,486,501	\$187,741	\$25,905	\$2,272,855	\$729,036
UCHealth Medical Center of the Rockies	\$12,308,115	\$1,400,703	\$97,126	\$10,810,286	\$2,554,350
UCHealth Memorial Hospital	\$32,738,408	\$3,292,197	\$494,656	\$28,951,555	\$5,636,543
UCHealth Pikes Peak Regional Hospital	\$363,845	\$110,824	\$15,244	\$237,777	\$90,905
UCHealth Poudre Valley Hospital ¹⁹	\$13,488,201	\$1,362,993	\$175,208	\$11,950,000	\$3,339,912
UCHealth Yampa Valley Medical Center	\$1,017,903	\$213,621	\$44,526	\$759,756	\$461,223
Valley View Hospital	\$1,450,311	\$0	\$30,169	\$1,420,142	\$539,907
Wray Community District Hospital ¹⁸	\$1,143	\$179	\$75	\$889	\$568
Sub-Total CICP Hospital Providers	\$240,823,385	\$39,520,306	\$4,316,649	\$196,986,430	\$48,862,362

CICP Specialty Hospital Providers

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges	Write-Off Costs
Children's Hospital Colorado ¹⁸	\$8,562,620	\$1,610,583	\$187,966	\$6,764,071	\$2,207,799
National Jewish Health ²¹	\$1,970,235	\$317,196	\$47,268	\$1,605,771	\$909,186
Sub-Total CICP Specialty Hospital Providers	\$10,532,855	\$1,927,779	\$235,234	\$8,369,842	\$3,116,985
Denver Health Medical Center ^{18,19,21}	\$69,671,804	\$3,318,950	\$1,287,047	\$65,065,807	\$21,421,072
University of Colorado Hospital ^{18,21}	\$110,153,857	\$10,146,395	\$755,919	\$99,251,543	\$20,157,032
Total CICP Hospital Providers	\$431,181,901	\$54,913,430	\$6,594,849	\$369,673,622	\$93,557,451

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

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

²⁰ St. Vincent General Hospital District had no reportable visits in CY 2020.

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

Table 17 Physician Services Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Boulder Community Health	\$13,663	\$0	\$0	\$13,663
Centura Health - Penrose-St. Francis Health Services	\$746,789	\$187,254	\$54,051	\$505,484
Centura Health - St. Thomas More Hospital	\$39,810	\$10,923	\$468	\$28,419
Children's Hospital Colorado	\$1,038,876	\$159,059	\$11,233	\$868,584
Denver Health Medical Center	\$8,719,145	\$372,188	\$0	\$8,346,957
Gunnison Valley Hospital	\$21,307	\$420	\$880	\$20,007
Longmont United Hospital	\$2,706	\$238	\$29	\$2,439
Melissa Memorial Hospital	\$12,406	\$3,905	\$1,558	\$6,943
Memorial Regional Health	\$11,134	\$0	\$0	\$11,134
Mercy Regional Medical Center	\$9,797	\$2,039	\$0	\$7,758
Montrose Memorial Hospital	\$345,934	\$37,121	\$51,962	\$256,851
Parkview Medical Center	\$668,289	\$0	\$201,227	\$467,062
Prowers Medical Center	\$75,518	\$26,291	\$8,983	\$40,244
Rio Grande Hospital	\$115,872	\$25,265	\$19,209	\$71,398
San Luis Valley Regional Medical Center	\$75,194	\$5,300	\$13,370	\$56,524
St. Mary's Hospital and Medical Center, Inc.	\$448,136	\$21,573	\$0	\$426,563
UCHealth Highlands Ranch	\$437,052	\$23,797	\$1,498	\$411,757
University of Colorado Hospital	\$8,248,136	\$573,558	\$39,421	\$7,635,157
Wray Community District Hospital	\$280	\$78	\$60	\$142
Total	\$21,030,044	\$1,449,009	\$403,949	\$19,177,086

Table 18 Outpatient Pharmacy Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Denver Health Medical Center	\$8,318,272	\$77,458	\$209,682	\$8,031,132
High Plains Community Health Center, Inc	\$426,117	\$0	\$14,624	\$411,493
National Jewish Health	\$264,569	\$0	\$5,112	\$259,457
Peak Vista Community Health Centers	\$334,157	\$0	\$164,044	\$170,113
River Valley Family Health Center	\$98,679	\$26,781	\$17,129	\$54,769
Sunrise Community Health Center	\$78,666	\$0	\$78,666	\$0
UCHealth Highlands Ranch	\$35	\$0	\$25	\$10
University of Colorado Hospital	\$1,172,376	\$574,783	\$27,066	\$570,527
Total	\$10,692,871	\$679,022	\$516,348	\$9,497,501

