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**ANNUAL REPORT TO THE COLORADO GENERAL ASSEMBLY  
1990-91 COLORADO INDIGENT CARE PROGRAMS**

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**SUBMITTED BY  
THE UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER  
JANUARY, 1992**



*ANNUAL REPORT TO THE COLORADO GENERAL ASSEMBLY*

*1990-91 COLORADO INDIGENT CARE PROGRAMS*

*Submitted to:*

*Senator Ted L. Strickland  
President of the Senate*

*and*

*Representative Charles E. Berry  
Speaker, House of Representatives*

*and*

*Representative Tony Grampas  
Chairperson, Joint Budget Committee*

*and*

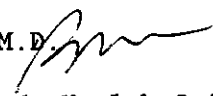
*Members, Joint Review Committee on the  
Medically Indigent*

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January 1, 1992

TO: TED STRICKLAND, PRESIDENT OF THE SENATE  
CHUCK BERRY, SPEAKER, HOUSE OF REPRESENTATIVES  
TONY GRAMPSAS, CHAIRPERSON, JOINT BUDGET COMMITTEE  
MEMBERS, JOINT REVIEW COMMITTEE ON THE MEDICALLY INDIGENT

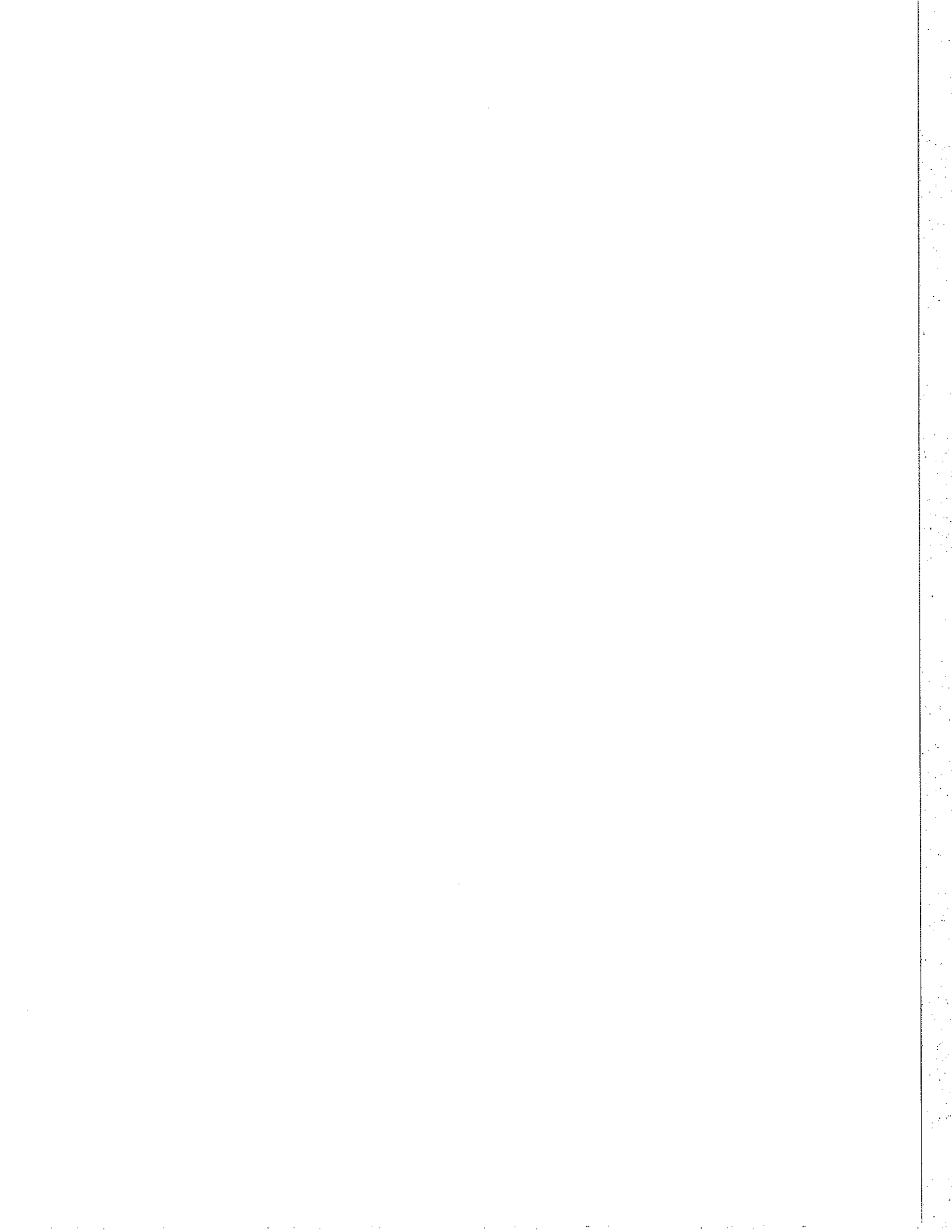
FROM: Bernard W. Nelson, M.D.   
Chancellor  
University of Colorado Health Sciences Center

SUBJECT: 1990-91 Colorado Indigent Care Programs Annual Report

Attached is the 1990-91 Annual Report for the Colorado Indigent Care Programs. This report summarizes the financial, demographic, and clinical service data reported to the Colorado Indigent Care Programs for fiscal year 1990-91, and contains recommendations on various aspects of the program. Additionally, the report contains a plan to assure statewide access to care.

If you have questions about the report or need further information, please do not hesitate to contact Steve Berman or me at the University of Colorado Health Sciences Center (270-7682).

c: Steve Berman, M.D.  
Judy Glazner



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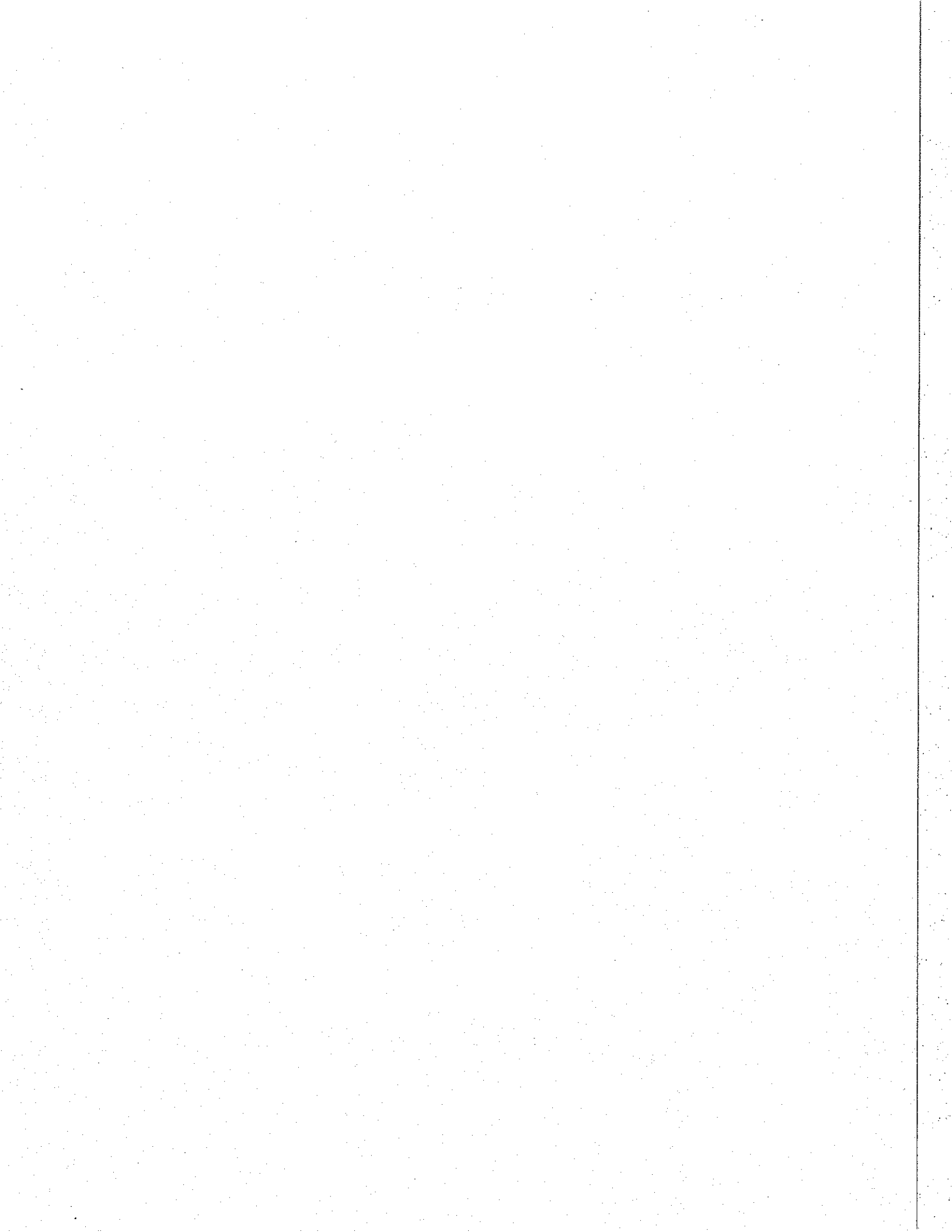
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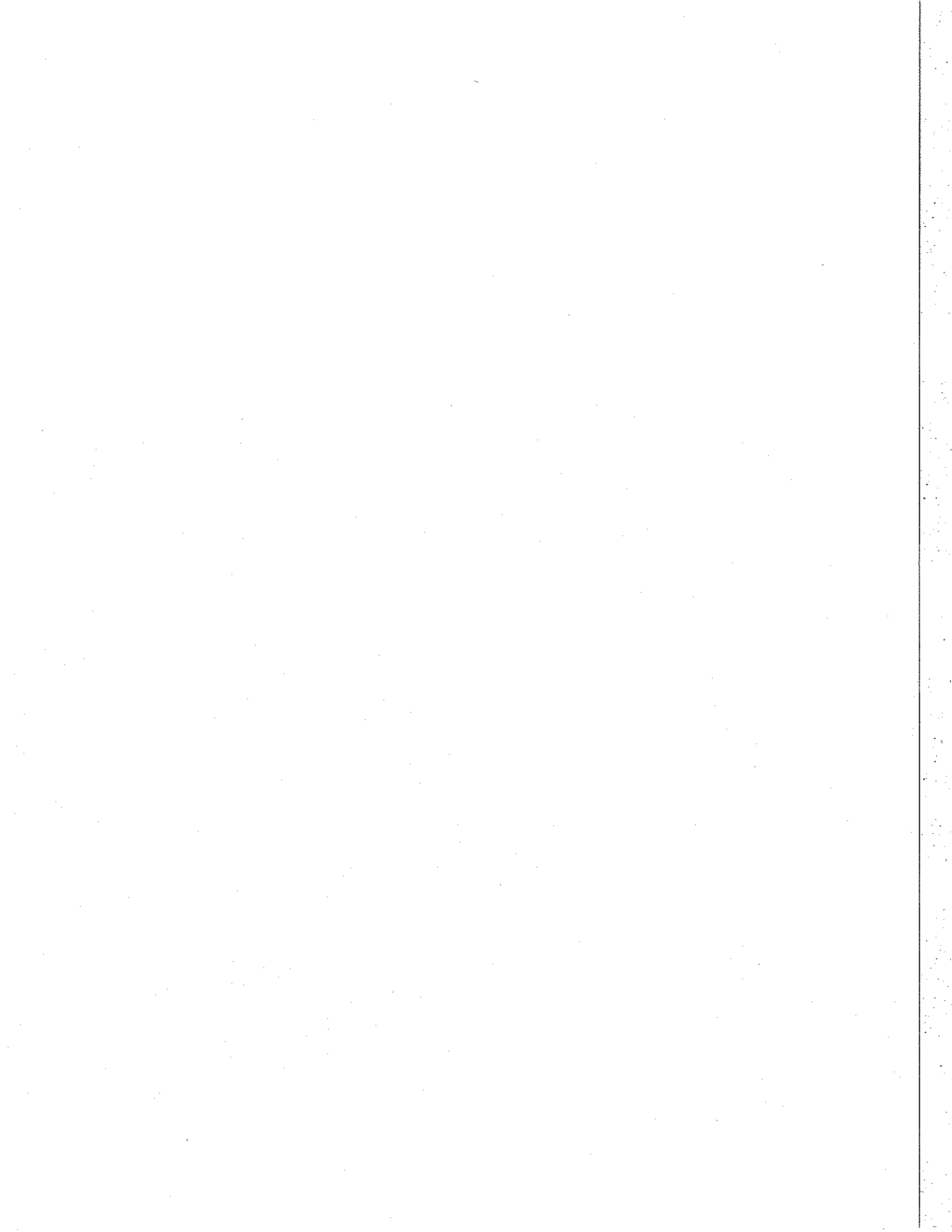
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## **I. INTRODUCTION AND OVERVIEW**

House Bill 1129 (C.R.S. 26-15-101, 1983), "Reform Act for the Provision of Health Care for the Medically Indigent," was enacted by the Colorado General Assembly, effective July 1, 1983. Passage of this bill made it possible to use state funds to partially reimburse providers for services rendered to the State's non-Medicaid medically indigent residents. The program is known by several names: the Medically Indigent (or MI) Program, the Colorado Resident Discount Program, (CRDP) and the Colorado Indigent Care Programs (CICP).

For fiscal year 1990-91, there were five programs under the CICP administration. They were:

### **A. Denver Indigent Care Program (Denver Health and Hospitals, or DHH)**

Under the CICP, Denver Health and Hospitals serves primarily eligible patients who reside in the city and county of Denver. These facilities include Denver General Hospital, 2 neighborhood health centers, and 5 neighborhood health stations, all in Denver.

### **B. University Hospital Indigent Care Program (UH)**

Under the CICP, University Hospital serves primarily the residents of the Denver metropolitan area who are not residents of the city and county of Denver. University Hospital also serves as a referral center to provide such complex care as is not available or is not contracted for in Denver and the remaining areas of the state.

### **C. Outstate Indigent Care Program (OS)**

Providers in the Outstate program are located throughout the state, and must be situated outside the city and county of Denver. For fiscal year 1990-91, 38 hospitals and 15 clinics participated in the Outstate program, compared to 42 hospitals and 14 clinics in FY 1989-90.

### **D. Specialty Indigent Care Program (SPEC)**

Specialty providers must either offer unique services or serve a unique population. Additionally, at least 50% of the care rendered through the CICP must be to residents WHO RESIDE outside the city and county of Denver. For fiscal year 1990-91, 7 providers participated in the Specialty program, up from 6 in FY 1989-90.

### **E. Community Maternity Program (CMP)**

The Community Maternity Program was designed to allow low income and medically low risk pregnant women to deliver their children close to their home community. There were 43 hospitals and 39 home health agencies participating for FY 1990-91, compared to 43 hospitals and 42 home health agencies for 1989-90. Fiscal year 1990-91 was the last year that CMP was in effect; it was not funded for 1991-92, primarily because Medicaid expanded to cover most of the women formerly eligible for CMP.

## **F. Reimbursement**

Reimbursement mechanisms vary within the programs in accordance with statutory and footnote requirements. Denver Health and Hospitals and University Hospital receive a level of funding determined by the legislature and appropriated in separate line items to each institution. Providers participating in the Outstate and Specialty programs receive reimbursement based on a pro rata share of the appropriations for those programs. Community Maternity Program hospital providers were reimbursed a capitated amount for each delivery (\$1,508 for normal delivery and \$2,910 for Caesarean section or dilatation and curettage), and home health agencies receive \$45 per visit, up to two visits per patient after delivery (one visit may be used as a prenatal visit).

As provided in the statute, the University of Colorado Health Sciences Center (UCHSC) administers the Colorado Indigent Care Programs (CICP). The statute requires that the UCHSC prepare an annual report for the General Assembly, to include recommendations on several issues identified in the statute, as well as a plan to assure statewide access to care. This report also contains a section on Medicaid expansion, as well as data, analyses and visual aids on patient demographics and patient and provider financial information.

## **II. RECOMMENDATIONS**

### **A. Program Definitions**

Program definitions for the Colorado Indigent Care Programs have evolved over time through Appropriations Bill footnote language; statutory language; administrative rules, regulations, and guidelines; and contract provisions. The following definitions for the 1990-91 programs, unless otherwise noted, appear in the Contract Manual:

**1. Indigent Patient** "Indigent Patients" are individuals and/or families who are eligible residents of Colorado as defined in UCHSC's 1990-91 Ability-To-Pay Manual (the Manual), whose incomes fall within the parameters set forth in the Manual, and who are confirmed to be eligible by the Contractor. Individuals who have partial medical benefits under third party coverage (i.e., commercial insurance, Handicapped Children's Program, Workmen's Compensation, etc.), including the federally assisted programs of Medicare and CHAMPUS, shall be considered indigent and eligible for the Indigent Care Program for the uncovered portions of their care if they meet all other eligibility requirements. Individuals and/or families who are enrolled in Medicaid or who are Medicaid eligible are not normally eligible for participation in the Indigent Care Program. However, individuals and/or families who are estimated to be Medicaid eligible under the Manual and who are denied eligibility by Medicaid, for reasons other than failure to complete the application, are eligible to participate in the Indigent Care Program. Where needed Medicaid services are not geographically available, Medicaid patients may be covered under the Indigent Care Program.

**2. Third Party Coverage** "Third Party Coverage" means 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, Handicapped Children's Program, and other insurance coverage which is responsible for payment of medical expenses incurred by eligible individual(s). Responsibility for payment may be established by contract, by statute, or by negligence liability. Third party payment is not intended to include: 1) Payment from voluntary sources or 2) payment under the Colorado Crime Victim Compensation Act (CRS 24-4.1-100.1).

3. Emergent/Urgent "Emergent/urgent" means conditions of an acute, severe nature which are life, limb, or disability threats requiring immediate (minutes to hours) attention, where any delay in treatment would be definitely harmful and would threaten life or function of a patient or viable fetus.

4. Non-emergent/Non-urgent "Non-emergent/non-urgent" means any condition not included in the emergent/urgent definition.

5. Covered Services "Covered Services" for all programs except the Community Maternity Program are defined as all medical services which a provider customarily furnishes to patients and can lawfully offer to patients including, without limitation, medical services furnished by participating physicians. All services provided must be medically necessary. Covered services for these programs do not include:

- Dental services not deemed medically necessary
- Nursing home care
- Chiropractic and Podiatric services, not deemed medically necessary
- Sex change surgical procedures
- Cosmetic surgery, not deemed medically necessary
- Experimental and non-FDA approved treatments

Reimbursement for inpatient psychiatric care and inpatient drug and alcohol services are allowed for up to 30 cumulative days per patient each program year. For the Community Maternity Program, labor and delivery services are provided to medically indigent women, of at least 37 weeks gestation, and their newborn infants for an average of two (2) days not to exceed five (5) cumulative days (1990-91 Community Maternity Program contract, Page 1, section 1).

6. Provider "Provider" is any general hospital, community clinic, or maternity hospital licensed or certified by the department of health pursuant to section 25-1-107 (1)(1)(I) or (1)(1)(II), C.R.S., any health maintenance organization issued a certificate of authority pursuant to section 10-17-104, C.R.S., and the health sciences center when acting pursuant to section 26-15-106(5)(a) or (5)(b). A home health agency may also serve as a provider of community maternity services. For the purposes of the program, "provider" includes associated physicians (section 26-15-104, C.R.S).

7. Colorado Resident To be a "Colorado Resident", the patient or head of household (primary income source) must be currently living in Colorado and intend to remain in the state (1990-91 Ability-To-Pay Manual, Appendix A).

8. U.S. Citizen "U.S. citizens" are persons born in the United States, Puerto Rico, Guam, Virgin Islands of the United States, American Samoa,

and Swain's Island; or persons who have become citizens through the naturalization process (1990-91 Ability-To-Pay Manual, Appendix A).

**9. Legal Aliens** "Legal Aliens" are aliens permanently residing in the United States under color of law, or aliens who have been granted legal residency under the new Immigration and Reform Act of 1986 (Temporary Residence Card I-688 or I-688A).

Legal aliens may also be those admitted under conditional entry (E.G., refugees having fled another country due to persecution or fear of persecution (Form I-94 - Arrival-departure record stating "Refugee - conditional entry").

Aliens who have been granted "voluntary departure" or "indefinite stay of deportation" whose departure will not be enforced by the Immigration and Naturalization Service also qualify for the program (correspondence from INS stating they have been granted "voluntary departure" or "indefinite stays of deportation"). (1990-91 Ability-To-Pay Manual, Appendix A.)

**10. Migrant Farm Workers** "Migrant Farm Workers" are individuals who do not normally live in Colorado as permanent residents of the State but meet requirements of US citizenship or legal alien status and whose principal employment is in agriculture on a seasonal basis (as opposed to year-round employment) and who establish a temporary abode in Colorado for the purpose of employment. They are workers who are usually hired laborers paid piecework, hourly or daily wages. (Agriculture means farming of the land in all its branches, including cultivation, tillage, growing, harvesting, preparation and processing for market or storage.) Eligibility for the program extends to dependent family members of the migrant farmworkers who also establish a temporary abode in Colorado and meet citizenship or legal alien requirements (1990-91 Ability-To-Pay Manual, Appendix A).

**RECOMMENDATION:** Maintain current definitions.

**B. Eligibility Requirements** To be eligible for services under the Colorado Indigent Care Programs, an individual must meet both residency and income requisites. A resident is anyone who is: 1) a Colorado resident and a U.S. citizen or legal alien, or 2) a migrant farm worker and a U.S. citizen or legal alien.

Income eligibility considers the family size, income (both tangible and intangible), assets, liabilities, and extraordinary expenses.

**RECOMMENDATION:** Maintain current eligibility requirements.

**C. Ability-To-Pay Schedule and Copayment Requirements**

Appropriations bill footnote and contract provisions require the use of the current Colorado Indigent Care Program ability-to-pay scale, as set forth in the CICP current Ability-to-Pay manual. Since 1982, this schedule has included patient co-payment requirements for each indigency rate or category. All five indigent care programs are required to use the same scale.

The scale is based on the federal poverty level, as published by the U.S. Department of Health and Human Services' report on the poverty level amounts by family size in the Federal Register. This is an annual report and the CICP ability-to-pay scale is updated accordingly each contract year.



For 1990-91, rating levels were established so that, with the exception of the lowest rate, which corresponds to Colorado AFDC income eligibility standards, they were based on percentage increases over the baseline. This method takes into consideration the changes in Medicaid income requirements and enables CICP providers to identify potentially Medicaid eligible patients for referral to county social services offices for Medicaid application. It also allows the program to better analyze indigent patient activity in terms of level of income as a percent of poverty level. As a result, eligible patients are categorized into one of eight rates which determine the co-payment liability for each patient.

**RECOMMENDATION:** Continue current policy

**D. Methods for Allocation and Disbursement of Funds** The Colorado State Legislature determines funding levels for the Colorado Indigent Care Programs. The program receives from facilities wishing to participate in CICP their estimates of charges for CICP patients for the coming year. These estimates of charges are multiplied by the facility's cost-to-charge ratio as verified by their last submitted Medicare cost report. The result is estimated costs for each provider to provide services. Total estimated reimbursement of all providers in the line item, divided by the total estimate of costs of all providers in the line item, multiplied by the individual Provider's estimate of costs results in the amounts the CICP will contract for with each provider. Payment is reduced according to the amount of funds (if any) being held by the Governor in anticipation of revenue shortfalls. Payment is made according to statutory requirements at 1/12 of the annual estimate each month.

**RECOMMENDATION:** Continue for the immediate future current methods for allocation and disbursement of funds. However, the program will take up the issue of a more complex reimbursement method with its Provider Advisory Panel.

**E. Methods of and Responsibility for Collection of Costs from Liable Third-Party Sources** It is the provider's responsibility to make reasonable efforts to collect payment from liable third-party sources. Section 2A, page 2 of the 1990-91 CICP contract states that "Contractor shall make all reasonable efforts to collect amounts due from Third Party Coverage and applicable co-payment amounts, and shall maintain auditable evidence of such efforts. Contractor cannot be reimbursed for care rendered pursuant to its obligation under the Hill-Burton Act." Reasonable efforts are those methods customarily used to collect payment from any patient, including sending delinquent accounts to collections.

**RECOMMENDATION:** Continue current methods of and responsibility for collection of payment from liable third-party sources.

**F. Incentives for Efficient Utilization Control** Incentives for efficient utilization of resources are built into the CICP by virtue of the low level of reimbursement and contractual obligation to provide, at a minimum, emergent/urgent care to all eligible patients throughout the contract year. Incentives for efficient utilization of resources are also built into the CMP which provides a set rate of reimbursement to hospitals regardless of resource

consumption.

