

**COLORADO INDIGENT CARE PROGRAM**

**FISCAL YEAR 2008**

**MANUAL**

**SECTION VIII:**

**ABILITY-TO-PAY SCALE  
&  
CLIENT COPAYMENT TABLE**

**EFFECTIVE: JULY 1, 2007**

**COLORADO INDIGENT CARE PROGRAM  
ABILITY-TO-PAY SCALE**

**Effective April 1, 2007 - March 31, 2008  
Income Ranges for Each Ability-to-Pay Rate**

<b>Family Size</b>	<b>Z</b>	<b>N</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>1</b>	\$0 - \$4,084	\$0 - \$4,084	\$4,085 - \$6,330	\$6,331 - \$8,270	\$8,271 - \$10,210	\$10,211 - \$11,946
<b>2</b>	\$0 - \$5,476	\$0 - \$5,476	\$5,477 - \$8,488	\$8,489 - \$11,089	\$11,090 - \$13,690	\$13,691 - \$16,017
<b>3</b>	\$0 - \$6,868	\$0 - \$6,868	\$6,869 - \$10,645	\$10,646 - \$13,908	\$13,909 - \$17,170	\$17,171 - \$20,089
<b>4</b>	\$0 - \$8,260	\$0 - \$8,260	\$8,261 - \$12,803	\$12,804 - \$16,727	\$16,728 - \$20,650	\$20,651 - \$24,161
<b>5</b>	\$0 - \$9,652	\$0 - \$9,652	\$9,653 - \$14,961	\$14,962 - \$19,545	\$19,546 - \$24,130	\$24,131 - \$28,232
<b>6</b>	\$0 - \$11,044	\$0 - \$11,044	\$11,045 - \$17,118	\$17,119 - \$22,364	\$22,365 - \$27,610	\$27,611 - \$32,304
<b>7</b>	\$0 - \$12,436	\$0 - \$12,436	\$12,437 - \$19,276	\$19,277 - \$25,183	\$25,184 - \$31,090	\$31,091 - \$36,375
<b>8</b>	\$0 - \$13,828	\$0 - \$13,828	\$13,829 - \$21,433	\$21,434 - \$28,002	\$28,003 - \$34,570	\$34,571 - \$40,447
Poverty Level*	<b>40% &amp; Homeless</b>	<b>40%</b>	<b>62%</b>	<b>81%</b>	<b>100%</b>	<b>117%</b>

<b>Family Size</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>
<b>1</b>	\$11,947 - \$13,579	\$13,580 - \$16,234	\$16,235 - \$18,889	\$18,890 - \$20,420	\$20,421 - \$25,525
<b>2</b>	\$16,018 - \$18,208	\$18,209 - \$21,767	\$21,768 - \$25,327	\$25,328 - \$27,380	\$27,381 - \$34,225
<b>3</b>	\$20,090 - \$22,836	\$22,837 - \$27,300	\$27,301 - \$31,765	\$31,766 - \$34,340	\$34,341 - \$42,925
<b>4</b>	\$24,162 - \$27,465	\$27,466 - \$32,834	\$32,835 - \$38,203	\$38,204 - \$41,300	\$41,301 - \$51,625
<b>5</b>	\$28,233 - \$32,093	\$32,094 - \$38,367	\$38,368 - \$44,641	\$44,642 - \$48,260	\$48,261 - \$60,325
<b>6</b>	\$32,305 - \$36,721	\$36,722 - \$43,900	\$43,901 - \$51,079	\$51,080 - \$55,220	\$55,221 - \$69,025
<b>7</b>	\$36,376 - \$41,350	\$41,351 - \$49,433	\$49,434 - \$57,517	\$57,518 - \$62,180	\$62,181 - \$77,725
<b>8</b>	\$40,448 - \$45,978	\$45,979 - \$54,966	\$54,967 - \$63,955	\$63,956 - \$69,140	\$69,141 - \$86,425
Poverty Level*	<b>133%</b>	<b>159%</b>	<b>185%</b>	<b>200%</b>	<b>250%</b>

\*Percent of federal poverty level which corresponds to the upper limit of income in each rating level.