Table 19 Ambulance Detail

Providers	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Centura Health - Penrose-St. Francis Health Services	\$11,986	\$0	\$0	\$11,986
Denver Health Medical Center	\$61,955	\$0	\$6,631	\$55,324
Gunnison Valley Hospital	\$8,546	\$0	\$90	\$8,456
Melissa Memorial Hospital	\$1,685	\$0	\$35	\$1,650
North Colorado Medical Center	\$95,867	\$15,541	\$0	\$80,326
Southeast Colorado Hospital District	\$12,837	\$0	\$150	\$12,687
Southwest Memorial Hospital	\$113,509	\$91,126	\$1,920	\$20,463
Spanish Peaks Regional Health Center	\$6,438	\$0	\$100	\$6,338
UCHealth Poudre Valley Hospital	\$176,567	\$21,326	\$3,230	\$152,011
Total	\$489,390	\$127,993	\$12,156	\$349,241

Table 20 Denver Health Medical Center Detail

Services	Charges	Third Party Liability	Patient Liability	Write-Off Charges
Inpatient and Outpatient Charges	\$52,572,432	\$2,869,304	\$1,070,734	\$48,632,394
Physician Services	\$8,719,145	\$372,188	\$0	\$8,346,957
Ambulance Services	\$61,955	\$0	\$6,631	\$55,324
Outpatient Pharmacy	\$8,318,272	\$77,458	\$209,682	\$8,031,132
Total	\$69,671,804	\$3,318,950	\$1,287,047	\$65,065,807

Table 21 Inpatient and Outpatient Charges (Detail)²²

CICP Clinic Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Basin Clinic, Inc	\$0	\$28,274	\$28,274	\$0	\$0	\$0	\$28,274
Clinica Family Health	\$0	\$3,458,779	\$3,458,779	\$0	\$0	\$0	\$3,458,779
Denver Indian Health & Family Services, Inc ²³	\$0	\$0	\$0	\$0	\$0	\$0	\$0
High Plains Community Health Center, Inc	\$0	\$126,702	\$126,702	\$0	\$0	\$0	\$126,702
Inner City Health Center	\$0	\$3,414	\$3,414	\$0	\$0	\$0	\$3,414
MarillacHealth	\$0	\$81,961	\$81,961	\$0	\$0	\$0	\$81,961
Mountain Family Health Centers	\$105,332	\$86,605	\$191,937	\$0	\$0	\$0	\$191,937
Northwest Colorado Health	\$0	\$25,172	\$25,172	\$0	\$0	\$0	\$25,172
Peak Vista Community Health Centers	\$9,581	\$2,544,158	\$2,553,739	\$0	\$0	\$0	\$2,553,739
Pueblo Community Health Center	\$0	\$1,657,455	\$1,657,455	\$0	\$0	\$0	\$1,657,455
River Valley Family Health Center	\$0	\$530,854	\$530,854	\$0	\$0	\$0	\$530,854
Salud Family Health, Inc.	\$0	\$1,552,263	\$1,552,263	\$0	\$0	\$0	\$1,552,263
Stout Street Health Center ²³	\$0	\$0	\$0	\$0	\$0	\$0	\$0
STRIDE Community Health Center	\$0	\$2,068,959	\$2,068,959	\$0	\$0	\$0	\$2,068,959
Sunrise Community Health Center	\$0	\$1,027,043	\$1,027,043	\$0	\$0	\$0	\$1,027,043
Tepeyac Community Health Center	\$0	\$23,614	\$23,614	\$0	\$0	\$0	\$23,614
Uncompahgre Medical Center	\$0	\$86,925	\$86,925	\$0	\$0	\$0	\$86,925
Valley-Wide Health Systems	\$0	\$558,969	\$558,969	\$0	\$0	\$0	\$558,969
Total CICP Clinic Providers	\$114,913	\$13,861,147	\$13,976,060	\$0	\$0	\$0	\$13,976,060

²² Table does not include physician, outpatient pharmacy, or ambulance charges. Total Charges in Table 21 will equal Charges in Table 15 by adding physician charges from Table 17, pharmacy charges from Table 18, and ambulance charges from Table 19.

²³ Denver Indian Health & Family Services, Inc. and Stout Street Health Center had no reportable visits in CY 2020.