**RECOMMENDATION:** The current policy achieves the best matching rate of any medical care reimbursement in the state. While a higher level of reimbursement would be desirable, the current incentives should remain in place.

**G. Reporting Requirements** All providers are required to collect and report certain financial, demographic and clinical service data on a monthly basis. The data are collected to measure indigent care activity in the State of Colorado, to monitor activity related to this population, and to determine reimbursement. The following data are required:

**Patient data**

Patient characteristics  
Identification  
Social Security number  
Hospital identification number  
Sex  
Date of birth  
Zip Code of residence  
CICP indigency rating

**Service data**

Diagnosis of patient (ICD-9-CM Codes)  
Procedure code  
Admission/discharge dates (inpatient only)  
Registration/visit dates (outpatient clinics and emergency room)  
Discharge service/clinic  
Type of Care Provided - emergent/urgent and elective non-urgent care by inpatient discharge, outpatient visit, or by emergency room visit.

**Financial data** (categorized for inpatient and outpatient activity)

Total charges (emergent/urgent and non-urgent)  
Type and extent of third party coverage and financial contribution  
Patient liability  
Amount of CICP write-off, exclusive of third party payment and patient liability  
Total charges (emergent/urgent and non-urgent)

Historically, the majority of providers have submitted these data on paper forms to the CICP, although some providers have submitted the information via computer diskette or tape. Each year, more providers show an interest in automating their CICP data submission. The program has surveyed all providers about changing the reporting format to that of the standard UB82/1500 reporting form, and most providers have indicated that UB82/1500 reporting would be advantageous to them. (The UB82/1500 form is the standard form for billing Medicare, Medicaid, and virtually all other third party payers.)

Advantages of reporting on UB82/1500s include the ability to tie charges

to encounters and types of service, and associate charges with individual encounters. Also, additional important information could be readily collected: secondary diagnosis, DRGs, and type of service, which have the ability to tie a procedure to cost. Use of the UB82/1500 would allow the CICIP to tie financial data back to services, which is not possible under the current reporting scheme. UB82/1500 reporting would allow the CICIP to compare costs between hospitals and determine total dollars spent on certain types of service.

Provider administrative costs associated with the CICIP would be reduced in most cases, as many providers currently have the capability to submit information electronically on UB82/1500s. Minor modifications in standard UB82/1500 reporting would allow the providers to submit data to the CICIP, and thus reduce the amount of paperwork involved in reporting.

**H. Audits** Providers in all five Indigent Care Programs are required to furnish a written report which demonstrates the provider's compliance with the rules and regulations of the program that it is participating in. In 1989-90, the CICIP established audit guidelines with the intent of reducing provider administrative costs associated with the assurance that provider facilities were in compliance with CICIP requirements. These guidelines, updated for 1990-91, allow providers with contractual write-offs under \$10,000 to elect to perform an internal audit and issue a compliance statement. For providers who are required to have an independent audit (contractual write-offs greater than \$10,000), the guidelines specify the minimum audit requirements to be followed in the audit field work and audit reporting process. To limit the cost of the audit for providers, recommended time limitations for the audit field work and reporting have been instituted.

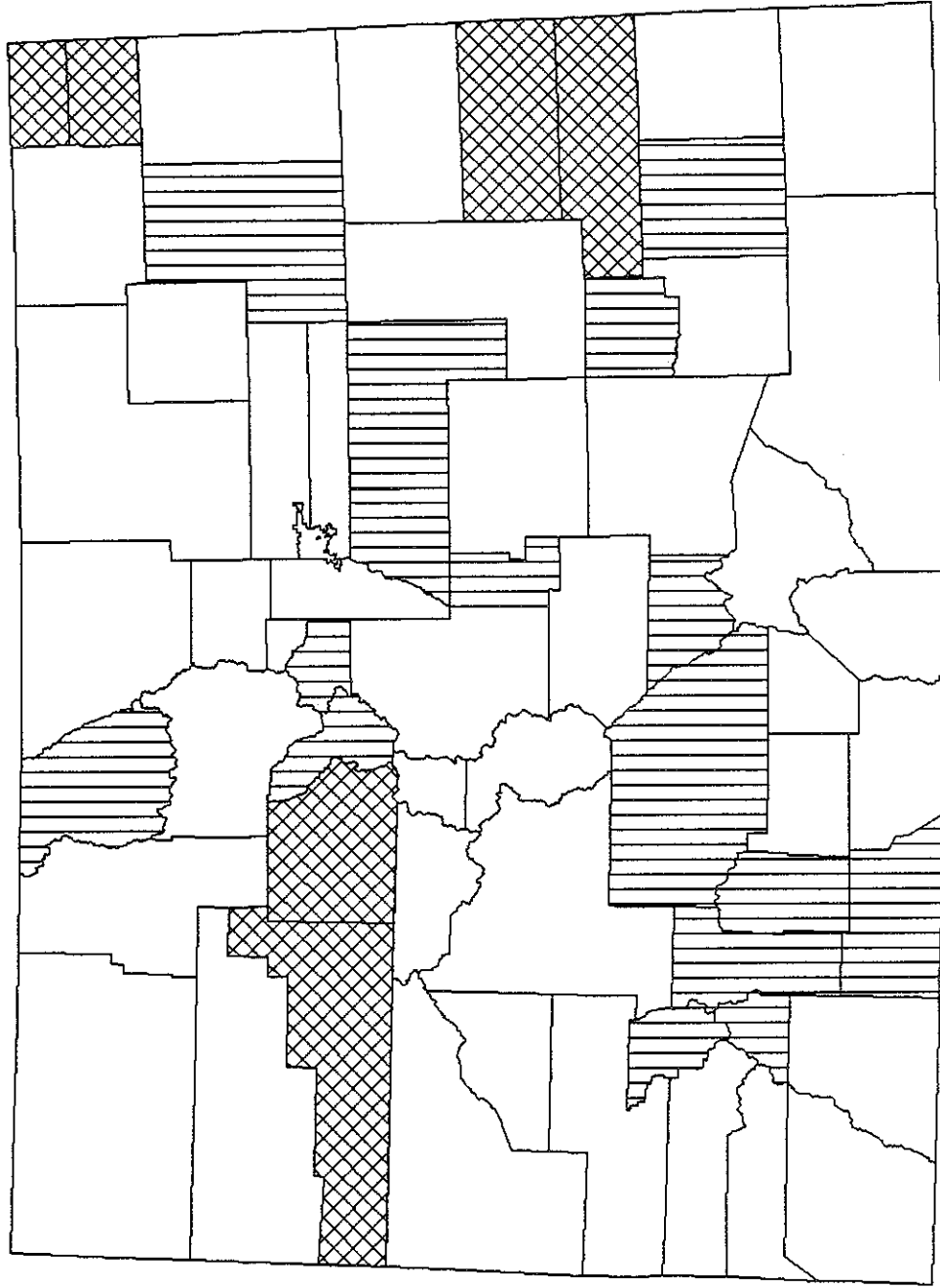
The audit guidelines in effect for 1990-91 required verification of several areas, including that a signed application with appropriate income and extraordinary expense documentation was maintained on file for each patient and that third party payments were properly considered and reported.

**I. Geographic distribution of providers by contract** By statute, "provider" means any general hospital, community clinic, or maternity hospital licensed or certified by the department of health. All licensed general hospitals and licensed community clinics in the state are issued an invitation to participate in the CICIP each spring. The CICIP contracts with any interested facility that meets the eligibility requirements for participation. The statute does not allow the program to deny participation to any eligible provider. Of the 63 counties in Colorado, 41, (65%), had CICIP providers for the 1990-91 fiscal year. Sixteen counties (25%) had no eligible provider. Only 6 counties (10%) had eligible facilities which did not participate in the CICIP. See Figures 1 through 3 for county-specific data on participating providers and on inpatient and outpatient activity.

**RECOMMENDATIONS:** Data Reporting: Although a final feasibility study is not yet available, the program believes that it will recommend gradually discontinuing use of current data reporting forms in favor of using standard UB82/1500 reporting forms.

# FIGURE 1

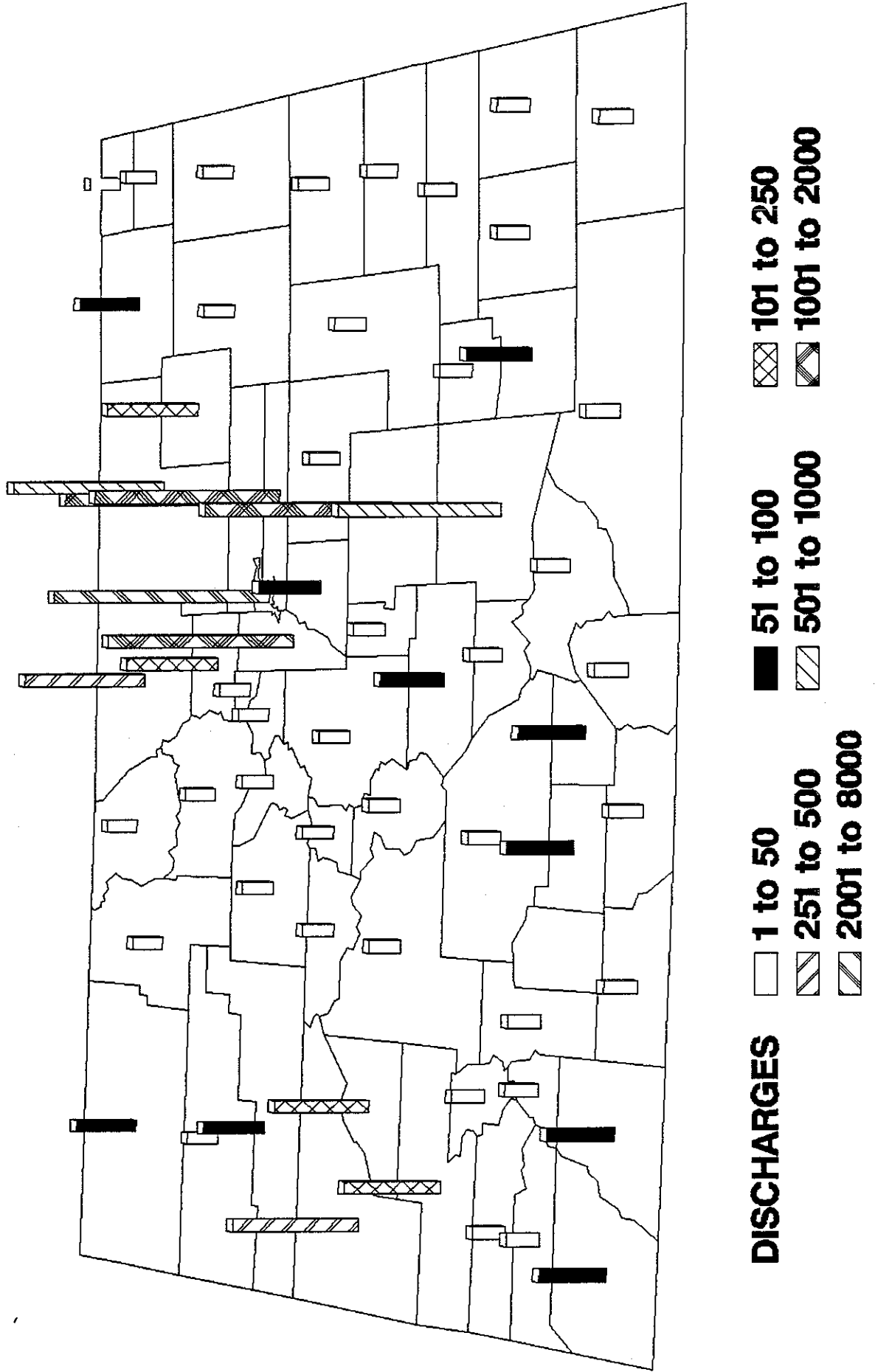
Counties with Participating Providers  
in the Colorado Indigent Care Program  
Fiscal Year 1990 - 1991



MI PROVIDER COUNTY      NO PROVIDER IN PROGRAM      NO ELIGIBLE PROVIDER

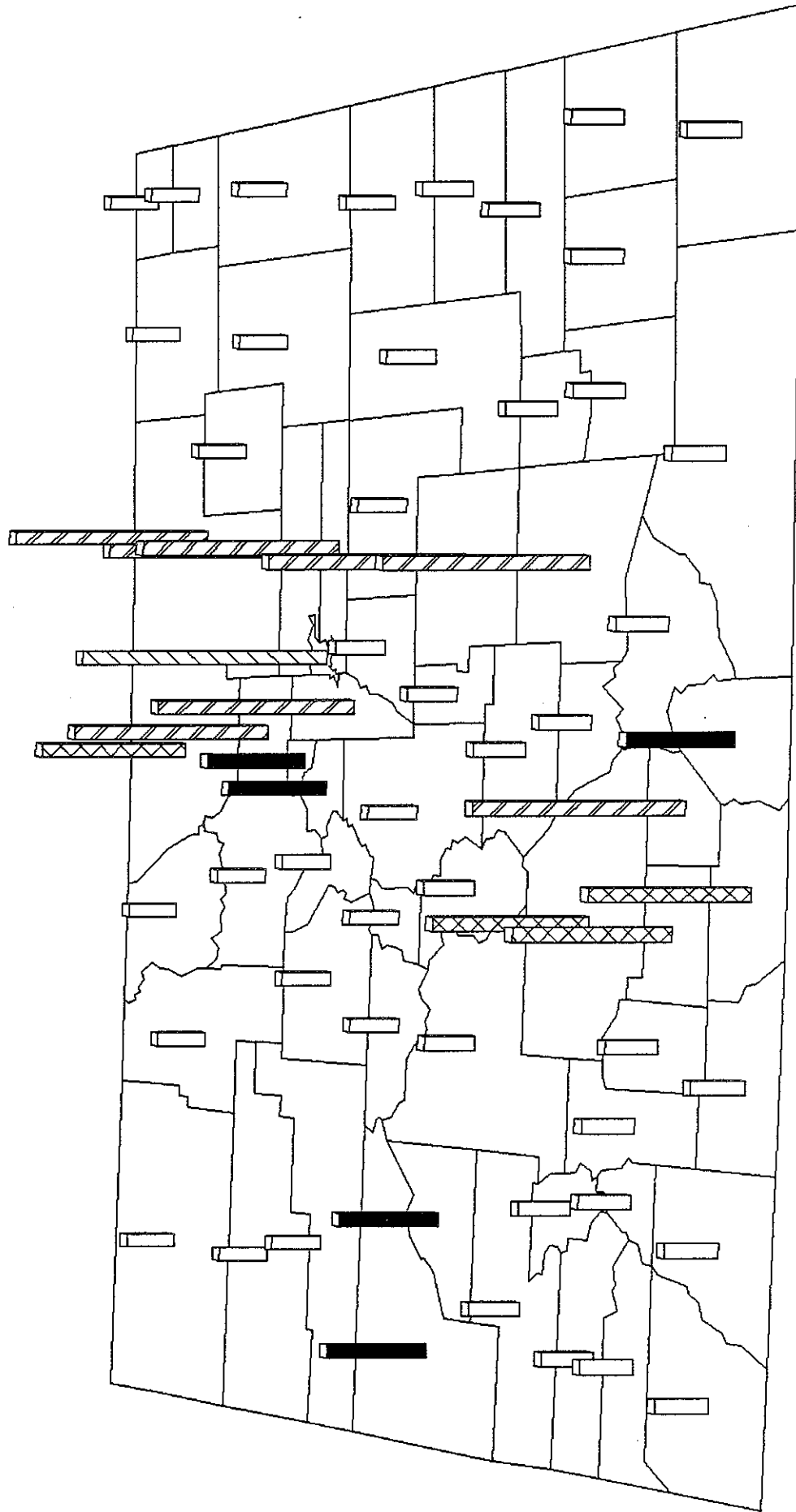
# FIGURE 2

Colorado Indigent Care Program  
Inpatient Discharges by County  
Fiscal Year 1990 - 1991



# FIGURE 3

Colorado Indigent Care Program  
Outpatient Visits by County  
Fiscal Year 1990 - 1991



**VISITS**    □ 1 to 1000    ■ 1001 to 2500    ▨ 2501 to 5000  
              ▧ 5001 to 50000    ▩ 50001 to 200000

Audits: The audit guidelines have been revised for fiscal year 1991-92. The revisions clarify that the purpose of the audit is to enable the program to meet its fiduciary responsibility to the state and expands some of the required areas of audit. Minimum required areas of audit requiring verification are: 1) that a signed application with appropriate income and extraordinary expense documentation was maintained on file for each patient (expanded and further defined); 2) that the patient's original application was signed (if the patient applied at the facility being audited); 3) that the appropriate income and extraordinary expense documentation for the application was maintained on file; 4) that the Ability-to-Pay Manual was used correctly and that the correct rating was calculated; 5) that management exceptions were documented; 6) that the application was completed accurately; 7) if applicable, that the patient was not eligible for Medicaid (general definition of Medicaid eligibility is provided in the guidelines); 8) for patients with third party coverage, that payment was sought from the third party payor, and that any third party reimbursement was taken into account along with any contractual adjustments and applied against the total write-off; and 9) that the correct copayment was charged to the patient. Additional areas require that: 10) utilization review activities were reviewed in general to ensure that indigent patients were included in the sample receiving utilization review; 11) reporting systems were reviewed to ensure that CICP guidelines were met in the submission of monthly data; and 12) the patient appeals process was reviewed to ensure that appeal guidelines were met.

3) Geographic distribution of providers by contract: Continue current policy.

## **J. Prevention of Fraud by Recipients and Providers**

**1. Recipients** In order to be eligible for the CICP, applicants are required to sign a misrepresentation penalty clause, which informs them that any person who gives false information commits a class 2 misdemeanor which is punishable by a minimum of three months imprisonment or a \$250 fine (or both), or by a maximum of twelve months imprisonment or a \$1,000 fine (or both). Further, applicants must provide documentation of income, assets and expenses.

**2. Providers** Measures to prevent fraud by recipients and providers are incorporated into the audit requirements for CICP providers. The Ability-To-Pay Manual requires that providers obtain and keep on file appropriate validation of income and extraordinary expenses claimed by patients. Page 3, section 5 of the contract states that "any person who represents that any medical service is reimbursable and is subject to payment under the Colorado Indigent Care Program when he/she knows that it is not, commits a class 2 misdemeanor which is punishable by a minimum of three months imprisonment or a \$250.00 fine (or both), or a maximum of twelve months imprisonment or a \$1,000 fine (or both) as provided in section 18-1-106, C.R.S."

**RECOMMENDATION:** Continue current methods of fraud prevention by recipients and providers.

**K. Priorities among medical services rendered as related to resources available** The legislation declares that "...allocation of resources will require the prioritization of medical services by providers and the coordination of administration and delivery of medical services," and that services shall be prioritized in the order of: 1) emergency care for the full year; 2) any additional medical care for those conditions it determines to be the most serious threat to the health of medically indigent persons; and 3) any other medical care. The legislation also requires that "Contract dollars provided over the fiscal year will be managed to assure that funds are available to provide the emergency services..." These legislative requirements are incorporated into the contracts between the CICP and providers.

**RECOMMENDATION:** The law states that the state must "allocate available resources in a manner which 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..." (emphasis added). The program recommends instituting a program to increase access to primary and preventive care, particularly in those areas of the state without eligible providers under the existing statute (see "Schedule for Implementation of a Statewide Service Delivery Plan to Commence July 1, 1992", Page 14).

**L. Feasibility of Future Integration of Coordination of the Program with other Medical Programs for the Medically Indigent, Including a Medically Needy Option** Much integration of the program with Medicaid has taken place in the last several years, at least in terms of funding. Most of the general fund formerly appropriated to the program has been transferred to Medicaid to use as state matching funds to increase the federal contribution to Colorado Medicaid. The "borrowed" general fund is repaid to providers through teaching or disproportionate share adjustments by Medicaid. Further integration of the CICP with other programs that serve the medically indigent may be possible, but there are certain aspects of these programs that currently do not make full integration realistic. Looking specifically at the Medicaid program, even if Colorado expanded Medicaid to the extent permitted by federal law, and used the money appropriated for the CICP to cover this expansion, it is estimated that only an additional 20,000 to 30,000 persons could be covered by Medicaid. Another 200,000 uninsured people with incomes low enough to qualify for the CICP, but who are categorically ineligible for Medicaid, would be left with no resources to help pay for medical care.

Those people who could not be covered by Medicaid under current federal law, who can be covered by the CICP, include:

- Parents in two-parent families, unless they are disabled or blind or their incomes are lower than 54% of the federal poverty level.
- Childless couples, regardless of income.
- Single men or women without children, regardless of income.



- People with assets valued at \$1,000 or more (except pregnant women and children covered by any expansion; federal law allows states to drop the asset test for pregnant women and for children covered by Medicaid. So far, Colorado has dropped the asset test only for pregnant women, and, by federal mandate, infants).
- Several other groups of children depending on levels of income and on age and number of parents in the household.

In summary, the populations served by the CICP and Medicaid are quite distinct and the overwhelming majority of the working poor being served by the CICP cannot be enrolled in Medicaid.

Partial integration is, to some extent, happening currently. Autorater, the automated eligibility system developed by the CICP, will soon have a Medicaid component which may determine Medicaid eligibility (the program is currently working with Medicaid on this). Also, the CICP and Medicaid have combined efforts on outreach initiatives. The CICP conducts statewide training sessions for providers, and includes a Medicaid representative in these sessions. The inclusion of the Medicaid representative has proven to be very helpful for the providers.

**RECOMMENDATION:** Continue to work with other programs serving the medically indigent to investigate other possibilities of integration.

**M. Feasibility of a Central Registry of all Medically Indigent Persons Receiving Assistance** A central registry of all Medically Indigent persons receiving assistance under the CICP may be feasible with the addition of staff and additional funds for administration for salary, hardware and software modifications.

The CICP operates a computer system which is capable of tracking eligibility for people enrolled in the CICP. Providers could submit patient eligibility information in one of three ways:

1. Providers could dial in to connect with the program's computer and perform the rating on-line.
2. Providers could do the rating at their facilities on the Autorater system, and submit tapes or diskettes with eligibility information to the CICP.
3. Providers could manually rate patients and submit hard copies of the ratings to the CICP, and the CICP would enter these ratings into the computer.

Patient cards could be issued by the CICP. These cards could be accepted at any provider site except those with residency limitation, and would include pertinent information about the patient's copayment and cap, the rating, and the expiration date. The system could flag those ratings that need updating.

Because the rules governing the various state programs for the poor and uninsured are so different, it is not feasible to form a single central registry for all persons receiving assistance from all available programs (CICP, Medicaid, Handicapped Children's Program, etc.). such a registry was proposed several

years ago and turned down because of its cost.

**RECOMMENDATION:** Reassess the feasibility of such a registry in the future.

**N. Sources of Funding and Projected Costs** Funding levels for the Indigent Care Program are set by the Colorado General Assembly. For fiscal year 1990-91, the five line items were funded as follows:

	<u>Total</u>	<u>General Fund</u>	<u>Cash Funds</u>
Denver Health & Hospitals	\$15,581,465*	\$7,184,911	\$8,396,554
University Hospital	13,772,887*	7,101,625	6,671,262
Specialty Providers	1,131,020*	1,131,020	
Outstate Providers	7,168,015	7,168,015	
Community Maternity Program	<u>674,206</u>	674,206	
Total	\$38,613,415		

\*The initial appropriation to the Colorado Indigent Care Programs was decreased by \$3 million (in SB204) to partially fund Medicaid expansion.

Further, \$8,396,554 was taken from Denver Health & Hospitals' general fund appropriation and replaced with cash funds from Medicaid. General fund in the amount of \$6,671,262 was taken from University Hospital's appropriation and replaced with cash funds in the same way.

The cost to the providers of rendering care is determined by using the cost to charge ratios of the most recently submitted Medicare cost reports to adjust reported write-offs. The amount of charges associated with rendering care to CICP patients was estimated by providers prior to the beginning of the fiscal year. Interim monthly payments were made to providers on the basis of these estimates. Final amounts paid by the program, however, were based on actual costs as determined by reconciling all write-offs to the program to actual costs for each provider.

Total charges for care rendered to medically indigent patients during the fiscal year were \$201,395,392. After subtracting third party payments and patient liability, the remaining charges written off to the program were \$144,999,178. These charges were converted to cost of \$100,238,880. Actual total reimbursement was \$34,653,387, or 34.6%. Reimbursement varied among the programs, however.

**RECOMMENDATION:** Increase funding to Outstate providers so that reimbursement equals 35% of the cost of delivering care to CICP patients.

