ANNUAL REPORT TO THE COLORADO GENERAL ASSEMBLY

1992-93 COLORADO INDIGENT CARE PROGRAM

SUBMITTED BY

THE UNIVERSITY OF COLORADO HEALTH SCIENCES CENTER

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ANNUAL REPORT TO THE COLORADO GENERAL ASSEMBLY

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Submitted to:

Senator Tom Norton
President of the Senate

and

Representative Charles E. Berry
Speaker, House of Representatives

and

Representative Tony Grampsas
Chairperson, Joint Budget Committee

and

Members, Joint Review Committee on the
Medically Indigent

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January 14, 1994

TO: Tom Norton, President of the Senate
Charles E. Berry, Speaker, House of Representatives
Tony Grampsas, Chairperson, Joint Budget Committee
Members, Joint Review Committee on the Medically Indigent

FROM: Vincent A. Fulginiti, M.D.
Chancellor
University of Colorado Health Sciences Center

SUBJECT: 1992-93 Colorado Indigent Care Program Annual Report

Attached is the 1992-93 Annual Report for the Colorado Indigent Care Program. This report summarizes the financial, demographic, and clinical service data reported to the Colorado Indigent Care Program for fiscal year 1992-93, 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 Dr. 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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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 Program (CICP).

For fiscal year 1992-93, there were four 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 1992-93, 39 hospitals and 16 clinics participated in the Outstate program, compared to 34 hospitals and 15 clinics in FY 1991-92.

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 people who reside outside the city and county of Denver. For fiscal year 1992-93, four providers participated in the Specialty program, the same number as in FY 1991-92.

E. Reimbursement

Reimbursement mechanisms vary within the programs in accordance with statutory and appropriations bill 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.

As provided in the statute, the University of Colorado Health Sciences

Center (UCHSC) administers the program. 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 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 Program have evolved over time through Appropriations Bill footnote language; statutory language; administrative rules, regulations, and guidelines; and contract provisions. The following definitions for the 1992-93 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 1992-93 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 eligible for Medicaid are not normally eligible for participation in the Indigent Care Program. However, individuals and/or families who are estimated to be eligible for Medicaid 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 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 is allowed for up to 30 cumulative days per patient each program year.

6. Provider "Provider" is any general hospital, community clinic, or maternity hospital licensed or certified by the Colorado 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). 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 (1992-93 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 (1992-93 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 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"). (1992-93 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 U.S. 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 farm workers who also establish a temporary abode in Colorado and meet citizenship or legal alien requirements (1992-93 Ability-To-Pay Manual, Appendix A).

RECOMMENDATION: Maintain current definitions.

B. Eligibility Requirements

To be eligible for services under the Colorado Indigent Care Program, 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 four indigent care programs are required to use the same scale.

The scale is based on the federal poverty guidelines, as published in the Federal Register by the U.S. Department of Health and Human Services every February. The CICP ability-to-pay scale is updated for each contract year.

For 1992-93, 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 percentages of the federal poverty guidelines. This method takes into consideration income requirements for various Medicaid programs and enables CICP providers to identify potentially Medicaid eligible patients for referral to county social services offices to apply for Medicaid. It also allows the program to better analyze indigent patient activity in terms of level of income as a percent of poverty level. Eligible patients are categorized into one of eight rates which determine the co-payment liability for each patient.

RECOMMENDATION: Continue current policy in general. Because the AFDC income eligibility standard remains the same and the federal poverty level changes, the distance between them has grown. For FY 1993-94 the program has constructed a rating schedule for the Indigent Care Program that incorporates intermediate ratings between the lowest (AFDC-level) rate and 100% of poverty. The resulting

schedule has a more even distribution of increase in income among the eight ratings.

D. Methods for Allocation and Disbursement of Funds

The Colorado General Assembly determines funding levels for the Colorado Indigent Care Programs. For the Outstate and Specialty Programs, the program staff receives from facilities wishing to participate in CICP their estimates of charges for CICP patients for the coming year. These estimates of write-off charges are multiplied by the facility's cost-to-charge ratio as verified by their last submitted Medicare cost report. The result is estimated write-off costs for each provider to provide services to eligible medically indigent patients. The total appropriation for the line item, divided by the total estimate of write-off costs of all providers in the line item, multiplied by the individual provider's estimate of write-off costs results in the amounts the CICP will contract for with each provider. Payment is made according to statutory requirements at 1/12 of the annual estimate each month.

The monthly payments are adjusted throughout the contract year when interim reconciliations are done. The reconciliations are based on financial data received from the providers during the contract year. The payments are for the current fiscal year and do not reflect prior year activity.

RECOMMENDATION: Continue for the immediate future current methods for allocation and disbursement of funds.

E. Methods of and Responsibility for Collection of Payments from Liable Third-Party Sources

It is the provider's responsibility to make reasonable efforts to collect payment from liable third-party sources. Section II.B. of the 1992-93 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.

RECOMMENDATION: The current policy achieves the most effective cost incentives of any medical care reimbursement in the state. While a higher level of reimbursement is desirable, the current reimbursement rate is a powerful

incentive for cost containment.

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 determine reimbursement and to measure indigent care activity in the State of Colorado. The following data are required:

Patient data

Social Security number
Hospital identification number
Sex
Date of birth
County of residence
CICP indigency rating

Service data

Diagnosis of patient (ICD-9-CM Codes)
Procedure code (Inpatient)
Admission/discharge dates (inpatient only)
Registration/visit dates (outpatient clinics and emergency room)
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 amount of third party coverage and financial contribution
Patient liability
Amount of CICP write-off, total charges exclusive of third party payment and patient liability

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 providers have been in the process of changing their program's reporting format to that of the standard UB82 reporting form, since most providers indicated that UB82 reporting would be advantageous to them. (The UB82 form is the standard form for billing Medicare, Medicaid, and virtually all other third party payers.)

The advantages of reporting on UB82s 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 would allow the program to tie a procedure to cost. Use of the UB82 will allow the CICP to tie financial data back to services, which is not possible under the historical reporting scheme. UB82 reporting will allow the CICP to determine total amounts spent on

certain types of service.

Provider administrative costs associated with the CICP are reduced in most cases if they report on UB82 forms, as many providers currently have the capability to submit information electronically on UB82s. Minor modifications in standard UB82 reporting would allow the providers to submit data using the UB82 to the CICP, and thus reduce the amount of paperwork involved in reporting.

Many providers submitted their data to the CICP in the UB82 format for the 1992-93 contract year. Many more providers are expected to use the UB82 format for the 1993-94 contract year. In addition, it has been proposed that the UB92 format be a requirement for the 1994-95 contract year. This issue is in the discussion process with participating providers to determine the feasibility of this approach for accomplishing provider reporting responsibilities.

RECOMMENDATIONS: The program will gradually discontinue use of the historical data reporting forms in favor of using standard UB82 reporting forms (soon to be UB92). This should be in place by FY 1994-95.

H. Audits

Providers in all four Indigent Care Programs are required to furnish a written report which demonstrates the provider's compliance with the rules and regulations of the program. In 1989-90, the CICP revised audit guidelines with the intent of reducing provider administrative costs. Current guidelines allow providers with contractual write-offs under $25,000 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 $25,000), 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 1992-93 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.

The audit guidelines were 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 are: 1) that a signed application with appropriate income and extraordinary expense documentation was maintained on file for each patient (this was 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 definitions of Medicaid eligibility are 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.

RECOMMENDATION: Continue current policy.

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 CICP each spring. The CICP 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, 37 (59%) had CICP providers that participated for the 1992-93 fiscal year. Fifteen counties (24%) had no eligible provider. Eleven counties (17%) had eligible facilities which did not participate in the CICP. There were only six counties with eligible providers that did not participate in FY 1990-91. Several providers dropped out of the program in FY 1992-93 because of low reimbursement. See Figure 1 for county-specific data on participating providers.

RECOMMENDATION: Continue current policy.

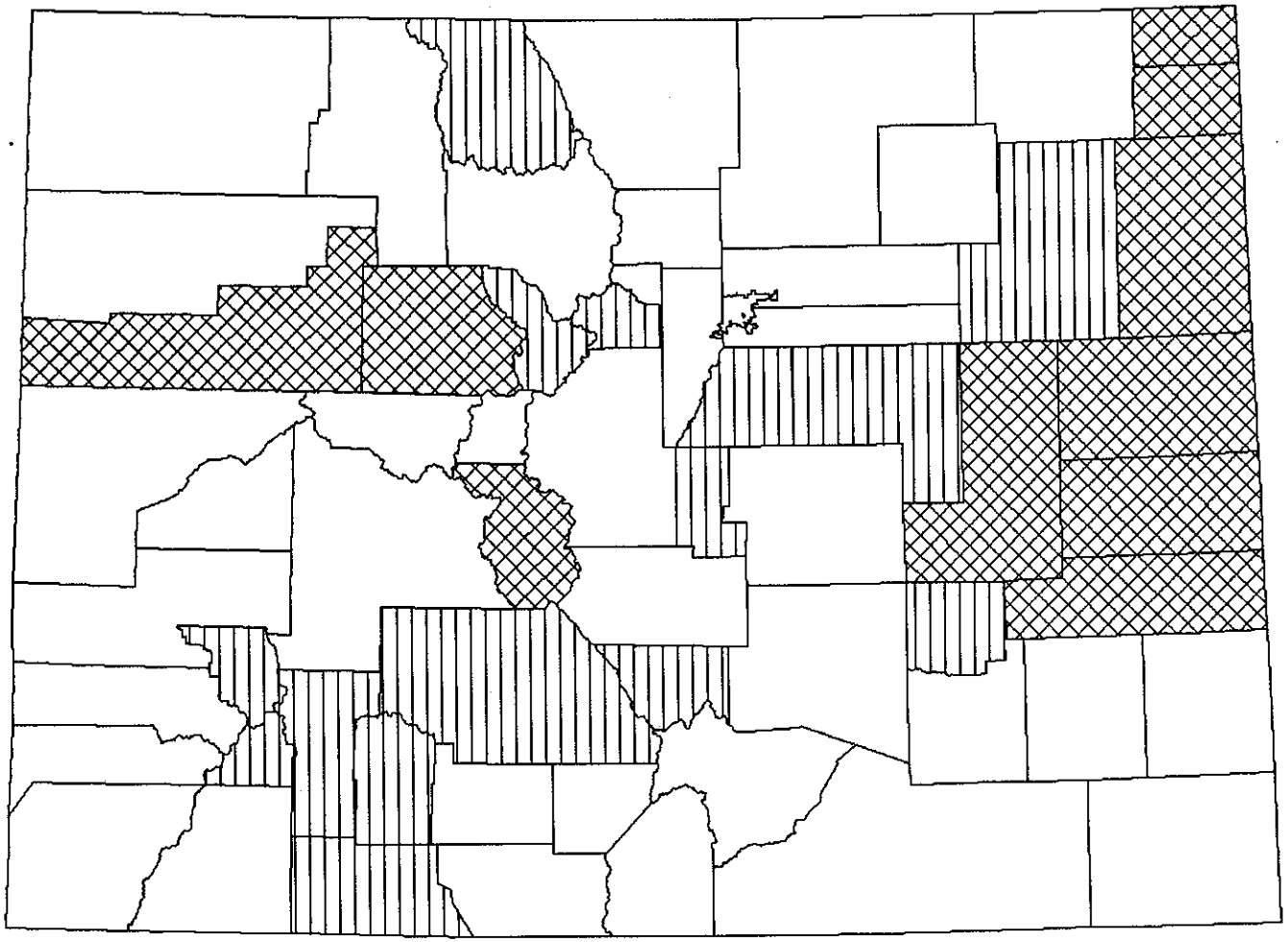
J. Prevention of Fraud by Recipients and Providers

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. 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

FIGURE 1

Counties with Participating Providers
in the Colorado Indigent Care Program
Fiscal Year 1992–1993



MI PROVIDER COUNTY NO PROVIDER IN PROGRAM NO ELIGIBLE PROVIDER

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

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 determined 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 the section, "Schedule for Implementation of a Statewide Service Delivery Plan", Page 13).

L. Feasibility of Future Integration or 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 Medicaid refinancing of the funds in the MI program can be undertaken with the hospitals in the Outstate program.

With respect to a Medically Needy Medicaid program, even if Colorado expanded Medicaid to the extent permitted by federal law, and used all the money formerly appropriated to 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 250,000 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 45% of the federal poverty level.
- Childless couples, regardless of income, unless they are disabled.
- Single men or women without children, regardless of income, unless they are disabled.
- People with certain types of 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). A few specific assets are excluded from this asset test.
- 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.

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 a modified 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.
4. Considering new technologies providers could connect through the Internet (i.e., Information Superhighway)

Patient cards could be issued by the CICP providers. These cards could be

accepted at any provider site except those with residency limitations, 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 to be updated. The program has communicated the standardized information for the patient cards to the providers.

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: The feasibility of such a registry in the future will need to be reevaluated at such time as either the state's proposed ColoradoCare plan is approved for implementation and/or national health care reform is implemented.

