

Colorado Indigent Care Program Client Copayment Table

CICP Rating	Percent of Federal Poverty Level	Copayment Category				
		Inpatient Facility & Ambulatory Surgery	Inpatient & Emergency Room Physician	Outpatient Clinic	Hospital Emergency Room, Specialty Outpatient Clinic & Emergency Transportation	Prescription & Laboratory Services
*N	40%	\$15	\$7	\$7	\$15	\$5
A	62%	\$65	\$35	\$15	\$25	\$10
B	81%	\$105	\$55	\$15	\$25	\$10
C	100%	\$155	\$80	\$20	\$30	\$15
D	117%	\$220	\$110	\$20	\$30	\$15
E	133%	\$300	\$150	\$25	\$35	\$20
F	159%	\$390	\$195	\$25	\$35	\$20
G	185%	\$535	\$270	\$35	\$45	\$30
H	200%	\$600	\$300	\$35	\$45	\$30
I	250%	\$630	\$315	\$40	\$50	\$35
**Z	40%	\$0	\$0	\$0	\$0	\$0

- Clients with an “N” CICP rating have an annual copayment cap of \$120.
- ** Homeless clients with a “Z” CICP rating are exempt from CICP copayments.

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

- The **Hospital Inpatient Facility & Ambulatory Surgery** copayment is required for charges related to non-physician (facility) services incurred while receiving care in a hospital for a continuous stay of 24 hours or longer and Ambulatory Surgery for operative procedures received by a client who is admitted to and discharged from the hospital setting on the same day.
- The **Inpatient and Emergency Room Physician** copayment is required for charges related to services provided directly by the physician in the hospital setting, including emergency room care.
- The **Outpatient Clinic** copayment is required for charges related to non-physician (facility) **and** physician services received in the outpatient clinic setting. This includes charges for primary and preventive medical care. Does not include charges for outpatient services provided in a hospital (i.e., emergency room care, outpatient surgery, radiology).
- The **Hospital Emergency Room and Emergency Transportation** copayment is required for charges related to non-physician (facility) services incurred while receiving care in the hospital setting for a continuous stay of less than 24 hours, including the **Emergency Room**.
- The **Specialty Outpatient Clinic** copayment is required for charges related to non-physician (facility) **and** physician services received in the specialty outpatient clinic setting, but does not include charges for outpatient services provided in the hospital setting (i.e., emergency room physician, ambulatory surgery). Specialty outpatient charges include distinctive medical care (i.e., oncology, orthopedics, hematology, pulmonary) that is not normally available as primary and preventative medical care.
- The **Prescription** copayment is required for prescription drugs received at a qualified CICP health care provider’s pharmacy.
- The **Laboratory Services** copayment is required for charges related to laboratory tests received by the client that are not associated with an inpatient facility or hospital outpatient charge during the same period.
- Clients receiving a Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Positron Emission Tomography (PET), Sleep Studies or other Nuclear Medicine services in an Outpatient setting are responsible for the **Hospital Inpatient Facility** copayment **in addition** to the **Outpatient Specialty Clinic** copayment.
- Clients receiving emergency transportation/ambulance services from CICP providers approved to discount such services are responsible for the **Emergency Transportation** copayment.