### III. SCHEDULE FOR IMPLEMENTATION OF A STATEWIDE SERVICE DELIVERY PLAN TO COMMENCE JULY 1, 1992

#### A. Statewide Access to Care

Figure 1 on page 8 shows the counties that have providers that participated in the Indigent Care Program in FY 1990-91. Sixteen of Colorado's 63 counties have no provider eligible under the statute to participate in the program.

Currently, statutory limitations preclude the program from contracting with health care providers other than licensed general and maternity hospitals and

licensed community clinics, and, beginning in fiscal year 1991-92, birth centers. Not all counties in Colorado have such providers. In order to construct a statewide service delivery plan, the program must be able to contract with other types of providers (Alternate Care Providers).

One method of assuring statewide availability of discounted medical care to medically indigent patients would allow the program to contract with private physicians, health departments, and other health care professionals to deliver health care services to eligible persons in areas of the state which do not have CICP providers. Additional funds must be appropriated for this new activity, or reimbursement levels will decrease. As reimbursement decreases, providers tend to drop out of the program, which would defeat the purpose of adding providers to the program. To the extent the program is able to contract with such providers in areas without currently participating providers, access to care for medically indigent people will be improved.

In a sense, the Colorado Child Health Plan, enacted into law in 1990, is accomplishing this goal now for children under 9. Contracts have been negotiated with physicians to provide outpatient care to children in the counties with the fewest medical care resources for indigent children.

## **B. Appropriateness of Care**

Currently, there are no county-specific (or state-specific, for that matter) data on medically indigent people in Colorado. While we know the estimated number of the uninsured in the state (440,000 in 1989), we do not know how many of those are medically indigent and would qualify for the Indigent Care Program. To determine this would require a substantial investment (several hundred thousand dollars) in survey research. However, a rough estimate can be made using poverty level data from the U.S. Census. These data are not yet available for the 1990 census, but when they become available, the program will analyze them to determine more specifically the need for indigent care providers in those counties that do not have them. We know that about 6.5 percent of the total population lives in counties without indigent care program providers.

The statute governing the program requires that any plans for a statewide delivery plan address "appropriateness of care." Research in this area has begun on a national level, and it is a complex topic. The American Hospital Association and the American Medical Association both have major research initiatives under way in the area of appropriateness of care. Congress has appropriated \$600 million to the Agency for Health Care Policy and Research to conduct appropriateness research as well. This is a new area for the medical care system; it is controversial and the research which must underpin any practice guideline development has only recently begun. The CICP is monitoring developments in this area, but does not have the resources to research the issue independently. As guidelines are developed and proven, the program will implement those appropriate to this program.

## **C. Utilization of State Resources**

The program's contracts specify that all care rendered under the program be medically necessary and excludes certain types of care from coverage. Current reimbursement rates are so low that they remove any incentive providers may otherwise have to provide unnecessary services under the CICP. The CICP staff

travels throughout the state conducting training sessions to assure uniformity in determining patient eligibility, which also assures that only those eligible receive benefits under the program.

In January, 1991, the first research using a large data base to study the effects of being uninsured upon the patient's health condition upon arrival at the hospital and upon treatment after admission was published<sup>1</sup>. The study found that uninsured patients were much sicker than insured patients when they presented for care. These findings, while they support conventional wisdom, are really the first documentation of the importance of insurance, and concomitantly, access to primary care, to the health status of the individual and to the cost of providing medical care. This research points out the importance of the legislative declaration of the indigent care program's statute, which reads "(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 which 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 most prudent use of state resources is clearly to provide access to primary care as much as possible, while requiring that providers render emergency care to all eligible persons for the entire year.

#### **D. Accountability to the General Assembly**

The Indigent Care Program's statutes assign a number of tasks to providers rather than to a central administrative agency. These include eligibility determination, management of funds to ensure that emergency services will be provided all year, and prioritization of medical services. The program's administration determines how eligibility will be determined and publishes the "Ability-To-Pay Manual" to guide providers in this activity. The program also publishes audit guidelines and requires an annual audit to determine whether the provider is fulfilling its contractual obligations. The "Uniform Data Reporting Manual" specifies how patient activity and financial information must be reported to verify that the target population is being served.

The program trains providers every year throughout the state on the correct methods of determining patient eligibility and reporting data as one method of maintaining accountability. The Ability-To-Pay Manual is updated yearly to reflect changes in the federal poverty level and to clarify policies and procedures affecting the rating of patients. Other materials are scrutinized and updated yearly as necessary. For fiscal year 1991-92, the provider audit guidelines were expanded and clarified to enable the CICP to more accurately monitor compliance.

The program is working on the development of reporting patient and financial data via UB82/1500s, which are standard forms used by most providers for most third party billing. Aside from providing an easier, less expensive reporting mechanism for providers, the use of UB82/1500s will allow reporting of patient data and charges on the same form, thereby allowing the program to tie

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<sup>1</sup>Hadley, Jack, Earl P. Steinberg and Judith Feder, "Comparison of Uninsured and Privately Insured Hospital Patients: Condition on Admission, Resource Use and Outcome," Journal of the American Medical Association, January 16, 1991.

patient activity data to charge data, which is not possible under the current system. UB82/1500 reporting would also allow the CICP to compare costs among hospitals and determine total dollars spent on certain types of services as well as report diagnostic information.

#### **IV. HEALTH CARE TRENDS**

##### **A. Growth in Health Care Expenditures**

In the United States, more money is spent on health care than on either education or national defense. Many factors contribute to increasing health care expenditures, including the aging population and advanced (and expensive) medical technology.

The United States also spends more per capita for health care than any other country, and yet a large proportion of the population has no insurance (or inadequate insurance) to pay for routine or catastrophic health care. People with no or inadequate health insurance coverage tend to put off seeking medical care until the advanced conditions of their illnesses require more intensive and expensive treatment.

From 1988 to 1989, national health expenditures grew from \$546 billion to \$602.8 billion a 10.4 percent increase; by 1990, total expenditures had grown to \$666.2 billion, another 10.5 percent.

Annual increases in health expenditures are caused by four factors: economy-wide price inflation, population increase, intensity of care and additional medical inflation (the difference between annual price increases in medical services and economy-wide price increases). Those that affect the Indigent Care Program most are general inflation and medical price inflation.

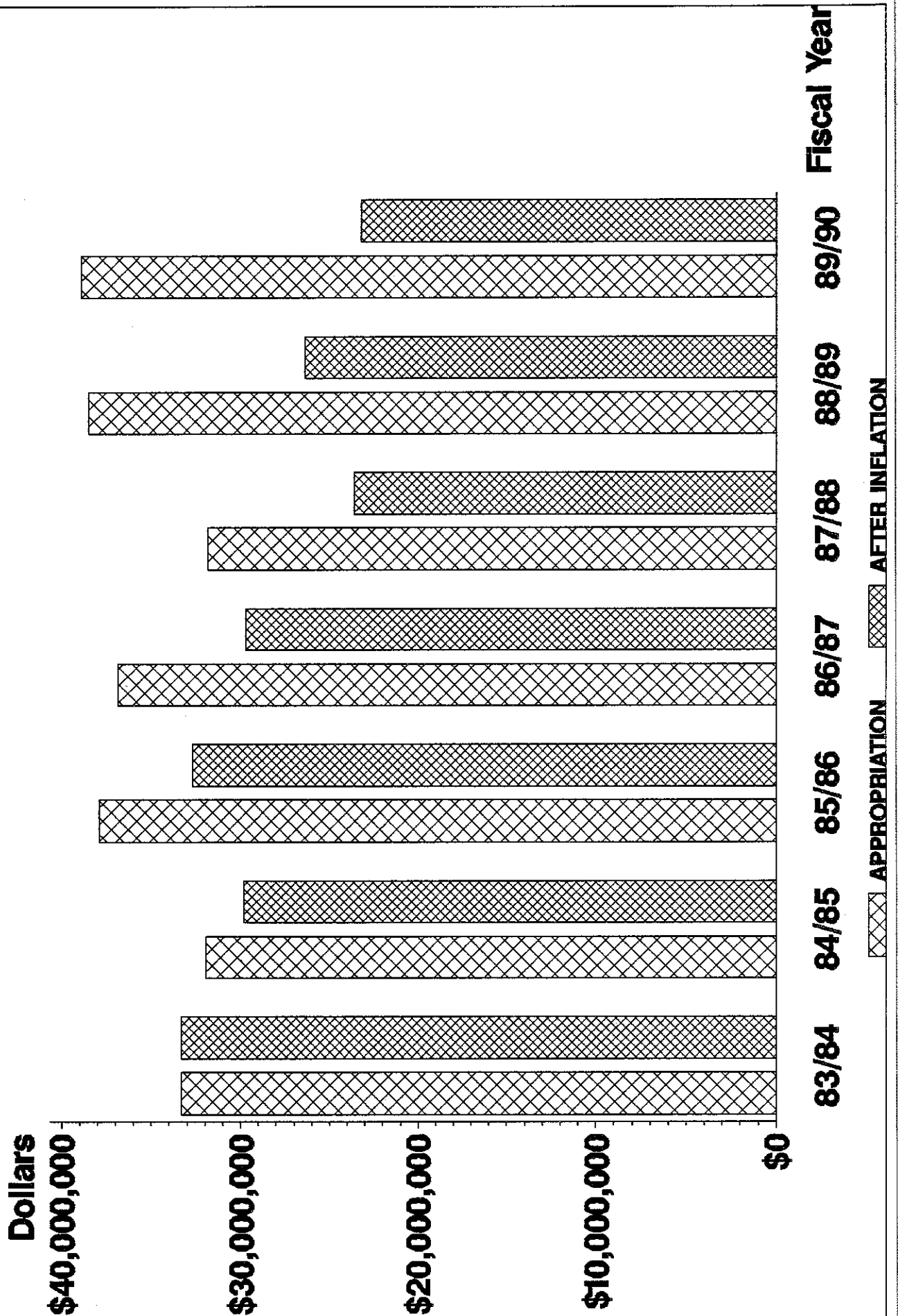
Figure 4 shows the effects of medical care price inflation, as measured by the consumer price index (CPI) for the Denver-Boulder area (there is no statewide CPI) on the appropriations to the Indigent Care Program. While the total appropriation fluctuated to some extent from year to year, the amount available in 1983-84 dollars has seen a fairly steady decline. By fiscal year 1989-90, the appropriation of about \$40 million was worth only \$23 million in 1983-84 dollars. Figures 5 and 6 show reimbursement per inpatient discharge and per outpatient encounter, respectively, in current dollars for the period, FY 1983-84 through FY 1990-91. As the figures show, reimbursement per discharge has declined fairly steadily over the past six years, showing a slight increase in FY 1990-91. By contrast, reimbursement per outpatient encounter was exactly the same in current dollars in FY 90-91 as in FY 83-84. Inflation for that period approximated 50 percent, so the same reimbursement is worth about half what it was in 1983.

##### **B. Trends in Encounters and Admissions**

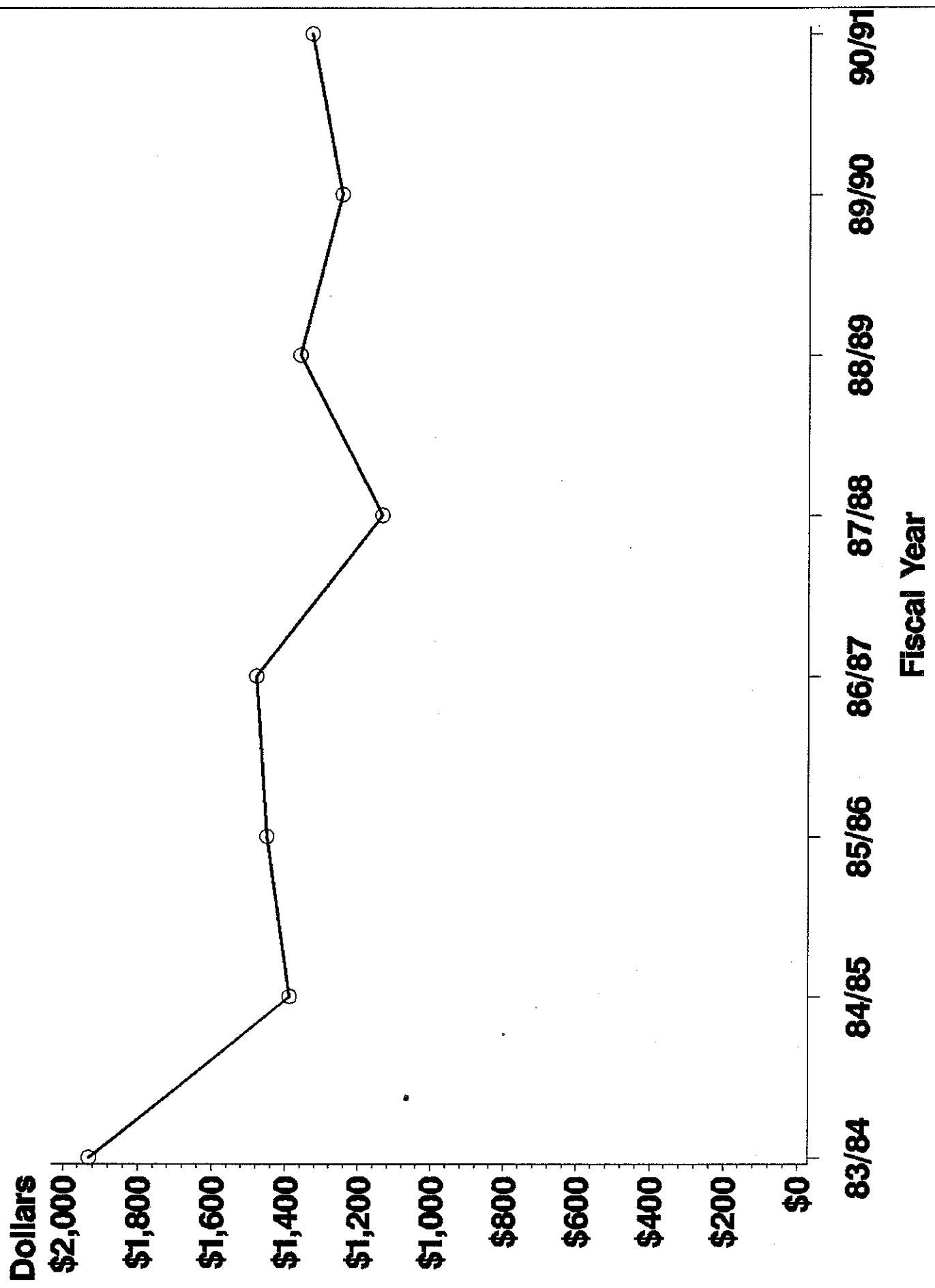
The Colorado Indigent Care Program reflects nationwide and statewide trends in medical care. As third party payers, including Medicare and Medicaid, have changed their methods of reimbursement, have reduced reimbursement, and have intensified utilization review in order to keep hospitalization to a minimum, providers of care have shifted much care that used to be provided on an inpatient basis to outpatient settings. In general, this is an appropriate response. Much care that was formerly rendered in an inpatient setting can be rendered less

# FIGURE 4

Indigent Care Program Appropriations  
in current dollars and adjusted for inflation  
Fiscal Years 1983/84 - 1989/90

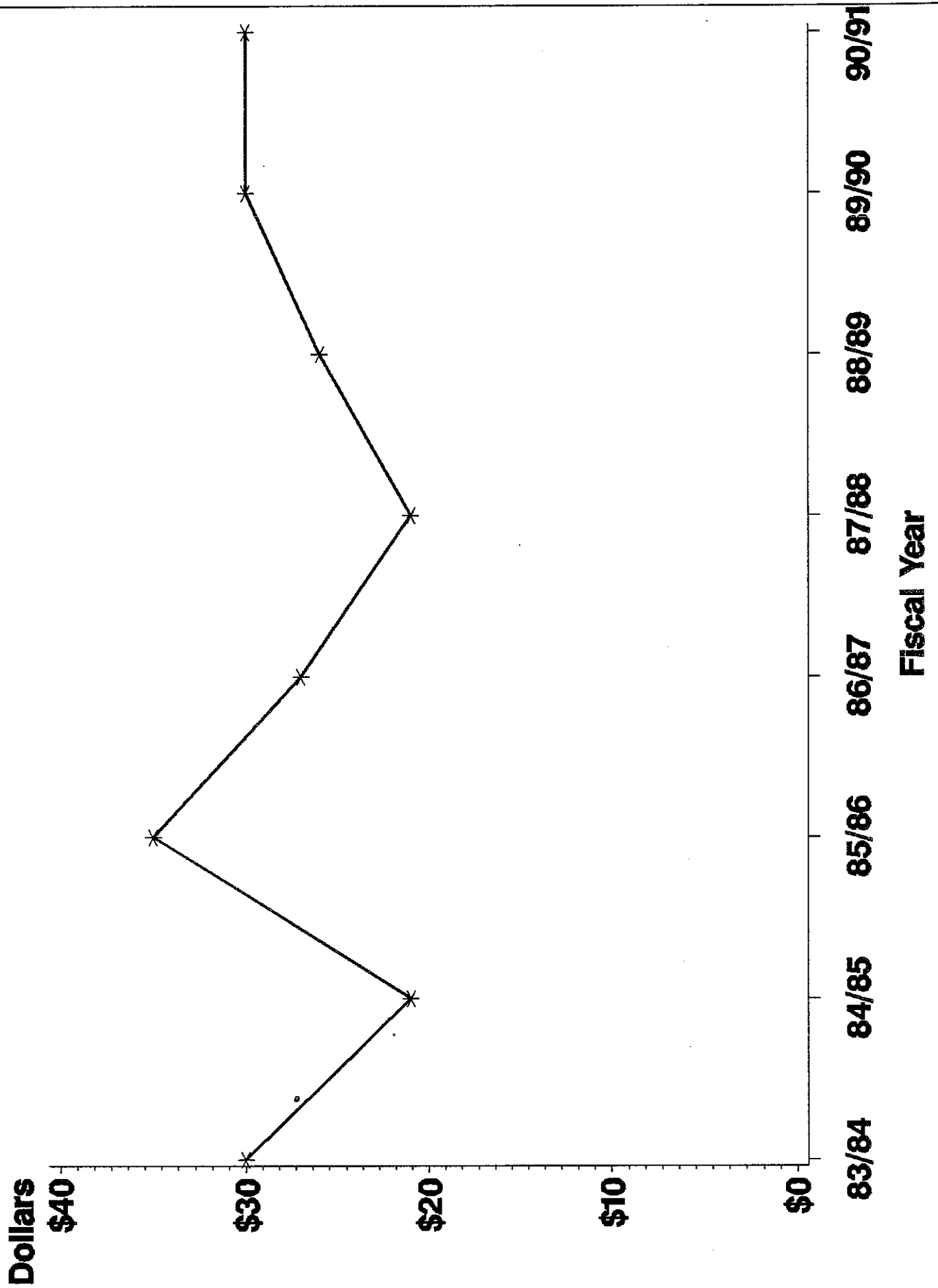


**FIGURE 5**  
**Reimbursement per Inpatient Discharge**



**FIGURE 6**

**Reimbursement per Outpatient Encounter**





expensively and at less risk to the patient in an outpatient setting.

While the Indigent Care Program has no explicit incentives for rendering care in an outpatient setting rather than an inpatient setting, its low reimbursement rate is an incentive to providers to render care in the most cost-effective manner and setting possible. Further, incentives set in place by large payers, such as Medicare, affect medical practice for all patients. The DRG-based prospective payment system has been the most important incentive for minimizing hospital admissions and length of stay. Indigent Care Program data reflect general health care system trends. Outpatient activity has increased dramatically over time, while inpatient activity has increased only as providers were added to the program. It has actually declined as a percentage of total patient activity. Figures 7 and 8 show trends in inpatient and outpatient activity in the Indigent Care Program. While inpatient discharges increased between FY 1983-84 and FY 85-86, the increase was largely due to an increase in the number of providers, from 27 to 36. However, between FY 85-86 and the present, the number of providers in the program increased to 64, while the number of discharges remained stable. During the same period, outpatient encounters increased markedly. Fiscal year 1990-91 saw declines in both inpatient and outpatient activity in the Indigent Care Program, largely as a result of Medicaid expansion. See discussion below.

### **C. The Uninsured Population**

Since 1982, when the United States reached its peak in terms of the proportion of the population covered by health insurance, the number of the working uninsured has been increasing. In the mid-1980s, research was conducted that revealed that the great majority of the uninsured were not part of the welfare population (which in fact is covered by Medicaid and is therefore well-insured), but were attached to the work force. In fact, in 1987, over three-fourths of the uninsured were workers or members of workers' families. See Figure 9. Further research revealed that the largest group of uninsured people worked for very small firms. This is important to Colorado, where over 80 percent of the firms are small, with fewer than 25 employees. These firms are much less likely to offer health insurance than larger firms. As the national economy matures, moving from a predominately manufacturing base to a predominately service base, this trend will continue. Further, as the federal government deficit continues to increase and as state and local revenues decline, there will be less government-sponsored coverage.

In 1989, there were 440,000 uninsured people in Colorado<sup>2</sup>. These are people who are uninsured from any source, public or private. This is the population that has the potential to become Medically Indigent. We estimate that about half of this population already qualifies for the program by virtue of their income and asset levels. But any of the remaining half who have extraordinary medical expenses can eventually qualify for the program.

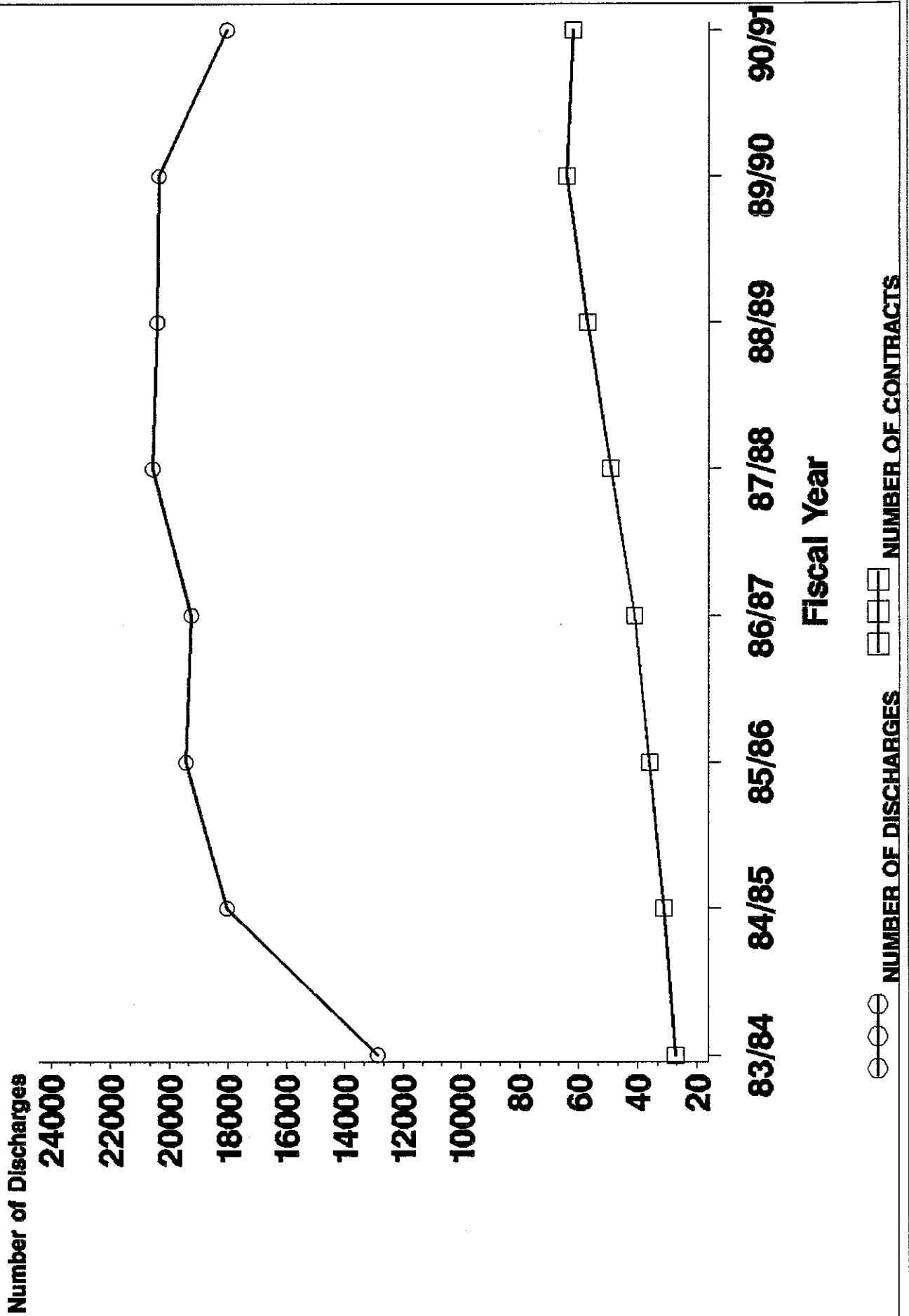
There is no immediate prospect that the number of uninsured people in the United States or Colorado will decline. This is an important realization for those responsible for managing or funding programs for the medically indigent. Figure 10 shows the age distribution of the uninsured population in the United

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<sup>2</sup>Butler, Patricia and Barbara Yondorf, "Analysis of Current Information to Design a Universal Health Plan for Colorado," 1990.