Rev. 2/2007

**COLORADO INDIGENT CARE PROGRAM  
ABILITY-TO-PAY SCALE  
Effective April 1, 2007 - March 31, 2008  
Annual Income Ranges for Each Ability-to-Pay Rate**

Family Size	Z	N	A	B	C	D
1	\$0 - \$4,084	\$0 - \$4,084	\$4,085 - \$6,330	\$6,331 - \$8,270	\$8,271 - \$10,210	\$10,211 - \$11,946
2	\$0 - \$5,476	\$0 - \$5,476	\$5,477 - \$8,488	\$8,489 - \$11,089	\$11,090 - \$13,690	\$13,691 - \$16,017
3	\$0 - \$6,868	\$0 - \$6,868	\$6,869 - \$10,645	\$10,646 - \$13,908	\$13,909 - \$17,170	\$17,171 - \$20,089
4	\$0 - \$8,260	\$0 - \$8,260	\$8,261 - \$12,803	\$12,804 - \$16,727	\$16,728 - \$20,650	\$20,651 - \$24,161
5	\$0 - \$9,652	\$0 - \$9,652	\$9,653 - \$14,961	\$14,962 - \$19,545	\$19,546 - \$24,130	\$24,131 - \$28,232
6	\$0 - \$11,044	\$0 - \$11,044	\$11,045 - \$17,118	\$17,119 - \$22,364	\$22,365 - \$27,610	\$27,611 - \$32,304
7	\$0 - \$12,436	\$0 - \$12,436	\$12,437 - \$19,276	\$19,277 - \$25,183	\$25,184 - \$31,090	\$31,091 - \$36,375
8	\$0 - \$13,828	\$0 - \$13,828	\$13,829 - \$21,433	\$21,434 - \$28,002	\$28,003 - \$34,570	\$34,571 - \$40,447
9	\$0 - \$15,220	\$0 - \$15,220	\$15,221 - \$23,591	\$23,592 - \$30,821	\$30,822 - \$38,050	\$38,051 - \$44,519
10	\$0 - \$16,612	\$0 - \$16,612	\$16,613 - \$25,749	\$25,750 - \$33,639	\$33,640 - \$41,530	\$41,531 - \$48,590
11	\$0 - \$18,004	\$0 - \$18,004	\$18,005 - \$27,906	\$27,907 - \$36,458	\$36,459 - \$45,010	\$45,011 - \$52,662
12	\$0 - \$19,396	\$0 - \$19,396	\$19,397 - \$30,064	\$30,065 - \$39,277	\$39,278 - \$48,490	\$48,491 - \$56,733
13	\$0 - \$20,788	\$0 - \$20,788	\$20,789 - \$32,221	\$32,222 - \$42,096	\$42,097 - \$51,970	\$51,971 - \$60,805
14	\$0 - \$22,180	\$0 - \$22,180	\$22,181 - \$34,379	\$34,380 - \$44,915	\$44,916 - \$55,450	\$55,451 - \$64,877
15	\$0 - \$23,572	\$0 - \$23,572	\$23,573 - \$36,537	\$36,538 - \$47,733	\$47,734 - \$58,930	\$58,931 - \$68,948
16	\$0 - \$24,964	\$0 - \$24,964	\$24,965 - \$38,694	\$38,695 - \$50,552	\$50,553 - \$62,410	\$62,411 - \$73,020
Poverty Level*	<b>40% &amp; Homeless</b>	<b>40%</b>	<b>62%</b>	<b>81%</b>	<b>100%</b>	<b>117%</b>

Family Size	E	F	G	H	I
1	\$11,947 - \$13,579	\$13,580 - \$16,234	\$16,235 - \$18,889	\$18,890 - \$20,420	\$20,421 - \$25,525
2	\$16,018 - \$18,208	\$18,209 - \$21,767	\$21,768 - \$25,327	\$25,328 - \$27,380	\$27,381 - \$34,225
3	\$20,090 - \$22,836	\$22,837 - \$27,300	\$27,301 - \$31,765	\$31,766 - \$34,340	\$34,341 - \$42,925
4	\$24,162 - \$27,465	\$27,466 - \$32,834	\$32,835 - \$38,203	\$38,204 - \$41,300	\$41,301 - \$51,625
5	\$28,233 - \$32,093	\$32,094 - \$38,367	\$38,368 - \$44,641	\$44,642 - \$48,260	\$48,261 - \$60,325
6	\$32,305 - \$36,721	\$36,722 - \$43,900	\$43,901 - \$51,079	\$51,080 - \$55,220	\$55,221 - \$69,025
7	\$36,376 - \$41,350	\$41,351 - \$49,433	\$49,434 - \$57,517	\$57,518 - \$62,180	\$62,181 - \$77,725
8	\$40,448 - \$45,978	\$45,979 - \$54,966	\$54,967 - \$63,955	\$63,956 - \$69,140	\$69,141 - \$86,425
9	\$44,520 - \$50,607	\$50,608 - \$60,500	\$60,501 - \$70,393	\$70,394 - \$76,100	\$76,101 - \$95,125
10	\$48,591 - \$55,235	\$55,236 - \$66,033	\$66,034 - \$76,831	\$76,832 - \$83,060	\$83,061 - \$103,825
11	\$52,663 - \$59,863	\$59,864 - \$71,566	\$71,567 - \$83,269	\$83,270 - \$90,020	\$90,021 - \$112,525
12	\$56,734 - \$64,492	\$64,493 - \$77,099	\$77,100 - \$89,707	\$89,708 - \$96,980	\$96,981 - \$121,225
13	\$60,806 - \$69,120	\$69,121 - \$82,632	\$82,633 - \$96,145	\$96,146 - \$103,940	\$103,941 - \$129,925
14	\$64,878 - \$73,749	\$73,750 - \$88,166	\$88,167 - \$102,583	\$102,584 - \$110,900	\$110,901 - \$138,625
15	\$68,949 - \$78,377	\$78,378 - \$93,699	\$93,700 - \$109,021	\$109,022 - \$117,860	\$117,861 - \$147,325
16	\$73,021 - \$83,005	\$83,006 - \$99,232	\$99,233 - \$115,459	\$115,460 - \$124,820	\$124,821 - \$156,025
Poverty Level*	<b>133%</b>	<b>159%</b>	<b>185%</b>	<b>200%</b>	<b>250%</b>