N. Sources of Funding and Projected Costs

Funding levels for the Indigent Care Program are set by the Colorado General Assembly. For fiscal year 1992-93, the four line items were funded as follows:[1]

	Total	General Fund	Cash Funds
Denver Health & Hospitals	$13,606,989	$5,859,885	$7,747,104
University Hospital	10,993,213	1,163,162	9,830,051
Specialty Providers	1,539,138	1,539,138	-0-
Outstate Providers	9,033,650	9,033,650	-0-
Total	$35,172,990	$17,595,835	$17,577,155

The write-off cost to the providers of rendering care is determined by using the cost-to-charge ratio of the most recently submitted Medicare cost report multiplied by the provider's write-off charges. 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 $210,694,403. After subtracting third party payments and patient liability, the remaining charges written off to the program were

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[1]The figures shown are those that appeared in the FY 1992-93 long appropriation bill. The cash funds reflect refinancing of Indigent Care funds through Medicaid. Refinancing results in a reduction in the general fund appropriations in the line items shown above and a concomitant increase in the appropriation to Medicaid for refinancing. The portion of funding repaid by Medicaid to the providers as teaching adjustments or disproportionate share payments then appears in the cash fund column for the Indigent Care Program. None of the refinancing could take place without approval from the federal Health Care Financing Administration.

$160,518,379. These charges were converted to a total write-off cost of $98,909,328. Actual total reimbursement was $35,172,990 or 35.6% of write-off costs. Reimbursement rates varied among the programs, however.

RECOMMENDATION: Increase funding to Outstate providers so that reimbursement equals at least 25% of the cost of delivering care to CICP patients.

III. SCHEDULE FOR IMPLEMENTATION OF A STATEWIDE SERVICE DELIVERY PLAN

A. Statewide Access to Care

Figure 1 on page 9 shows the counties that have providers that participated in the Indigent Care Program in FY 1992-93. Fifteen 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 to unacceptably low levels, providers tend to drop out of the program, which would defeat the purpose of adding providers to the program. In fact, when Outstate reimbursement dropped to less than 19%, three more hospitals in addition to those that dropped out in FY 1991-92, dropped out of the program for FY 1992-93. 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 partially accomplishing this goal now for children under 13. Contracts have been negotiated with physicians to provide outpatient care to children in fifteen of the counties with the fewest medical care resources for indigent children.

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 (514,000 in 1991), 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. We do know that about 6.5 percent of the total population lives in counties without indigent care program providers.

B. Appropriateness of Care

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. 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 exclude 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, and to assure 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.[2] 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." Since 1981, the results of several additional studies have been published with findings similar to the one referenced above.

A recent analysis of hospital discharge data in two states more directly addressed the effects of inadequate preventive and primary care upon according

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[2]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.

hospitalization.[3] The study analyzed avoidable hospitalizations, those that can be avoided if ambulatory care is provided in a timely and effective manner, to patients' insurance status. The study found that uninsured patients were significantly more likely to have avoidable hospitalizations than insured patients for the twelve conditions for which hospitalization should be avoidable if adequate ambulatory care were available. For certain conditions, in the uninsured population, the admission rates were nearly three times the rate for insured patients. Studies such as these emphasize the importance of preventive and primary care in both preserving health and avoiding expensive hospital care.

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 of every participating provider 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.

The program has made substantial progress in the development of reporting patient and financial data via UB82s, 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 UB82s allows reporting of patient data and charges on the same form, thereby allowing the program to tie patient activity data to charge data, which is not possible under the current system. UB82 reporting would also allow the CICP to determine total amounts spent on certain types of services as well as report diagnostic information. So far, about 36 percent of all providers report on UB82 forms. By the end of FY 1994-95, a majority of all program data should be reported via UB82.

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[3]Weissman, Joel, Constantine Gatsonis and Arnold Epstein, "Rates of Avoidable Hospitalization by Insurance Status in Massachusetts and Maryland," Journal of the American Medical Association, November 4, 1992

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 1991, total expenditures had grown to $751.8 billion, an 11.4 percent increase over the prior year.

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. Growth in the uninsured population may also affect the program significantly but the program has at present no way to accurately determine the number of users of the program. When all providers submit UB82 forms for all patients, it will be easier to get an unduplicated count of users of the program.

Figure 2 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 dollars has seen a fairly steady decline. By fiscal year 1992-93, the appropriation of over $35 million was worth only $14 million in 1983 dollars. Figure 3 shows reimbursement per inpatient discharge in current dollars for the period, FY 1983-84 through FY 1992-93. As figure 3 shows, reimbursement per discharge has declined fairly steadily over the past several years. Inflation for that period approximated 114 percent, so the same reimbursement is worth less than 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 inpatient 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

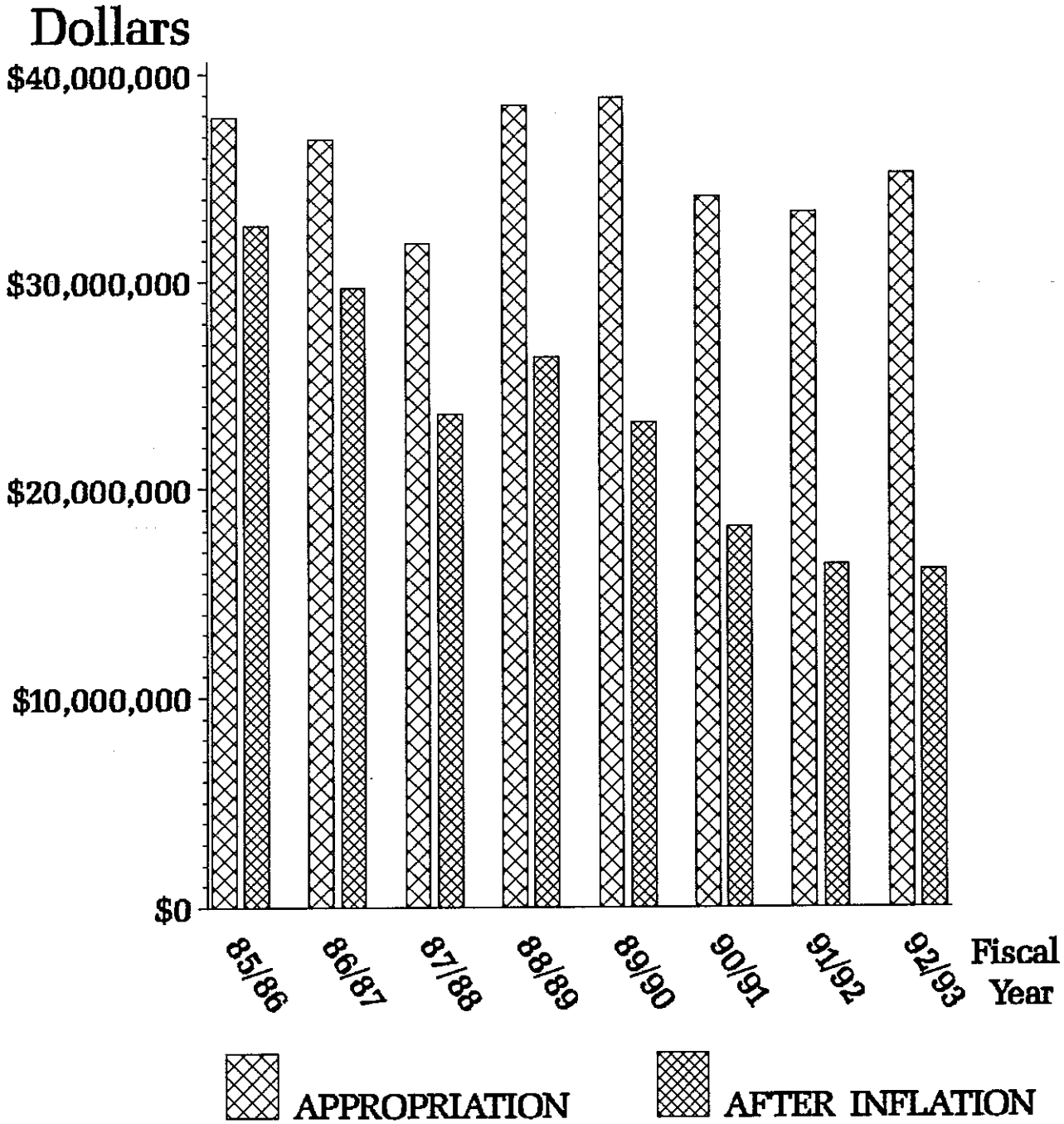
FIGURE 2

Indigent Care Program

Appropriations in current dollars and adjusted for medical care inflation

Fiscal Years 1985/86 – 1992/93

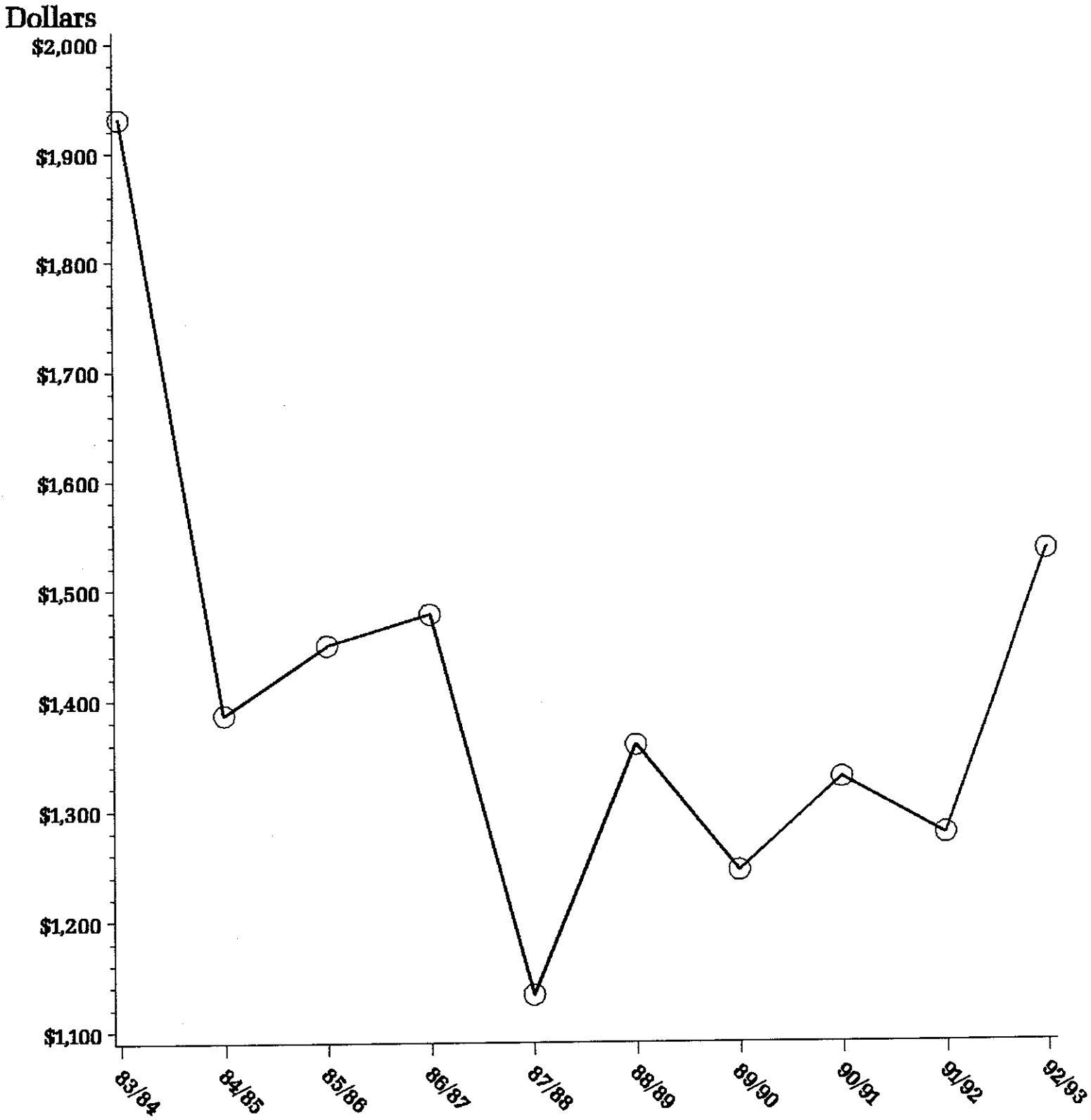
1983 = 100.0%



Source: U.S. Bureau of Labor Statistics, Consumer Price Index
Note:The Consumer Price Index for all urban consumers in the Denver–Boulder area for medical care was used as the deflator

FIGURE 3

Reimbursement per Inpatient Discharge
Fiscal Years 1983–1984 to 1992–1993



rendered less 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 an important incentive for minimizing hospital 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. Inpatient discharges actually declined as a percentage of total patient activity. Figures 4 and 5 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 FY 1989-90, the number of providers in the program increased to 62, while the number of discharges showed little fluctuation. Between FY 1985-86 and FY 1989-90 outpatient encounters increased markedly. Fiscal year 1990-91 saw declines in both inpatient and outpatient activity in the Indigent Care Program, probably as a result of Medicaid expansion. FY 1992-93 saw a continuation of the decline in inpatient discharges in the MI program. This may be the continuing result of Medicaid expansion and changes in medical practices. Outpatient visits showed a slight decrease in FY 1992-93. While Medicaid expansion may have had a one-time effect on patient activity in the Indigent Care Program, the continuing growth in the uninsured population will very likely cause continued growth in the demand for the Indigent Care Program.