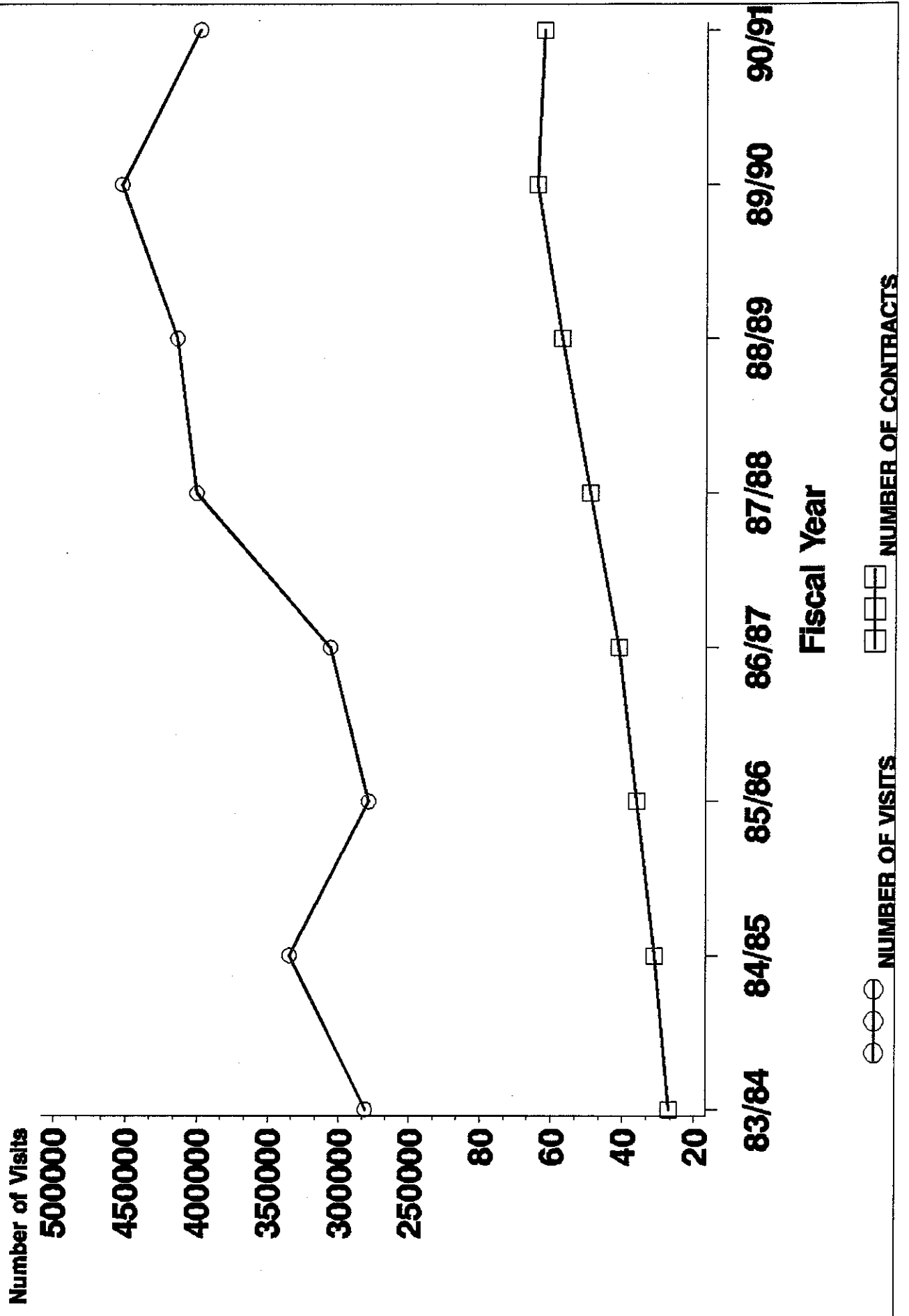
# FIGURE 7

Total Patient Activity  
Inpatient Discharges Fiscal Year 1983/84 to 1990/91  
and Number of Provider Contracts

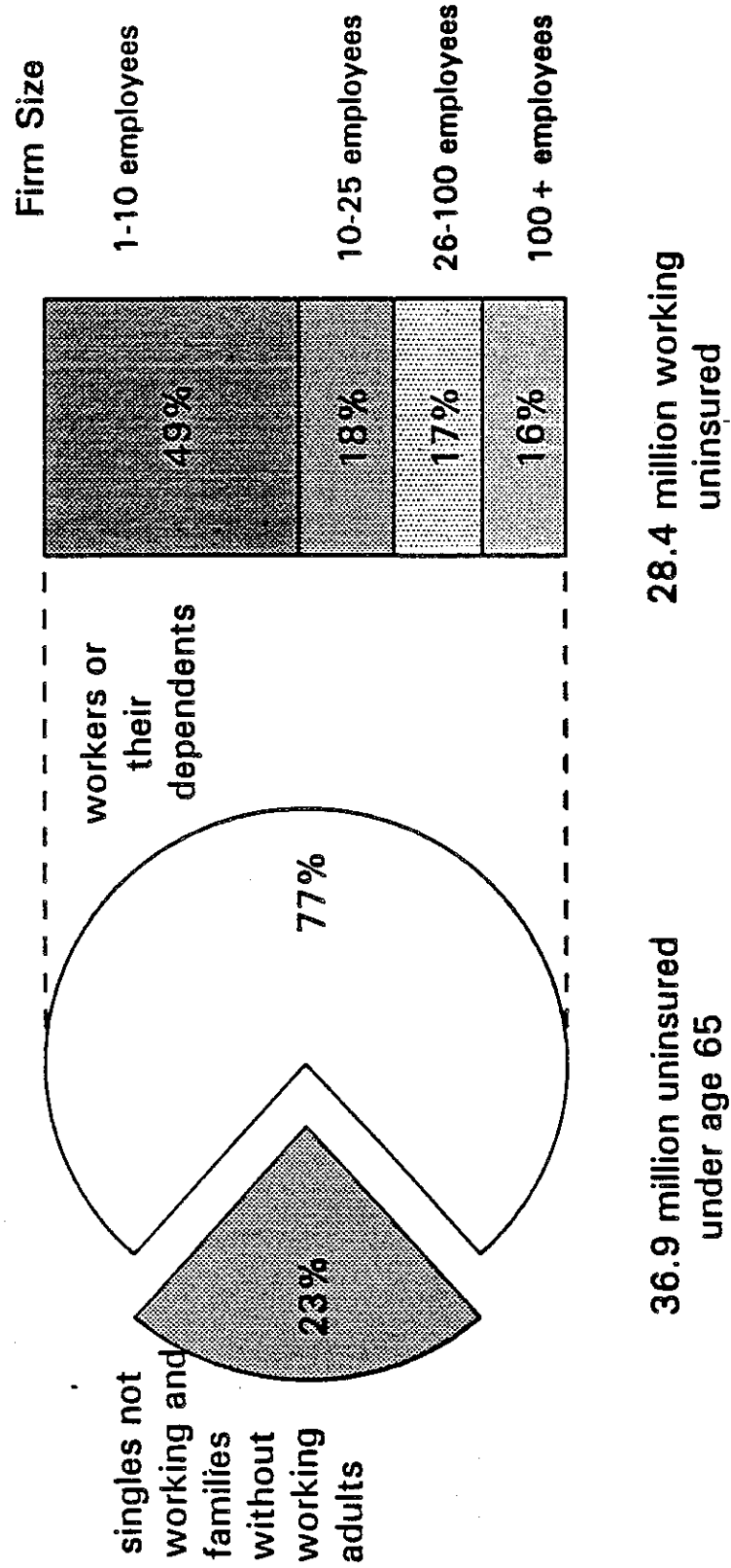


# FIGURE 8

Total Patient Activity  
Outpatient Visits Fiscal Year 1983/84 to 1990/91  
and Number of Provider Contracts



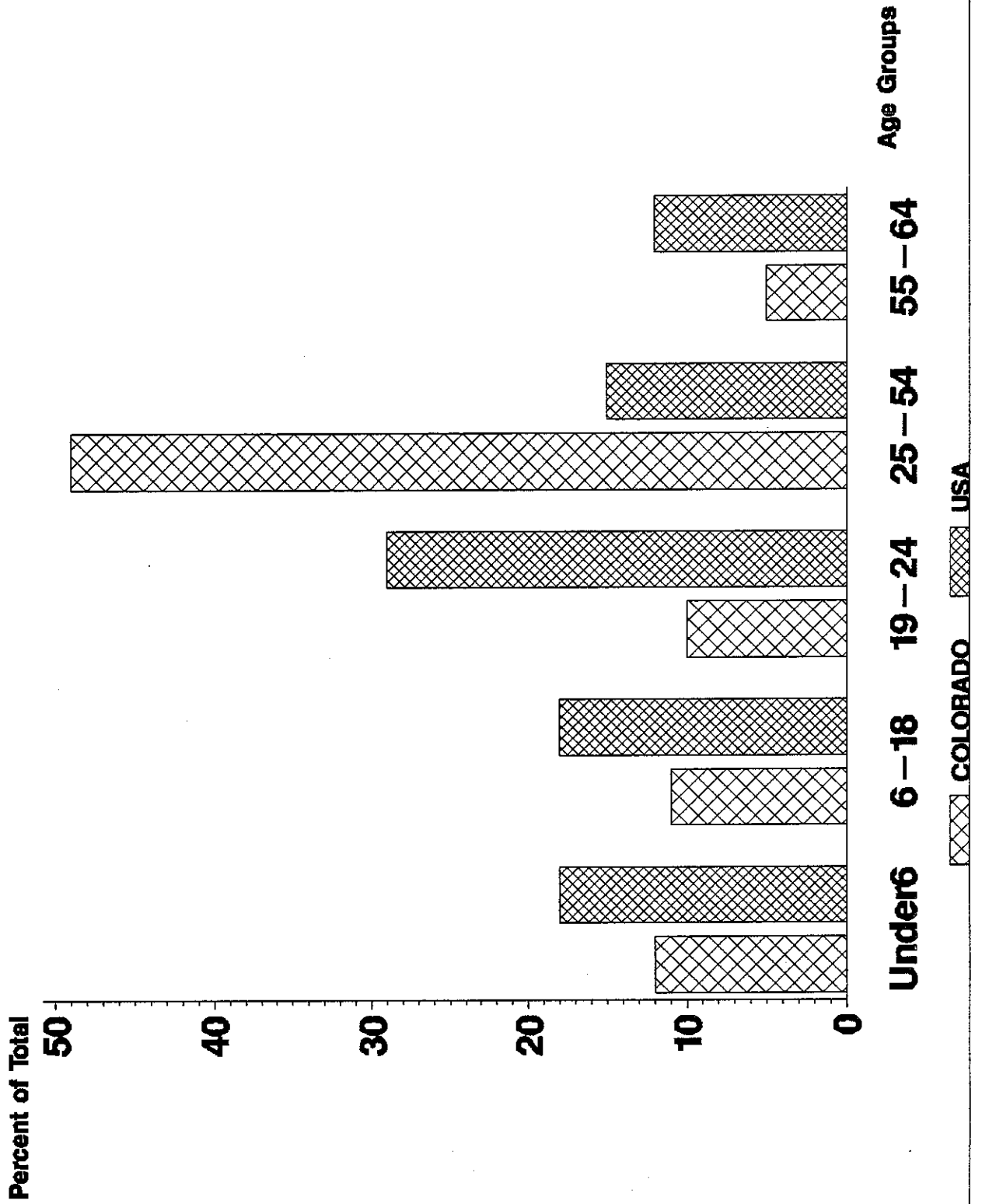
# FIGURE 9 WORKING STATUS OF UNINSURED



Source: Derived from NCHSR analysis of NMES data, first quarter, 1987

# FIGURE 10

Age Groups as a Percentage  
of the Uninsured in the USA (1987)  
and Persons Served by Colorado Indigent Care Program  
Fiscal Year 1990 - 1991



States contrasted with the age distribution of those served by the Indigent Care Program. While the uninsured population is dominated by younger age groups, the population served by the Indigent Care Program is primarily adult.

#### V. THE EFFECT OF MEDICAID EXPANSION ON THE COLORADO INDIGENT CARE PROGRAMS

In June 1989, the federal government mandated that states expand Medicaid coverage for pregnant women and children. Effective July 1989, states had to expand coverage for pregnant women up to 75% of federal poverty guidelines. In January 1990 Colorado initiated presumptive eligibility. (Presumptive eligibility is determined at an approved site other than the county office of social services, and covers outpatient prenatal care only. Presumptive eligibility ends on the day on which a determination for medical assistance is made at the county office.) In April 1990, Medicaid was expanded to cover pregnant women and children up to age 6 whose incomes were below 133% of poverty. In June 1990, continuous eligibility was implemented and the resource test dropped for pregnant women. In January 1991, continuous eligibility was also implemented for newborns, for one full year, and most recently, in July 1991, children born after 1983, up to 19 years of age, are covered up to 100% of poverty.

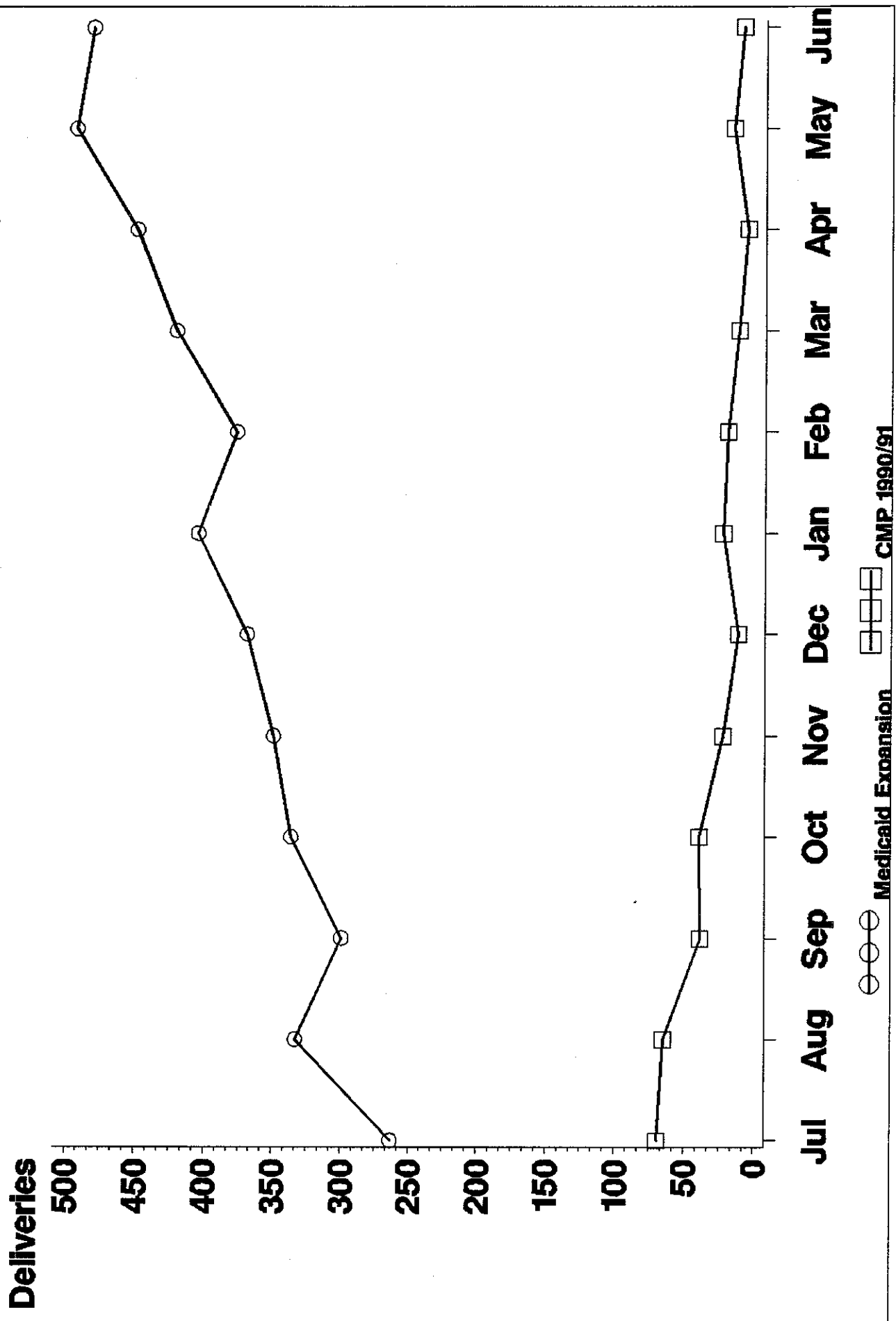
The continuing expansion of Medicaid affects the Indigent Care Program in a variety of ways. Perhaps the biggest impact is on the numbers of pregnant women served under CICP. The Community Maternity Program was phased out by the legislature because of Medicaid's expansion to cover this population. It is interesting to compare deliveries under Medicaid and those under CMP over the past two years. In FY 1989-90, there were 7,690 deliveries under Medicaid and 2,023 under CMP. In FY 90-91, after Medicaid was expanded to cover pregnant women up to 133% of the poverty level, Medicaid covered 13,508 deliveries, while CMP covered only 324. Figure 11 shows the progress of Baby Care and CMP over fiscal year 1990-91.

Another important effect of Medicaid expansion shows up in diagnosis data submitted to the program by Denver Health and Hospitals and University Hospital. Admissions relating to pregnancy, delivery and newborns show substantial decreases for the Indigent Care Program in fiscal year 1991. At University Hospital, the Indigent Care Program saw 2,040 fewer of these cases in FY 1990-91 than in FY 1989-90. At Denver Health and Hospitals, the Indigent Care Program saw 286 fewer of these cases. The difference in magnitude may reflect differences in income levels for the populations served by the two hospitals. Medicaid expansion to higher income levels may affect the suburban population more than the inner city population.

The implications of these changes are important. The largest reductions in Indigent Care caseload at the two institutions were for uncomplicated deliveries and normal newborns, both among the lowest cost admissions for the two hospitals. This means that the major shift of patients from the Indigent Care Program to Medicaid was of low-cost admissions, leaving the Indigent Care Program at these hospitals with the higher cost cases and a case mix with greater acuity. This is reflected in the financial and patient data for both hospitals. Patient encounters and discharges for the Indigent Care Program decreased notably at both

**FIGURE 11**

**Number of Deliveries  
Medicaid Expansion (Baby Care)  
and Community Maternity Program for Fiscal 1990 -- 1991**



hospitals, but charges either decreased only slightly or increased. This is a direct result of several factors: first, the shift of lower cost patients from the Indigent Care Program to Medicaid; second, medical care inflation of approximately 10 percent; third, much greater effort at both hospitals, but particularly at Denver Health and Hospitals, to reduce accounts receivable through greater collections efforts. Because of the method of reporting to the Indigent Care Program, which requires separate patient and financial reports, patient data (visits and discharges) are reported for the year in which they are seen; however, financial data may be reported when the account is closed out (after all third-party collections and patient liability collections are made or the accounts written off) which can be in a later fiscal year. Therefore, when Denver Health and Hospitals, under new management, made a significant change in its efforts to reduce accounts receivable, it reported about \$13 million in charges to the program for accounts from previous years.

In order to present more realistic patient and financial activity for Denver Health and Hospitals for fiscal year 1990-91, the program requested a special report which shows both patient encounter and financial data for only FY 1990-91. In other words, the financial data reflecting activity from prior years has been removed. These data are shown below.

INPATIENT AND OUTPATIENT ENCOUNTERS AND CHARGES INCURRED  
FY 1990-91  
DENVER HEALTH AND HOSPITALS

Inpatient:	
Discharges	6,899
Charges	\$47,596,201
Outpatient:	
Encounters	191,599
Charges	\$27,590,256
Total Charges	\$75,186,457

The anomalies inherent in the program's current reporting method will be obviated by moving to UB82/HCFA 1500 reporting described on page 6.

**IV. Annual Financial and Patient Activity Summary**

**A. Indigent Care Program**

The following pages provide detailed information on the financial and patient activity associated with the Indigent Care Program for fiscal year 1990-91. The first three tables show, by provider, charge and cost information for FY 1990-91. Table 1 shows charges according to urgent and non urgent services as well as inpatient and outpatient services. Table 2 shows third party payments, patient liability and write-off charges by provider according to



inpatient and outpatient services. Table 3 summarizes charges, documentation, write-offs and total reimbursement by provider.

Tables 4 through 17 provide information on patient activity for the Indigent Care Program. The information provided includes county of patient origin (Tables 4-6), indigency rating (Tables 7-10), encounters by major diagnosis group (Table 11), age and sex of patients (Tables 12 and 13), urgent and non-urgent encounters by provider (Table 14), encounters by service (Tables 15 and 16), and summary data on admissions and encounters by provider (Table 12).

Overall, the number of visits and admissions for the Indigent Care Program was lower in FY 1990-91 than in FY 1989-90. This is attributable entirely to changes at Denver Health and Hospitals (DHH), which had 18.4 percent fewer outpatient visits and 11.5 percent fewer admissions, and at University Hospital (UH) which had 33.6 percent fewer visits and 18.8 fewer admissions. Indigent care at both of these facilities was affected by Medicaid expansion. An examination of detailed data for both DHH and UH revealed that substantial reductions in maternity - and pediatric-related encounters took place in FY 1990-91. Because Medicaid expanded to larger groups of pregnant women and children who would formerly have qualified for the Indigent Care Program, this is to be expected. Further, at University Hospital, the first full year of the affiliation with The Children's Hospital was FY 1990-91. With the affiliation, virtually all pediatric care formerly provided at University Hospital was provided at Children's. This is reflected in the substantial increases seen in the Specialty Program, the vast majority of which occurred at Children's Hospital. The Specialty Program experienced a 156.1 percent increase in visits and a 19.3 percent increase in admissions.

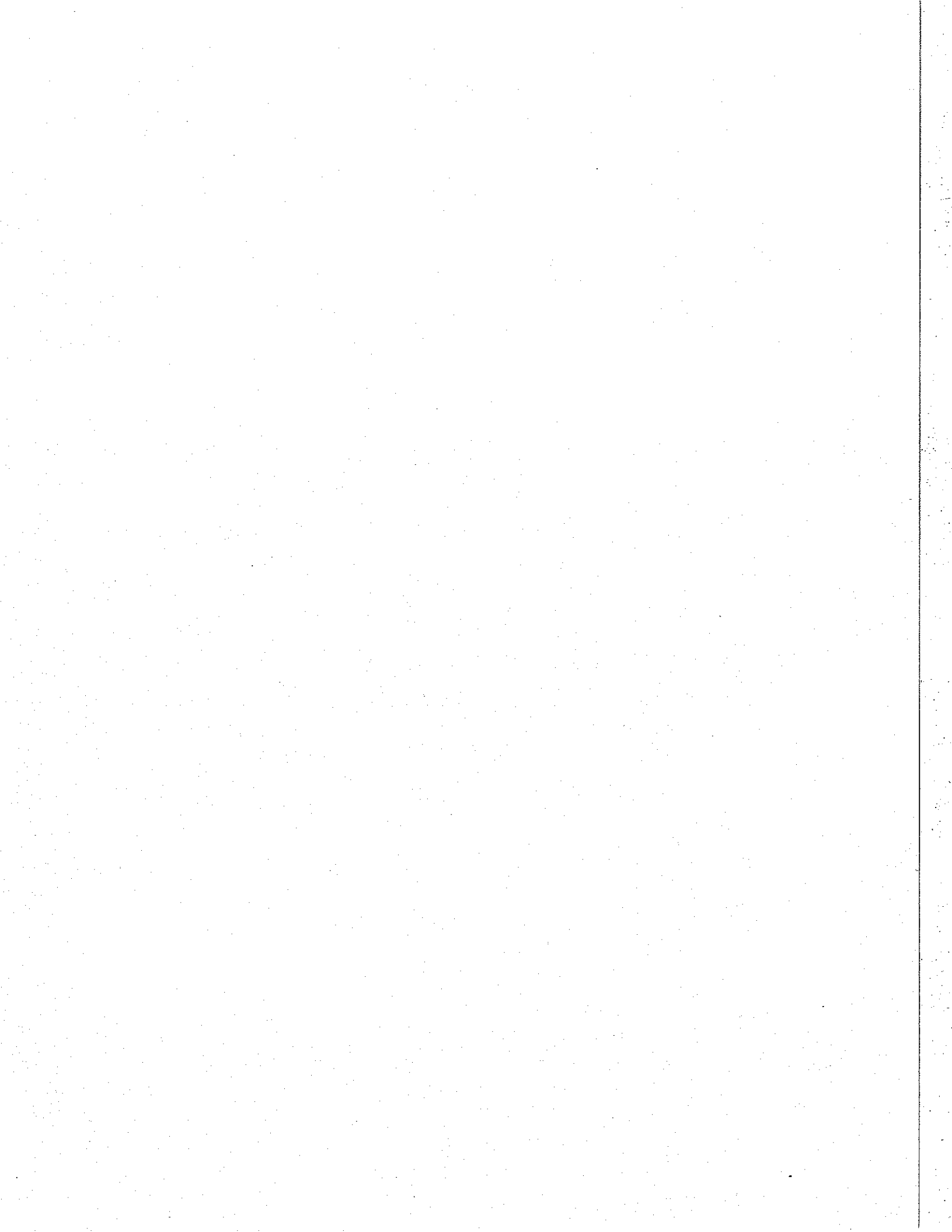
It is somewhat surprising to see a substantial increase in Outstate Program activity, since Medicaid expansion should have affected providers across the state equally. Outpatient visits to outstate providers increased 78.5 percent, and admissions increased 4.1 percent. However, it is possible that the two large indigent care providers in Denver were better able, with the assistance of on-site Medicaid eligibility facilitators, to get eligible patients into the Medicaid program and off the Indigent Care Program. There is no particular pattern to the changes among outstate providers; both urban and rural providers saw increases.