CICP Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Arkansas Valley Regional Medical Center	\$312,897	\$321,977	\$634,874	\$144,972	\$0	\$144,972	\$779,846
Aspen Valley Hospital District	\$248,813	\$915,942	\$1,164,755	\$186,105	\$42,260	\$228,365	\$1,393,120
Banner Fort Collins Medical Center	\$47,099	\$113,750	\$160,849	\$35,689	\$54,159	\$89,848	\$250,697
Boulder Community Health	\$772,710	\$544,086	\$1,316,796	\$1,456,540	\$1,095,841	\$2,552,381	\$3,869,177
Centura Health - Penrose-St. Francis Health Services	\$7,934,533	\$14,959,383	\$22,893,916	\$13,431,384	\$8,266,636	\$21,698,020	\$44,591,936
Centura Health - St. Thomas More Hospital	\$895,782	\$2,648,011	\$3,543,793	\$696,544	\$156,134	\$852,678	\$4,396,471
Colorado Canyons Hospital and Medical Center	\$17,796	\$142,106	\$159,902	\$0	\$0	\$0	\$159,902
Colorado Plains Medical Center	\$353,367	\$259,501	\$612,868	\$218,682	\$0	\$218,682	\$831,550
Community Hospital	\$1,820,462	\$7,010	\$1,827,472	\$743,370	\$0	\$743,370	\$2,570,842
Delta County Memorial Hospital	\$550,539	\$0	\$550,539	\$547,516	\$0	\$547,516	\$1,098,055
East Morgan County Hospital	\$105,537	\$449,523	\$555,060	\$21,476	\$24,968	\$46,444	\$601,504
Estes Park Health	\$243,467	\$215,133	\$458,600	\$164,301	\$65,503	\$229,804	\$688,404
Grand River Hospital and Medical Center	\$284,731	\$1,072,464	\$1,357,195	\$392,960	\$0	\$392,960	\$1,750,155
Gunnison Valley Hospital	\$186,896	\$54,825	\$241,721	\$35,335	\$0	\$35,335	\$277,056
Heart of the Rockies Regional Medical Center	\$1,217,539	\$0	\$1,217,539	\$159,654	\$0	\$159,654	\$1,377,193
Lincoln Health	\$23,542	\$61,054	\$84,596	\$8,158	\$0	\$8,158	\$92,754
Longmont United Hospital	\$1,363,373	\$1,769,684	\$3,133,057	\$2,226,614	\$96,232	\$2,322,846	\$5,455,903
McKee Medical Center	\$533,443	\$4,009,831	\$4,543,274	\$643,556	\$471,634	\$1,115,190	\$5,658,464
Melissa Memorial Hospital	\$63,233	\$86,294	\$149,527	\$0	\$0	\$0	\$149,527
Memorial Regional Health	\$32,210	\$132,919	\$165,129	\$0	\$0	\$0	\$165,129
Mercy Regional Medical Center	\$65,856	\$1,991	\$67,847	\$502,058	\$0	\$502,058	\$569,905
Middle Park Medical Center, Kremmling	\$205,124	\$197,183	\$402,307	\$5,873	\$0	\$5,873	\$408,180
Montrose Memorial Hospital	\$1,284,498	\$2,506,624	\$3,791,122	\$1,054,248	\$166,940	\$1,221,188	\$5,012,310

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Mt San Rafael Hospital	\$602,397	\$747,814	\$1,350,211	\$18,271	\$342,859	\$361,130	\$1,711,341
North Colorado Medical Center	\$1,240,849	\$7,620,063	\$8,860,912	\$4,893,905	\$2,606,989	\$7,500,894	\$16,361,806
Parkview Medical Center	\$5,740,765	\$7,851,843	\$13,592,608	\$17,787,409	\$4,146,284	\$21,933,693	\$35,526,301
Platte Valley Medical Center	\$1,014,144	\$706,000	\$1,720,144	\$792,321	\$146,710	\$939,031	\$2,659,175
Prowers Medical Center	\$204,430	\$749,262	\$953,692	\$0	\$208,462	\$208,462	\$1,162,154
Rio Grande Hospital	\$280,964	\$407,564	\$688,528	\$57,409	\$0	\$57,409	\$745,937
San Luis Valley Health Conejos County Hospital	\$79,046	\$34,741	\$113,787	\$0	\$4,830	\$4,830	\$118,617
San Luis Valley Regional Medical Center	\$528,422	\$454,221	\$982,643	\$198,440	\$169,721	\$368,161	\$1,350,804
Sedgwick County Memorial Hospital	\$16,164	\$61,919	\$78,083	\$23,622	\$0	\$23,622	\$101,705
Southeast Colorado Hospital District	\$93,846	\$25,459	\$119,305	\$28,803	\$0	\$28,803	\$148,108
Southwest Memorial Hospital	\$1,246,653	\$2,928,405	\$4,175,058	\$924,991	\$362,914	\$1,287,905	\$5,462,963
Spanish Peaks Regional Health Center	\$117,949	\$131,436	\$249,385	\$7,471	\$0	\$7,471	\$256,856
St. Mary's Hospital and Medical Center, Inc.	\$1,459,070	\$8,895,687	\$10,354,757	\$5,515,873	\$1,705,048	\$7,220,921	\$17,575,678
St. Vincent General Hospital District ²⁴	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sterling Regional Medical Center	\$313,971	\$997,861	\$1,311,832	\$117,299	\$232,525	\$349,824	\$1,661,656
UCHealth Greeley Hospital	\$888,358	\$2,254,014	\$3,142,372	\$735,921	\$7,937	\$743,858	\$3,886,230
UCHealth Highlands Ranch Hospital	\$336,681	\$818,307	\$1,154,988	\$1,487,955	\$174,094	\$1,662,049	\$2,817,037
UCHealth Longs Peak	\$1,083,122	\$455,723	\$1,538,845	\$707,761	\$239,895	\$947,656	\$2,486,501
UCHealth Medical Center of the Rockies	\$1,007,649	\$2,001,463	\$3,009,112	\$7,328,143	\$1,970,860	\$9,299,003	\$12,308,115
UCHealth Memorial Hospital	\$6,174,168	\$9,663,429	\$15,837,597	\$14,267,032	\$2,633,779	\$16,900,811	\$32,738,408
UCHealth Pikes Peak Regional Hospital	\$137,049	\$190,883	\$327,932	\$35,913	\$0	\$35,913	\$363,845

²⁴ St. Vincent General Hospital District had no reportable visits in CY 2020.