C. The Uninsured Population

Since the early 1980's 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 6). 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, unless proposed actions at the state and federal level to assure universal coverage are enacted.

FIGURE 4

Inpatient Discharges Fiscal Year 1983/84 to 1992/93

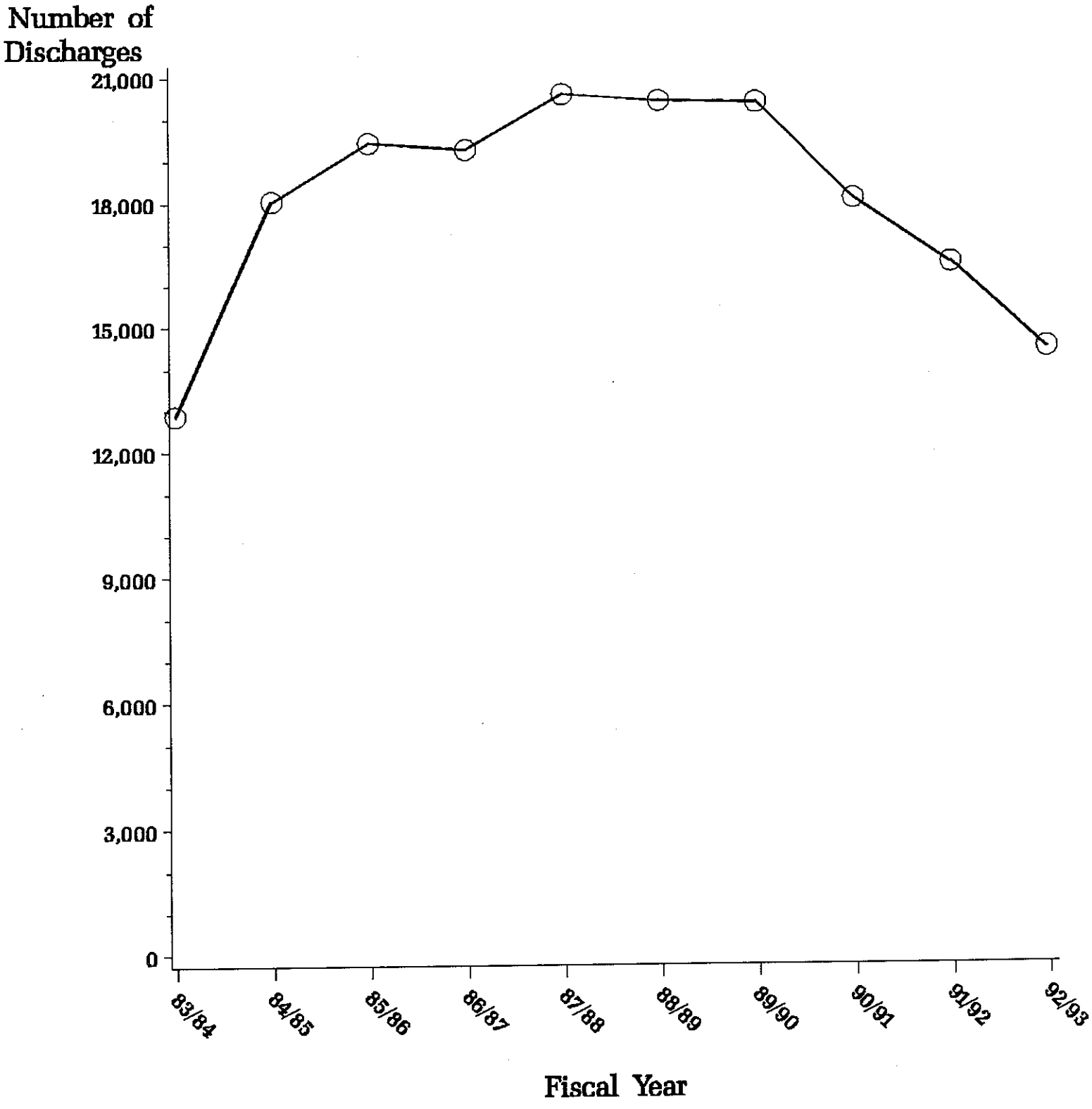


FIGURE 5

Outpatient Visits Fiscal Year 1983/84 to 1992/93

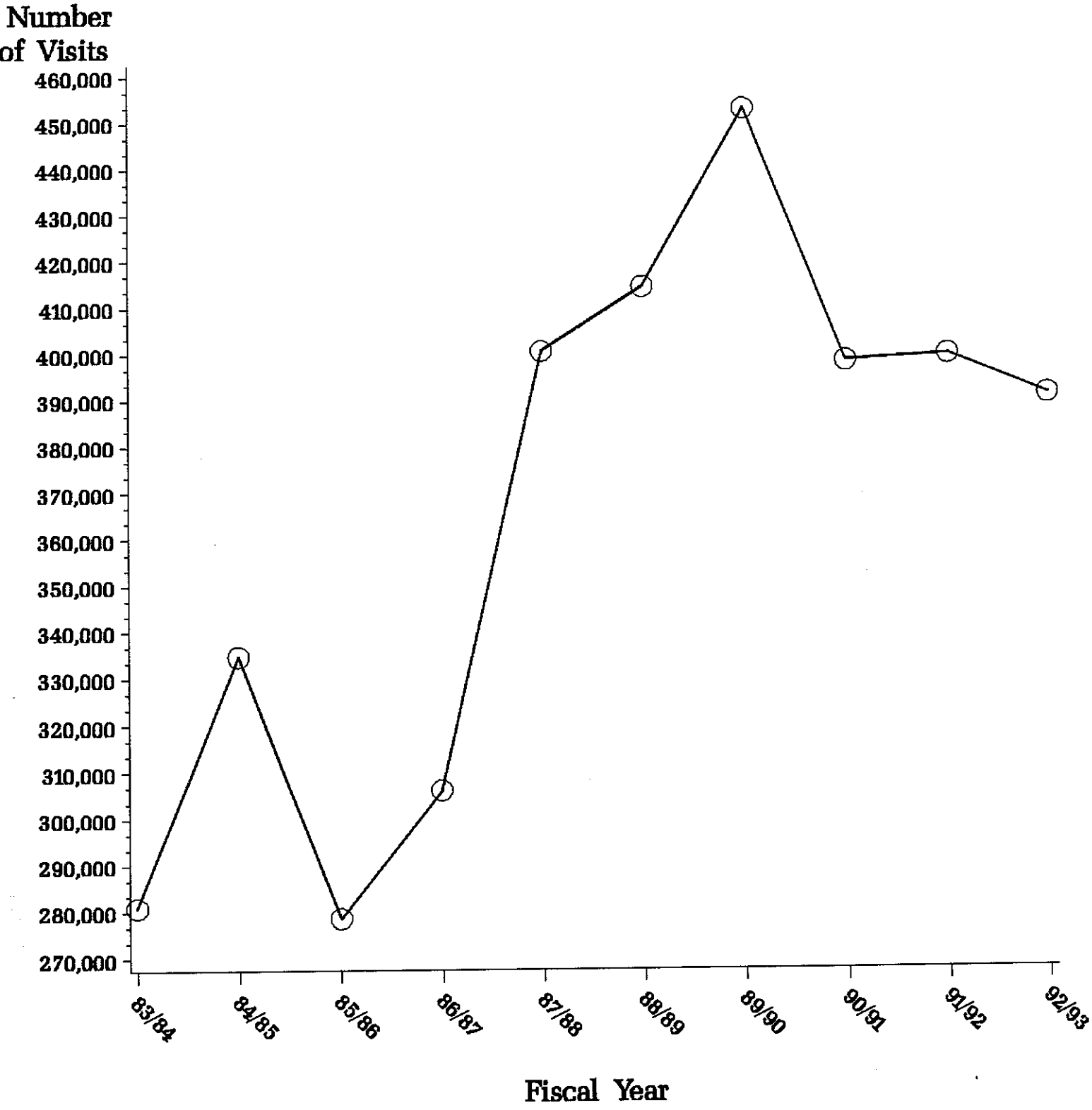
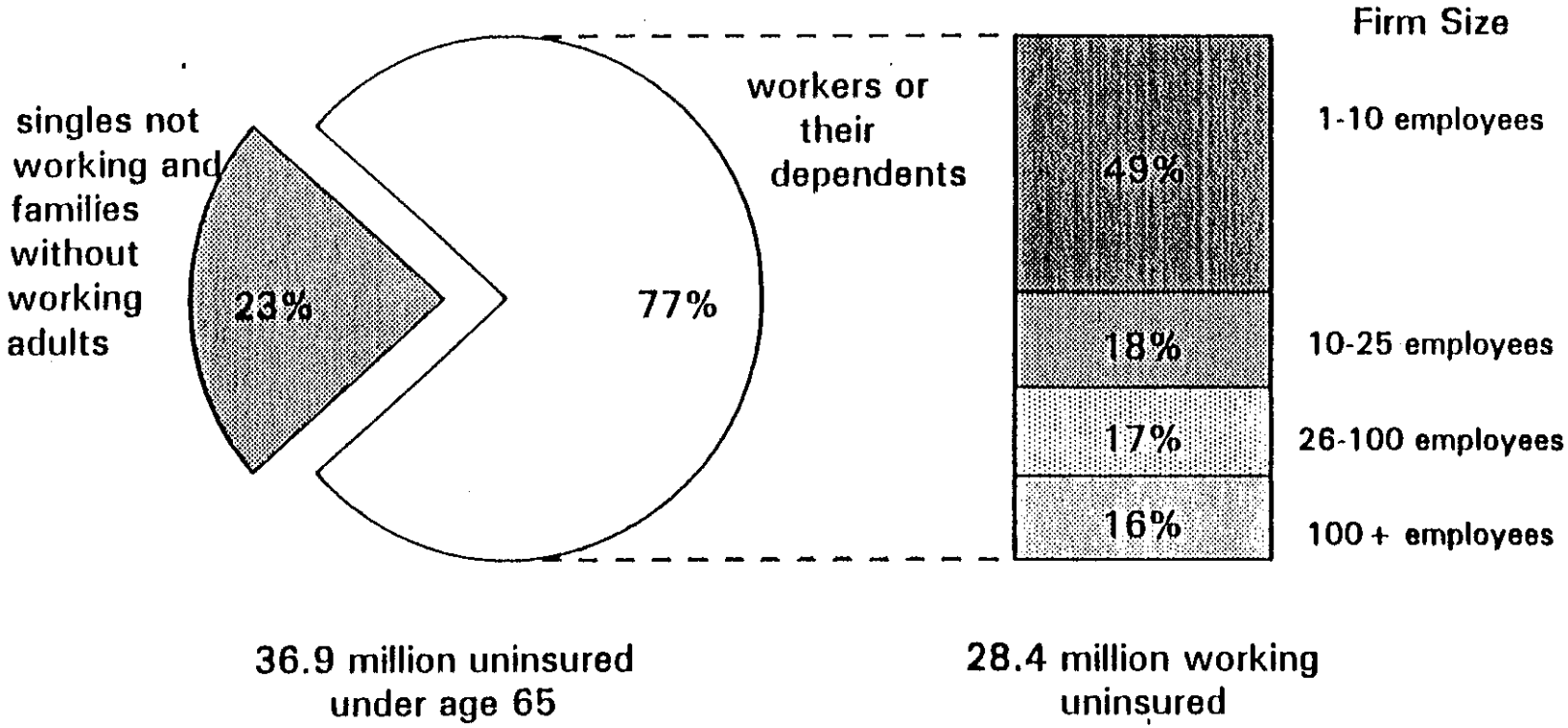