#### B. Community Maternity Program

Fiscal year 1990-91 saw the last year of the Community Maternity Program (CMP), as Medicaid expanded to cover the majority of pregnant women formerly covered by CMP. This year saw a dramatic decline in CMP activity. Last year, FY 1989-90, CMP paid \$2,415,501 for 2,023 deliveries and 2,751 home health agency visits. For FY 1990-91, CMP paid \$316,579 for 324 deliveries.

Table 18 shows total charges, patient copayments and reimbursements by hospital provider. Table 19 shows Home Health Agency activity, and Table 20 shows income levels for CMP patients. The program expects to revert about \$400,000 of its CMP appropriation to the General Fund after all bills are settled.





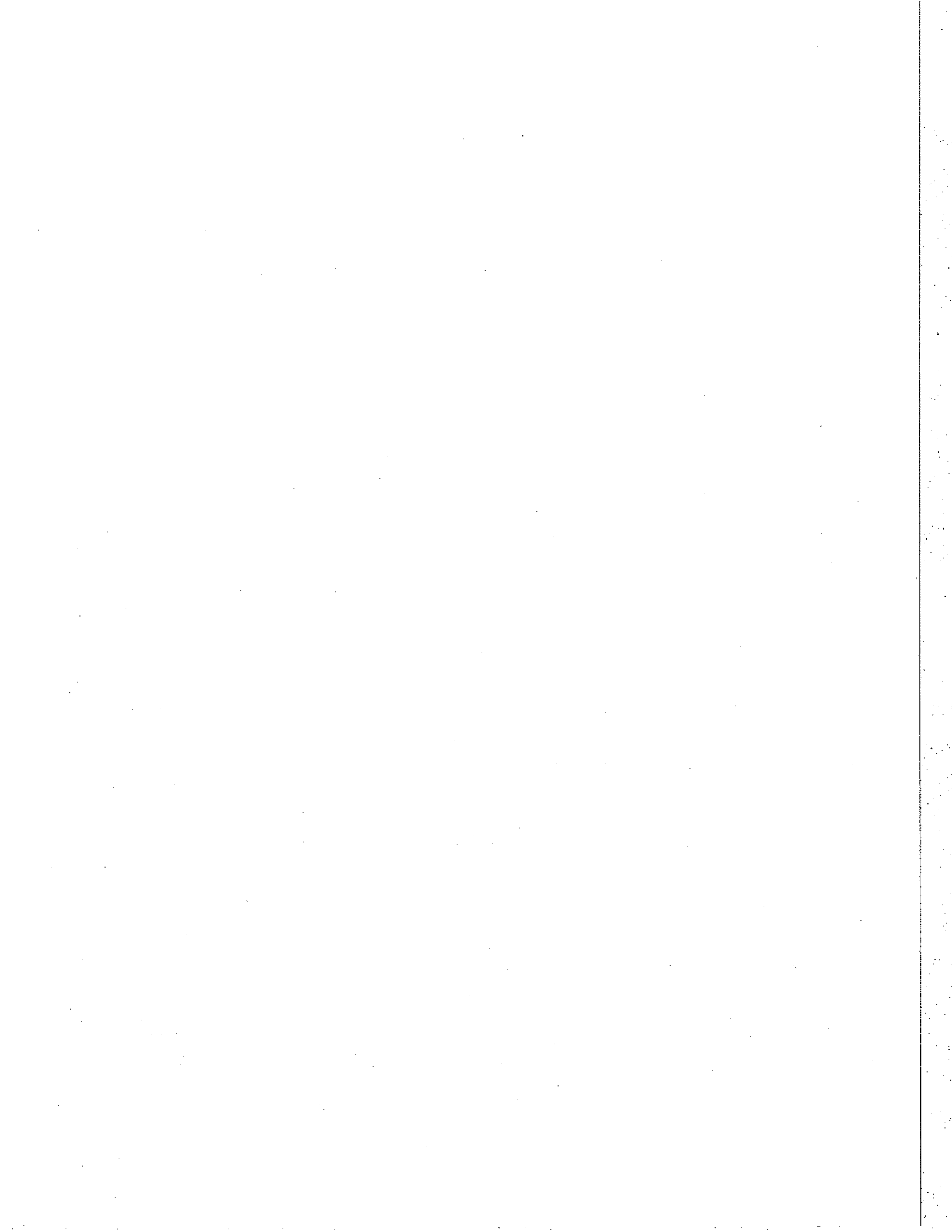


TABLE 1  
 COLORADO INDIGENT CARE PROGRAM  
 ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
 July 1990 through June 1991  
 INPATIENT AND AMBULATORY CHARGES

Provider	County	Urgent		Non-Urgent		Total		
		Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
Outstate Providers								
Arkansas Valley Regional Med Ctr	Otero	\$ 152,976	\$ 0	\$ 0	\$ 63,418	\$ 152,976	\$ 63,418	
Aspen Valley Hospital	Pitkin	0	3,389	0	0	0	3,389	
Avista Hospital	Boulder	0	0	0	0	0	0	
Boulder Community Hospital	Boulder	423,964	22,088	0	8,041	423,964	30,128	
CSOF/Family Medicine Center (1)	El Paso	0	0	0	192,563	0	192,563	
Clinica Campesina Hlth Ctr (1)	Boulder	0	0	0	167,057	0	167,057	
Columbine Family Hlth Ctr (1)	Gilpin	0	0	0	144,126	0	144,126	
Community Hlth Ctr-Co. Spgs (1)	El Paso	0	0	0	3,159,824	0	3,159,824	
Community Hlth Cl-Dove Ck (1)	Dolores	0	0	0	6,143	0	6,143	
Community Hospital	Mesa	83,900	1,504	39,808	39,548	123,708	41,052	
Conejos County Hospital	Conejos	0	0	0	0	0	0	
Delta County Hospital	Delta	126,761	16,122	386,621	242,186	513,383	258,308	
El Paso County Health Dept (1)	El Paso	0	0	0	9,215	0	9,215	
Estes Park Medical Center	Larimer	42,712	18,125	0	7,255	42,712	25,379	
Ft Morgan Community Hospital	Morgan	0	0	195,159	67,392	195,159	67,392	
Gunnison Valley Hospital	Gunnison	88,101	20,426	0	13,650	88,101	34,076	
Kit Carson County Memorial Hosp.	Kit Carson	34,189	10,321	0	10,851	34,189	21,171	
Kremmling Memorial Hospital	Grand	1,223	526	0	1,275	1,223	1,801	
La Clinica (1)	Huerfano	0	0	0	24,622	0	24,622	
Lincoln Community Hospital	Lincoln	5,269	6,920	0	486	5,269	7,407	
Lutheran Medical Center	Jefferson	1,646,002	123,484	135,738	160,373	1,781,740	283,857	
Memorial Hospital	El Paso	3,322,682	473,250	0	223,180	3,322,682	696,430	
Mercy Medical Center	La Plata	213,846	45,087	291,048	96,749	504,894	141,836	
Metro Denver Provider Network (1)	Denver	0	0	0	297,003	0	297,003	
Montrose Memorial Hospital	Montrose	270,751	20,944	156,671	88,158	427,422	109,101	
Mount San Rafael Hospital	Las Animas	5,615	25,022	44,381	56,970	49,996	81,992	
North Colorado Medical Center	Weld	3,819,798	518,355	0	0	3,819,798	518,355	
Parkview Episcopal Medical Ctr	Pueblo	550,168	70,238	929,022	242,365	1,479,190	312,602	
Penrose Hospital	El Paso	8,549,937	1,162,434	4,416,857	2,127,473	12,966,794	3,289,907	
People's Clinic (1)	Boulder	0	0	0	293,418	0	293,418	
Pioneers Hospital of Rio Blanco	Rio Blanco	11,341	2,343	2,252	1,879	13,593	4,222	
Plan de Salud del Valle (1)	Weld	0	0	0	876,618	0	876,618	
Platte Valley Medical Center	Adams	131,288	27,244	14,174	13,466	145,462	40,710	
Poudre Valley Hospital	Larimer	843,041	104,322	1,233,656	453,120	2,076,697	557,442	
Prowers Medical Center	Prowers	81,365	8,336	0	12,717	81,365	21,053	
Pueblo Community Hlth Ctr (1)	Pueblo	0	0	0	381,344	0	381,344	
Rangely District Hospital	Rio Blanco	2,298	17	8,037	2,003	10,335	2,020	
Routt Memorial Hospital	Routt	71,422	2,525	0	3,614	71,422	6,139	
Salida Hospital	Chaffee	1,089	537	6,745	14,460	7,834	14,997	
San Luis Valley Regional Med Ctr	Alamosa	760,110	154,054	0	35,488	760,110	189,542	
Silverheels Health Center (1)	Park	0	0	0	1,910	0	1,910	
Southeast Colorado Hospital	Baca	7,211	1,812	0	0	7,211	1,812	
Southwest Memorial Hospital	Montezuma	197,037	31,682	0	5,694	197,037	37,376	
St Joseph Hospital - Del Norte	Rio Grande	49,766	6,581	16,632	11,997	66,397	18,578	
St Mary Corwin Hospital	Pueblo	634,755	8,566	2,265,566	979,317	2,900,321	987,883	
St Mary's Hospital	Mesa	2,527,026	244,651	214,376	243,610	2,741,403	488,261	
St Thomas More Hospital	Fremont	27,490	3,456	0	910	27,490	4,365	
St Vincent General Hospital	Lake	74,899	3,694	1,513	3,979	76,412	7,673	
Sterling Regional MedCenter	Logan	336,346	93,912	6,945	93,027	343,291	186,939	

TABLE 1  
**COLORADO INDIGENT CARE PROGRAM**  
**ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS**  
 July 1990 through June 1991  
**INPATIENT AND AMBULATORY CHARGES**

Provider	County	Urgent		Non-Urgent		Total	
		Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory
Sunrise Community Hlth Ctr (1)	Weld	0	0	0	340,967	0	340,967
Swedish Medical Center	Arapahoe	2,116,255	78,519	604,168	130,415	2,720,423	208,934
The Memorial Hospital	Moffat	104,066	48,018	17,630	31,471	121,696	79,489
Uncompahgre Combined Clinics (1)	San Miguel	0	3,970	0	19,587	0	23,558
Valley Wide Health Services (1)	Alamosa	0	0	0	905,619	0	905,619
Yuma District Hospital	Yuma	0	0	0	0	0	0
<b>Total</b>		<b>\$ 27,314,700</b>	<b>\$ 3,362,471</b>	<b>\$10,986,999</b>	<b>\$12,306,554</b>	<b>\$ 38,301,698</b>	<b>\$15,669,025</b>
<b>Specialty Providers (2)</b>							
Commerce City Comm Hlth Ctr (1)	Adams	0	0	0	45,751	0	45,751
Craig Rehabilitation Hospital	Arapahoe	0	0	0	4,570	0	4,570
Denver Indian Hlth & Fmly Ctr (1)	Denver	0	0	0	863	0	863
Eleanor Capron Institute	El Paso	14,157	7,253	320,519	16,737	334,676	23,990
National Jewish Hospital	Denver	857,423	7,659	0	720,200	857,423	727,859
The Childrens Hospital (3)	Denver	1,245,505	217	822	306,666	1,246,327	306,883
<b>Total</b>		<b>\$ 2,117,085</b>	<b>\$ 15,129</b>	<b>\$ 321,341</b>	<b>\$ 1,094,787</b>	<b>\$ 2,438,426</b>	<b>\$ 1,109,916</b>
<b>Denver Health &amp; Hospitals *</b>							
Denver Health & Hospitals (4)	Denver	32,819,759	3,633,755	27,957,573	19,570,297	60,777,332	23,204,052
<b>Total</b>		<b>\$ 32,819,759</b>	<b>\$ 3,633,755</b>	<b>\$27,957,573</b>	<b>\$19,570,297</b>	<b>\$ 60,777,332</b>	<b>\$23,204,052</b>
<b>University Hospital * (5)</b>							
University Hospital	Denver	17,987,575	1,164,153	5,793,093	10,685,024	23,780,668	11,849,177
University Hospital (Pending)	Denver	11,489,943	89,518	2,138,346	697,433	13,628,289	786,951
University Hosp. (Childrens) (3)	Denver	2,181,527	379	1,440	537,130	2,182,967	537,509
University Physicians	Denver	2,477,255	378,676	797,827	3,475,624	3,275,082	3,854,300
<b>Total</b>		<b>\$ 34,136,300</b>	<b>\$ 1,632,726</b>	<b>\$ 8,730,706</b>	<b>\$15,395,211</b>	<b>\$ 42,867,006</b>	<b>\$17,027,937</b>
<b>Total All Providers</b>		<b>\$ 96,387,844</b>	<b>\$ 8,644,080</b>	<b>\$47,996,619</b>	<b>\$48,366,849</b>	<b>\$144,384,462</b>	<b>\$57,010,930</b>

\* Charges for Denver Health and Hospitals, and to a lesser extent, University Hospital, reflect increased collection activity for prior years' accounts. Therefore, charges reported in this fiscal year include charges incurred in prior fiscal years. See the section entitled, "Effects of Medicaid Expansion on the Colorado Indigent Care Programs" for a full description of the financial activity reported for these two institutions.

TABLE 1  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991  
INPATIENT AND AMBULATORY CHARGES

FOOTNOTES

1. Community health clinics provide outpatient services only.
2. Specialty health care providers provide unique specialized services or they provide services to special categories of patients.
3. The figures reported in this table for The Childrens Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. They do not include the amount attributed to the affiliation with University Hospital. When the affiliation took place, provision of care for several hundred medically indigent children shifted from University Hospital to The Childrens Hospital. Pursuant to the affiliation, University and The Childrens Hospitals signed an agreement that University Hospital would reimburse The Childrens Hospital for the care of those children out of its Indigent Care appropriation. The payment from University Hospital to The Childrens Hospital was \$773,214. The total charges for the care rendered by The Childrens Hospital to the former University Hospital patients amounted to \$2,720,476. (See "University Hospital (Childrens)" below). This amount plus the amount attributed to the Specialty Program (\$1,553,210) equals the total Indigent Care Program charges for The Childrens Hospital, or \$4,273,686.
4. Urgent/non-urgent distributions are based on a random sample of medical records.
5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital, for its associated physicians (University Physicians, Inc.) and pediatric patients formerly seen at University Hospital but now served at The Childrens Hospital since the affiliation between the two institutions. In addition, University Hospital classifies indigent patients who may be Medicaid eligible, but for whom final determination of eligibility is not yet available as "Pending" until a final determination is made.

All providers, with the exception of University Hospital and University Physicians, have elected to report their financial data on a retrospective basis to the Colorado Indigent Care Program. This system is also referred to as the balanced report method. Using this reporting method, the financial information on each patient's account is not reported until the amount of the indigent care write-off is determined (i.e., attained a zero balance). At that time, all four elements of financial information of the account are reported: total patient charges (urgent or non-urgent) third party payment and any allowance or adjustment, patient liability and indigent care write-off charge. Reporting by this method, when third party payments, patient liability and indigent care write-offs are

TABLE 1  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991  
INPATIENT AND AMBULATORY CHARGES

FOOTNOTES - Continued

subtracted from the total patient charge, the result will always be -0-. As a result of using this methodology, the month the financial data is reported will not necessarily correspond to the month that the patient service information is reported.

University Hospital and University Physicians report their financial data to the Colorado Indigent Care Program on a prospective basis. Using the prospective method, financial information for each patient is reported in the month that the activity is incurred. Example: If a patient incurs a charge in February, it is reported in that month. For patients with no third party resources, the patient liability and write-off amounts are calculated 9 days after the patient is discharged. As a result, for patients who receive services in the last few days of the month, the reporting of the patient liability and write-offs will not occur until March. If it is determined that the patient has some third party resources, no patient liability or write-off will be reported until resolution of the third party claim is complete. At that time, the balance of the financial information will be reported. The delay in resolution of third party liability can result in charges being incurred and reported in one Program year, while the reporting of the third party payments (if any), patient liability and write-offs can occur in a later Program year.

In addition, total indigent care write-offs for University Hospital were taken from the Hospital's financial statements. This total included \$864,252 in appropriate indigent care write-offs for the Hospital's outpatient pharmacy. However, neither the charges nor patient liability related to these write-offs is included in any of the tables, because they are not reported to the Program using the Hospital's patient accounting system.

As a result, the total for inpatient and ambulatory charges for University Hospital and University Physicians, Inc. on Table 1 will not equal the total column on Table 2.



TABLE 2  
 COLORADO INDIGENT CARE PROGRAM  
 ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
 July 1990 through June 1991  
 THIRD PARTY REIMBURSEMENT, PATIENT LIABILITIES AND INDIGENT WRITE-OFFS

Provider	Third Party Payments		Patient Liability		Write-Off Charges		Total
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
<b>Outstate Providers</b>							
Arkansas Valley Regional Med Ctr	\$ 10,098	\$ 15,760	\$ 22,629	\$ 14,603	\$ 120,249	\$ 33,055	\$ 216,394
Aspen Valley Hospital	0	0	0	766	0	2,622	3,389
Avista Hospital	0	0	0	0	0	0	0
Boulder Community Hospital	49,858	2,180	25,211	1,907	348,895	26,042	454,093
CSOF/Family Medicine Center (1)	0	21,334	0	51,341	0	119,888	192,563
Clinica Campesina Hlth Ctr (1)	0	607	0	29,393	0	137,056	167,057
Columbine Family Health Center (1)	0	0	0	18,121	0	126,006	144,126
Community Health Center-Co. Spgs (1)	0	0	0	295,817	0	2,864,007	3,159,824
Community Health Clinic-Dove Ck (1)	0	0	0	1,615	0	4,528	6,143
Community Hospital	2,875	3,941	13,776	4,153	107,058	32,959	164,761
Conejos County Hospital	0	0	0	0	0	0	0
Delta County Hospital	22,551	5,686	48,225	22,062	442,607	230,560	771,690
El Paso County Health Dept (1)	0	0	0	820	0	8,395	9,215
Estes Park Medical Center	0	2,739	8,545	2,760	34,167	19,880	68,092
Ft Morgan Community Hospital	61,698	8,791	6,997	3,905	126,465	54,696	262,551
Gunnison Valley Hospital	6,604	3,051	12,185	7,072	69,312	23,953	122,177
Kit Carson County Memorial Hosp.	0	0	2,426	656	31,763	20,516	55,360
Kremmling Memorial Hospital	0	0	278	95	945	1,706	3,024
La Clinica (1)	0	117	0	2,012	0	22,494	24,622
Lincoln Community Hospital	0	0	0	90	5,269	7,317	12,675
Lutheran Medical Center	403,400	39,626	99,148	19,500	1,279,192	224,731	2,065,597
Memorial Hospital	198,229	19,644	140,537	38,358	2,983,917	638,428	4,019,113
Mercy Medical Center	87,975	26,073	48,940	19,231	367,978	96,532	646,729
Metro Denver Provider Network (1)	0	31,879	0	50,348	0	214,776	297,003
Montrose Memorial Hospital	0	0	47,906	13,518	379,516	95,584	536,524
Mount San Rafael Hospital	0	4,044	4,597	5,169	45,399	72,780	131,988
North Colorado Medical Center	722,346	22,065	257,708	36,773	2,839,744	459,516	4,338,153
Parkview Episcopal Medical Ctr	2,519	377	54,795	14,706	1,421,875	297,520	1,791,792
Penrose Hospital	911,090	143,626	269,592	112,517	11,786,112	3,033,764	16,256,701
People's Clinic (1)	0	0	0	46,785	0	246,634	293,418
Pioneers Hospital of Rio Blanco	0	0	1,129	293	12,464	3,930	17,815
Plan de Salud del Valle (1)	0	0	0	130,794	0	745,824	876,618
Platte Valley Medical Center	21,936	13,440	15,048	2,439	108,477	24,831	186,172
Poudre Valley Hospital	626,569	68,260	185,563	62,133	1,264,566	427,049	2,634,140
Prowers Medical Center	11,817	1,783	7,618	3,971	61,930	15,298	102,418
Pueblo Community Health Center (1)	0	0	0	50,900	0	330,444	381,344
Rangely District Hospital	1,840	0	3,372	815	5,123	1,205	12,355
Routt Memorial Hospital	5,247	0	10,337	1,455	55,838	4,684	77,561
Salida Hospital	1,089	3,422	2,909	1,984	3,836	9,590	22,830
San Luis Valley Regional Med Ctr	141,491	34,707	72,099	26,829	546,521	128,007	949,652
Silverheels Health Center (1)	0	0	0	386	0	1,524	1,910
Southeast Colorado Hospital	60	0	338	120	6,813	1,692	9,023
Southwest Memorial Hospital	69,032	11,117	10,958	1,866	117,047	24,393	234,412
St Joseph Hospital - Dei Norte	1,387	1,291	7,851	1,207	57,159	16,080	84,975
St Mary Corwin Hospital	435,587	190,673	117,000	73,666	2,347,734	723,544	3,888,204
St Mary's Hospital	256,559	6,151	203,719	55,400	2,281,125	426,710	3,229,663
St Thomas More Hospital	0	0	4,765	672	22,725	3,693	31,855
St Vincent General Hospital	0	0	11,354	1,680	65,058	5,993	84,084
Sterling Regional MedCenter	45,822	34,364	34,108	37,887	263,361	114,688	530,230

TABLE 2  
 COLORADO INDIGENT CARE PROGRAM  
 ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
 July 1990 through June 1991  
 THIRD PARTY REIMBURSEMENT, PATIENT LIABILITIES AND INDIGENT WRITE-OFFS

Provider	Third Party Payments		Patient Liability		Write-Off Charges		Total
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
Sunrise Community Health Center (1)	0	0	0	47,666	0	293,300	340,967
Swedish Medical Center	253,579	9,374	119,300	16,746	2,347,544	182,814	2,929,357
The Memorial Hospital	24,238	13,751	10,780	4,587	86,678	61,152	201,185
Uncompahgre Combined Clinics (1)	0	2,069	0	4,657	0	16,832	23,558
Valley Wide Health Services (1)	0	0	0	209,806	0	695,813	905,619
Yuma District Hospital	0	0	0	0	0	0	0
<b>Total</b>	<b>\$ 4,375,495</b>	<b>\$ 741,939</b>	<b>\$ 1,881,742</b>	<b>\$ 1,552,051</b>	<b>\$ 32,044,462</b>	<b>\$ 13,375,034</b>	<b>\$ 53,970,723</b>
<b>Specialty Providers (2)</b>							
Commerce City Comm Hlth Ctr (1)	0	0	0	7,859	0	37,891	45,750
Craig Rehabilitation Hospital	0	2,968	0	169	0	1,433	4,570
Denver Indian Hlth & Fmly Ctr (1)	0	3	0	210	0	650	863
Eleanor Capron Institute	13,457	0	3,257	115	317,962	23,875	358,666
National Jewish Hospital	175,178	55,632	75,401	90,116	606,844	582,111	1,585,282
The Childrens Hospital (3)	331,500	38,849	60,494	41,326	854,333	226,707	1,553,209
<b>Total</b>	<b>\$ 520,135</b>	<b>\$ 97,452</b>	<b>\$ 139,152</b>	<b>\$ 139,795</b>	<b>\$ 1,779,139</b>	<b>\$ 872,667</b>	<b>\$ 3,548,340</b>
<b>Denver Health &amp; Hospitals *</b>							
Denver Health & Hospitals (4)	8,291,336	1,171,213	6,787,516	4,733,875	45,698,479	17,298,964	83,981,383
<b>Total</b>	<b>\$ 8,291,336</b>	<b>\$ 1,171,213</b>	<b>\$ 6,787,516</b>	<b>\$ 4,733,875</b>	<b>\$ 45,698,479</b>	<b>\$ 17,298,964</b>	<b>\$ 83,981,383</b>
<b>University Hospital * (5)</b>							
University Hospital	9,454,313	2,740,595	1,507,674	1,287,391	15,949,600	9,357,449	40,297,021
University Hospital (Pending)	2,867,516	109,882	1,621,043	278,332	0	0	4,876,773
University Hosp. (Childrens) (3)	580,630	68,044	105,956	72,384	1,496,381	397,081	2,720,476
University Physicians	(190,251)	249,252	120,702	284,581	3,306,540	3,423,382	7,194,206
<b>Total</b>	<b>\$ 12,712,208</b>	<b>\$ 3,167,772</b>	<b>\$ 3,355,375</b>	<b>\$ 1,922,688</b>	<b>\$ 20,752,521</b>	<b>\$ 13,177,912</b>	<b>\$ 55,088,476</b>
<b>Total All Providers</b>	<b>\$ 25,899,174</b>	<b>\$ 5,178,376</b>	<b>\$ 12,163,785</b>	<b>\$ 8,348,409</b>	<b>\$ 100,274,601</b>	<b>\$ 44,724,577</b>	<b>\$ 196,588,922</b>

\* Charges for Denver Health and Hospitals, and to a lesser extent, University Hospital, reflect increased collection activity for prior years' accounts. Therefore, charges reported in this fiscal year include charges incurred in prior fiscal years. See the section entitled, "Effects of Medicaid Expansion on the Colorado Indigent Care Programs" for a full description of the financial activity reported for these two institutions.