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
UCHealth Poudre Valley Hospital	\$2,024,962	\$5,231,082	\$7,256,044	\$5,559,614	\$495,976	\$6,055,590	\$13,311,634
UCHealth Yampa Valley Medical Center	\$251,439	\$441,613	\$693,052	\$250,184	\$74,667	\$324,851	\$1,017,903
Valley View Hospital	\$120,246	\$676,703	\$796,949	\$653,362	\$0	\$653,362	\$1,450,311
Wray Community District Hospital	\$863	\$0	\$863	\$0	\$0	\$0	\$863
Sub-Total CICIP Hospital Providers	\$43,526,654	\$83,814,783	\$127,341,437	\$84,066,734	\$25,963,857	\$110,030,591	\$237,372,028

CICIP Specialty Hospital Providers

	Urgent Outpatient Charges	Non-Urgent Outpatient Charges	Total Outpatient Charges	Urgent Inpatient Charges	Non-Urgent Inpatient Charges	Total Inpatient Charges	Total Charges
Children's Hospital Colorado	\$703,657	\$1,953,692	\$2,657,349	\$2,937,236	\$1,929,159	\$4,866,395	\$7,523,744
National Jewish Health	\$10,245	\$1,687,893	\$1,698,138	\$7,528	\$0	\$7,528	\$1,705,666
Sub-Total CICIP Specialty Hospital Providers	\$713,902	\$3,641,585	\$4,355,487	\$2,944,764	\$1,929,159	\$4,873,923	\$9,229,410
Denver Health Medical Center	\$12,513,681	\$21,749,981	\$34,263,662	\$14,531,162	\$3,777,608	\$18,308,770	\$52,572,432
University of Colorado Hospital	\$11,917,113	\$28,044,704	\$39,961,817	\$52,339,248	\$8,432,280	\$60,771,528	\$100,733,345
Total CICIP Hospital Providers	\$68,671,350	\$137,251,053	\$205,922,403	\$153,881,908	\$40,102,904	\$193,984,812	\$399,907,215
Total All CICIP Providers	\$68,786,263	\$151,112,200	\$219,898,463	\$153,881,908	\$40,102,904	\$193,984,812	\$413,883,275

CICP UTILIZATION TABLES

Table 22 Admissions and Visits by County²⁵

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Adams	7,513	607	2,070	1,635	11,825
Alamosa	625	351	0	40	1,016
Arapahoe	9,134	433	3,077	2,719	15,363
Archuleta	2	1	0	0	3
Baca	14	113	0	0	127
Bent	124	21	0	0	145
Boulder	2,380	561	10	117	3,068
Broomfield	230	15	24	23	292
Chaffee	15	144	0	3	162
Cheyenne	4	5	0	2	11
Clear Creek	35	3	1	0	39
Conejos	219	166	0	3	388
Costilla	131	61	0	0	192
Crowley	81	53	0	2	136
Custer	54	56	0	1	111
Delta	670	408	0	4	1,082
Denver	2,978	393	17,947	1,559	22,877
Dolores	0	28	0	0	28
Douglas	841	68	161	165	1,235
Eagle	251	65	7	8	331
Elbert	221	32	2	39	294
El Paso	9,765	5,087	3	253	15,108
Fremont	369	893	0	11	1,273
Garfield	676	1,498	4	10	2,188
Gilpin	1	0	0	1	2
Grand	1	45	9	2	57
Gunnison	0	81	0	3	84
Hinsdale	0	0	0	0	0
Huerfano	32	203	0	0	235
Jackson	0	9	0	0	9
Jefferson	4,462	206	1,401	574	6,643
Kiowa	11	18	0	0	29
Kit Carson	30	11	0	3	44
Lake	0	0	0	0	0
La Plata	0	8	0	0	8
Larimer	2,155	2,533	12	92	4,792
Las Animas	59	878	0	1	938
Lincoln	84	74	0	26	184
Logan	164	435	0	18	617
Mesa	485	1,707	0	29	2,221
Mineral	0	11	0	0	11

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

²⁶ Includes CICP Specialty Hospital providers

County	CICP Clinics	CICP Hospitals ²⁶	Denver Health Medical Center	University of Colorado Hospital	Total
Moffat	96	74	0	0	170
Montezuma	0	3,937	0	9	3,946
Montrose	1,875	982	0	6	2,863
Morgan	485	553	2	28	1,068
Otero	599	278	0	25	902
Ouray	20	32	0	0	52
Park	83	18	15	5	121
Phillips	63	108	0	7	178
Pitkin	81	270	0	0	351
Prowers	495	522	0	4	1,021
Pueblo	6,899	1,721	0	51	8,671
Rio Blanco	0	2	0	0	2
Rio Grande	559	833	0	6	1,398
Routt	54	156	0	29	239
Saguache	764	344	0	3	1,111
San Juan	0	0	0	0	0
San Miguel	287	43	0	0	330
Sedgwick	2	99	0	16	117
Summit	1	2	7	4	14
Teller	377	288	0	13	678
Washington	13	47	0	9	69
Weld	6,207	2,768	68	162	9,205
Yuma	80	21	0	0	101
Unknown	9,782	292	204	6	10,284
Total	72,638	30,671	25,024	7,726	136,059