FIGURE 6

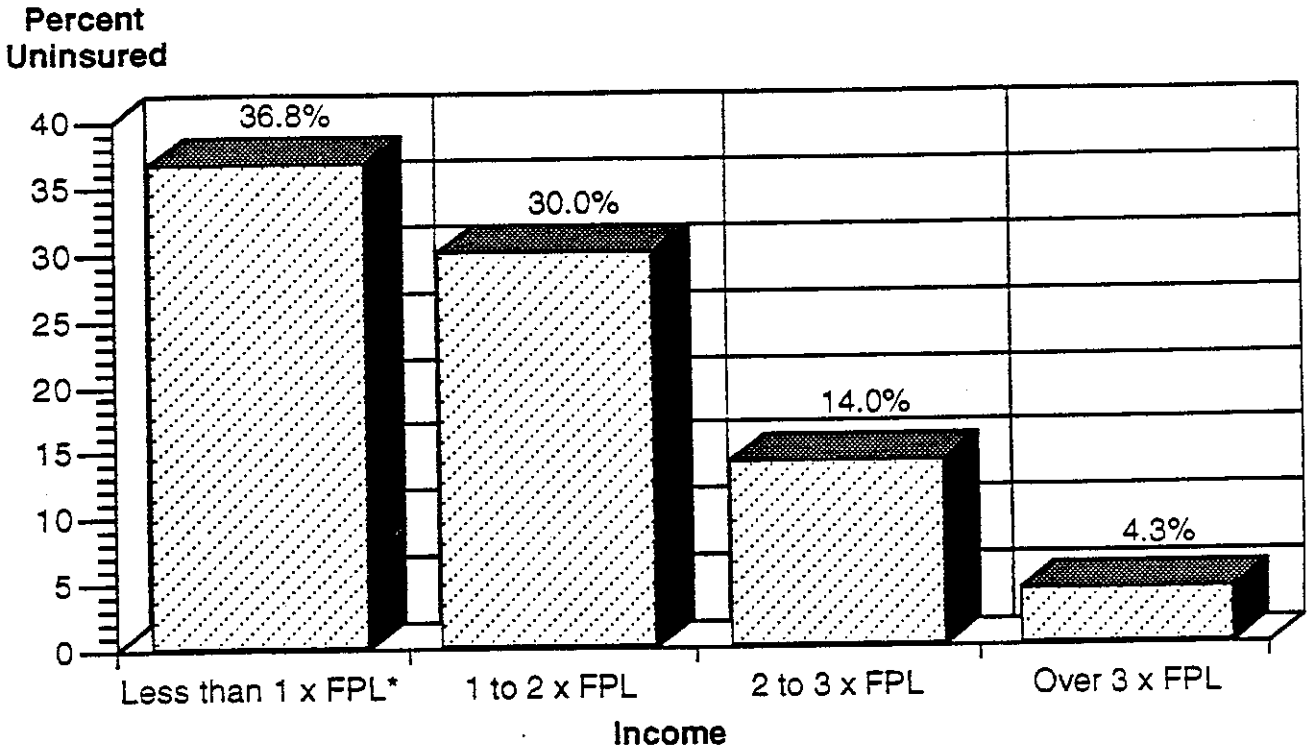
WORKING STATUS OF UNINSURED



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

FIGURE 7
Coloradans' Insurance Status by Income, 1991

- 1 in 3 Coloradans with incomes under 2 times the federal poverty level do not have any health insurance coverage whatsoever.



	Number Uninsured	Number Insured	Percent Uninsured
Less than 1 x FPL(a)	170,000	293,000	36.8%
1 to 2 x FPL	186,000	435,000	30.0%
2 to 3 x FPL	86,000	530,000	14.0%
Over 3 x FPL	72,000	1,596,000	4.3%
Total	**514,000**	**2,853,000**	**15.3%**

Source: April 1991 CPS data, unpublished.

(a) "FPL" is the Federal Poverty Level. In 1991, the FPL was as follows: for 1 person - $6,620/year income; for 2 people - $8,800/year income; for a family of 3 - $11,140/year income; for family of 4 - $13,400/year income.

Appears as Chart 7 of the Colorado Health Source Book 1991/1992

In 1991, there were 514,000 uninsured people in Colorado.[4] See Figure 7. 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 more than half of this population already qualifies for the program by virtue of their income and asset levels. Any of the remaining uninsured population who have extraordinary medical expenses can eventually qualify for the program. Figure 7 shows that, in 1991, there were 356,000 uninsured Coloradans with incomes less than twice the federal poverty level. To qualify for the Indigent Care Program, a family's income must be less than 185% of the federal poverty level.

Figure 8 shows the age distribution of the uninsured population in Colorado contrasted with the age distribution of those served by the Indigent Care Program. The age distribution of the population served by the Indigent Care Program reflects to a great extent the distribution of the uninsured in Colorado. However, the Indigent Care Program serves a slightly lower proportion of children and slightly greater proportion of adults than the age distribution of the uninsured by itself would imply.

Figure 9 shows the distribution of the uninsured in Colorado by work status of the family head.

V. ANNUAL FINANCIAL AND PATIENT ACTIVITY SUMMARY

The following pages provide detailed information on the financial and patient activity associated with the Indigent Care Program for fiscal year 1992-93. The first three tables show, by provider, charge and cost information for FY 1992-93. Table 1 shows charges for 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 for inpatient and outpatient services. Table 3 summarizes charges, write-offs and total reimbursement by provider.

Tables 4 through 14 provide information on patient activity for the Indigent Care Program. The information provided includes county of patient origin (Tables 4-5), indigency ratings of patients served by the program (Tables 6-9), encounters by major diagnosis group (Table 10), age and sex of patients (Tables 11 and 12), urgent and non-urgent encounters by provider (Table 13), and summary data on admissions and encounters by provider (Table 14).

Overall the number of admissions and visits for the Colorado Indigent Care Program was down 2.5% from the prior fiscal year activity. Inpatient admissions were down 12.6%, and ambulatory visits were down 2.1%.

Within program line items, the following data represents changes in this year's activity as opposed to the prior fiscal year: the outstate program experienced an 2.2% increase in admissions and a 8.4% increase in outpatient visits; the specialty program experienced a 3.8% increase in admissions and a

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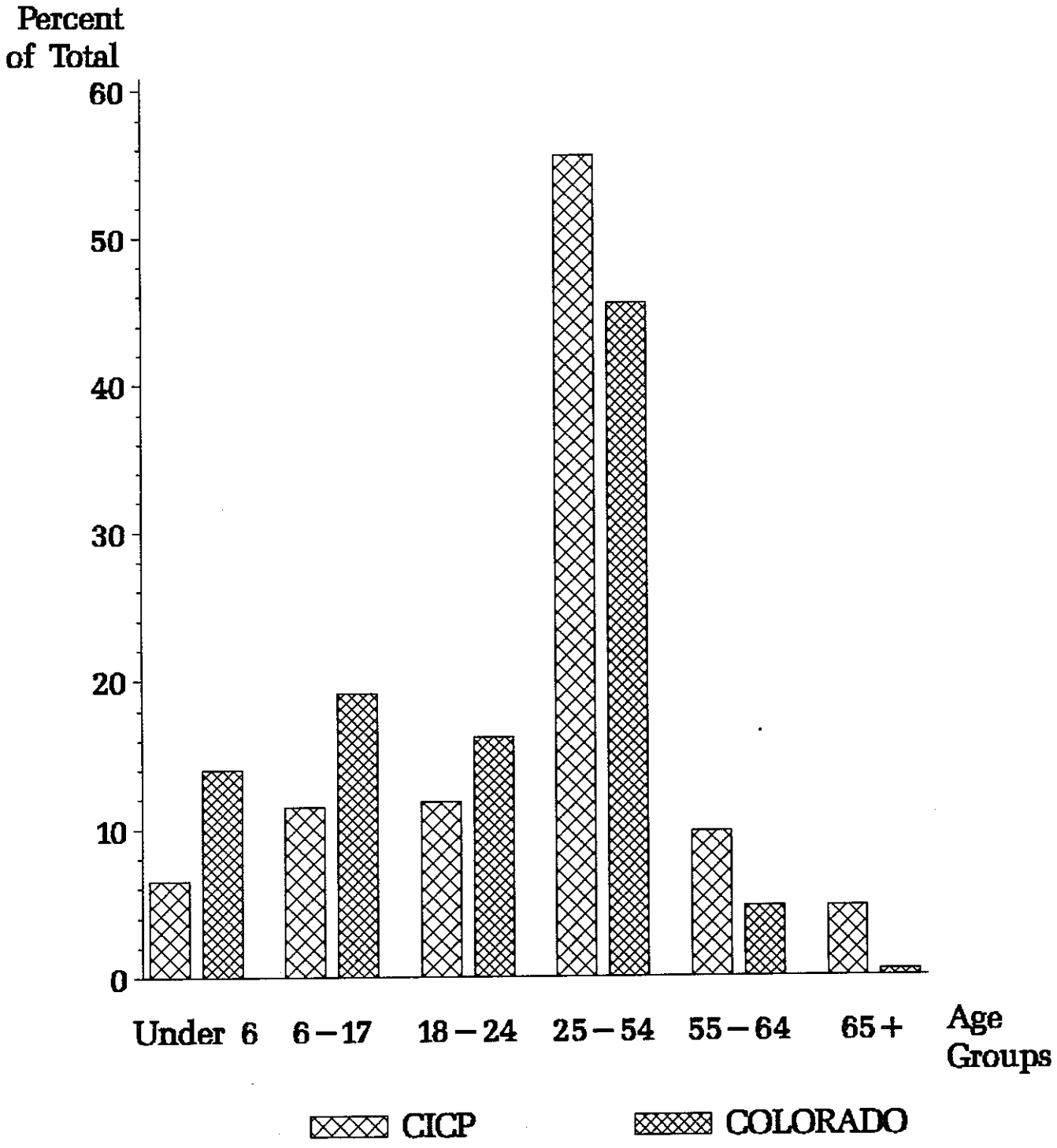
[4]Butler, Patricia and Barbara Yondorf, "Colorado Health Source Book, 1991-1992 Access, Expenditures and Utilization," October, 1992.

14.8% decrease in outpatient visits; University Hospital encounters (excluding Medicaid pending) reflect a 17.8% decrease in admissions, a 15.9% decrease in outpatient visits, and a 29.9% decrease in emergency room visits; and Denver Health and Hospitals experienced a 6.1% decrease in admissions and a 1.7% decrease in outpatient visits.

The continued stabilization in the overall number of admissions and visits may suggest that the impact of Medicaid expansion on the CICP was fully realized in FY 90-91. Further changes in Medicaid eligibility requirements may impact the level of activity experienced by the CICP. Additionally as the number of uninsured patients increases, more activity may be anticipated in the CICP.

FIGURE 8

The Uninsured in Colorado (1991) and Persons Served by Colorado Indigent Care Program by Age Group Fiscal Year 1992–1993

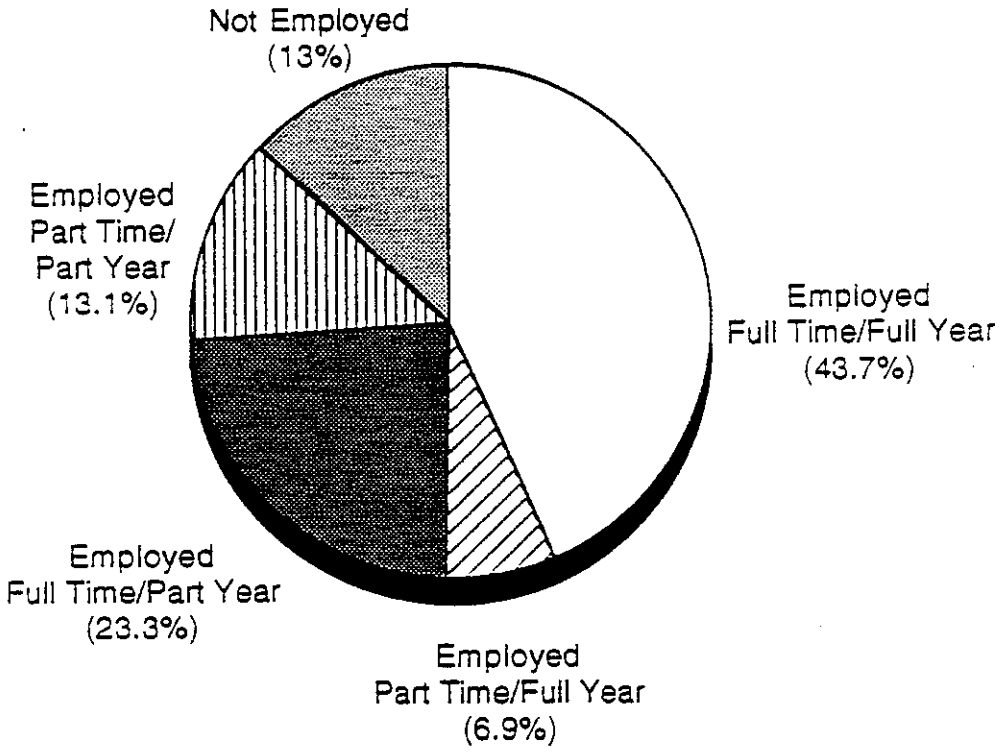


The figures shown for the Indigent Care Program patients are based on visits and discharges and not on an unduplicated count of patients

FIGURE 9

Distribution of the Uninsured in Colorado by Work Status of Family Head, 1991

- 87.0% of uninsured Coloradans live in families where the head of the household is employed.
- 43.7% of the uninsured live in households where the head of the household works full time/full year.



	Number Uninsured	Percent of Total Uninsured
Family Head Employed	**446,000**	**87.0%**
Full Time/Full Year	225,000	43.7%
Part Time/Full Year	35,000	6.9%
Full Time/Part Year	120,000	23.3%
Part Time/Part year	67,000	13.1%
Family Head Not Employed	**67,000**	**13.0%**
Total	**514,000**	**100.0%**

Source: April 1991 CPS data, unpublished.