TABLE 2  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991

THIRD PARTY REIMBURSEMENT, PATIENT LIABILITIES AND INDIGENT WRITE-OFFS  
FOOTNOTES

1. Community health clinics provide outpatient services only.
2. Specialty health care providers provide unique specialized services or they provide services to special categories of patients.
3. The figures reported in this table for The Childrens Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. They do not include the amount attributed to the affiliation with University Hospital. When the affiliation took place, provision of care for several hundred medically indigent children shifted from University Hospital to The Childrens Hospital. Pursuant to the affiliation, University and The Childrens Hospitals signed an agreement that University Hospital would reimburse The Childrens Hospital for the care of those children out of its Indigent Care appropriation. The payment from University Hospital to The Childrens Hospital was \$773,214. The total charges for the care rendered by The Childrens Hospital to the former University Hospital patients amounted to \$2,720,476. (See "University Hospital (Childrens)" below). This amount plus the amount attributed to the Specialty Program (\$1,553,210) equals the total Indigent Care Program charges for The Childrens Hospital, or \$4,273,686.
4. On certain indigent care eligible patient accounts, Denver Health and Hospitals reports using a zero-balance methodology. Using this methodology, indigent patients who have indicated that they have third party coverage (e.g., commercial insurance) but have not supplied the necessary documentation to substantiate a claim to an insurance carrier, are billed 100 percent of all uncollected balances. These accounts are then written down to zero and are reported to the Indigent Care Program as Patient Liability. The accounts are then turned over to an external collection agency to maximize recoveries. Upon maximum recovery from the third party, accounts are returned to the Department where all or part of the remaining balance due will be considered for medically indigent coverage (write-off) under the indigent care program. However, it is not the policy of Denver Health and Hospitals to report these settlements to the Program. As a result, third party reimbursement and medically indigent write-offs are understated and patient liability is overstated.
5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital, for its associated physicians (University Physicians, Inc.) and pediatric patients formerly seen at University Hospital but now served at The Childrens Hospital since the affiliation between the two institutions. In addition, University Hospital classifies indigent patients who may be Medicaid eligible, but for whom final determination of eligibility is not yet available as "Pending" until a final determination is made.

TABLE 2  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991  
THIRD PARTY REIMBURSEMENT, PATIENT LIABILITIES AND INDIGENT WRITE-OFFS

FOOTNOTES - Continued

All providers, with the exception of University Hospital and University Physicians, have elected to report their financial data on a retrospective basis to the Colorado Indigent Care Program. This system is also referred to as the balanced report method. Using this reporting method, the financial information on each patient's account is not reported until the amount of the indigent care write-off is determined (i.e, attained a zero balance). At that time, all four elements of financial information of the account are reported: total patient charges (urgent or non-urgent) third party payment and any allowance or adjustment, patient liability and indigent care write-off charge. Reporting by this method, when third party payments, patient liability and indigent care write-offs are subtracted from the total patient charge, the result will always be -0-. As a result of using this methodology, the month the financial data is reported will not necessarily correspond to the month that the patient service information is reported.

University Hospital and University Physicians report their financial data to the Colorado Indigent Care Program on a prospective basis. Using the prospective method, financial information for each patient is reported in the month that the activity is incurred. Example: If a patient incurs a charge in February, it is reported in that month. For patients with no third party resources, the patient liability and write-off amounts are calculated 9 days after the patient is discharged. As a result, for patients who receive services in the last few days of the month, the reporting of the patient liability and write-offs will not occur until March. If it is determined that the patient has some third party resources, no patient liability or write-off will be reported until resolution of the third party claim is complete. At that time, the balance of the financial information will be reported. The delay in resolution of third party liability can result in charges being incurred and reported in one Program year, while the reporting of the third party payments (if any), patient liability and write-offs can occur in a later Program year.

In addition, total indigent care write-offs for University Hospital were taken from the Hospital's financial statements. This total included \$864,252 in appropriate indigent care write-offs for the Hospital's outpatient pharmacy. However, neither the charges nor patient liability related to these write-offs is included in any of the tables, because they are not reported to the Program using the Hospital's patient accounting system.

As a result, the total for inpatient and ambulatory charges for University Hospital and University Physicians, Inc. on Table 1 will not equal the total column on Table 2.

TABLE 3  
 COLORADO INDIGENT CARE PROGRAM  
 ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
 July 1990 through June 1991  
 FINANCIAL ACTIVITY AND REIMBURSEMENT SUMMARY

Provider -----	Total Charges -----	Total Third Party -----	Total Patient Liab -----	Write-Off Charges -----	Write-Off Costs -----	Total Reimbursement -----
<b>Outstate Providers</b>						
Arkansas Valley Regional Med Ctr	\$ 216,394	\$ 25,857	\$ 37,232	\$ 153,305	\$ 75,119	\$ 17,308
Aspen Valley Hospital	3,389	0	766	2,622	2,019	465
Avista Hospital	0	0	0	0	0	0
Boulder Community Hospital	454,093	52,038	27,118	374,936	307,448	70,840
CSOF/Family Medicine Center (1)	192,563	21,334	51,341	119,888	119,888	27,624
Clinica Campesina Hlth Ctr (1)	167,057	607	29,393	137,056	137,056	31,579
Columbine Family Health Center (1)	144,126	0	18,121	126,006	126,006	29,033
Community Health Center-Co. Spgs (1)	3,159,824	0	295,817	2,864,007	2,864,007	659,904
Community Health Clinic-Dove Ck (1)	6,143	0	1,615	4,528	4,528	1,043
Community Hospital	164,761	6,815	17,929	140,017	128,815	29,681
Conejos County Hospital	0	0	0	0	0	0
Delta County Hospital	771,690	28,236	70,287	673,167	397,169	91,513
El Paso County Health Dept (1)	9,215	0	820	8,395	8,395	1,934
Estes Park Medical Center	68,092	2,739	11,305	54,048	54,048	12,453
Ft Morgan Community Hospital	262,551	70,489	10,902	181,160	164,856	37,985
Gunnison Valley Hospital	122,177	9,655	19,257	93,266	73,680	16,977
Kit Carson County Memorial Hosp.	55,360	0	3,082	52,279	40,777	9,396
Kremmling Memorial Hospital	3,024	0	373	2,651	2,651	611
La Clinica (1)	24,622	117	2,012	22,494	22,494	5,183
Lincoln Community Hospital	12,675	0	90	12,586	10,446	2,407
Lutheran Medical Center	2,065,597	443,026	118,648	1,503,922	1,097,863	252,962
Memorial Hospital	4,019,113	217,873	178,895	3,622,345	2,825,429	651,015
Mercy Medical Center	646,729	114,049	68,171	464,509	329,802	75,991
Metro Denver Provider Network (1)	297,003	31,879	50,348	214,776	214,776	49,487
Montrose Memorial Hospital	536,524	0	61,424	475,100	289,811	66,776
Mount San Rafael Hospital	131,988	4,044	9,766	118,179	62,635	14,432
North Colorado Medical Center	4,338,153	744,411	294,482	3,299,260	1,979,556	456,115
Parkview Episcopal Medical Ctr	1,791,792	2,896	69,501	1,719,395	997,249	229,779
Penrose Hospital	16,256,701	1,054,716	382,109	14,819,876	8,891,926	2,048,814
People's Clinic (1)	293,418	0	46,785	246,634	246,634	56,828
Pioneers Hospital of Rio Blanco	17,815	0	1,422	16,393	16,393	3,777
Plan de Salud del Valle (1)	876,618	0	130,794	745,824	745,824	171,848
Platte Valley Medical Center	186,172	35,376	17,487	133,308	101,314	23,344
Poudre Valley Hospital	2,634,140	694,830	247,695	1,691,615	1,268,711	292,327
Prowers Medical Center	102,418	13,600	11,589	77,229	54,832	12,634
Pueblo Community Health Center (1)	381,344	0	50,900	330,444	330,444	76,139
Rangely District Hospital	12,355	1,840	4,187	6,328	6,328	1,458
Routt Memorial Hospital	77,561	5,247	11,793	60,521	44,181	10,180
Salida Hospital	22,830	4,511	4,893	13,426	9,667	2,227
San Luis Valley Regional Med Ctr	949,652	176,197	98,927	674,527	404,716	93,252
Silverheels Health Center (1)	1,910	0	386	1,524	1,524	351
Southeast Colorado Hospital	9,023	60	458	8,505	7,569	1,744
Southwest Memorial Hospital	234,412	80,149	12,823	141,440	93,351	21,509
St Joseph Hospital - Del Norte	84,975	2,678	9,058	73,239	60,056	13,838
St Mary Corwin Hospital	3,888,204	626,260	190,666	3,071,279	1,566,352	360,908
St Mary's Hospital	3,229,663	262,709	259,119	2,707,836	1,787,172	411,787
St Thomas More Hospital	31,855	0	5,437	26,418	24,833	5,722
St Vincent General Hospital	84,084	0	13,033	71,051	45,473	10,477
Sterling Regional MedCenter	530,230	80,186	71,995	378,049	260,854	60,104

**TABLE 3**  
**COLORADO INDIGENT CARE PROGRAM**  
**ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS**  
**July 1990 through June 1991**  
**FINANCIAL ACTIVITY AND REIMBURSEMENT SUMMARY**

Provider -----	Total Charges -----	Total Third Party -----	Total Patient Liab -----	Write-Off Charges -----	Write-Off Costs -----	Total Reimbursement -----
Sunrise Community Health Center (1)	340,967	0	47,666	293,300	293,300	67,580
Swedish Medical Center	2,929,357	262,954	136,046	2,530,358	1,695,340	390,628
The Memorial Hospital	201,185	37,989	15,367	147,830	103,481	23,843
Uncompahgre Combined Clinics (1)	23,558	2,069	4,657	16,832	16,832	3,878
Valley Wide Health Services (1)	905,619	0	209,806	695,813	695,813	160,324
Yuma District Hospital	0	0	0	0	0	0
<b>Total</b>	<b>\$ 53,970,723</b>	<b>\$ 5,117,434</b>	<b>\$ 3,433,793</b>	<b>\$ 45,419,496</b>	<b>\$ 31,109,442</b>	<b>\$ 7,168,015</b>
<b>Specialty Providers (2)</b>						
Commerce City Comm Hlth Ctr (1)	45,751	0	7,859	37,891	37,891	22,418
Craig Rehabilitation Hospital	4,570	2,968	169	1,433	1,304	772
Denver Indian Hlth & Fmly Ctr (1)	863	3	210	650	650	4,513
Eleanor Capron Institute	358,666	13,457	3,372	341,837	205,102	121,349
National Jewish Hospital	1,585,282	230,810	165,517	1,188,955	820,379	467,564
The Childrens Hospital (3)	1,553,210	370,349	101,820	1,081,040	897,263	314,404
<b>Total</b>	<b>\$ 3,548,342</b>	<b>\$ 617,587</b>	<b>\$ 278,947</b>	<b>\$ 2,651,806</b>	<b>\$ 1,962,589</b>	<b>\$ 931,020</b>
<b>Denver Health &amp; Hospitals *</b>						
Denver Health & Hospitals (4)	83,981,384	9,462,549	11,521,391	62,997,443	42,208,287	14,281,465
<b>Total</b>	<b>\$ 83,981,384</b>	<b>\$ 9,462,549</b>	<b>\$ 11,521,391</b>	<b>\$ 62,997,443</b>	<b>\$ 42,208,287</b>	<b>\$14,281,465</b>
<b>University Hospital * (5)</b>						
University Hospital	35,629,845	12,194,907	2,795,065	25,307,049	18,474,146	11,499,673
University Hospital (Pending)	14,415,240	2,977,398	1,899,375	0	0	0
University Hosp. (Childrens) (3)	2,720,476	648,674	178,340	1,893,462	1,571,573	773,214 (3)
University Physicians	7,129,382	59,001	405,283	6,729,922	4,912,843	0
<b>Total</b>	<b>\$ 59,894,943</b>	<b>\$15,879,980</b>	<b>\$ 5,278,063</b>	<b>\$ 33,930,433</b>	<b>\$ 24,958,562</b>	<b>\$12,272,887</b>
<b>Total All Providers</b>	<b>\$201,395,392</b>	<b>\$31,077,550</b>	<b>\$ 20,512,194</b>	<b>\$144,999,178</b>	<b>\$100,238,880</b>	<b>\$34,653,387</b>

\* Charges for Denver Health and Hospitals, and to a lesser extent, University Hospital, reflect increased collection activity for prior years' accounts. Therefore, charges reported in this fiscal year include charges incurred in prior fiscal years. See the section entitled, "Effects of Medicaid Expansion on the Colorado Indigent Care Programs" for a full description of the financial activity reported for these two institutions.

TABLE 3  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991  
FINANCIAL ACTIVITY AND REIMBURSEMENT SUMMARY

FOOTNOTES

1. Community health clinics provide outpatient services only.
2. Specialty health care providers provide unique specialized services or they provide services to special categories of patients.
3. The figures reported in this table for The Childrens Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. They do not include the amount attributed to the affiliation with University Hospital. When the affiliation took place, provision of care for several hundred medically indigent children shifted from University Hospital to The Childrens Hospital. Pursuant to the affiliation, University and The Childrens Hospitals signed an agreement that University Hospital would reimburse The Childrens Hospital for the care of those children out of its Indigent Care appropriation. The payment from University Hospital to The Childrens Hospital was \$773,214. The total charges for the care rendered by The Childrens Hospital to the former University Hospital patients amounted to \$2,720,476. (See "University Hospital (Childrens)" below). This amount plus the amount attributed to the Specialty Program (\$1,553,210) equals the total Indigent Care Program charges for The Childrens Hospital, or \$4,273,686.
4. On certain indigent care eligible patient accounts, Denver Health and Hospitals reports using a zero-balance methodology. Using this methodology, indigent patients who have indicated that they have third party coverage (e.g., commercial insurance) but have not supplied the necessary documentation to substantiate a claim to an insurance carrier, are billed 100 percent of all uncollected balances. These accounts are then written down to zero and are reported to the Indigent Care Program as Patient Liability. The accounts are then turned over to an external collection agency to maximize recoveries. Upon maximum recovery from the third party, accounts are returned to the Department where all or part of the remaining balance due will be considered for medically indigent coverage (write-off) under the indigent care program. However, it is not the policy of Denver Health and Hospitals to report these settlements to the Program. As a result, third party reimbursement and medically indigent write-offs are understated and patient liability is overstated.
5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital, for its associated physicians (University Physicians, Inc.) and pediatric patients formerly seen at University Hospital but now served at The Childrens Hospital since the affiliation between the two institutions. In addition, University Hospital classifies indigent patients who may be Medicaid eligible, but for whom final determination of eligibility is not yet available as "Pending" until a final determination is made.

TABLE 3  
COLORADO INDIGENT CARE PROGRAM  
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS  
July 1990 through June 1991  
FINANCIAL ACTIVITY AND REIMBURSEMENT SUMMARY

FOOTNOTES - Continued

All providers, with the exception of University Hospital and University Physicians, have elected to report their financial data on a retrospective basis to the Colorado Indigent Care Program. This system is also referred to as the balanced report method. Using this reporting method, the financial information on each patient's account is not reported until the amount of the indigent care write-off is determined (i.e, attained a zero balance). At that time, all four elements of financial information of the account are reported: total patient charges (urgent or non-urgent) third party payment and any allowance or adjustment, patient liability and indigent care write-off charge. Reporting by this method, when third party payments, patient liability and indigent care write-offs are subtracted from the total patient charge, the result will always be -0-. As a result of using this methodology, the month the financial data is reported will not necessarily correspond to the month that the patient service information is reported.

University Hospital and University Physicians report their financial data to the Colorado Indigent Care Program on a prospective basis. Using the prospective method, financial information for each patient is reported in the month that the activity is incurred. Example: If a patient incurs a charge in February, it is reported in that month. For patients with no third party resources, the patient liability and write-off amounts are calculated 9 days after the patient is discharged. As a result, for patients who receive services in the last few days of the month, the reporting of the patient liability and write-offs will not occur until March. If it is determined that the patient has some third party resources, no patient liability or write-off will be reported until resolution of the third party claim is complete. At that time, the balance of the financial information will be reported. The delay in resolution of third party liability can result in charges being incurred and reported in one Program year, while the reporting of the third party payments (if any), patient liability and write-offs can occur in a later Program year.

In addition, total indigent care write-offs for University Hospital were taken from the Hospital's financial statements. This total included \$864,252 in appropriate indigent care write-offs for the Hospital's outpatient pharmacy. However, neither the charges nor patient liability related to these write-offs is included in any of the tables, because they are not reported to the Program using the Hospital's patient accounting system.

As a result, the subtraction of total third party, total patient liability and write-off charges from total charges will not equal -0- for this table for University Hospital and University Physicians.



TABLE 4  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 PATIENT ORIGIN BY PROVIDER

Outstate Providers	Inpatient			Ambulatory			Total
	From Same County	From Adj. County	Non-Adj. County	From Same County	From Adj. County	Non-Adj. County	
Arkansas Valley Region Med Ctr	26	5	1	190	13	5	240
Aspen Valley Hospital	56	6		1	10		141
Boulder Community Hospital	1	1		69	88		3728
CSOF/Family Medicine Center				3117	249	18	3391
Clinica Campesina				944	1921	2	2867
Columbine Family Health Center				34960	57	10	35027
Community Health Center--Co. Sprg				190			190
Community Health Center--Dove Ck	28	5		58	11		106
Community Hosp. - Grand Junction							
Conejos County Hospital	113	34		904	81	3	1135
Delta County Memorial Hospital	15			252	7		260
El Paso County Health Dept.	59			140			155
Estes Park Medical Center	30	2		221	3		284
Fort Morgan Community Hospital	14	1		149	3		184
Gunnison Valley Hospital	1			8			110
Kit Carson Community Mem. Hosp.				414	4		418
Kremmling Memorial Hospital				1			1
La Clinica, Inc.				1			1
Lincoln Community Hospital	184	86	6	711	263	13	1263
Lutheran Medical Center	334	26	6	1894	50	14	2324
Memorial Hospital - Colo. Spgs.	76	21	1	384	59		543
Mercy Medical Center	84	47	2	370	3652	9	4031
Metro Denver Provider Network	14			434	144		712
Montrose Memorial Hospital	199	59		255			269
Mount San Rafael Hospital	1238			1508	57	16	2250
North Colorado Medical Center				454	42	12	753
parkview Episcopal Hospital				6782	186	139	8463
Penrose Hospital	9			6368	146	85	6599
Peoples Clinic				44			53
Pioneers Hospital of Rio Blanco	20	7		6647	12973	487	20107
Plan de Salud del Valle Clinic	205	5		37	43		107
Platte Valley Medical Center	14			2528	21	12	2778
Poudre Valley Hospital	8			38	2	5	60
Prowers Medical Center	24	7		7291	25	21	7337
Pueblo Community Health Center	6			27			35
Rangely District Hospital	75	129		15	3		51
Rouff Memorial Hospital				45	10	1	62
Salida Hospital				127	264	4	600
San Luis Valley Reg Med Center	7			62			62
Silverheels Health Center	35	1		37			44
Southwest Colorado Hospital	27	3		66	1	3	108
St. Josephs Hospital -Del Norte	408	75	25	86	24	1	142
St. Mary-Corwin Hospital				3835	99	35	4478

TABLE 4 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 PATIENT ORIGIN BY PROVIDER

	Inpatient			Ambulatory			Unknown	Total
	From Same County	From Adj. County	Non-Adj. County	From Same County	From Adj. County	Non-Adj. County		
St. Marys Hospital	451	110	33	2324	390	35	.	3343
St. Thomas More Hospital	8	.	.	22	.	.	.	30
St. Vincent General Hospital	24	.	.	34	.	.	.	58
Sterling Regional MedCenter	55	11	.	694	39	3	.	802
Sunrise Community Health Center	152	154	15	6720	112	18	.	6850
Swedish Medical Center	36	3	1	346	313	26	.	1006
The Memorial Hospital - Craig	.	.	.	329	4	.	.	373
Uncompahgre Combined Clinics	.	.	.	183	293	8	.	484
Valley-Wide Health Services	.	.	.	5249	11295	38	.	16582
Totals	4624	888	200	101287	32964	1042	9	141014
Specialty Providers								
Commerce City Community Hlth Ctr	.	.	.	1015	20	.	.	1035
Craig Rehabilitation Hospital	.	.	.	4	1	.	.	5
Denver Indian Hlth & Family Ctr.	10	1	3	34	6	1	.	40
Eleanor Capron Institute	1	.	.	30	3	.	.	48
La Plata Community Hospital	29	17	8	1704	1379	584	.	3721
National Jewish Hospital	69	141	104	1117	3584	443	.	5458
The Children's Hospital	109	159	115	3907	4993	1028	.	10311
University Hospital								
University Hospital	427	1718	502	7945	40225	8013	1	58831
University Hospital (Pending)	330	1855	220	682	3954	445	.	7486
Totals	757	3573	722	8627	44179	8458	1	66317
Denver Health & Hospitals								
Denver Health & Hospitals	6577	296	24	186247	4909	235	210	198498
Totals	6577	296	24	186247	4909	235	210	198498
Totals for All Providers	12067	4916	1061	300068	87045	10763	220	416140

TABLE 5  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver H & H	Unknown	Totals
Adams	71	53	1533	107	.	1764
Alamosa	84	1	14	.	.	99
Arapahoe	167	58	1137	102	.	1464
Archuleta	8	1	1	.	.	10
Baca	11	.	1	.	.	12
Bent	4	2	4	1	.	11
Boulder	78	7	123	6	.	214
Chaffee	24	1	5	1	.	30
Cheyenne	2	.	1	2	.	4
Clear Creek	7	.	16	1	.	25
Conejos	35	1	5	1	.	41
Costilla	14	1	2	.	.	17
Crowley	9	1	2	.	.	11
Custer	12	1	2	.	.	15
Delta	170	1	4	.	.	175
Denver	128	98	757	6577	.	7560
Dolores	2	3	1	7	.	74
Douglas	22	1	42	2	.	17
Eagle	4	16	10	1	.	1657
El Paso	1579	1	61	1	.	26
Elbert	13	17	12	1	.	80
Fremont	54	1	11	.	.	54
Garfield	42	1	5	.	.	7
Gilpin	2	1	11	.	.	16
Grand	4	.	1	1	.	45
Gunnison	43	.	1	1	.	1
Hinsdale	29	2	1	1	.	36
Huerfano	3	47	4	1	.	4
Jackson	234	1	903	87	.	1271
Jefferson	1	1	7	.	.	1
Kiowa	16	3	9	.	.	24
Kit Carson	77	17	4	.	.	89
La Plata	27	2	50	.	.	311
Lake	244	1	6	.	.	42
Larimer	34	7	1	.	.	9
Las Animas	7	1	1	.	.	76
Lincoln	63	3	9	.	.	495
Logan	483	3	5	.	.	54
Mesa	46	3	3	.	.	52
Moffat	49	4	3	.	.	152
Montezuma	145	2	13	.	.	103
Montrose	88	1	18	.	.	69
Morgan	50	3	1	.	.	14
Otero	13	3	16	.	.	13
Ouray	13	3	16	.	.	14
Park	4	3	16	.	.	23