Table 23 Outpatient Visits and Inpatient Admissions by CICIP Rating

Outpatient Visits

CICIP Clinics			CICIP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total	Visits	% of Total
0-100%	20,177	27.8%	4,039	13.9%	10,561	42.8%	1,597	21.7%	36,374	27.2%
101-200%	37,629	51.8%	17,379	60.0%	10,232	41.5%	4,316	58.7%	69,556	52.0%
201-250%	12,559	17.3%	7,125	24.6%	3,822	15.5%	1,438	19.6%	24,944	18.7%
Unknown	2,273	3.1%	446	1.5%	51	0.2%	0	0.0%	2,770	2.1%
Total	72,638	100.0%	28,989	100.0%	24,666	100.0%	7,351	100.0%	133,644	100.0%

Inpatient Admissions

CICIP Clinics			CICIP Hospitals ²⁷		Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total	Admits	% of Total
0-100%	0	0.0%	227	13.5%	169	47.2%	89	23.7%	485	20.1%
101-200%	0	0.0%	1,026	61.0%	128	35.8%	202	53.9%	1,356	56.1%
201-250%	0	0.0%	411	24.4%	61	17.0%	84	22.4%	556	23.0%
Unknown	0	0.0%	18	1.1%	0	0.0%	0	0.0%	18	0.7%
Total	0	0.0%	1,682	100.0%	358	100.0%	375	100.0%	2,415	100.0%

Table 24 Inpatient Admissions and Days by CICIP Rating

CICIP Hospitals ²⁷			Denver Health Medical Center		University of Colorado Hospital		All Providers	
CICIP Rating	Admits	Days	Admits	Days	Admits	Days	Admits	Days
0-100%	227	1,551	169	1,076	89	769	485	3,396
101-200%	1,026	4,649	128	537	202	1,526	1,356	6,712
201-250%	411	1,760	61	266	84	644	556	2,670
Unknown	18	122	0	0	0	0	18	122
Total	1,682	8,082	358	1,879	375	2,939	2,415	12,900

²⁷ Includes CICIP Specialty Hospital providers

Table 25 Outpatient Visits and Charges by Age

CICP Clinics		CICP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		All Providers		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	472	\$98,663	925	2,918,328	99	\$172,123	10	\$38,195	1,506	\$3,227,309
18-64	58,600	\$11,133,923	19,095	80,913,137	19,374	\$25,280,921	4,753	\$25,378,600	101,822	\$142,706,581
65+	13,566	\$2,743,474	8,969	47,865,459	5,193	\$8,810,618	2,588	\$14,545,022	30,316	\$73,964,573
Total	72,638	\$13,976,060	28,989	\$131,696,924	24,666	\$34,263,662	7,351	\$39,961,817	133,644	\$219,898,463

Table 26 Inpatient Admissions and Charges by Age

CICP Hospitals ²⁸		Denver Health Medical Center		University of Colorado Hospital		All Providers		
Age Group	Count	Charges	Count	Charges	Count	Charges	Count	Charges
0-17	133	\$4,972,637	4	\$67,167	6	\$73,772	143	\$5,113,576
18-64	894	\$59,820,724	263	\$11,767,844	221	\$38,525,440	1,378	\$110,114,008
65+	655	\$50,111,153	91	\$6,473,759	148	\$22,172,316	894	\$78,757,228
Total	1,682	\$114,904,514	358	\$18,308,770	375	\$60,771,528	2,415	\$193,984,812

²⁸ Includes CICP Specialty Hospital providers

Table 27 Utilization by Provider

CICP Clinic Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Basin Clinic, Inc	174	0	0	0
Clinica Family Health	14,668	0	0	0
Denver Indian Health & Family Services, Inc ³⁰	0	0	0	0
High Plains Community Health Center, Inc	548	0	0	0
Inner City Health Center	26	0	0	0
MarillacHealth	455	0	0	0
Mountain Family Health Centers	1,024	0	0	0
Northwest Colorado Health	150	0	0	0
Peak Vista Community Health Centers	10,602	0	0	0
Pueblo Community Health Center	7,429	0	0	0
River Valley Family Health Center	2,240	0	0	0
Salud Family Health, Inc.	7,313	0	0	0
Stout Street Health Center ³⁰	0	0	0	0
STRIDE Community Health Center	18,801	0	0	0
Sunrise Community Health Center	5,160	0	0	0
Tepeyac Community Health Center	248	0	0	0
Uncompahgre Medical Center	465	0	0	0
Valley-Wide Health Systems	3,335	0	0	0
Total CICP Clinic Providers	72,638	0	0	0