Appears as Chart 9 of
The Colorado Health Source Book 1991-1992

TABLE 1
COLORADO INDIGENT CARE PROGRAM
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS
JULY 1992 THROUGH JUNE 1993
INPATIENT AND AMBULATORY CHARGES

Provider	Urgent		Non-Urgent		Total	
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory
Outstate						
Arkansas Valley Regional Medical Center	$294,738	$32,997	$0	$57,334	$294,738	$90,332
Aspen Valley Hospital	168,529	3,210	0	0	168,529	3,210
Avista Hospital	78,274	21,016	132,582	39,414	210,856	60,430
Boulder Community Hospital	696,766	210,780	33,179	36,341	729,945	247,121
Clinica Campesina (1)	0	18,558	0	243,693	0	262,251
Colorado Plains Medical Center	566,317	158,795	166,047	32,680	732,364	191,475
C.S.O.F./Family Medicine Center (1)	0	1,446	0	213,367	0	214,813
Columbine Family Health Center (1)	0	47	0	144,945	0	144,992
Community Health Center-Co. Sprg (1,4)	0	22,068	0	3,219,568	0	3,241,636
Community Health Clinic-Dove Ck (1)	0	2,940	0	13,160	0	16,100
Community Hosp. - Grand Junction	52	491	217,404	56,297	217,456	56,788
Conejos County Hospital	12,645	1,786	0	339	12,645	2,125
Delta County Memorial Hospital	201,926	26,421	989,231	514,570	1,191,157	540,992
Estes Park Medical Center	31,909	51,888	5,936	27,687	37,845	79,575
Gunnison Valley Hospital	49,425	18,181	71,961	41,412	121,386	59,594
La Clinica del Valle (1)	0	0	0	139,047	0	139,047
La Clinica , Inc. (1)	0	1,742	0	37,334	0	39,076
Lutheran Medical Center	702,864	50,275	1,716,031	600,612	2,418,895	650,887
Memorial Hospital - Colo. Spgs.	7,722,314	1,353,531	3,025,207	2,353,347	10,747,521	3,706,877
Mercy Medical Center	1,331,506	404,501	233,850	282,879	1,565,356	687,380
Metro Denver Provider Network (1)	0	0	0	262,255	0	262,255
Montrose Memorial Hospital	554,626	44,934	305,507	418,875	860,133	463,809
North Colorado Medical Center	4,986,139	939,025	0	0	4,986,139	939,025
Parkview Episcopal Hospital	1,852,665	143,674	1,236,348	538,613	3,089,013	682,288
Penrose Hospital	9,061,310	1,654,732	4,014,174	1,865,975	13,075,484	3,520,707
People's Clinic (1,4)	0	3,320	0	231,416	0	234,736
Pioneers Hospital of Rio Blanco	8,699	8,110	0	7,777	8,699	15,887
Plan de Salud del Valle Clinic (1,4)	0	156,824	0	1,103,615	0	1,260,439
Platte Valley Medical Center	123,662	33,497	23,715	16,462	147,377	49,959
Poudre Valley Hospital	1,556,738	401,643	697,645	745,423	2,254,383	1,147,066
Prowers Medical Center	117,696	113,392	1,670	6,105	119,366	119,497
Pueblo Community Health Center (1,4)	0	51,850	0	412,335	0	464,185
Routt Memorial Hospital	206,543	42,287	0	0	206,543	42,287
St. Mary-Corwin Hospital	764,610	4,590	2,035,876	1,072,635	2,800,487	1,077,225
St. Marys Hospital	3,269,157	625,091	1,031,247	421,260	4,300,404	1,046,351
St. Thomas More Hospital	159,964	22,936	0	8,921	159,964	31,857
St. Vincent General Hospital	92,710	39,020	0	971	92,710	39,991
San Luis Valley Regional Medical Center	856,377	237,042	0	28,540	856,377	265,582
Silverheels Health Center (1)	0	2,567	0	16,956	0	19,523
Southeast Colorado Hospital	9,557	9,997	0	1,219	9,557	11,215
Southwest Memorial Hospital	596,191	83,961	3,861	30,849	600,053	114,810
Sterling Regional Medical Center	124,843	12,124	448,064	265,296	572,907	277,420
Sunrise Community Health Center (1)	0	0	0	294,322	0	294,322
Swedish Medical Center	3,002,601	112,476	1,202,303	413,388	4,204,904	525,864
The Memorial Hospital - Craig	197,756	76,839	2,849	48,296	200,605	125,135
Uncompahgre Combined Clinics (1)	0	4,199	0	25,089	0	29,288
Valley-Wide Health Services (1)	0	0	0	982,080	0	982,080
Total OutState	39,399,109	7,204,801	17,594,689	17,272,701	56,993,797	24,477,502
Specialty (2)						
Children's Hospital (3)	2,035,251	0	0	975,895	2,035,251	975,895
Commerce City Community Hlth Ctr (1)	0	0	0	62,358	0	62,358
Craig Rehabilitation Hospital	0	0	22,017	55,947	22,017	55,947
National Jewish Center	322,273	101	0	961,818	322,273	961,919
Total Specialty	2,357,524	101	22,017	2,056,018	2,379,541	2,056,119
Denver Health & Hospitals (4)	39,278,547	4,885,565	8,045,003	23,853,053	47,323,550	28,738,618
University Hospital (5)						
University Hospital	14,356,424	3,671,553	7,520,471	10,646,966	21,876,895	14,318,519
University Hospital Pending	2,935,282	136,985	1,658,412	16,133	4,593,694	153,118
University Physicians, Inc.	3,162,344	760,065	1,656,563	2,204,078	4,818,907	2,964,143
Total University Hospital	20,454,050	4,568,603	10,835,446	12,867,177	31,289,496	17,435,780
Total All Providers	$101,489,229	$16,659,070	$36,497,155	$56,048,949	$137,986,384	$72,708,019

TABLE 1

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 Children's Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. Effective with the FY 1992-93 appropriation, Children's Hospital receives its Colorado Indigent Care Program reimbursement fully from the Colorado Indigent Care Program. Prior to FY 1992-93 the affiliation between University Hospital and Children's Hospital resulted in the care for several hundred medically indigent children shifting from University Hospital to The Children's Hospital. Pursuant to the affiliation, University and The Children's Hospitals signed an agreement that University Hospital would reimburse The Children's Hospital for the care of those children out of its Indigent Care appropriation. This reimbursement between University and Children's no longer takes place.

4. These providers submitted sample data showing the proportions of their patient activity that were urgent and non-urgent. See Table 13. However, for FY 1992-93, they were unable to report the charges associated with the urgent visits. The dollars reflected are an estimate of urgent charges based upon the sample data.

5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital and for its associated physicians (University Physicians, Inc.). 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 subtracted from the total patient charge, the result will always by zero. 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 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 these tables, because they are not reported to the program using the hospital's patient accounting system. As a result, the write-off charges do not equal total charges less patient liability and third party payments.

TABLE 2
COLORADO INDIGENT CARE PROGRAM
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS
JULY 1992 THROUGH JUNE 1993
THIRD PARTY REIMBURSEMENT, PATIENT LIABILITIES, AND INDIGENT WRITE-OFFS

Provider	Third Party Payments		Patient Liability		Write-Off Charges		Total Charges
	Inpatient	Ambulatory	Inpatient	Ambulatory	Inpatient	Ambulatory	
Outstate							
Arkansas Valley Regional Medical Center	$101,831	$18,202	$28,112	$17,457	$164,795	$54,673	$385,070
Aspen Valley Hospital	0	0	1,606	471	166,923	2,739	171,738
Avista Hospital	43,545	7,707	15,125	5,329	152,186	47,393	271,285
Boulder Community Hospital	83,045	21,261	30,804	11,575	616,095	214,286	977,066
Clinica Campesina (1)	0	8,549	0	34,205	0	219,498	262,251
Colorado Plains Medical Center	150,835	36,695	65,575	22,700	515,954	132,080	923,839
C.S.O.F./Family Medicine Center (1)	0	38,939	0	47,436	0	128,438	214,813
Columbine Family Health Center (1)	0	0	0	18,462	0	126,530	144,992
Community Health Center-Co. Sprg (1)	0	0	0	244,310	0	2,997,326	3,241,636
Community Health Clinic-Dove Ck (1)	0	0	0	4,236	0	11,864	16,100
Community Hosp. - Grand Junction	8,365	4,769	8,922	6,794	200,169	45,224	274,244
Conejos County Hospital	0	0	2,346	69	10,299	2,056	14,770
Delta County Memorial Hospital	383,868	91,185	72,538	31,935	734,750	417,871	1,732,149
Estes Park Medical Center	1,851	1,985	4,759	6,894	31,235	70,697	117,421
Gunnison Valley Hospital	39	7,733	12,499	5,623	108,849	46,238	180,980
La Clinica del Valle (1)	0	66	0	17,709	0	121,272	139,047
La Clinica, Inc. (1)	0	880	0	3,073	0	35,123	39,076
Lutheran Medical Center	507,929	112,148	139,941	63,770	1,771,025	474,969	3,069,782
Memorial Hospital - Colo. Spgs.	1,325,500	295,074	226,378	160,541	9,195,643	3,251,263	14,454,398
Mercy Medical Center	309,720	196,066	88,095	44,825	1,167,541	446,489	2,252,736
Metro Denver Provider Network (1)	0	32,744	0	11,239	0	218,272	262,255
Montrose Memorial Hospital	0	0	82,033	53,263	778,100	410,546	1,323,942
North Colorado Medical Center	759,473	88,435	281,278	79,901	3,945,388	770,689	5,925,164
Parkview Episcopal Hospital	10,324	2,386	98,688	35,914	2,980,000	643,988	3,771,301
Penrose Hospital	1,948,643	294,433	299,149	139,041	10,827,692	3,087,233	16,596,191
People's Clinic (1)	0	217	0	42,517	0	192,002	234,736
Pioneers Hospital of Rio Blanco	3,887	1,365	235	1,481	4,577	13,040	24,586
Plan de Salud del Valle Clinic (1)	0	0	0	177,288	0	1,083,151	1,260,439
Platte Valley Medical Center	3,102	4,058	17,402	3,946	126,874	41,955	197,336
Poudre Valley Hospital	391,856	134,245	179,820	115,165	1,682,707	897,656	3,401,449
Prowers Medical Center	35,662	5,344	11,153	10,998	72,551	103,155	238,863
Pueblo Community Health Center (1)	0	0	0	54,234	0	409,951	464,185
Routt Memorial Hospital	25,106	2,613	24,588	8,591	156,849	31,083	248,830
St. Mary-Corwin Hospital	582,369	288,453	89,819	46,825	2,128,298	741,948	3,877,712
St. Marys Hospital	435,937	68,203	263,977	86,863	3,600,490	891,285	5,346,755
St. Thomas More Hospital	4,860	0	12,728	3,833	142,375	28,023	191,820
St. Vincent General Hospital	25,779	11,107	13,190	3,303	53,741	25,581	132,701
San Luis Valley Regional Medical Center	112,611	34,512	86,204	35,401	657,562	195,669	1,121,959
Silverheels Health Center (1)	0	0	0	4,671	0	14,852	19,523
Southeast Colorado Hospital	0	98	1,065	3,875	8,492	7,243	20,772
Southwest Memorial Hospital	91,775	14,049	37,624	13,172	470,653	87,589	714,863
Sterling Regional Medical Center	73,009	26,178	36,089	26,089	463,809	225,153	850,327
Sunrise Community Health Center (1)	0	343	0	34,410	0	259,569	294,322
Swedish Medical Center	351,074	121,236	219,553	21,649	3,634,277	382,979	4,730,768
The Memorial Hospital - Craig	33,891	9,259	20,263	6,890	146,451	108,987	325,741
Uncompahgre Combined Clinics (1)	0	1,400	0	5,555	0	22,333	29,288
Valley-Wide Health Services (1)	0	0	0	180,862	0	801,218	982,080
Total OutState	7,805,885	1,981,936	2,471,561	1,954,389	46,716,351	20,541,177	81,471,300
Specialty (2)							
Children's Hospital (3)	122,195	21,246	157,834	138,486	1,755,222	816,163	3,011,146
Commerce City Community Hlth Ctr (1)	0	0	0	11,205	0	51,152	62,358
Craig Rehabilitation Hospital	0	26,417	400	930	21,617	28,600	77,964
National Jewish Center	17,676	0	16,889	77,662	287,708	884,256	1,284,191
Total Specialty	139,871	47,663	175,123	228,284	2,064,548	1,780,171	4,435,660
Denver Health & Hospitals (4)	11,788,016	1,473,042	3,309,514	3,057,901	32,226,019	24,207,674	76,062,167
University Hospital (5)							
University Hospital	5,348,905	1,928,415	1,269,288	2,242,374	15,258,702	10,147,730	36,195,414
University Hospital Pending	114,914	12,411	2,239,390	70,354	0	0	4,746,812
University Physicians, Inc.	0	0	75,992	131,054	4,742,915	2,833,089	7,783,050
Total University Hospital	5,463,819	1,940,826	3,584,670	2,443,782	20,001,617	12,980,819	48,725,276
Total All Providers	$25,197,591	$5,443,468	$9,540,868	$7,684,356	$101,008,535	$59,509,842	$210,694,403

TABLE 2

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 Children's Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. Effective with the FY 1992-93 appropriation, Children's Hospital receives its Colorado Indigent Care Program reimbursement fully from the Colorado Indigent Care Program. Prior to FY 1992-93 the affiliation between University Hospital and Children's Hospital resulted in the care for several hundred medically indigent children shifting from University Hospital to The Children's Hospital. Pursuant to the affiliation, University and The Children's Hospitals signed an agreement that University Hospital would reimburse The Children's Hospital for the care of those children out of its Indigent Care appropriation. This reimbursement between University and Children's no longer takes place.