TABLE 5 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver H & H	Unknown	Totals
Phillips	4	.	2	.	.	6
Pitkin	2	4	1	.	.	3
Prowers	26	1	5	.	.	35
Pueblo	613	1	23	.	.	637
Rio Blanco	25	1	3	.	.	29
Rio Grande	92	2	5	.	.	99
Routt	29	1	2	.	.	32
Saguache	32	2	1	.	.	35
San Juan	3	.	1	.	.	4
San Miguel	19	.	1	.	.	20
Sedgwick	2	.	2	.	.	4
Summit	3	.	5	.	.	8
Teller	39	.	.	.	.	39
Washington	7	.	4	.	.	11
Weld	602	12	162	.	.	776
Yuma	12	.	6	.	.	18
unknown	.	.	.	2	.	2
<b>Totals</b>	<b>5712</b>	<b>383</b>	<b>5052</b>	<b>6899</b>	<b>.</b>	<b>18046</b>

TABLE 6  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 AMBULATORY PATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver H & H	Unknown	Totals
Adams	11616	2713	17463	1895	.	33687
Alamosa	5390	176	176	2	.	5576
Arapahoe	3271	2026	14705	1304	.	21306
Archuleta	17	41	19	.	.	77
Baca	54	16	47	.	.	101
Bent	11	171	14	25	.	166
Boulder	12941	174	1797	65	.	14974
Chaffee	56	4	87	1	.	148
Cheyenne	3	6	15	13	.	18
Clear Creek	1049	4	202	2	.	1270
Conejos	3596	4	53	11	.	3655
Costilla	1734	4	24	11	.	1773
Costilla	40	.	28	.	.	68
Crowley	8	.	17	.	.	25
Custer	1216	11	61	5	.	1293
Delta	1195	2856	8627	18624	.	198925
Denver	196	5	1	4	.	206
Dolores	62	38	534	35	.	669
Douglas	4	3	82	9	.	98
Eagle	47545	90	756	31	.	48422
El Paso	74	4	193	16	.	287
Elbert	92	11	122	7	.	232
Fremont	49	8	44	.	.	101
Garfield	949	9	59	5	.	1009
Gilpin	10	5	106	1	.	130
Grand	196	3	19	1	.	221
Gunnison	2	8	3	2	.	5
Hinsdale	447	3	79	.	.	536
Huerfano	1	3	25	.	.	29
Jackson	948	1269	12011	1710	.	15938
Jefferson	1	1	2	.	.	4
Kiowa	94	9	96	.	.	199
Kit Carson	387	3	18	.	.	408
La Plata	44	4	54	.	.	102
Lake	2848	111	439	.	.	3398
Larimer	288	118	80	.	.	386
Las Animas	17	3	36	.	.	56
Lincoln	700	12	105	.	.	817
Logan	2406	3	65	.	.	2474
Mesa	34	2	2	.	.	36
Mineral	337	2	15	.	.	354
Moffat	111	4	14	.	.	125
Montezuma	929	47	33	.	.	966
Montrose	281	17	212	.	.	540
Morgan	239	17	109	.	.	365
Otero	15	16	9	.	.	24
Ouray	86	16	234	.	.	336
Park						

TABLE 6 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 AMBULATORY PATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver H & H	Unknown	Totals
Phillips	8	.	24	.	.	32
Pitkin	2	9	58	.	.	60
Prowers	72	56	28	.	.	109
Pueblo	11640	2	359	.	.	12055
Rio Blanco	90	2	8	.	.	100
Rio Grande	2768	5	63	.	.	2836
Routt	19	7	31	.	.	57
Saguache	3626	.	17	.	.	3643
San Juan	6	.	4	.	.	10
San Miguel	201	4	2	.	.	203
Sedgwick	5	23	54	.	.	63
Summit	225	6	63	.	.	91
Teller	22	3	9	.	.	240
Washington	14989	237	38	.	.	63
Weld	26	13	1507	.	.	16733
Yuma	9	.	107	208	.	146
unknown			1			218
Totals	135302	9928	61265	191599	.	398094

TABLE 7  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 NUMBER OF PATIENTS BY INDIGENCY RATING

Inpatient Rating	Outstate Hospitals		Specialty Hospitals		University Hospital		Denver H & H		Totals
	Number	%	Number	%	Number	%	Number	%	
A	1827	32.0	111	29.0	1285	25.4	3108	45.1	6331
B	623	10.9	76	19.8	496	9.8	1000	14.5	2195
C	174	3.0	18	4.7	135	2.7	204	3.0	531
D	279	4.9	21	5.5	231	4.6	393	5.7	924
E	124	2.2	15	3.9	131	2.6	179	2.6	449
F	178	3.1	23	6.0	115	2.3	164	2.4	480
G	136	2.4	24	6.3	101	2.0	89	1.3	350
K					2405	47.6			2405
N	1776	31.1	43	11.2	88	1.7	1762	25.5	3669
P	3	0.1			65	1.3			68
U	303	5.3	24	6.3					327
V	107	1.9	11	2.9					118
W	87	1.5	13	3.4					100
X	46	0.8	3	0.8					49
Z	49	0.9	1	0.3					50
Totals	5712	31.7	383	2.1	5052	28.0	6899	38.2	18046

Ambulatory Rating	Outstate Hospitals		Specialty Hospitals		University Hospital		Denver H & H		Totals
	Number	%	Number	%	Number	%	Number	%	
A	56864	42.0	4730	47.6	30106	49.1	105773	55.2	197473
B	14612	10.8	1690	17.0	11915	19.4	25890	13.5	54107
C	3504	2.6	371	3.7	2405	3.9	9369	4.9	15649
D	3395	2.5	927	9.3	4238	6.9	7748	4.0	16308
E	1153	0.9	322	3.2	2057	3.4	5221	2.7	8753
F	353	0.3	377	3.8	1628	2.7	1190	0.6	3548
G	286	0.2	35	0.4	1187	1.9	19	0.0	1527
K					5081	8.3			5081
N	46885	34.7	1179	11.9	2128	3.5	36389	19.0	86581
P	3798	2.8			520	0.8			4318
U	2899	2.1	119	1.2					3018
V	851	0.6	63	0.6					914
W	491	0.4	69	0.7					560
X	135	0.1	21	0.2					156
Z	72	0.1	24	0.2					96
Unknown	4	0.0	1	0.0					5
Totals	135302	34.0	9928	2.5	61265	15.4	191599	48.1	398094

TABLE 8  
Colorado Indigent Care Program  
July, 1990 through June, 1991  
Characteristics of Medically Indigent Patient Activity  
TOTAL DISCHARGE DAYS BY INDIGENCY RATING

Inpatient Indigency Rating *	Colorado Indigent Care Program July, 1990 through June, 1991 Characteristics of Medically Indigent Patient Activity TOTAL DISCHARGE DAYS BY INDIGENCY RATING				Totals
	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver H & H	
A	9294	809	6147	17250	33500
B	2745	462	2420	5217	10844
C	854	104	637	1194	2789
D	1606	181	957	2256	5000
E	554	100	589	1183	2426
F	1132	89	394	683	2298
G	862	87	478	573	2000
K	9185	642	10995	8828	10995
N	8		533		19188
P	1593	119	135		143
U	448	72			1712
V	409	161			520
W	352	6			570
Y	228	11			358
Z					239
Totals	29270	2843	23285	37184	92582

\* Each rating corresponds to an income range as shown on Table 9, following this page. The Indigent Care Program used designations of "A" through "G" and "N" in fiscal year 1990-1991. However University Hospital used "K" to designate persons who might be eligible for Medicaid, but for whom a final determination had not yet been received.

Some providers were using the 1989-1990 Ability-to-Pay Scale, in the beginning of the fiscal year, which used designations of "N" and "U" - "Z". Also, the "P" rating designates the prenatal care package. See Table 10 for the 1989-1990 scale which shows the income ranges corresponding to each letter designation.



TABLE 9

COLORADO INDIGENT CARE PROGRAM  
1990-91 ABILITY-TO-PAY SCALE

FAMILY SIZE	N	A	B	C	D	E	F	G
1	\$ 0 - 3,391	\$ 3,392 - 6,280	\$ 6,281 - 7,850	\$ 7,851 - 8,352	\$ 8,353 - 9,420	\$ 9,421 - 10,048	\$ 10,049 - 10,990	\$ 10,991 - 11,618
2	\$ 0 - 4,547	\$ 4,548 - 8,420	\$ 8,421 - 10,525	\$ 10,526 - 11,199	\$ 11,200 - 12,630	\$ 12,631 - 13,472	\$ 13,473 - 14,735	\$ 14,736 - 15,577
3	\$ 0 - 5,702	\$ 5,703 - 10,560	\$ 10,561 - 13,200	\$ 13,201 - 14,045	\$ 14,046 - 15,840	\$ 15,841 - 16,896	\$ 16,897 - 18,480	\$ 18,481 - 19,536
4	\$ 0 - 6,858	\$ 6,859 - 12,700	\$ 12,701 - 15,875	\$ 15,876 - 16,891	\$ 16,892 - 19,050	\$ 19,051 - 20,320	\$ 20,321 - 22,225	\$ 22,226 - 23,495
5	\$ 0 - 8,014	\$ 8,015 - 14,840	\$ 14,841 - 18,550	\$ 18,551 - 19,737	\$ 19,738 - 22,260	\$ 22,261 - 23,744	\$ 23,745 - 25,970	\$ 25,971 - 27,454
6	\$ 0 - 9,169	\$ 9,170 - 16,980	\$ 16,981 - 21,225	\$ 21,226 - 22,583	\$ 22,584 - 25,470	\$ 25,471 - 27,168	\$ 27,169 - 29,715	\$ 29,716 - 31,413
7	\$ 0 - 10,325	\$ 10,326 - 19,120	\$ 19,121 - 23,900	\$ 23,901 - 25,430	\$ 25,431 - 28,680	\$ 28,681 - 30,592	\$ 30,593 - 33,460	\$ 33,461 - 35,372
8	\$ 0 - 11,480	\$ 11,481 - 21,260	\$ 21,261 - 26,575	\$ 26,576 - 28,276	\$ 28,277 - 31,890	\$ 31,891 - 34,016	\$ 34,017 - 37,205	\$ 37,206 - 39,331
9	\$ 0 - 12,636	\$ 12,637 - 23,400	\$ 23,401 - 29,250	\$ 29,251 - 31,122	\$ 31,123 - 35,100	\$ 35,101 - 37,440	\$ 37,441 - 40,950	\$ 40,951 - 43,290
10	\$ 0 - 13,792	\$ 13,793 - 25,540	\$ 25,541 - 31,925	\$ 31,926 - 33,968	\$ 33,969 - 38,310	\$ 38,311 - 40,864	\$ 40,865 - 44,695	\$ 44,696 - 47,249

TABLE 10

1989-90 ABILITY-TO-PAY SCALE

Adjusted Annual Income*	<u>FAMILY SIZE</u>									
	1	2	3	4	5	6	7	8	9	10
\$ -0- - 2,820	N	N	N	N	N	N	N	N	N	N
\$ 2,821 - 4,284	U	N	N	N	N	N	N	N	N	N
\$ 4,285 - 5,268	U	U	N	N	N	N	N	N	N	N
\$ 5,269 - 5,980	U	U	U	N	N	N	N	N	N	N
\$ 5,981 - 6,396	V	U	U	N	N	N	N	N	N	N
\$ 6,397 - 7,536	V	U	U	U	N	N	N	N	N	N
\$ 7,537 - 8,020	W	V	U	U	N	N	N	N	N	N
\$ 8,021 - 8,592	W	V	U	U	U	N	N	N	N	N
\$ 8,593 - 9,444	W	V	U	U	U	U	N	N	N	N
\$ 9,445 - 10,060	Y	W	V	U	U	U	N	N	N	N
\$10,061 - 10,332	Y	W	V	U	U	U	U	N	N	N
\$10,333 - 11,244	Y	W	V	U	U	U	U	U	N	N
\$11,245 - 12,100	Z	Y	W	V	U	U	U	U	N	N
\$12,101 - 13,380	Z	Y	W	V	U	U	U	U	U	N
\$13,381 - 14,140	Z	Y	W	V	U	U	U	U	U	U
\$14,141 - 14,604	Z	Y	W	V	U	U	U	U	U	U
\$14,605 - 16,180		Z	Y	W	V	U	U	U	U	U
\$16,181 - 18,220		Z	Y	W	V	U	U	U	U	U
\$18,221 - 20,260			Z	Y	W	V	U	U	U	U
\$20,261 - 22,300				Z	Y	W	V	U	U	U
\$22,301 - 24,340					Z	Y	W	V	U	U
\$24,341 - 26,380						Z	Y	W	V	U
\$26,381 - 28,420							Z	Y	W	V
\$28,421 - 30,460								Z	Y	W
\$30,461 - 32,500									Z	Y
\$32,501 - 34,540										Z

\* Income plus consideration of assets and liabilities.

TABLE 11  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 PATIENT ACTIVITY BY DIAGNOSIS GROUP

Diagnosis Group	Count	Percent
Respiratory System Diseases	43954	12.233
Injury & Poisoning	34254	9.533
Reproduction & Development Services	32817	9.133
Symptoms, Signs, & Ill-Defined Condition	27268	7.589
Genitourinary System Diseases	21681	6.034
Mental Disorders	21208	5.902
Ear & Mastoid Process Diseases	18006	5.011
Musculoskeletal System & Connective Dis.	16912	4.707
Circulatory System Diseases	16556	4.608
Infectious and Parasitic Diseases	15202	4.231
Oral Cavity, Salivary Glands, & Jaw Dis.	15164	4.220
Endocrine, Metabolic, & Immunity Dis.	14941	4.158
Other Health Services	14675	4.084
Examined Without Reported Diagnosis	13782	3.836
Skin & Subcutaneous Tissue Diseases	11760	3.273
Digestive System Diseases	10645	2.963
Eye & Adnexa Disorders	7889	2.196
Neoplasms	4800	1.336
Liveborn Infants According to Birth Type	3600	1.002
Complications of Pregnancy	3539	0.985
Nervous System & Sense Organs	2988	0.832
Delivery & Complications Of Labor & Del.	1976	0.550
Blood & Blood-Forming Organ Dis.	1425	0.397
Specific Procedures & Aftercare Service	1425	0.397
Potential Communicable Disease Hazards	1055	0.294
Congenital Anomalies	905	0.252
Certain Perinatal Conditions	555	0.154
Conditions Influencing Health Status	240	0.067
Potential Hazards related to History	97	0.027

TABLE 12  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ACTIVITY BY AGE AND SEX

Outstate Providers			
Age Group	Male	Female	Total
0 - 1	213	193	406
1 - 2	37	24	61
3 - 5	41	23	64
6 - 8	39	28	67
9 - 12	44	49	93
13 - 18	136	179	315
19 - 24	307	436	743
25 - 34	579	732	1311
35 - 49	722	703	1425
50 - 64	506	583	1089
65+	59	73	132
unknown	1	5	6
Totals	2684	3028	5712

Specialty Providers			
Age Group	Male	Female	Total
0 - 1	46	36	82
1 - 2	22	20	42
3 - 5	18	10	28
6 - 8	28	19	47
9 - 12	45	31	76
13 - 18	44	20	64
19 - 24	4	3	7
25 - 34	5	4	9
35 - 49	2	8	10
50 - 64	4	3	7
65+	4	1	5
unknown	6	1	7
Totals	228	155	383

TABLE 12 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ACTIVITY BY AGE AND SEX

University Hospital			
Age Group	Male	Female	Total
0 - 1	1145	1077	2222
1 - 2	.	.	.
3 - 5	.	.	.
6 - 8	.	.	.
9 - 12	.	1	.
13 - 18	26	117	143
19 - 24	75	374	449
25 - 34	212	418	630
35 - 49	347	418	765
50 - 64	241	309	550
65+	101	159	260
unknown	7	4	11
Totals	2154	2877	5031
			44.2
			2.8
			8.9
			12.5
			15.2
			10.9
			5.2
			0.2

Denver Health & Hospitals			
Age Group	Male	Female	Total
0 - 1	676	606	1282
1 - 2	69	36	105
3 - 5	32	29	61
6 - 8	21	19	40
9 - 12	38	21	59
13 - 18	121	261	382
19 - 24	287	533	820
25 - 34	718	622	1340
35 - 49	975	523	1498
50 - 64	452	361	813
65+	289	192	481
unknown	10	8	18
Totals	3688	3211	6899
			18.6
			1.5
			0.9
			0.6
			0.9
			5.5
			11.9
			19.4
			21.7
			11.8
			7.0
			0.3

TABLE 13  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 AMBULATORY PATIENT ACTIVITY BY AGE AND SEX

Outstate Providers			
Age Group	Male	Female	Total
0 - 1	3748	3604	7352
1 - 2	4179	4132	8311
3 - 5	3647	3556	7203
6 - 8	2835	2843	5678
9 - 12	3205	3185	6390
13 - 18	3615	6974	10589
19 - 24	3943	11668	15611
25 - 34	8503	18729	27232
35 - 49	10401	18554	28955
50 - 64	5425	10953	16378
65+	597	950	1547
unknown	21	30	51
Totals	50119	85178	135297
			Percent
			5.4
			6.1
			5.3
			4.2
			4.7
			7.8
			11.5
			20.1
			21.4
			12.1
			1.1
			0.0

Specialty Providers			
Age Group	Male	Female	Total
0 - 1	423	337	760
1 - 2	519	432	951
3 - 5	580	574	1154
6 - 8	921	677	1598
9 - 12	1358	810	2168
13 - 18	584	618	1202
19 - 24	105	102	207
25 - 34	191	395	586
35 - 49	375	458	833
50 - 64	210	212	422
65+	8	3	11
unknown	27	9	36
Totals	5301	4627	9928
			Percent
			7.7
			9.6
			11.6
			16.1
			21.8
			12.1
			2.1
			5.9
			8.4
			4.3
			0.1
			0.4

TABLE 13 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 AMBULATORY PATIENT ACTIVITY BY AGE AND SEX

University Hospital			
Age Group	Male	Female	Total
0 - 1	1366	1366	2732
1 - 2	617	405	1022
3 - 5	338	321	659
6 - 8	300	230	530
9 - 12	261	258	519
13 - 18	698	1552	2250
19 - 24	2220	5159	7379
25 - 34	4990	8154	13144
35 - 49	5707	9335	15042
50 - 64	3773	6979	10752
65+	2081	4517	6598
unknown	62	92	154
Totals	22413	38368	60781

Denver Health & Hospitals			
Age Group	Male	Female	Total
0 - 1	3671	3339	7010
1 - 2	3434	2654	6088
3 - 5	2574	2340	4914
6 - 8	1902	1630	3532
9 - 12	1865	1862	3727
13 - 18	3126	6875	10001
19 - 24	7140	16956	24096
25 - 34	20624	22206	42830
35 - 49	26671	22641	49312
50 - 64	12756	15980	28736
65+	5173	6038	11211
unknown	82	60	142
Totals	89018	102581	191599

TABLE 14  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 PATIENT ACTIVITY BY SERVICE TYPE

Outstate Providers	Inpatient		Outpatient		ER		Transport		Unkn.	Total
	Urgent	Non	Urgent	Non	Urgent	Non	Urgent	Non		
Arkansas Valley Region Med Ctr	31	1	3	203	.	2	.	.	.	240
Aspen Valley Hospital	62	.	1	39	34	.	.	.	.	141
Boulder Community Hospital	.	.	6	3725	.	.	.	.	.	3728
COSF/Family Medicine Center	.	2	3	3389	.	.	.	.	.	3391
Clinica Campesina	.	.	.	2867	.	.	.	.	.	2867
Columbine Family Health Center	.	.	.	35027	.	.	.	.	.	35027
Community Health Center-Co. Sprg	.	.	.	190	.	.	.	.	.	190
Community Health Center-Dove Ckr	12	22	1	53	4	14	.	.	.	106
Community Hosp. - Grand Junction	.	.	.	.	.	.	.	.	.	.
Conejos County Hospital	26	121	1	390	13	584	.	.	.	1135
Delta County Memorial Hospital	15	.	1	259	.	.	.	.	.	260
El Paso County Health Dept.	1	58	2	99	39	27	.	.	.	155
Estes Park Medical Center	33	.	11	195	1	7	2	.	.	284
Fort Morgan Community Hospital	15	.	23	102	29	7	.	.	.	184
Gunnison Valley Hospital	1	.	.	63	1	4	.	.	.	110
Kit Carson Community Mem. Hosp.	1	.	.	3	1	.	.	.	.	9
Kremmling Memorial Hospital	1	.	.	418	.	.	.	.	.	418
La Clinica, Inc.	1	.	1	3	3	.	.	.	.	8
Lincoln Community Hospital	233	43	140	441	216	190	.	.	.	1263
Lutheran Medical Center	362	4	278	748	757	175	.	.	.	2324
Memorial Hospital - Colo. Spgs.	50	48	2	253	165	6	19	.	.	543
Mercy Medical Center	83	50	8	4029	87	73	.	.	.	4031
Metro Denver Provider Network	1	13	1	411	9	132	.	.	.	712
Montrose Memorial Hospital	668	1	647	113	907	1	.	.	.	269
Mount San Rafael Hospital	71	171	16	25	26	284	1	.	.	2250
North Colorado Medical Center	1240	116	2020	185	1012	178	56	17	.	753
Parkview Episcopal Hospital	7	2	2	3824	5	.	.	.	.	8463
Penrose Hospital	7	2	1	6597	5	.	.	.	.	6599
Peoples Clinic	21	6	2	38	32	.	.	.	.	53
Pioneers Hospital of Rio Blanco	122	95	6	20107	32	.	.	.	.	20107
Plan de Salud del Valle Clinic	14	1	6	46	364	286	14	.	.	107
Poudre Valley Medical Center	3	5	1	1891	18	.	.	.	.	2778
Poudre Valley Hospital	33	5	3	27	7337	.	.	.	.	60
Prowers Medical Center	3	5	1	7337	.	.	.	.	.	7337
Pueblo Community Health Center	33	5	3	26	4	.	.	.	.	35
Rangely District Hospital	1	5	3	11	4	9	.	.	.	51
Rouff Memorial Hospital	205	.	82	45	2	8	.	.	.	62
Salida Hospital	7	1	24	196	109	8	.	.	.	600
San Luis Valley Reg Med Center	37	1	25	59	3	.	.	.	.	62
Silverheels Health Center	27	4	25	15	13	4	.	.	.	44
Southeast Colorado Hospital	118	390	11	50	26	2	1	.	.	108
Southwest Memorial Hospital	.	.	2	56	56	7	.	.	.	142
St. Josephs Hospital -Del Norte	.	.	11	3443	7	509	.	.	.	4478
St. Mary-Corwin Hospital	.	.	.	.	.	.	.	.	.	.



TABLE 14 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 PATIENT ACTIVITY BY SERVICE TYPE

	Inpatient		Outpatient		ER		Transport		Unkn.	Total
	Urgent	Non	Urgent	Non	Urgent	Non	Urgent	Non		
St. Marys Hospital	446	148	606	1622	311	193	13	4		3343
St. Thomas More Hospital	8	2	7	13	2	1				30
St. Vincent General Hospital	22	2	8	24	1	1	1			58
Sterling Regional MedCenter	63	3	39	543	50	104				802
Sunrise Community Health Center			4	6845				1		6850
Swedish Medical Center	190	131	6	303	376					1006
The Memorial Hospital - Craig	36	4	28	120	173	8	4			373
Uncompahgre Combined Clinics			1	449	34					484
Valley-Wide Health Services			1	16581						16582
<b>Totals</b>	<b>4265</b>	<b>1447</b>	<b>4028</b>	<b>123442</b>	<b>4898</b>	<b>2801</b>	<b>111</b>	<b>22</b>		<b>141014</b>
<b>Specialty Providers</b>										
Commercer City Community Hlth Ctr			1	1034						1035
Craig Rehabilitation Hospital				5						5
Denver Indian Hlth & Family Ctr.			4	40						40
Eleanor Capron Institute	10		15	19						48
La Plata Community Hospital	1		1	2						4
National Jewish Hospital	54		8	3667						3721
The Children's Hospital	313		1	5136						5458
<b>Totals</b>	<b>378</b>	<b>5</b>	<b>25</b>	<b>9903</b>						<b>10311</b>
<b>University Hospital</b>										
University Hospital	2144	503	299	42069	13816					58831
University Hospital (Pending)	2316	89	6	3900	1175					7486
<b>Totals</b>	<b>4460</b>	<b>592</b>	<b>305</b>	<b>45969</b>	<b>14991</b>					<b>66317</b>
<b>Denver Health &amp; Hospitals</b>										
* Denver Health & Hospitals	3725	3174	29889	161710						198498
<b>Totals</b>	<b>3725</b>	<b>3174</b>	<b>29889</b>	<b>161710</b>						<b>198498</b>
<b>Totals for All Providers</b>	<b>12828</b>	<b>5218</b>	<b>34247</b>	<b>341024</b>	<b>19889</b>	<b>2801</b>	<b>111</b>	<b>22</b>		<b>416140</b>

\* Urgent/Non-Urgent distributions from samples of medical records.