\*Percent of Federal Poverty Level which corresponds to the upper limit of income in each rating level.  
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## COLORADO INDIGENT CARE PROGRAM CLIENT COPAYMENT TABLE

CICP Rating	Inpatient Hospital Copayment	Physician Copayment	Outpatient Clinic Copayment	Hospital Emergency Room and Specialty Outpatient Clinic Copayment	Prescription and Lab Copayment
N	\$15	\$7	\$7	\$15	\$5
A	\$65	\$35	\$15	\$25	\$10
B	\$105	\$55	\$15	\$25	\$10
C	\$155	\$80	\$20	\$30	\$15
D	\$220	\$110	\$20	\$30	\$15
E	\$300	\$150	\$25	\$35	\$20
F	\$390	\$195	\$25	\$35	\$20
G	\$535	\$270	\$35	\$45	\$30
H	\$600	\$300	\$35	\$45	\$30
I	\$630	\$315	\$40	\$50	\$35
Z	\$0	\$0	\$0	\$0	\$0

The following information explains the different types of medical care charges:

- Hospital inpatient facility charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay longer than 24 hours. The client is responsible for the corresponding Hospital Inpatient Copayment.
- Hospital outpatient charges are for all non-physician (facility) services received by a client while receiving care in the hospital setting for a continuous stay less than 24 hours (i.e., emergency room care). The client is responsible for the corresponding Hospital Emergency Room Copayment.
- Physician charges are for services provided to a client by a physician in the hospital setting, including emergency room care. The client is responsible for the corresponding Physician Copayment.
- Outpatient charges are for all non-physician (facility) and physician services received by a client while receiving care in the outpatient clinic setting, but do not include charges from outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Outpatient charges include primary and preventive medical care. The client is responsible for the corresponding Outpatient Clinic Copayment.
- Specialty Outpatient charges are for all non-physician (facility) and physician services received by a client while receiving care in the specialty outpatient clinic setting, but do not include charges from outpatient services provided in the hospital setting (i.e., emergency room care, ambulatory surgery). Specialty Outpatient charges include distinctive medical care (i.e. oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventive medical care. The client is responsible for the corresponding Specialty Outpatient Clinic Copayment. A qualified health care

provider must receive written approval from the Department to charge the Specialty Outpatient Clinic Copayment.

- Laboratory Service charges are for all laboratory tests received by a client not associated with an inpatient facility or hospital outpatient charge during the same period. The client is responsible for the corresponding Laboratory Services Copayment.
- Prescription charges are for prescription drugs received by a client at a qualified health care provider's pharmacy as an outpatient service. The client is responsible for the corresponding Prescription Copayment. To encourage the availability of discounted prescription drugs, providers are allowed to modify (increase or decrease) the Prescription Copayment with the written approval of the Department.
- Ambulatory Surgery charges are for all operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day. The client is responsible for the corresponding Inpatient Hospital Copayment for the non-physician (facility) services and the corresponding Physician Copayment for the physician services.
- The client is responsible for the corresponding Hospital Inpatient Copayment for Magnetic Resonance Imaging (MRI), Computed Tomography (CT) and nuclear medicine services received by the client.
- Z-Rating. These are homeless clients who are at or below 40% of the Federal Poverty Level (qualify for an N-Rating). Homeless clients are exempt from client copayments. Homeless patients are also exempt from the income verification requirement, verification of denied Medicaid benefits requirement and providing proof of residency when completing the CICP application.
- Observation Stay. If a client is in the hospital for more than 24 hours, the Hospital Inpatient copayment is charged. If a client is in the hospital for less than 24 hours, the Hospital Emergency Room copayment is charged, unless one of the following procedures takes place: ambulatory surgery, MRI, CT Scan, or Nuclear Medicine, in which then the Hospital Inpatient copayment is charged.