4. Denver Health and Hospitals reports using a zero-balance methodology whereby 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.

   Denver Health and Hospitals made a concerted effort in Fy 91-92 to collect overdue patient liability from prior years. Because of the fact that DHH does not report charges to the Indigent Care Program until all collection and other activity are complete, this increased effort to complete collections last year resulted in very high charges appearing in last year's annual report. The apparent decrease in charges from the 1991-92 level for Denver Health and Hospitals is therefore simply a return to normal practices.

5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital and for its associated physicians (University Physicians, Inc.). 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 subtracted from the total patient charge, the result will always by zero. 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 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 these tables, because they are not reported to the program using the hospital's patient accounting system. As a result, the write-off charges do not equal total charges less patient liability and third party payments.

The decrease in charges from the 1991-92 level for University Hospital is the result of 13,900 fewer outpatient visits. Of the outpatient visits, the emergency room visits were decreased by 5,300 visits. It is estimated that this decrease in emergency room visits resulted in 300 fewer inpatient admissions to the hospital. University has indicated that it experienced a corresponding increase in self-pay patients for the fiscal year.

TABLE 3
COLORADO INDIGENT CARE PROGRAM
ANNUAL FINANCIAL SUMMARY FOR PARTICIPATING PROVIDERS
JULY 1992 THROUGH JUNE 1993
INPATIENT AND AMBULATORY CHARGES

Provider	Total Charges	Total Third Party	Total Patient Liability	Write–Off Charges	Write–Off Costs	Reimbursement	
Outstate							
Arkansas Valley Regional Medical Center	$385,070	$120,033	$45,569	$219,469	124,878	25,907	
Aspen Valley Hospital	171,738	0	2,077	169,661	121,444	25,195	
Avista Hospital	271,285	51,252	20,455	199,579	173,594	36,014	
Boulder Community Hospital	977,066	104,306	42,379	830,381	580,935	120,520	
Clinica Campesina (1)	262,251	6,549	34,205	219,498	219,498	45,537	
Colorado Plains Medical Center	923,839	187,530	88,275	648,035	551,938	109,448	
C.S.O.F./Family Medicine Center (1)	214,813	38,939	47,436	128,438	128,438	26,646	
Columbine Family Health Center (1)	144,992	0	18,462	126,530	126,530	26,250	
Community Health Center–Co. Sprg (1)	3,241,636	0	244,310	2,997,326	2,997,326	621,822	
Community Health Clinic–Dove Ck (1)	16,100	0	4,236	11,864	11,864	2,461	
Community Hosp. – Grand Junction	274,244	13,134	15,716	245,394	153,616	31,869	
Conejos County Hospital	14,770	0	2,415	12,355	9,908	2,056	
Delta County Memorial Hospital	1,732,149	475,053	104,474	1,152,621	694,339	144,047	
Estes Park Medical Center	117,421	3,836	11,653	101,931	101,931	21,147	
Gunnison Valley Hospital	180,980	7,771	18,121	155,087	107,941	22,393	
La Clinica del Valle (1)	139,047	66	17,709	121,272	121,272	25,159	
La Clinica, Inc. (1)	39,076	880	3,073	35,123	35,123	7,287	
Lutheran Medical Center	3,069,782	620,077	203,711	2,245,994	1,469,778	304,919	
Memorial Hospital – Colo. Spgs.	14,454,398	1,620,573	386,918	12,446,907	8,609,525	1,786,124	
Mercy Medical Center	2,252,736	505,786	132,920	1,614,030	1,101,898	228,599	
Metro Denver Provider Network (1)	262,255	32,744	11,239	218,272	218,272	45,282	
Montrose Memorial Hospital	1,323,942	0	135,296	1,188,646	703,797	146,009	
North Colorado Medical Center	5,925,164	847,908	361,179	4,716,077	2,986,691	619,616	
Parkview Episcopal Hospital	3,771,301	12,710	134,603	3,623,988	2,054,076	426,137	
Penrose Hospital	16,596,191	2,243,076	438,190	13,914,925	6,978,335	1,447,719	
People's Clinic (1)	234,736	217	42,517	192,002	192,002	39,832	
Pioneers Hospital of Rio Blanco	24,586	5,253	1,716	17,617	14,601	3,029	
Plan de Salud del Valle Clinic (1)	1,260,439	0	177,288	1,083,151	1,083,151	224,709	
Platte Valley Medical Center	197,336	7,159	21,348	168,829	113,099	23,463	
Poudre Valley Hospital	3,401,449	526,101	294,985	2,580,362	1,896,308	393,406	
Prowers Medical Center	238,863	41,006	22,151	175,706	117,125	24,299	
Pueblo Community Health Center (1)	464,185	0	54,234	409,951	409,951	85,048	
Routt Memorial Hospital	248,830	27,719	33,180	187,932	92,482	19,186	
St. Mary–Corwin Hospital	3,877,712	870,822	136,644	2,870,246	1,478,177	306,661	
St. Marys Hospital	5,346,755	504,140	350,840	4,491,775	2,553,574	529,762	
St. Thomas More Hospital	191,820	4,860	16,561	170,399	111,833	23,201	
St. Vincent General Hospital	132,701	36,886	16,493	79,322	40,399	8,381	
San Luis Valley Regional Medical Center	1,121,959	147,123	121,604	853,231	443,083	91,922	
Silverheels Health Center (1)	19,523	0	4,671	14,852	14,852	3,081	
Southeast Colorado Hospital	20,772	98	4,940	15,735	14,152	2,936	
Southwest Memorial Hospital	714,863	105,824	50,797	558,242	370,337	76,830	
Sterling Regional Medical Center	850,327	99,187	62,178	688,962	476,073	98,766	
Sunrise Community Health Center (1)	294,322	343	34,410	259,569	259,569	53,850	
Swedish Medical Center	4,730,768	472,310	241,202	4,017,256	2,484,271	515,384	
The Memorial Hospital – Craig	325,741	43,150	27,153	255,438	197,096	40,889	
Uncompahgre Combined Clinics (1)	29,288	1,400	5,555	22,333	22,333	4,633	
Valley–Wide Health Services (1)	982,080	0	180,862	801,218	801,218	166,220	
Total OutState	81,471,300	9,787,822	4,425,950	67,257,531	43,568,632	9,033,650	
Specialty (2)							
Children's Hospital (3)	3,011,146	143,442	296,320	2,571,385	1,896,396	1,088,129	
Commerce City Community Hlth Ctr (1)	62,358	0	11,205	51,152	51,152	29,351	
Craig Rehabilitation Hospital	77,964	26,417	1,330	50,217	44,699	25,647	
National Jewish Center	1,284,191	17,676	94,551	1,171,965	690,170	396,011	
Total Specialty	4,435,660	187,534	403,407	3,844,719	2,682,417	1,539,138	
Denver Health & Hospitals (4)	76,062,167	13,261,058	6,367,416	56,433,693	31,410,994	13,606,989	
University Hospital (5)							
University Hospital	36,195,414	7,277,320	3,511,662	25,406,432	16,366,823	10,993,213	(6)
University Hospital Pending	4,746,812	127,325	2,309,744	0	0	0	
University Physicians, Inc.	7,783,050	0	207,046	7,576,004	4,880,462	0	
Total University Hospital	48,725,276	7,404,645	6,028,452	32,982,436	21,247,285	10,993,213	(6)
Total All Providers	$210,694,403	$30,641,059	$17,225,224	$160,518,379	98,909,328	$35,172,990	

TABLE 3

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 Children's Hospital represent the amount reported to the Indigent Care Program that is attributed to the Specialty Hospital line of appropriations. Effective with the FY 1992-93 appropriation, Children's Hospital receives its Colorado Indigent Care Program reimbursement fully from the Colorado Indigent Care Program. Prior to FY 1992-93 the affiliation between University Hospital and Children's Hospital resulted in the care for several hundred medically indigent children shifting from University Hospital to The Children's Hospital. Pursuant to the affiliation, University and The Children's Hospitals signed an agreement that University Hospital would reimburse The Children's Hospital for the care of those children out of its Indigent Care appropriation. This reimbursement between University and Children's no longer takes place.

4. Denver Health and Hospitals reports using a zero-balance methodology whereas 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.

   Denver Health and Hospitals made a concerted effort in Fy 91-92 to collect overdue patient liability from prior years. Because of the fact that DHH does not report charges to the Indigent Care Program until all collection and other activity are complete, this increased effort to complete collections last year resulted in very high charges appearing in last year's annual report. The apparent decrease in charges from the 1991-92 level for Denver Health and Hospitals is therefore simply a return to normal practices.

5. The financial data reported by University Hospital is presented in a format to reflect services provided to indigent patients by University Hospital and for its associated physicians (University Physicians, Inc.). 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 subtracted from the total patient charge, the result will always by zero. 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 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 these tables, because they are not reported to the program using the hospital's patient accounting system. As a result, the write-off charges do not equal total charges less patient liability and third party payments.

6. The reimbursement amount of $10,993,213 is the full amount of the appropriation prior to a $650,000 payment from University Hospital to the Colorado Child Health Plan.

TABLE 4
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ORIGIN BY PROVIDER

Outstate Providers	Inpatient			Ambulatory				
	From Same County	From Adj. County	Non-Adj. County	From Same County	From Adj. County	Non-Adj. County	Unknown	Total
Arkansas Valley Region Med Ctr	42	7	2	214	34	5	.	304
Aspen Valley Hospital	2	.	1	2	1	.	1	7
Avista Hospital	27	6	.	107	16	5	.	161
Boulder Community Hospital	101	9	1	534	132	8	.	785
CSOF/Family Medicine Center	.	.	.	3034	56	19	10	3119
Clinica Campesina	.	.	.	2817	397	94	15	3323
Colorado Plains Medical Center	125	.	.	542	2	2	.	671
Columbine Family Health Center	.	.	.	535	2145	14	27	2721
Community Health Center-Co. Sprg	.	.	.	30344	34	25	3	30406
Community Health Clinic-Dove Ck	.	.	.	427	.	1	.	428
Community Hosp. - Grand Junction	25	1	1	135	12	1	.	175
Conejos County Hospital	4	1	.	11	.	.	.	16
Delta County Memorial Hospital	204	18	2	1341	122	7	.	1694
Estes Park Medical Center	10	.	.	154	.	.	.	164
Gunnison Valley Hospital	20	.	.	231	.	.	.	251
La Clinica del Valle	.	.	.	1884	699	10	1	2594
La Clinica, Inc.	.	.	.	471	2	2	.	475
Lutheran Medical Center	190	81	10	1305	407	23	.	2016
Memorial Hospital - Colo. Spgs.	636	32	26	3434	70	21	.	4219
Mercy Medical Center - Durango	158	52	4	837	113	20	.	1184
Metro Denver Provider Network	.	.	.	2189	2384	9	9	4591
Montrose Memorial Hospital	133	58	5	1035	227	11	.	1469
North Colorado Medical Center	591	60	27	1550	58	19	3	2308
Parkview Episcopal Hospital	352	46	30	1323	55	29	6	1841
Penrose/St. Francis Hlth. System	1077	35	34	6269	128	78	.	7621
Peoples Clinic	.	.	.	4814	45	26	.	4885
Pioneers Hospital of Rio Blanco	1	.	2	50	.	40	.	93
Plan de Salud del Valle Clinics	.	.	.	7458	14198	359	6	22021
Platte Valley Medical Center	18	9	.	42	65	3	1	138
Poudre Valley Hospital	350	15	15	6617	117	37	2	7153
Prowers Medical Center	19	6	1	84	3	.	1	114
Pueblo Community Health Center	.	.	.	6689	3	5	.	6697
Routt Memorial Hospital	30	9	3	24	7	.	.	73
San Luis Valley Reg Med Center	65	113	2	137	224	3	1	545
Silverheels Health Center	.	.	.	559	.	1	.	560
Southeast Colorado Hospital	13	.	.	72	4	1	1	91
Southwest Memorial Hospital	103	7	3	238	16	6	3	376
St. Mary-Corwin Hospital	285	33	16	3832	151	44	2	4363
St. Marys Hospital	429	112	43	2380	312	84	1	3361
St. Thomas More Hospital	18	.	.	140	.	.	.	158