CICP Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Arkansas Valley Regional Medical Center	349	6	16	2.67
Aspen Valley Hospital District	364	9	34	3.78
Banner Fort Collins Medical Center	41	2	4	2.00
Boulder Community Health	125	19	95	5.00
Centura Health - Penrose-St. Francis Health Services	1,831	341	1,290	3.78
Centura Health - St. Thomas More Hospital	642	28	66	2.36
Colorado Canyons Hospital and Medical Center	22	0	0	0.00
Colorado Plains Medical Center	228	7	26	3.71
Community Hospital	222	14	44	3.14
Delta County Memorial Hospital	91	16	63	3.94
East Morgan County Hospital	247	4	7	1.75
Estes Park Health	248	6	31	5.17
Grand River Hospital and Medical Center	1,223	11	31	2.82
Gunnison Valley Hospital	67	2	4	2.00
Heart of the Rockies Regional Medical Center	252	6	24	4.00
Lincoln Health	60	1	2	2.00
Longmont United Hospital	385	27	157	5.81
McKee Medical Center	721	25	89	3.56
Melissa Memorial Hospital	101	0	0	0.00
Memorial Regional Health	33	0	0	0.00
Mercy Regional Medical Center	15	10	45	4.50
Middle Park Medical Center, Kremmling	50	1	1	1.00

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

³⁰ Denver Indian Health & Family Services, Inc. and Stout Street Health Center had no reportable visits in CY 2020.

Provider Name	Visits	Admissions	Days	ALOS ²⁹
Montrose Memorial Hospital	1,121	34	105	3.09
Mt San Rafael Hospital	666	14	72	5.14
North Colorado Medical Center	1,430	101	612	6.06
Parkview Medical Center	1,630	248	1,322	5.33
Platte Valley Medical Center	345	21	83	3.95
Prowers Medical Center	506	15	95	6.33
Rio Grande Hospital	942	5	15	3.00
San Luis Valley Health Conejos County Hospital	93	1	2	2.00
San Luis Valley Regional Medical Center	587	19	79	4.16
Sedgwick County Memorial Hospital	91	1	6	6.00
Southeast Colorado Hospital District	91	2	6	3.00
Southwest Memorial Hospital	3,815	79	178	2.25
Spanish Peaks Regional Health Center	189	1	1	1.00
St. Mary's Hospital and Medical Center, Inc.	1,611	96	645	6.72
St. Vincent General Hospital District ³¹	0	0	0	0.00
Sterling Regional Medical Center	422	14	27	1.93
UCHealth Greeley Hospital	464	20	79	3.95
UCHealth Highlands Ranch Hospital	136	21	112	5.33
UCHealth Longs Peak	193	22	66	3.00
UCHealth Medical Center of the Rockies	512	74	703	9.50
UCHealth Memorial Hospital	2,961	182	907	4.98
UCHealth Pikes Peak Regional Hospital	151	2	10	5.00
UCHealth Poudre Valley Hospital	1,479	94	520	5.53
UCHealth Yampa Valley Medical Center	278	10	31	3.10
Valley View Hospital	194	14	41	2.93
Wray Community District Hospital	1	0	0	0.00
Sub-Total CICP Hospital Providers	27,225	1,625	7,746	4.77

CICP Specialty Hospital Providers

Provider Name	Visits	Admissions	Days	ALOS ³²
Children's Hospital Colorado	866	56	334	5.96
National Jewish Health	898	1	2	2.00
Sub-Total CICP Specialty Hospital Providers	1,764	57	336	5.89
Denver Health Medical Center	24,666	358	1,879	5.25
University of Colorado Hospital	7,351	375	2,939	7.84
Total CICP Hospital Providers	61,006	2,415	12,900	5.34
Total All CICP Providers	133,644	2,415	12,900	5.34

³¹ St. Vincent General Hospital District had no reportable visits in CY 2020.

³² Calculated Average Length of Stay (ALOS). Number of days divided by total admissions

Table 28 Unduplicated Inpatient and Outpatient by Age

CICP Clinic Providers Provider Name	Inpatient				Outpatient			
	Age 0 thru 17	Age 18 thru 64	Age 65+	Total	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	0	0	0	0	2	32	19	53
Clinica Family Health	0	0	0	0	69	3,157	406	3,632
Denver Indian Health & Family Services, Inc ³³	0	0	0	0	0	0	0	0
High Plains Community Health Center, Inc	0	0	0	0	16	265	28	309
Inner City Health Center	0	0	0	0	0	13	1	14
MarillacHealth	0	0	0	0	1	202	18	221
Mountain Family Health Centers	0	0	0	0	1	285	45	331
Northwest Colorado Health	0	0	0	0	1	50	14	65
Peak Vista Community Health Centers	0	0	0	0	43	3,022	775	3,840
Pueblo Community Health Center	0	0	0	0	23	1,492	729	2,244
River Valley Family Health Center	0	0	0	0	11	537	155	703
Salud Family Health, Inc.	0	0	0	0	8	1,895	160	2,063
Stout Street Health Center ³³	0	0	0	0	0	0	0	0
STRIDE Community Health Center	0	0	0	0	12	2,988	735	3,735
Sunrise Community Health Center	0	0	0	0	45	1,519	148	1,712
Tepeyac Community Health Center	0	0	0	0	0	79	7	86
Uncompahgre Medical Center	0	0	0	0	6	84	53	143
Valley-Wide Health Systems	0	0	0	0	32	1,011	302	1,345
Total CICP Clinic Providers	0	0	0	0	270	16,631	3,595	20,496

³³ Denver Indian Health & Family Services, Inc. and Stout Street Health Center had no reportable visits in CY 2020.