TABLE 15  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ACTIVITY BY CLINICAL SERVICE

Outstate Providers	Medicine	Newborn	OB/Gyn	Pediatrics	Surgery	Other	Unknown	Totals
Arkansas Valley Region Med Ctr	31	.	1	2	1	10	.	32
Boulder Community Hospital	22	.	.	1	27	.	.	62
Clinica Campesina	34	.	.	.	.	.	.	34
Community Hosp. - Grand Junction	10	16	17	.	38	66	.	147
Delta County Memorial Hospital	15	.	.	.	.	7	.	15
Estes Park Medical Center	52	.	7	.	2	1	.	59
Fort Morgan Community Hospital	21	2	1	.	.	1	.	33
Gunnison Valley Hospital	12	2	1	.	.	1	.	15
Kit Carson Community Mem. Hosp.	1	.	.	.	.	.	.	1
Kremmling Memorial Hospital	129	23	25	99	99	.	.	276
Lincoln Community Hospital	161	16	51	42	60	36	.	366
Lutheran Medical Center	34	4	4	6	43	7	.	98
Memorial Hospital - Colo. Spgs.	62	7	12	1	33	17	1	133
Mercy Medical Center	14	40	62	31	96	151	.	14
Montrose Memorial Hospital	289	33	4	4	5	59	.	669
Mount San Rafael Hospital	168	33	50	6	378	235	.	242
North Colorado Medical Center	7	1	3	1	2	.	.	13
Parkview Episcopal Hospital	654	12	20	12	57	51	.	217
Penrose Hospital	11	1	3	1	11	.	.	15
Pioneers Hospital of Rio Blanco	65	7	3	1	5	.	.	8
Platte Valley Medical Center	7	1	4	.	14	2	.	33
Poudre Valley Hospital	7	1	2	.	69	1	.	6
Prowers Medical Center	11	8	5	.	17	.	.	205
Rangely District Hospital	123	.	.	.	1	3	.	7
Rouff Memorial Hospital	18	.	.	.	111	87	.	38
Salida Hospital	30	16	18	6	121	195	.	31
San Luis Valley Reg Med Center	277	24	24	9	3	1	.	508
Southeast Colorado Hospital	229	6	5	4	23	47	.	594
Southwest Memorial Hospital	6	5	7	9	59	.	.	8
St. Josephs Hospital -Del Norte	6	4	4	4	13	.	.	24
St. Marys Hospital	32	26	43	9	23	1	.	66
St. Thomas More Hospital	137	1	3	.	13	.	.	321
St. Vincent General Hospital	23	1	3	.	13	.	.	40
Sterling Regional MedCenter	2711	232	369	134	1288	977	1	5712
Swedish Medical Center	93	.	.	.	.	.	.	93
The Memorial Hospital - Craig	3	.	.	.	.	11	.	14
Totals	2711	232	369	134	1288	977	1	5712
Specialty Providers	3	.	.	.	.	11	.	14
Eleanor Capron Institute	23	.	.	31	.	1	.	54
La Plata Community Hospital	67	.	.	247	.	.	.	314
National Jewish Hospital	93	.	.	278	.	12	.	383
The Children's Hospital								
Totals	93	.	.	278	.	12	.	383

TABLE 15 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 INPATIENT ACTIVITY BY CLINICAL SERVICE

	Medicine	Newborn	OB/Gyn	Pediatrics	Surgery	Other	Unknown	Totals
University Hospital	828	290	532	2	541	454	.	2647
University Hospital (Pending)	103	1932	260	.	64	46	.	2405
Totals	931	2222	792	2	605	500	.	5052
Denver Health & Hospitals	1641	1117	994	400	1073	1667	7	6899
Totals	1641	1117	994	400	1073	1667	7	6899
Totals for All Providers	5376	3571	2155	814	2966	3156	8	18046

TABLE 16  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 AMBULATORY PATIENT ACTIVITY BY CLINICAL SERVICE

Outstate Providers	Medicine	Newborn	OB/Gyn	Pediatrics	Surgery	Other	Unknown	Totals
Arkansas Valley Region Med Ctr	204	.	.	.	1	3	.	208
Aspen Valley Hospital	38	.	.	.	1	38	.	79
Boulder Community Hospital	3727	.	.	.	3	.	.	3728
CNOF/Family Medicine Center	1960	23	.	1406	.	1	.	3389
Clinica Campeana	2867	252	8	10440	.	.	.	2867
Columbine Family Health Center	24327	.	.	.	.	.	.	35027
Community Health Center-Co. Sprg	190	.	.	.	.	.	.	190
Community Health Center-Dove Ck	71	.	.	.	.	1	.	72
Community Hosp. - Grand Junction	314	17	12	.	27	618	.	988
Conejos County Hospital	1	.	259	.	.	.	.	260
Delta County Memorial Hospital	140	.	.	.	.	.	.	140
El Paso County Health Dept.	225	.	.	.	.	.	.	225
Estes Park Medical Center	31	1	1	1	6	111	.	151
Fort Morgan Community Hospital	86	.	9	.	.	.	.	95
Gunnison Valley Hospital	418	.	.	.	.	8	.	418
Kit Carson Community Mem. Hosp.	2	.	.	.	.	5	.	7
Kremmling Memorial Hospital	470	3	12	1	32	469	.	987
La Clinica, Inc.	534	2	141	105	74	1102	.	1958
Lincoln Community Hospital	232	.	7	1	38	167	.	445
Lutheran Medical Center	4029	1	1	1	26	322	2	4031
Memorial Hospital - Colo. Spgs.	220	.	8	.	.	124	.	255
Mercy Medical Center	131	.	58	2	19	966	.	1581
Metro Denver Provider Network	536	1	5	.	14	230	2	511
Montrose Memorial Hospital	259	7	262	4	231	1200	.	7107
Mount San Rafael Hospital	5403	.	270	2853	.	147	.	6599
North Colorado Medical Center	3329	.	.	.	.	.	.	44
Parkview Episcopal Hospital	44	.	.	.	.	.	.	44
Peoples Clinic	10940	351	1793	7022	.	1	.	20107
Pioneers Hospital of Rio Blanco	26	6	87	74	1	53	.	80
Plan de Salud del Valle Clinic	1622	.	2	.	28	744	.	2561
Platte Valley Medical Center	39	10	2	2128	2	2	.	45
Poudre Valley Hospital	5199	.	.	.	.	.	.	7337
Prowers Medical Center	11	.	.	.	.	.	.	27
Pueblo Community Health Center	53	.	1	.	2	5	.	56
Rangely District Hospital	212	.	2	.	54	127	.	395
Routt Memorial Hospital	39	.	.	.	.	23	.	62
Salida Hospital	26	.	.	.	.	11	.	37
San Luis Valley Reg Med Center	7	.	.	.	3	60	.	70
Silverheels Health Center	51	.	.	.	.	60	.	111
Southeast Colorado Hospital	3655	.	10	.	106	199	.	3970
Southwest Memorial Hospital								
St. Josephs Hospital - Del Norte								
St. Mary-Corwin Hospital								

TABLE 16 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 AMBULATORY PATIENT ACTIVITY BY CLINICAL SERVICE

	Medicine	Newborn	OB/gyn	Pediatrics	Surgery	Other	Unknown	Totals
St. Marys Hospital	1930	3	19	1	70	726	.	2749
St. Thomas More Hospital	21	.	.	.	.	1	.	22
St. Vincent General Hospital	9	.	5	11	.	9	.	34
Sterling Regional MedCenter	544	.	2	1	20	169	.	736
Sunrise Community Health Center	6339	41	376	93	.	1	.	6850
Swedish Medical Center	215	1	5	2	31	431	.	685
The Memorial Hospital - Craig	218	.	2	.	12	101	.	333
Uncompangre Combined Clinics	484	.	.	.	.	.	.	484
Valley-Wide Health Services	16581	1	.	.	.	.	.	16582
Totals	98036	720	3357	24146	801	8238	4	135302
Specialty Providers								
Commerce City Community Hlth Ctr	.	.	.	1035	.	5	.	1035
Craig Rehabilitation Hospital	.	.	7	8	.	29	.	40
Denver Indian Hlth & Family Ctr.	25	.	.	.	4	1	.	34
Eleanor Capron Institute	1	.	.	.	2	.	.	3
La Plata Community Hospital	2079	.	.	1588	.	.	.	3667
National Jewish Hospital	1103	.	.	4039	.	.	2	5144
The Children's Hospital	.	.	7	6670	6	35	.	9928
Totals	3208	.	7	6670	6	35	2	9928
University Hospital								
University Hospital	17892	4960	345	2398	5215	25374	.	56184
University Hospital (pending)	1962	596	173	450	195	1705	.	5081
Totals	19854	5556	518	2848	5410	27079	.	61265
Denver Health & Hospitals								
Denver Health & Hospitals	86584	3	17756	15436	12004	59299	517	191599
Totals	86584	3	17756	15436	12004	59299	517	191599
Totals for All Providers	207682	6279	21638	49100	18221	94651	523	398094

TABLE 17  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 ENCOUNTER STATISTICS BY PROVIDER

Outstate Providers	Visits	Admissions	Days	Avg. LOS
Arkansas Valley Region Med Ctr	208	32	118	3.69
Aspen Valley Hospital	1	0	0	
Boulder Community Hospital	79	62	375	6.05
CSOF/Family Medicine Center	3389	2	14	7.00
Clinica Campesina	2867	0	0	
Columbine Family Health Center	35027	0	0	
Community Health Center-Co. Sprg	190	0	0	
Community Health Center-Dove Ck	72	34	116	3.41
Community Hosp. - Grand Junction	1	0	0	
Conejos County Hospital	988	147	439	2.99
Delta County Memorial Hospital	260	0	0	
El Paso County Health Dept.	140	15	43	2.87
Estes Park Medical Center	225	59	161	2.73
Fort Morgan Community Hospital	151	33	86	2.61
Gunnison Valley Hospital	95	15	64	4.27
Kit Carson Community Mem. Hosp.	8	1	1	1.00
Kremmling Memorial Hospital	418	0	0	
La Clinica, Inc.	7	1	7	7.00
Lincoln Community Hospital	987	276	1677	6.08
Lutheran Medical Center	1958	366	1882	5.14
Memorial Hospital - Colo. Spgs.	445	98	511	5.21
Mercy Medical Center	4031	0	0	
Metro Denver Provider Network	579	133	594	4.47
Montrose Memorial Hospital	255	14	66	4.71
Mount San Rafael Hospital	1581	669	3003	4.49
North Colorado Medical Center	511	242	1579	6.52
Parkview Episcopal Hospital	7107	1356	7471	5.51
Penrose Hospital	6599	0	0	
Peoples Clinic	44	9	18	2.00
Pioneers Hospital of Rio Blanco	20107	0	0	
Plan de Salud del Valle Clinic	80	27	102	3.78
Platte Valley Medical Center	2561	217	894	4.12
Poudre Valley Hospital	45	15	108	7.20
Prowers Medical Center	7337	0	0	
Pueblo Community Health Center	27	8	17	2.13
Rangely District Hospital	18	33	89	2.70
Routt Memorial Hospital	56	6	11	1.83
Salida Hospital	395	205	927	4.52
San Luis Valley Reg Med Center	62	0	0	
Silverheels Health Center	37	7	26	3.71
Southeast Colorado Hospital	70	38	169	4.45
Southwest Memorial Hospital	111	31	109	3.52
St. Josephs Hospital -Del Norte	3970	508	3203	6.31
St. Mary-Corwin Hospital				

TABLE 17 (continued)  
 Colorado Indigent Care Program  
 July, 1990 through June, 1991  
 Characteristics of Medically Indigent Patient Activity  
 ENCOUNTER STATISTICS BY PROVIDER

	Visits	Admissions	Days	Avg. LOS
St. Marys Hospital	2749	594	2937	4.94
St. Thomas More Hospital	22	8	26	3.25
St. Vincent General Hospital	34	24	68	2.83
Sterling Regional MedCenter	736	66	262	3.97
Sunrise Community Health Center	6850	0	0	
Swedish Medical Center	685	321	1966	6.12
The Memorial Hospital - Craig	333	40	131	3.28
Uncompahgre Combined Clinics	484	0	0	
Valley-Wide Health Services	16582	0	0	
Totals	135302	5712	29270	5.12
Specialty Providers				
Commerce City Community Hlth Ctr	1035	0	0	
Craig Rehabilitation Hospital	5	0	0	
Denver Indian Hlth & Family Ctr.	40	0	0	
Eleanor Capron Institute	34	14	341	24.36
La Plata Community Hospital	3	1	3	3.00
National Jewish Hospital	3667	54	793	14.69
The Children's Hospital	5144	314	1706	5.43
Totals	9928	383	2843	7.42
University Hospital				
University Hospital	56184	2647	12290	4.64
University Hospital (Pending)	5081	2405	10995	4.57
Totals	61265	5052	23285	4.61
Denver Health & Hospitals				
Denver Health & Hospitals	191599	6899	37184	5.39
Totals	191599	6899	37184	5.39
Totals for All Providers	398094	18046	92582	5.13

TABLE 18  
COMMUNITY MATERNITY PROGRAM  
July, 1990 through June, 1991  
Hospitals  
FINANCIAL ACTIVITY AND REIMBURSEMENT SUMMARY

Provider	Total Charges	Total Third Party Payments	Total Patient Liab	Total Reimbursement
-----	-----	-----	-----	-----
Arkansas Valley Regional Med Ctr	28,723	0	4,797	7,267
Aspen Valley Hospital	870	0	362	508
Boulder Community Hospital	12,506	0	4,468	2,966
Community Hosp. - Grand Junction	0	0	0	0
Conejos County Hospital	0	0	0	0
Delta County Memorial Hospital	7,830	0	1,668	7,380
Estes Park Medical Center	3,568	0	1,122	3,402
Fort Morgan Community Hospital	7,499	0	1,673	4,253
Haxtun Hospital District	0	0	0	0
Kit Carson Community Mem. Hosp.	0	0	0	0
Lincoln Community Hospital	1,328	0	772	736
Longmont United Hospital	78,784	0	17,397	32,049
McKee Medical Center	28,043	0	6,551	11,227
Memorial Hospital - Colo. Spgs.	62,691	0	6,756	17,160
Mercy Medical Center	4,617	0	362	1,146
Mercy Medical Center - Durango	11,954	0	4,140	4,908
Mount San Rafael Hosp.-Trinidad	0	0	0	0
North Colorado Medical Center	59,821	0	17,216	14,028
Parkview Episcopal Hospital	15,027	0	2,608	6,334
Penrose Hospital - Colo Sprgs	292,873	0	53,823	97,531
Pioneers Hospital of Rio Blanco	1,922	0	129	1,379
Platte Valley Medical Center	9,563	0	1,179	3,345
Poudre Valley Hosp. - Ft Collins	75,930	0	21,841	18,663
Prowers Medical Center - Lamar	0	0	0	0
Rangely District Hospital	1,443	0	1,004	504
Routt Memorial Hospital	11,787	0	3,934	3,394
Salida Hospital	1,551	0	1,004	504
San Luis Valley Reg Med Center	28,428	1,232	11,901	7,872
Southwest Memorial Hospital	0	0	0	0
St. Anthony Hospital - Denver	82,381	0	15,238	22,250
St. Joseph Hospital -Denver	26,656	0	6,728	15,892
St. Joseph's Hospital -Del Norte	0	0	0	0
St. Mary Corwin Hospital -Pueblo	13,640	0	5,072	2,468
St. Mary's Hosp.-Grand Junction	41,229	0	12,453	14,055
St. Thomas More Hospital	13,713	0	5,405	5,151
St. Vincent General Hospital	18,574	0	4,771	2,663
Sterling Regional Med Ctr	0	0	0	0
The Memorial Hospital - Craig	2,492	0	278	1,230
Vail Valley Medical Center	25,242	0	10,168	6,314
	=====	=====	=====	=====
Total for All Providers	\$ 970,686	\$ 1,232	\$ 224,820	\$ 316,579
	=====	=====	=====	=====



TABLE 19  
 COMMUNITY MATERNITY PROGRAM  
 July, 1990 through June, 1991  
 Home Health Agencies  
 NUMBER OF PATIENTS, VISITS, AND REIMBURSEMENT

Home Health Agencies	County	Patients	Home Visits	CMP Reimb
Alamosa County Nursing Service-Alamosa	Alamosa	10	9	765
Boulder County Health Department-Boulder	Boulder	51	94	4,230
Chaffee County Nursing Service-Salida	Chaffee	2	4	180
Community Health Services, VNA-Aspen	Pitkin	0	0	0
Conejos County Nursing Service-La Jara	Conejos	2	4	180
Costilla County Nursing Service-San Luis	Costilla	2	4	180
Custer County Nursing Service	Custer	1	1	45
Delta County Health Department-Delta	Delta	4	4	180
Eagle County Nursing Service-Eagle	Eagle	13	17	945
El Paso County Health Department-Colorado Springs	El Paso	126	139	7,065
Fremont County Nursing Service-Canon City	Fremont	5	3	225
Garfield County Nursing Service-Glenwood Springs	Garfield	1	1	45
Grand County Nursing Service-Hot Sulphur Springs	Grand	2	2	135
Jefferson County Health Department-Lakewood	Jefferson	24	46	2,070
Kit Carson County Mem. Hos. HHA-Burlington	Kit Carson	2	3	135
Lake County Nursing Service - Leadville	Lake	6	5	495
Larimer County Health Department-Ft. Collins	Larimer	36	62	2,790
Las Animas-Huerfano Health Department-Trinidad	Huerfano	0	0	0
Lincoln County Nursing Service-Hugo	Lincoln	0	0	0
Logan County Home Health Agency	Logan	0	0	0
Mesa County Health Department-Grand Junction	Mesa	15	28	1,305
Montezuma County Nursing Service-Cortez	Montezuma	2	3	180
Montrose County Nursing Service-Montrose	Montrose	1	1	45
Northeast Home Health Care	Morgan	6	7	360
Northwest Colorado VNA-Steamboat Springs	Routt	2	4	180
Otero County Health Department-La Junta	Otero	7	7	360
Plan de Salud del Valle	Weld	1	2	90
Prowers County Nursing Service	Prowers	0	0	0
Pueblo City-County Health Department-Pueblo	Pueblo	19	33	1,485
Rio Blanco County Nursing Service-Rangely	Rio Blanco	1	1	45
Rio Grande County Nursing Service-Del Norte	Rio Grande	0	0	0
Saguache County Nursing Service-Center	Saguache	1	1	90
San Juan Basin Health Department-Durango	San Juan	9	10	450
San Miguel County Nursing Service-Telluride	San Miguel	0	0	0
Sterling Regional Med. Cntr. HHS-Sterling	Logan	0	0	0
Summit County Nursing Service-Frisco	Summitt	2	2	90
Teller County Nursing Service-Cripple Creek	Teller	3	4	180
Tri County Health Department-Englewood	Douglas	27	49	2,205
Weld County Health Department-Greeley	Weld	20	20	900
Yuma District Home Health Agency-Yuma	Yuma	0	0	0
Totals		403	570	\$ 27,630

TABLE 20  
 COMMUNITY MATERNITY PROGRAM  
 July, 1990 Through June, 1991  
 Hospitals

ANALYSIS OF PATIENTS WITH INCOMES AS A PERCENT OF THE FEDERAL POVERTY LEVEL

Provider	PERCENT OF FEDERAL POVERTY LEVEL							Unknown	Total
	25%	50%	75%	100%	133%	150%	150+%		
Arkansas Valley Regional Med Ctr	0	0	2	2	2	1	1	0	8
Aspen Valley Hospital	1	0	0	0	0	0	0	0	1
Boulder Community Hospital	0	0	0	0	2	0	2	0	4
Delta County Memorial Hospital	0	0	3	2	1	0	0	0	6
Estes Park Medical Center	0	0	1	1	1	0	0	0	3
Fort Morgan Community Hospital	0	0	1	0	2	0	0	0	3
Lincoln Community Hospital	0	0	0	0	1	0	0	0	1
Longmont United Hospital	2	3	7	5	6	3	4	0	30
McKee Medical Center	0	0	1	3	2	1	2	0	9
Memorial Hospital - Colo. Spgs.	0	2	2	4	3	2	1	0	14
Mercy Medical Center	0	0	0	1	0	0	0	0	1
Mercy Medical Center - Durango	0	0	0	2	2	0	2	0	6
North Colorado Medical Center	0	0	1	2	3	4	7	0	17
Parkview Episcopal Hospital	1	0	0	3	0	0	0	1	5
Penrose Hospital - Colo Sprgs	2	9	14	19	21	15	11	1	92
Pioneers Hospital of Rio Blanco	0	1	0	0	0	0	0	0	1
Platte Valley Medical Center	0	0	0	0	3	0	0	0	3
Poudre Valley Hosp. - Ft Collins	0	0	5	2	4	2	12	0	25
Rangely District Hospital	0	0	0	0	0	0	1	0	1
Routt Memorial Hospital	0	0	0	0	0	1	2	0	3
Salida Hospital	0	0	0	0	0	1	0	0	1
San Luis Valley Reg Med Center	0	0	0	1	4	4	4	0	13
St. Anthony Hospital - Denver	1	0	4	5	5	4	4	0	23
St. Joseph Hospital -Denver	1	1	1	3	6	1	0	2	15
St. Mary Corwin Hospital -Pueblo	0	0	0	1	0	2	2	0	5
St. Mary's Hosp.-Grand Junction	0	0	0	1	4	0	7	0	12
St. Thomas More Hospital	0	0	1	2	1	1	2	0	7
St. Vincent General Hospital	0	0	0	0	1	0	3	0	4
The Memorial Hospital - Craig	0	0	0	1	0	0	0	0	1
Vail Valley Medical Center	0	0	1	1	2	0	6	0	10
<b>Total</b>	<b>8</b>	<b>16</b>	<b>44</b>	<b>61</b>	<b>76</b>	<b>42</b>	<b>73</b>	<b>4</b>	<b>324</b>

TABLE 21  
 Colorado Indigent Care Program  
 Fiscal Year 1983/84 to 1990/91  
 CHARGES FOR URGENT/EMERGENT AND NON-URGENT CARE

Fiscal Year	Urgent	Non-Urgent	Urgent Charges as Percent of Total
83/84	44,419,869.	26,765,346.	62.40
84/85	60,980,119.	39,052,203.	60.96
85/86	55,944,289.	44,475,306.	55.71
86/87	75,856,194.	40,733,919.	65.06
87/88	73,310,580.	70,532,590.	50.97
88/89	99,916,764.	62,766,952.	61.42
89/90	105,551,015.	83,269,550.	55.90
90/91	105,031,924.	96,363,468.	52.15

TABLE 22

Colorado Indigent Care Program  
 Fiscal Year 1983/84 to 1990/91  
 URGENT/EMERGENT AND NON-URGENT PATIENT ACTIVITY  
 INPATIENT DISCHARGES AND OUTPATIENT VISITS

Fiscal Year	Inpatient			Outpatient		
	Urgent	Non-Urgent	Percent Urgent	Urgent	Non-Urgent	Percent Urgent
83/84	9,775	3,103	75.90	100,931	179,982	35.93
84/85	11,882	6,160	65.86	54,493	280,221	16.28
85/86	13,133	6,297	67.59	48,663	253,305	16.12
86/87	15,068	4,191	78.24	69,678	236,432	22.76
87/88	13,203	7,362	64.20	54,902	345,557	13.71
88/89	15,464	4,936	75.80	78,803	335,381	19.03
89/90	14,013	6,342	68.84	63,339	389,280	13.99
90/91	12,828	5,218	71.09	54,247	343,847	13.63