TABLE 4
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ORIGIN BY PROVIDER

	Inpatient			Ambulatory				
	From Same County	From Adj. County	Non-Adj. County	From Same County	From Adj. County	Non-Adj. County	Unknown	Total
St. Vincent General Hospital	20	.	1	43	1	.	1	66
Sterling Regional MedCenter	64	6	.	1000	48	17	.	1135
Sunrise Community Health Center	.	.	.	4052	17	16	17	4102
Swedish Medical Center	117	165	24	477	408	90	.	1281
The Memorial Hospital - Craig	57	2	1	424	12	1	.	497
Uncompahgre Combined Clinics	.	.	.	186	377	3	.	566
Valley-Wide Health Services	.	.	.	4750	12461	2	.	17213
Totals	5286	883	254	104793	35563	1141	111	148031
Specialty Providers								
Commerce City Community Hlth Ctr	.	.	.	1304	37	7	1	1349
Craig Rehabilitation Hospital	.	.	2	9	32	33	.	76
National Jewish Hospital	14	13	3	2029	1459	952	.	4470
The Children's Hospital	60	166	44	1391	4880	442	3	6986
Totals	74	179	49	4733	6408	1434	4	12881
University Hospital								
University Hospital	308	1096	223	6889	32685	4375	7085	52661
University Hospital (Pending)	2	107	29	284	682	117	137	1358
Totals	310	1203	252	7173	33367	4492	7222	54019
Denver Health & Hospitals								
Denver Health & Hospitals	5303	278	25	180046	4152	305	36	190145
Totals	5303	278	25	180046	4152	305	36	190145
Totals for All Providers	10973	2543	580	296745	79490	7372	7373	405076

TABLE 5
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver Health	Totals
Adams	12453	3816	13871	1645	31785
Alamosa	4992	9	146	1	5148
Arapahoe	2831	2694	11187	1573	18285
Archuleta	75	2	17	1	95
Baca	104	5	33	.	142
Bent	643	7	9	28	687
Boulder	12268	218	1774	128	14388
Chaffee	38	2	118	.	158
Cheyenne	9	11	24	.	44
Clear Creek	1162	38	207	10	1417
Conejos	3488	2	89	1	3580
Costilla	1925	2	20	3	1950
Crowley	118	8	22	.	148
Custer	23	.	.	3	26
Delta	1934	3	54	12	2003
Denver	1212	3535	7483	185349	197579
Dolores	478	.	.	3	481
Douglas	81	65	508	59	713
Eagle	7	9	39	6	61
El Paso	44829	178	7	65	45079
Elbert	40	14	.	.	54
Fremont	320	6	141	2	469
Garfield	90	2	71	1	164
Gilpin	552	11	57	.	620
Grand	12	38	116	.	166
Gunnison	290	1	33	.	324
Hinsdale	6	.	3	.	9
Huerfano	524	.	52	.	576
Jackson	8	.	48	6	62
Jefferson	3463	1345	9512	1212	15532
Kiowa	17	56	.	1	74
Kit Carson	11	34	55	.	100
La Plata	1004	.	29	.	1033
Lake	66	7	46	.	119
Larimer	7372	140	488	.	8000
Las Animas	53	15	.	.	68
Lincoln	17	13	.	.	30
Logan	1081	19	.	.	1100
Mesa	2994	10	.	.	3004
Mineral	11	1	.	.	12

TABLE 5
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ORIGIN BY COUNTY

County	Outstate Hospitals	Specialty Hospitals	University Hospital	Denver Health	Totals
Moffat	516	6	.	.	522
Montezuma	446	4	.	.	450
Montrose	1785	1	.	.	1786
Morgan	742	16	.	.	758
Otero	2232	2	.	.	2234
Ouray	32	.	.	.	32
Park	653	114	.	.	767
Phillips	17	14	.	.	31
Pitkin	24	15	.	.	39
Prowers	138	2	.	.	140
Pueblo	12536	44	.	.	12580
Rio Blanco	115	1	.	.	116
Rio Grande	3321	11	214	.	3546
Routt	73	7	63	.	143
Saguache	4143	3	38	.	4184
San Juan	13	.	28	.	41
San Miguel	287	1	.	.	288
Sedgwick	11	5	15	.	31
Summit	6	25	51	.	82
Teller	202	14	77	.	293
Washington	25	1	52	.	78
Weld	13959	247	.	.	14206
Yuma	48	28	.	.	76
unknown	106	4	7222	36	7368
Totals	148031	12881	54019	190145	405076

TABLE 6
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ACTIVITY BY INDIGENCY RATING

Inpatient

Rating	Outstate Hospitals		Specialty Hospitals		University Hospital		Denver Health		Totals	
	Number	%	Number	%	Number	%	Number	%	Number	%
A	2710	42.1	135	44.7	980	47.0	2154	38.4	5979	41.4
B	836	13.0	71	23.5	353	16.9	786	14.0	2046	14.2
C	204	3.2	23	7.6	121	5.8	215	3.8	563	3.9
D	453	7.0	26	8.6	175	8.4	339	6.0	993	6.9
E	191	3.0	29	9.6	116	5.6	144	2.6	480	3.3
F	214	3.3	6	2.0	87	4.2	114	2.0	421	2.9
G	161	2.5	7	2.3	91	4.4	106	1.9	365	2.5
K	.	.	.	.	139	6.7	.	.	139	0.9
N	1654	25.7	5	1.7	17	0.8	1750	31.2	3426	23.7
P	.	.	.	.	7	0.3	.	.	7	0.0
Unknown	9	0.1	.	.	.	.	.	.	9	0.0
Totals	6432	44.6	302	2.1	2086	14.5	5608	38.9	14428	

Ambulatory

Rating	Outstate Hospitals		Specialty Hospitals		University Hospital		Denver Health		Totals	
	Number	%	Number	%	Number	%	Number	%	Number	%
A	76154	53.8	7385	58.7	27600	53.1	93001	50.4	204140	52.3
B	17602	12.4	2563	20.4	10763	20.7	27778	15.1	58706	15.0
C	3466	2.4	426	3.4	2881	5.5	5443	2.9	12216	3.1
D	6184	4.4	891	7.1	4418	8.5	9798	5.3	21291	5.5
E	1937	1.4	358	2.8	2036	3.9	3834	2.1	8165	2.1
F	1032	0.7	189	1.5	1352	2.6	52	0.0	2625	0.7
G	434	0.3	57	0.5	1128	2.2	28	0.0	1647	0.4
K	.	.	.	.	1219	2.3	.	.	1219	0.3
N	31504	22.2	688	5.5	295	0.6	44603	24.2	77090	19.7
P	2117	1.5	.	.	241	0.5	.	.	2358	0.6
Unknown	1164	0.8	22	0.2	.	.	.	.	1186	0.3
Totals	141594	36.2	12579	3.2	51933	13.3	184537	47.2	390643	

TABLE 7
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
TOTAL INPATIENT DAYS BY INDIGENCY RATING

Inpatient Indigency Rating		Outstate Hospitals	Specialty Hospitals	University Hospital	Denver Health	Totals
A		14229	1330	4806	11646	32011
B		4172	562	1640	4112	10486
C		973	69	578	1283	2903
D		2255	206	793	1804	5058
E		877	167	650	836	2530
F		1158	13	349	568	2088
G		858	44	396	560	1858
K		.	.	2090	.	2090
N		10096	5	113	10780	20994
P		.	.	14	.	14
Unknown		85	.	.	.	85
	Totals	34703	2396	11429	31589	80117

TABLE 8
COLORADO INDIGENT CARE PROGRAM
1992–93 ABILITY–TO–PAY SCALE

Family Size	N (1)	A	B	C	D	E	F	G
1	0 – 3,036	3,037 – 6,810	6,811 – 8,513	8,514 – 9,057	9,058 – 10,215	10,216 – 10,896	10,897 – 11,918	11,919 – 12,599
2	0 – 3,972	3,973 – 9,190	9,191 – 11,488	11,489 – 12,223	12,224 – 13,785	13,786 – 14,704	14,705 – 16,083	16,084 – 17,002
3	0 – 5,052	5,053 – 11,570	11,571 – 14,463	14,464 – 15,388	15,389 – 17,355	17,356 – 18,512	18,513 – 20,248	20,249 – 21,405
4	0 – 6,120	6,121 – 13,950	13,951 – 17,438	17,439 – 18,554	18,555 – 20,925	20,926 – 22,320	22,321 – 24,413	24,414 – 25,808
5	0 – 7,260	7,261 – 16,330	16,331 – 20,413	20,414 – 21,719	21,720 – 24,495	24,496 – 26,128	26,129 – 28,578	28,579 – 30,211
6	0 – 8,364	8,365 – 18,710	18,711 – 23,388	23,389 – 24,884	24,885 – 28,065	28,066 – 29,936	29,937 – 32,743	32,744 – 34,614
7	0 – 9,240	9,241 – 21,090	21,091 – 26,363	26,364 – 28,050	28,051 – 31,635	31,636 – 33,744	33,745 – 36,908	36,909 – 39,017
8	0 – 10,128	10,129 – 23,470	23,471 – 29,338	29,339 – 31,215	31,216 – 35,205	35,206 – 37,552	37,553 – 41,073	41,074 – 43,420
Poverty Level (2)	43.6% (1)	100%	125%	133%	150%	160%	175%	185%

(1) "N" rates are based upon the Aid to Families with Dependent Children (AFDC) Standard of Assistance Chart, as established January 1, 1988 by the State of Colorado. The rate is approximately 43.6% of the federal poverty level established in February 1992.

(2) Percent of federal poverty level which corresponds to the upper limit of income in each rating level.

TABLE 9
COLORADO INDIGENT CARE PROGRAM
1991–92 ABILITY–TO–PAY SCALE

Family Size	N (1)	A	B	C	D	E	F	G
1	0 – 3,036	3,037 – 6,620	6,621 – 8,275	8,276 – 8,805	8,806 – 9,930	9,931 – 10,592	10,593 – 11,585	11,586 – 12,247
2	0 – 3,972	3,973 – 8,880	8,881 – 11,100	11,101 – 11,810	11,811 – 13,320	13,321 – 14,208	14,209 – 15,540	15,541 – 16,428
3	0 – 5,052	5,053 – 11,140	11,141 – 13,925	13,926 – 14,816	14,817 – 16,710	16,711 – 17,824	17,825 – 19,495	19,496 – 20,609
4	0 – 6,120	6,121 – 13,400	13,401 – 16,750	16,751 – 17,822	17,823 – 20,100	20,101 – 21,440	21,441 – 23,450	23,451 – 24,790
5	0 – 7,260	7,261 – 15,660	15,661 – 19,575	19,576 – 20,828	20,829 – 23,490	23,491 – 25,056	25,057 – 27,405	27,406 – 28,971
6	0 – 8,364	8,365 – 17,920	17,921 – 22,400	22,401 – 23,834	23,835 – 26,880	26,881 – 28,672	28,673 – 31,360	31,361 – 33,152
7	0 – 9,240	9,241 – 20,180	20,181 – 25,225	25,226 – 26,839	26,840 – 30,270	30,271 – 32,288	32,289 – 35,315	35,316 – 37,333
8	0 – 10,128	10,129 – 22,440	22,441 – 28,050	28,051 – 29,845	29,846 – 33,660	33,661 – 35,904	35,905 – 39,270	39,271 – 41,514
Poverty Level (2)	45% (1)	100%	125%	133%	150%	160%	175%	185%

(1) "N" rates are based upon the Aid to Families with Dependent Children (AFDC) Standard of Assistance Chart, as established January 1, 1988 by the State of Colorado. This is approximately 45% of the federal poverty level established in February 1991.

(2) Percent of federal poverty level which corresponds to the upper limit of income in each rating level.