CICP Hospital Providers

Provider Name	Inpatient				Outpatient			
	Age 0 thru 17	Age 18 thru 64	Age 65+	Total	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	0	4	2	6	9	68	61	138
Aspen Valley Hospital District	0	2	2	4	3	77	14	94
Banner Fort Collins Medical Center	0	1	1	2	3	16	9	28
Boulder Community Health	0	10	8	18	1	69	16	86
Centura Health - Penrose-St. Francis Health Services	45	152	84	281	13	453	248	714
Centura Health - St. Thomas More Hospital	0	12	9	21	4	146	57	207
Colorado Canyons Hospital and Medical Center	0	0	0	0	1	10	4	15
Colorado Plains Medical Center	0	7	0	7	3	147	14	164
Community Hospital	0	6	5	11	4	83	20	107
Delta County Memorial Hospital	0	7	4	11	3	50	13	66
East Morgan County Hospital	1	3	0	4	4	65	41	110
Estes Park Health	0	3	2	5	1	35	22	58
Grand River Hospital and Medical Center	0	4	6	10	2	126	47	175
Gunnison Valley Hospital	0	1	0	1	3	21	9	33
Heart of the Rockies Regional Medical Center	1	5	0	6	0	42	36	78
Lincoln Health	0	1	0	1	0	17	3	20
Longmont United Hospital	0	14	8	22	2	120	39	161
McKee Medical Center	1	15	8	24	4	105	89	198
Melissa Memorial Hospital	0	0	0	0	4	27	2	33
Memorial Regional Health	0	0	0	0	0	11	4	15
Mercy Regional Medical Center	0	6	4	10	0	8	4	12
Middle Park Medical Center, Kremmling	0	1	0	1	0	45	1	46
Montrose Memorial Hospital	0	17	13	30	12	372	94	478
Mt San Rafael Hospital	0	5	6	11	8	156	84	248
North Colorado Medical Center	5	39	43	87	11	368	165	544
Parkview Medical Center	1	89	125	215	32	595	220	847
Platte Valley Medical Center	0	11	9	20	2	140	33	175
Prowers Medical Center	2	4	4	10	13	117	59	189
Rio Grande Hospital	0	2	3	5	10	173	64	247
San Luis Valley Health Conejos County Hospital	0	1	0	1	2	46	1	49

San Luis Valley Regional Medical Center	3	13	1	17	8	277	1	286
Sedgwick County Memorial Hospital	0	0	1	1	0	9	8	17
Southeast Colorado Hospital District	0	1	1	2	0	21	7	28
Southwest Memorial Hospital	2	17	27	46	29	512	220	761
Spanish Peaks Regional Health Center	0	1	0	1	0	46	31	77
St. Mary's Hospital and Medical Center, Inc.	3	53	11	67	6	348	66	420
St. Vincent General Hospital District ³⁴	0	0	0	0	0	0	0	0
Sterling Regional Medical Center	1	4	5	10	5	90	41	136
UCHealth Greeley Hospital	2	10	8	20	4	131	50	185
UCHealth Highlands Ranch Hospital	0	11	4	15	0	48	16	64
UCHealth Longs Peak	2	12	7	21	8	97	12	117
UCHealth Medical Center of the Rockies	3	44	22	69	9	223	75	307
UCHealth Memorial Hospital	3	115	48	166	13	994	252	1,259
UCHealth Pikes Peak Regional Hospital	0	1	1	2	1	41	19	61
UCHealth Poudre Valley Hospital	5	48	25	78	11	384	126	521
UCHealth Yampa Valley Medical Center	2	7	1	10	12	89	6	107
Valley View Hospital	0	8	6	14	0	63	23	86
Wray Community District Hospital	0	0	0	0	0	1	0	1
Sub-Total CICIP Hospital Providers	82	767	514	1,363	260	7,082	2,426	9,768

CICIP Specialty Hospital Providers

Provider Name	Inpatient				Outpatient			
	Age 0 thru 5	Age 6 thru 17	Age 18+	Total	Age 0 thru 5	Age 6 thru 17	Age 18+	Total
Children's Hospital Colorado	34	8	0	42	256	73	0	329
National Jewish Health	1	0	0	1	1	3	245	249
Sub-Total CICIP Specialty Hospital Providers	35	8	0	43	257	76	245	578
Denver Health Medical Center	4	225	72	301	58	5,100	1,121	6,279
University of Colorado Hospital	6	175	115	296	7	1,429	453	1,889
Total CICIP Hospital Providers	127	1,175	701	2,003	582	13,687	4,245	18,514
Total All CICIP Providers	127	1,175	701	2,003	852	30,318	7,840	39,010

³⁴ St. Vincent General Hospital District had no reportable visits in CY 2020.