TABLE 10
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ACTIVITY BY DIAGNOSIS GROUP

Diagnosis Group	1992 - 1993 Count	1992 - 1993 Percent	1991 - 1992 Count	1991 - 1992 Percent
Respiratory System Diseases	42721	11.484	46759	12.741
Injury & Poisoning	34776	9.348	35098	9.563
Symptoms, Signs, & Ill-Defined Condition	31245	8.399	29518	8.043
Reproduction & Development Services	24895	6.692	27858	7.591
Mental Disorders	24181	6.500	21360	5.820
Genitourinary System Diseases	23621	6.349	23015	6.271
Musculoskeletal System & Connective Dis.	22286	5.991	19337	5.269
Circulatory System Diseases	20287	5.453	18256	4.974
Examined Without Reported Diagnosis	19089	5.131	15755	4.293
Oral Cavity, Salivary Glands, & Jaw Dis.	17195	4.622	16516	4.500
Infectious and Parasitic Diseases	16643	4.474	16646	4.536
Endocrine, Metabolic, & Immunity Dis.	16464	4.426	16544	4.508
Skin & Subcutaneous Tissue Diseases	12699	3.414	12358	3.367
Other Health Services	12479	3.354	10847	2.956
Ear & Mastoid Process Diseases	12408	3.335	16170	4.406
Digestive System Diseases	11877	3.193	11484	3.129
Neoplasms	7287	1.959	5184	1.413
Eye & Adnexa Disorders	7063	1.899	8532	2.325
Diseases & Disorders of the Nervous Sys.	4416	1.187	3498	0.953
Specific Procedures & Aftercare Service	2630	0.707	1381	0.376
Complications of Pregnancy	1663	0.447	2638	0.719
Blood & Blood-Forming Organ Dis.	1503	0.404	1725	0.470
Potential Communicable Disease Hazards	1127	0.303	1151	0.314
Delivery & Complications of Labor & Del.	808	0.217	1066	0.290
Congenital Anomalies	720	0.194	813	0.222
Conditions Influencing Health Status	649	0.174	451	0.123
Liveborn Infants According to Birth Type	624	0.168	2186	0.596
unclassified diagnoses	290	0.078	183	0.050
Certain Perinatal Conditions	226	0.061	536	0.146
Potential Hazards related to History	146	0.039	143	0.039

TABLE 11
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
INPATIENT ACTIVITY BY AGE AND SEX

Outstate Providers

Age Group	Male	Female	Total	Percent
0 - 6	188	155	343	5.3
6 - 17	186	195	381	5.9
18 - 24	381	427	808	12.6
25 - 54	1873	1869	3742	58.2
55 - 64	415	531	946	14.7
65+	83	113	196	3.0
unknown	5	6	11	0.2
Totals	3131	3296	6427	

Specialty Providers

Age Group	Male	Female	Total	Percent
0 - 6	50	33	83	27.5
6 - 17	107	85	192	63.6
18 - 24	5	8	13	4.3
25 - 54	3	6	9	3.0
55 - 64	1	3	4	1.3
65+	.	.	.	.
unknown	1	.	.	.
Totals	167	135	302	

University Hospital

Age Group	Male	Female	Total	Percent
0 - 6	42	27	69	3.3
6 - 17	11	22	33	1.6
18 - 24	74	88	162	7.8
25 - 54	570	718	1288	61.7
55 - 64	140	228	368	17.6
65+	55	110	165	7.9
unknown	1	.	.	.
Totals	893	1193	2086	

Denver Health & Hospitals

Age Group	Male	Female	Total	Percent
0 - 6	217	193	410	7.3
6 - 17	136	157	293	5.2
18 - 24	303	248	551	9.8
25 - 54	2100	1159	3259	58.1
55 - 64	352	219	571	10.2
65+	300	220	520	9.3
unknown	2	2	4	0.1
Totals	3410	2198	5608	

TABLE 12
Colorado Indigent Care Program
July, 1992 through June, 1993
AMBULATORY PATIENT ACTIVITY BY AGE AND SEX

Outstate Providers

Age Group	Male	Female	Total	Percent
0 - 6	5641	5086	10727	7.6
6 - 17	10016	12047	22063	15.6
18 - 24	5367	12583	17950	12.7
25 - 54	25987	50367	76354	54.0
55 - 64	3938	7837	11775	8.3
65+	821	1369	2190	1.5
unknown	125	213	338	0.2
Totals	51895	89502	141397	

Specialty Providers

Age Group	Male	Female	Total	Percent
0 - 6	1454	734	2188	17.4
6 - 17	3440	3355	6795	54.0
18 - 24	263	572	835	6.6
25 - 54	937	1539	2476	19.7
55 - 64	166	102	268	2.1
65+	.	1	.	.
unknown	7	6	13	0.1
Totals	6267	6309	12576	

University Hospital

Age Group	Male	Female	Total	Percent
0 - 6	114	132	246	0.5
6 - 17	499	809	1308	2.5
18 - 24	1942	3543	5485	10.6
25 - 54	12193	19795	31988	61.6
55 - 64	3054	4893	7947	15.3
65+	1402	3507	4909	9.5
unknown	8	42	50	0.1
Totals	19212	32721	51933	

Denver Health & Hospitals

Age Group	Male	Female	Total	Percent
0 - 6	6433	5691	12124	6.6
6 - 17	6912	8678	15590	8.4
18 - 24	7752	14281	22033	11.9
25 - 54	54555	51345	105900	57.4
55 - 64	8206	9452	17658	9.6
65+	5071	6104	11175	6.1
unknown	14	42	56	0.0
Totals	88943	95593	184536	

TABLE 13
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ACTIVITY BY SERVICE TYPE

	Inpatient		Outpatient		ER		Transport			
	Urgent	Non	Urgent	Non	Urgent	Non	Urgent	Non	Unkn.	Total
Outstate Providers										
Arkansas Valley Region Med Ctr	51	.	.	253	.	.	.	.	.	304
Aspen Valley Hospital	2	.	.	.	.	.	.	.	5	7
Avista Hospital	33	.	126	.	.	.	.	.	2	161
Boulder Community Hospital	91	20	389	285	.	.	.	.	.	785
CSOF/Family Medicine Center	.	.	18	3092	.	.	.	.	9	3119
Clinica Campesina	.	.	.	3323	.	.	.	.	.	3323
Colorado Plains Medical Center	100	20	470	71	.	2	.	.	8	671
Columbine Family Health Center	.	.	6	2715	.	.	.	.	.	2721
Community Health Center-Co. Sprg	.	1	207	30198	.	.	.	.	.	30406
Community Health Clinic-Dove Ck	.	.	.	428	.	.	.	.	.	428
Community Hosp. - Grand Junction	20	7	11	135	.	.	.	.	2	175
Conejos County Hospital	5	.	6	.	.	.	.	.	5	16
Delta County Memorial Hospital	40	184	2	651	2	815	.	.	.	1694
Estes Park Medical Center	8	1	8	73	71	.	2	.	1	164
Gunnison Valley Hospital	11	9	38	193	.	.	.	.	.	251
La Clinica del Valle	.	.	2	2469	.	.	.	.	123	2594
La Clinica, Inc.	.	.	30	437	.	.	.	.	8	475
Lutheran Medical Center	204	76	501	956	87	181	.	.	11	2016
Memorial Hospital - Colo. Spgs.	532	159	1831	1263	.	.	.	.	434	4219
Mercy Medical Center - Durango	177	31	510	452	.	.	.	.	14	1184
Metro Denver Provider Network	.	.	2	4589	.	.	.	.	.	4591
Montrose Memorial Hospital	119	77	16	929	49	279	.	.	.	1469
North Colorado Medical Center	680	.	772	9	844	2	.	.	1	2308
Parkview Episcopal Hospital	192	239	82	449	131	748	.	.	.	1841
Penrose/St. Francis Hlth. System	1005	141	3608	2867	.	.	.	.	.	7621
Peoples Clinic	.	.	462	2550	.	.	.	.	1873	4885
Pioneers Hospital of Rio Blanco	3	.	23	63	.	.	.	.	4	93
Plan de Salud del Valle Clinics	.	.	1740	20279	2	.	.	.	.	22021
Platte Valley Medical Center	22	5	4	56	46	5	.	.	.	138
Poudre Valley Hospital	255	125	1574	4985	97	5	.	.	112	7153
Prowers Medical Center	26	.	32	8	48	.	.	.	.	114
Pueblo Community Health Center	.	.	793	5897	.	.	.	.	7	6697
Routt Memorial Hospital	42	.	19	.	12	.	.	.	.	73
San Luis Valley Reg Med Center	180	.	54	156	128	.	26	.	1	545
Silverheels Health Center	.	.	.	559	.	1	.	.	.	560
Southeast Colorado Hospital	13	.	10	26	39	2	.	.	1	91
Southwest Memorial Hospital	114	1	31	77	145	8	.	.	.	376
St. Mary-Corwin Hospital	52	282	10	3475	2	542	.	.	.	4363
St. Marys Hospital	440	144	1486	1118	.	.	.	.	173	3361
St. Thomas More Hospital	18	.	18	75	46	1	.	.	.	158

TABLE 13
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
PATIENT ACTIVITY BY SERVICE TYPE

	Inpatient		Outpatient		ER		Transport			
	Urgent	Non	Urgent	Non	Urgent	Non	Urgent	Non	Unkn.	Total
St. Vincent General Hospital	20	2	18	6	17	.	3	.	.	66
Sterling Regional MedCenter	5	65	26	911	.	.	.	.	128	1135
Sunrise Community Health Center	.	.	1	4101	.	.	.	.	.	4102
Swedish Medical Center	120	125	201	698	33	.	.	.	104	1281
The Memorial Hospital - Craig	58	2	208	229	.	.	.	.	.	497
Uncompahgre Combined Clinics	.	.	.	522	44	.	.	.	.	566
Valley-Wide Health Services	.	.	.	17213	.	.	.	.	.	17213
Totals	4638	1716	15344	118842	1843	2591	31	.	3026	148031
Specialty Providers										
Commerce City Community Hlth Ctr	.	.	2	1344	.	.	.	.	3	1349
Craig Rehabilitation Hospital	.	2	.	74	.	.	.	.	.	76
National Jewish Hospital	30	.	.	4440	.	.	.	.	.	4470
The Children's Hospital	270	.	.	6716	.	.	.	.	.	6986
Totals	300	2	2	12574	.	.	.	.	3	12881
University Hospital										
University Hospital	1326	621	107	38866	11721	20	.	.	.	52661
University Hospital (Pending)	124	15	.	1139	80	.	.	.	.	1358
Totals	1450	636	107	40005	11801	20	.	.	.	54019
Denver Health & Hospitals										
* Denver Health & Hospitals	4655	953	31371	153166	.	.	.	.	.	190145
Totals	4655	953	31371	153166	.	.	.	.	.	190145
Totals for All Providers	11043	3307	46825	324586	13644	2611	31	.	3029	405076

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

TABLE 14
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
ENCOUNTER STATISTICS BY PROVIDER

Outstate Providers	Visits	Admissions	Days	Length of Stay
Arkansas Valley Region Med Ctr	253	51	151	2.96
Aspen Valley Hospital	4	3	33	11.00
Avista Hospital	128	33	99	3.00
Boulder Community Hospital	674	111	466	4.20
CSOF/Family Medicine Center	3119	0	0	.
Clinica Campesina	3323	0	0	.
Colorado Plains Medical Center	546	125	493	3.94
Columbine Family Health Center	2721	0	0	.
Community Health Center-Co. Sprg	30405	1	0	0.00
Community Health Clinic-Dove Ck	428	0	0	.
Community Hosp. - Grand Junction	148	27	148	5.48
Conejos County Hospital	11	5	11	2.20
Delta County Memorial Hospital	1470	224	835	3.73
Estes Park Medical Center	154	10	14	1.40
Gunnison Valley Hospital	231	20	80	4.00
La Clinica del Valle	2594	0	0	.
La Clinica, Inc.	475	0	0	.
Lutheran Medical Center	1735	281	1478	5.26
Memorial Hospital - Colo. Spgs.	3525	694	4352	6.27
Mercy Medical Center - Durango	970	214	1064	4.97
Metro Denver Provider Network	4591	0	0	.
Montrose Memorial Hospital	1273	196	864	4.41
North Colorado Medical Center	1628	680	4470	6.57
Parkview Episcopal Hospital	1410	431	3093	7.18
Penrose/St. Francis Hlth. System	6475	1146	6527	5.70
Peoples Clinic	4885	0	0	.
Pioneers Hospital of Rio Blanco	90	3	8	2.67
Plan de Salud del Valle Clinics	22021	0	0	.
Platte Valley Medical Center	111	27	76	2.81
Poudre Valley Hospital	6773	380	1748	4.60
Prowers Medical Center	88	26	77	2.96
Pueblo Community Health Center	6697	0	0	.
Routt Memorial Hospital	31	42	96	2.29
San Luis Valley Reg Med Center	365	180	563	3.13
Silverheels Health Center	560	0	0	.
Southeast Colorado Hospital	78	13	32	2.46
Southwest Memorial Hospital	261	115	379	3.30
St. Mary-Corwin Hospital	4029	334	1747	5.23
St. Marys Hospital	2777	584	3160	5.41
St. Thomas More Hospital	140	18	69	3.83

TABLE 14
Colorado Indigent Care Program
July, 1992 through June, 1993
Characteristics of Medically Indigent Patient Activity
ENCOUNTER STATISTICS BY PROVIDER

	Visits	Admissions	Days	Length of Stay
St. Vincent General Hospital	44	22	68	3.09
Sterling Regional MedCenter	1065	70	340	4.86
Sunrise Community Health Center	4102	0	0	.
Swedish Medical Center	975	306	2009	6.57
The Memorial Hospital - Craig	437	60	153	2.55
Uncompahgre Combined Clinics	566	0	0	.
Valley-Wide Health Services	17213	0	0	.
Totals	141599	6432	34703	5.40
Specialty Providers				
Commerce City Community Hlth Ctr	1349	0	0	.
Craig Rehabilitation Hospital	74	2	12	6.00
National Jewish Hospital	4440	30	164	5.47
The Children's Hospital	6716	270	2220	8.22
Totals	12579	302	2396	7.93
University Hospital				
University Hospital	50714	1947	9339	4.80
University Hospital (Pending)	1219	139	2090	15.04
Totals	51933	2086	11429	5.48
Denver Health & Hospitals				
Denver Health & Hospitals	184537	5608	31589	5.63
Totals	184537	5608	31589	5.63
Totals for All Providers	390648	14428	80117	5.55