Table 29 Unduplicated Total Count by Age³⁵

CICP Clinic Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Basin Clinic, Inc	2	32	19	53
Clinica Family Health	69	3,157	406	3,632
Denver Indian Health & Family Services, Inc ³⁶	0	0	0	0
High Plains Community Health Center, Inc	16	265	28	309
Inner City Health Center	0	13	1	14
MarillacHealth	1	202	18	221
Mountain Family Health Centers	1	285	45	331
Northwest Colorado Health	1	50	14	65
Peak Vista Community Health Centers	43	3,022	775	3,840
Pueblo Community Health Center	23	1,492	729	2,244
River Valley Family Health Center	11	537	155	703
Salud Family Health, Inc.	8	1,895	160	2,063
Stout Street Health Center ³⁶	0	0	0	0
STRIDE Community Health Center	12	2,988	735	3,735
Sunrise Community Health Center	45	1,519	148	1,712
Tepeyac Community Health Center	0	79	7	86
Uncompahgre Medical Center	6	84	53	143
Valley-Wide Health Systems	32	1,011	302	1,345
Total CICP Clinic Providers	270	16,631	3,595	20,496

CICP Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Arkansas Valley Regional Medical Center	9	72	63	144
Aspen Valley Hospital District	3	79	14	96
Banner Fort Collins Medical Center	3	17	10	30
Boulder Community Health	1	76	19	96
Centura Health - Penrose-St. Francis Health Services	57	522	271	850
Centura Health - St. Thomas More Hospital	4	149	59	212
Colorado Canyons Hospital and Medical Center	1	10	4	15
Colorado Plains Medical Center	3	149	14	166
Community Hospital	4	84	20	108
Delta County Memorial Hospital	3	57	17	77
East Morgan County Hospital	5	67	41	113
Estes Park Health	1	38	24	63
Grand River Hospital and Medical Center	2	127	48	177
Gunnison Valley Hospital	3	21	9	33
Heart of the Rockies Regional Medical Center	1	47	36	84
Lincoln Health	0	17	3	20
Longmont United Hospital	2	128	44	174

³⁵ Unduplicated client count is a count of unique medically indigent patients by provider. Providers report a unique count for inpatient, outpatient, and total clients served. Since this count is done at the provider level, a client who receives care at multiple CICP providers is counted multiple times in this figure. These conditions create an unduplicated count that overstates the number of actual clients receiving care under the CICP.

³⁶ Denver Indian Health & Family Services, Inc. and Stout Street Health Center had no reportable visits in CY 2020.

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
McKee Medical Center	5	112	90	207
Melissa Memorial Hospital	4	27	2	33
Memorial Regional Health	0	11	4	15
Mercy Regional Medical Center	0	12	5	17
Middle Park Medical Center, Kremmling	0	46	1	47
Montrose Memorial Hospital	12	376	96	484
Mt San Rafael Hospital	8	156	86	250
North Colorado Medical Center	15	385	176	576
Parkview Medical Center	33	649	290	972
Platte Valley Medical Center	2	144	37	183
Prowers Medical Center	14	117	61	192
Rio Grande Hospital	10	173	64	247
San Luis Valley Health Conejos County Hospital	2	47	1	50
San Luis Valley Regional Medical Center	10	286	1	297
Sedgwick County Memorial Hospital	0	9	8	17
Southeast Colorado Hospital District	0	22	8	30
Southwest Memorial Hospital	30	512	224	766
Spanish Peaks Regional Health Center	0	47	31	78
St. Mary's Hospital and Medical Center, Inc.	9	368	69	446
St. Vincent General Hospital District ³⁷	0	0	0	0
Sterling Regional Medical Center	6	91	42	139
UCHealth Greeley Hospital	6	136	56	198
UCHealth Highlands Ranch Hospital	0	50	18	68
UCHealth Longs Peak	10	101	16	127
UCHealth Medical Center of the Rockies	11	253	89	353
UCHealth Memorial Hospital	16	1,039	268	1,323
UCHealth Pikes Peak Regional Hospital	1	41	20	62
UCHealth Poudre Valley Hospital	16	407	137	560
UCHealth Yampa Valley Medical Center	12	91	6	109
Valley View Hospital	0	60	26	86
Wray Community District Hospital	0	1	0	1
Sub-Total CICP Hospital Providers	334	7,429	2,628	10,391

CICP Specialty Hospital Providers

Provider Name	Age 0 thru 17	Age 18 thru 64	Age 65+	Total
Children's Hospital Colorado	290	81	0	371
National Jewish Health	1	3	245	249
Sub-Total CICP Specialty Hospital Providers	291	84	245	620
Denver Health Medical Center	61	5,200	1,137	6,398
University of Colorado Hospital	13	1,474	480	1,967
Total CICP Hospital Providers	699	14,187	4,490	19,376
Total All CICP Providers	969	30,818	8,085	39,872

³⁷ St. Vincent General Hospital District had no reportable visits in CY 2020.